MARTIN MARIETTA ALUMINUM

REDUCTION DIVISION
STAR ROUTE 677, BOX 46
GOLDENDALE, WASHINGTON 98620
TELEPHONE (509) 773-5811

January 4, 1982

Department of Environmental Quality
522 S.W. 5th Avenue
P.O. Box 1760
Portland, OR 97207

Re: Air Contaminant Discharge Permit No. 26-3069

Gentlemen:

In accordance with provision no. 7 of the referenced permit, the amount of alumina offloaded and transshipped by Martin Marietta's Portland Transfer Facility at 2600 N. River Street during calendar year 1982 is as follows:

1.	Total offloaded from vessels:	416,246 short tons
2.	Total loaded in railcars & shipped:	386,471 short tons
3.	Year end inventory in storage silos:	30,576 short tons

Total balance is affected by the small amount of material in silos at beginning of year left over from construction testing and by variations in measurements between ship draft surveys and rail loading scales.

Sincerely yours,

Donald R. Bradford

Donald R. Bradford
Manager, Northwest Engineering

DRB/kls

878460

COLUMBIA

TELEPHONE 509-773-5811
FACSIMILE 509-773-7204

ALUMINUM CORPORATION

85 JOHN DAY DAM ROAD
GOLDENDALE, WA 98620-9320

January 19, 1993

Ms. Kathy Amidon
Permit Coordinator
Department of Environmental Quality
Air Quality Division
811 SW 6th Ave.
Portland, OR. 97204-1390

Dear Ms. Amidon:

The following is the 1992 Air Contaminant Discharge Report for Columbia Aluminum Corporation's Portland Unloading Facility, Permit # 26-3069. Included in this report are plant production and operating times, information on excess emissions, an update on changes made to the plant processes and a list of major maintenance work performed on the air pollution control equipment.

1. Plant Production

Emission points 1,2,3,4 and 5; Alumina Unloading:

500,565.46 short tons

Emission point 8; Pitch Conveyor System:

4,409.20 short tons

2. Plant Operating Times

Emission points 1,2,3,4 and 5; Alumina Unloading:

1,240 hours

Emission points 6 and 7; Rail Car Loading:

1,608 hours

Emission point 8; Pitch Conveyor System:

34.8 hours

COLUMBIA

TELEPHONE 509-773-5811
FACSIMILE 509-773-7204

85 JOHN DAY DAM ROAD
GOLDENDALE, WA 98620-9320

3. Excess Emissions

There are no excess emissions to report for the calendar year 1992.

4. Changes in Plant Processes

No significant changes were made to the process that would affect air contaminant emissions.

5. Air Pollution Control Equipment Major Maintenance

Included in this report are maintenance logs detailing the work performed on:

Emission point 1	Suction Unloader Filter
Emission point 6	Reclaim Airlift Filter
Emission point 7	Railcar Loadout

The other air pollution control equipment did not receive major maintenance work in 1992.

Any questions or comments on the contents of this report can be directed to Joe White at (509) 773-7304 or to myself at (509) 773-7355.

Sincerely,

David Whitmore

David Whitmore
Environmental Technician

enclosures:

DUST COLLECTOR BAG CHANGES

LOCATION: SHIP UNLOADER FILE: ALESA.WK1

DATE CHANGED	BAGS INSTALLED IN DUST COLLETOR	
03-12-92	5 BAGS CHANGED	
04-15-92	4 BAGS CHANGED	
04-16-92	11 BAGS CHANGED	
04-17-92	3 BAGS CHANGED	
04-18-92	2 BAGS CHANGED	
04-20-92	14 BAGS CHANGED	
05-02-92	9 BAGS CHANGED	
05-17-92	9 BAGS CHANGED	
05-18-92	8 BAGS CHANGED	
05-21-92	21 BAGS CHANGED	
06-08-92	18 BAGS CHANGED	
07-20-92	8 BAGS CHANGED	
08-17-92	24 BAGS CHANGED	
08-21-92	10 BAGS CHANGED	
09-28-92	3 BAG SAMPLES INSTALLED 2 REGULAR NFM BAGS AND 1 NFM WEAR STRIP BAG	
10-06-92	2 SAMPLE GORETEX-NONWEAR STRIP BAGS INSTALLED	

DUST COLLECTOR BAG CHANGES

LOCATION: RECLAIM(3Z-64) FILE: RECLAIM.WK1

DATE CHANGED	BAGS INSTALLED IN DUST COLLETOR	REMARKS
JUNE 11, 1992	196(ALL) MIDWESCO BAGS - 37 BENT CAGES	
	200 BAGS ON ORDER - GORETEX FILTER MEDIA	ON ORDER

DUST COLLECTOR BAG CHANGES

LOCATION: LOADOUT DUST COLLECTOR(3Z-32) FILE: LOADOUT.WK1

DATE CHANGED	BAGS INSTALLED IN DUST COLLETOR	
JANUARY 1992	NEW FAN INSTALLED FOR NOISE CONTROL	
MARCH 1992	NEIGHBORHOOD NOISE CONTROL MEASUREMENTS COMPLTED - MEETS DEQ NIGHT TIME STANDARDS	
AUGUST 1992	CHANGED OUT ALL(96) DUST COLLECTOR FILTER BAGS - MIDWESCO BAGS 100 GORETEX FILTER BAGS TO ORDER	
SEPT. 28, 1992	2 SAMPLE NFM BAGS INSTALLED	

ASH GROVE CEMENT COMPANY

WESTERN REGION
13939 NORTH RIVERGATE BLVD., P.O. BOX 83007
PORTLAND, OREGON 97283-0007
PHONE 503-286-1877

December 13, 1995

Jack Herbert
Source Testing Coordinator
Oregon DEQ, NW Region
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

Re: ACDP 26-1891 of 09/14/95

Dear Mr. Herbert:

Ash Grove Cement Company's Rivergate Lime Plant and Omni Environmental, Inc. have conducted source tests in accordance with permit condition 19 in the referenced permit. Please find attached a copy of the source test report. The test is intended to demonstrate that the emission factors used to develop the plant site emission limits in the permit are representative of the equipment. This letter contains Ash Grove's analysis of that demonstration.

If the kilns were source tested many times for emissions of criteria pollutants, a statistical analysis of the results would most likely fit a log-normal distribution. One would find that the maximum values for each pollutant would be several times the mean or the average for the population of tests. That is what Ash Grove has found for the company's cement kilns for which many source tests and continuous, certified data exist. The in-house test data for the Rivergate Lime Plant shown in Section O of Application # 014851 of April 15, 1995 would seem to fit this pattern. This is mentioned only to remind that it is important to distinguish between short and long term emission factors. The long term factors can be based upon the average of many tests, whereas the short term factors should be some higher number that reflect the statistical variations resulting from the dynamics of the manufacturing process. This distinction was made, to the best of Ash Grove's abilities, in said application. Ash Grove's suggested short term factors, shown in emission inventory spreadsheets, were incorporated into the review report accompanying the permit.

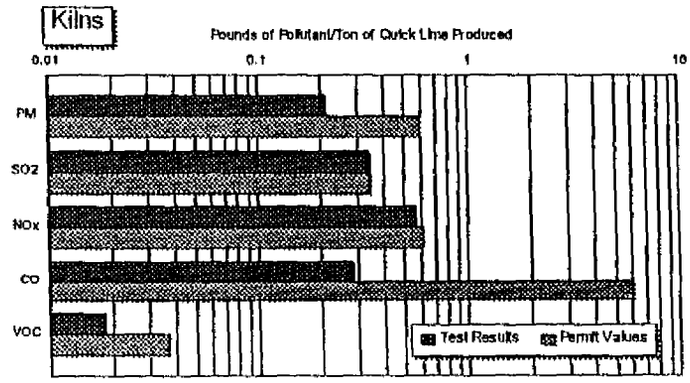
Emissions from the roller mills also exhibit variations. They are smaller than the kiln's because the grinding/drying process that takes place in the mills is less complex than the combustion and calcination that takes place in the kilns.

The permit contains formulas in conditions 7-11 from which compliance with the plant site emission limits can be calculated. The formulas contain long term emission factors which

Appendix58-000007

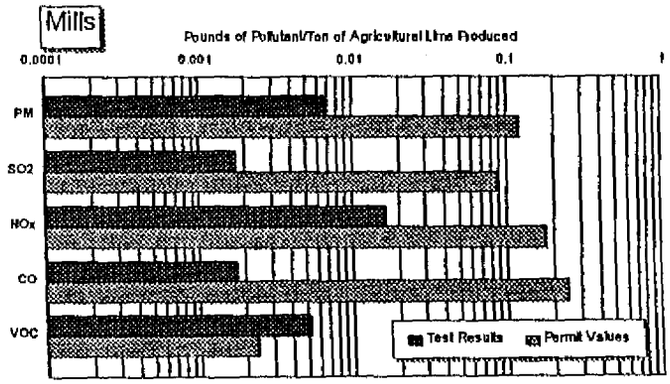
include more emission points than the main stacks which were the only points subjected to the recent source testing discussed here. The short term factors for the main stacks, with which the results of the source tests are more appropriately compared, can be derived from the review report accompanying the permit. Such a derivation is shown in the attached Table 2. Table 1, also attached, contains a comparison of the source test results with the short term factors from Table 2 and the long term factors from permit conditions 7-11, although the latter comparison is not really of "apples with apples".

Results from Table 1 are summarized in the adjoining graphs which compare the test results with the short term emission factors derived from the review report.



The graph for the kilns show all test results being below the short term factors derived from the review report. Carbon monoxide emissions are considerably lower - testimony to the company's recent implementation of improvements in combustion control.

The roller mill/dryer test results are considerably lower than the short term factors for all pollutants except volatile organic carbon. It is about 0.003 pounds per ton higher. Since the permit limit is 300,000 tons of agricultural lime per year, this corresponds to an increase of 0.5 tons of VOC per year. The kiln VOC results however, when extrapolated in a similar manner, gives a decrease by 1.1 tons VOC per year. The annual plant site emission limit of 3.3 tons VOC therefore does not appear to be threatened by the source test results.



To be consistent with permit conditions 7-11, which operate with overall kiln emission factors, the results from kiln #2 and #3 have been combined for the above analysis. A more detailed review of the factors for the individual kilns, and for the mills, reveals some differences between

Appendix58-000008

tests and review report/application data that the department may want reflected in future revisions of the permit.

Ash Grove is considering using the results from the source tests to apply for increases in production rates without making any major changes to the plant site emission limits. The company therefore looks forward to learning if the source test report is satisfactory and whether the department's evaluation of the results concurs with Ash Grove's.

Please call me at 286-1677 or Hans E. Steuch at 293-2333 if you have any questions.

Sincerely,

Gary Wright
Quality and Process Engineer

cc: Beth Moore, Environmental Specialist/DEQ (w/o source test report)
Al Collinet
Hans E. Steuch

Table 1
Ash Grove Cement Company, Rivergate Plant
Analysis of Source Test Results from Tests 10/31-11/02/95

Pollutant	Source	Production tons/hr	Emission lb/hr	Emission Factor, lb/ton		
					Term	
				From Test	Short (1)	Long (2)
Particulate Matter	kiln # 2	3.75	0.82			
	kiln # 3	8.77	1.85			
	kilns total	12.52	2.67	0.21	0.604	{0.947}
	roller mill	22.8	0.16	0.007	0.121	0.098
Sulfur Dioxide	kiln # 2	3.75	1.04			
	kiln # 3	8.77	3.22			
	kilns total	12.52	4.26	0.34	0.35	{0.41}
	roller mill	22.8	0.04	0.002	0.088	0.062
Oxides of Nitrogen	kiln # 2	3.75	1.65			
	kiln # 3	8.77	5.45			
	kilns total	12.52	7.1	0.57	0.62	{0.43}
	roller mill	22.8	0.37	0.016	0.181	0.097
Carbon Monoxide	kiln # 2	3.75	1.32			
	kiln # 3	8.77	2.22			
	kilns total	12.52	3.54	0.28	6.05	{0.94}
	roller mill	22.8	0.04	0.002	0.251	0.062
Volatile Organic Carbon	kiln # 2	3.75	0.11			
	kiln # 3	8.77	0.12			
	kilns total	12.52	0.23	0.018	0.037	{0.034}
	roller mill	22.8	0.12	0.005	0.002	0.009

(1) See Table 2
(2) From ACDP 26-1891 of 09/14/95, conditions 7-11; for the kilns the long term factors contain emissions from bypass stacks (preheater vents) and cooler stacks and therefore a direct comparison with the test results would be incorrect.

Table 2
Ash Grove Cement Company, Rivergate Plant
Short Term Emission Factors Derived from ACDP 26-1891 Review Report of Application # 014851 (1)

Pollutant	Source	Production tons/hr	Main Stack Emission lb/hr	lb/ton
Particulate Matter	kiln # 2	3.6	2.83	
	kiln # 3	6.4	3.21	
	kilns total	10.0	6.04	0.604
	roller mill	17	2.06	0.121
Sulfur Dioxide	kiln # 2	3.6	1.14	
	kiln # 3	6.4	2.34	
	kilns total	10.0	3.48	0.348
	roller mill	17	1.5	0.088
Oxides of Nitrogen	kiln # 2	3.6	2.11	
	kiln # 3	6.4	4.05	
	kilns total	10.0	6.16	0.616
	roller mill	17	3.07	0.181
Carbon Monoxide	kiln # 2	3.6	2.74	
	kiln # 3	6.4	57.72	
	kilns total	10.0	60.46	6.046
	roller mill	17	4.26	0.251
Volatile Organic Carbon	kiln # 2	3.6	0.16	
	kiln # 3	6.4	0.21	
	kilns total	10.0	0.37	0.037
	roller mill	17	0.04	0.002

(1) Data from "Current Emissions" Spreadsheets appended to Review Report.

12/13/95, 11:16 AM, Filename: 951201A.WK4

JD-file

Oregon

John A. Kitzhaber, M.D., Governor

Department of Environmental Quality
Headquarters
811 SW Sixth Avenue
Portland, OR 97204-1390
(503) 229-5696
FAX (503) 229-6124
TTY (503) 229-6993

Rivergate air

Post-it® Fax Note 7671	Date 8-20	# of pages ▶ 13
To Glen Dollar	From Kathy Amidon	
Co./Dept. Ash Grove Cement	Co. DEQ AQ NWR	
Phone # 503-289-2272	Phone #	
Fax # [redacted]	Fax #	

August 10, 2001

Re: Air Contaminant Discharge Permits
Response requested by August 20, 2001

Dear Permit Holder:

This letter is to notify you that revisions to Oregon Administrative Rules for the Air Contaminant Discharge Permit (ACDP) program that became effective on July 1, 2001 will affect your permit. The rule changes were the result of a major program efficiency effort that will streamline the air quality permitting process while maintaining the same level of environmental protection. These changes will benefit both the Department and Regulated Sources. Two important changes to bring to your attention now are:

1) existing ACDPs will be replaced by new types of ACDPs and
2) General ACDPs were issued for eighteen (18) source categories.

As a result, you need to select the type of ACDP that is most appropriate for your facility and advise the Department of your decision by August 20, 2001. If you do not make a selection by that date, the Department will make the selection for you. This letter is intended to provide information to help you make your permit type selection. However, in order to make the most informed decision, you are encouraged to read the rules and discuss options with your permit writer. The information that accompanies this letter is divided into six sections. They include:

1) **Summary of Significant Rule Changes**. This section is a good overview of the more significant changes to the rules that were adopted in May of this year. Staff have tried to highlight the critical issues for you to review in making your selection.
2) **Permit Types**. This section gives an overview of each of the new permit types to aid in your analysis of which one best suits your particular needs.
3) **Fees**. Recent and proposed new changes to the permit fee structure are explained in this section.
4) **Permit Selection Procedure**. This section contains the methods that you may use to notify the Department of your permit selection.
5) **Contacts and Resources List**. This list provides contact persons for your questions.
6) **Transition Period**. This section reviews the timing of invoices and how permits will be transitioned from the existing category to the newly selected one.

As stated above, the new permitting rules include benefits for both the Department and Regulated Sources. Some of these benefits are:

- Simplified applications
- Faster processing of permits
- Fewer source-specific permits
- Fewer permit modifications
- More operational flexibility
- More permit options
- More fee options
- Regular and predictable fees for budgeting

We are excited about implementing these new rules and realizing the benefits as soon as possible. Thank you for taking the time to review this information and make your permit selection. If you have any questions, please contact the DEQ regional office nearest you.

Sincerely,

E. Patricia Vernon
Manager, Program Operations
Air Quality Division

1. SUMMARY OF SIGNIFICANT RULE CHANGES:

Types of Permits

- Your current permit may be an Insignificant Discharge, Minimal, Regular, or Synthetic Minor ACDP. A Basic, General, Simple, or Standard ACDP will replace it.

PSEL

- General and Simple ACDPs now include Generic Plant Site Emission Limits (PSELs) instead of source specific PSELs. For most pollutants, the Generic PSEL is established at the significant emission rate (SER) minus 1 ton. The most commonly used Generic PSELs are shown below in Table 1:

Table 1: Most Commonly Used Generic PSELs

Pollutant	Generic PSEL (tons/yr)	Pollutant	Generic PSEL (tons/yr)
Particulate matter (PM)	24	Carbon monoxide (CO)	99
PM <10 microns (PM_{10})	14[1]	Volatile organic compounds (VOC)	39
Sulfur dioxide (SO_2)	39	Single hazardous air pollutant (HAP)	9
Nitrogen oxides (NO_x)	39	Combined HAPs	24

- The PSEL will be an annual limit for each 12 consecutive month period instead of a calendar year limit. This allows the Department to eliminate some of the other limits in permits.
- You may retain a source-specific PSEL only if you select a Standard ACDP.
- There will no longer be any short term PSELs, except in areas where a short term SER has been established by rule as needed to meet federal air quality standards. Currently, the only area required to have short term PSEL is the Medford/Ashland Air Quality Maintenance Area (AQMA) for particulate matter (PM_{10}).

Netting Basis

- Netting Basis is a simplified way for a facility with a source specific PSEL to determine if physical changes or changes in operation are subject to the New Source Review (NSR) rules. The Netting Basis equals the baseline emission rate (actual emissions during 1977 or 1978) minus any reductions required by rule, plus any increases approved through the NSR program.
- The Netting Basis is set at zero for any facility that is issued or assigned to a Basic, Simple, or General ACDP. To take advantage of the lower fees and flexibility of a Basic, Simple or General ACDP, a source that operated during the baseline period must give up its netting

[1] In the Medford/Ashland AQMA, the Generic PSEL for PM_{10} is 4.5 tons/yr., and 49 lbs/day.

basis. Forfeiture of a netting basis is permanent. Therefore, for many sources, this is one of the most important factors to consider in selecting a permit type.

Unassigned Emissions

- Unassigned Emissions identifies the portion of the netting basis that is in excess of the current capacity of the facility. Due to physical changes at the facility, it may no longer be possible to have pollutant emissions as high as during the baseline period even when operating at maximum production levels. The excess is identified as unassigned emissions. All unassigned emissions are available for use at the facility until July 1, 2007. After that date, a cap will be placed on the total amount of unassigned emissions that may be retained. Like the netting basis, a permittee must select a Standard ACDP to retain unassigned emissions. Forfeiture of unassigned emissions is permanent.

Fees

- Permit fees are now based on the type of permit rather than the type of activity. The new fees will be effective for existing permittees for calendar year 2002, as well as any new permit applications submitted after July 1, 2001. Annual fees will continue to be invoiced in October with payment due on December 1 for the following year.
- There will no longer be any application processing or filing fees for permit renewals.
- The Minimal ACDP fee schedule (e.g., payment of the annual compliance fee once every 5 years) is no longer an option. There will be an annual fee assessed for all types of permits.
- Permit fees will include a fee increase approved by the 2001 Legislature and scheduled to be adopted by the Environmental Quality Commission in September. This fee increase is needed to retain existing ACDP staff. More information on the fee increase is provided later in this document.

2. PERMIT TYPES

Provided below is a discussion of each type of permit to assist you with making your choice. Some facilities may only qualify for one type of permit. Others may qualify for more than one. Remember, only one type of permit may be issued to a source, so the permittee must decide which type is best suited for his or her operations. A comparison of the different types of permits is provided in Table 5 on page 10.

X **Basic ACDP:** The Basic ACDP is the best choice for facilities that meet the source descriptions provided in Table 2 on the following page.

Permit Duration:	10 years
Permit Fee:	$100/year
PSEL:	Not applicable
Other Requirements:	Annual report to demonstrate compliance with permit qualification criteria

Table 2: Basic ACDP Source Categories (OAR 340-216-0020, Table 1, Part A)

No.	Description of Sources and Activities from OAR 340-216-0020, Table 1, Part A
1	**Autobody Repair or Painting Shops** in the Portland AQMA painting more than 25 automobiles in a year.
2	**Natural Gas and Propane Fired Boilers** (with or without #2 diesel oil back-up[2]) of 10 or more MMBTU but less than 30 MMBTU/hr heat input constructed after June 9, 1989.
3	**Bakeries**, Commercial baking more than 500 tons of dough per year. (special control areas only)
4	**Cereal Preparations and Associated Grain Elevators** more than 2,000 but less than 10,000 tons per year throughput
5	**Coffee Roasters** roasting more than 6 tons coffee beans in a year, but less than 30 tons/yr.
6	**Flour, Blended and/or Prepared and Associated Grain Elevators** more than 2,000 but less than 10,000 tons per year throughput. (special control areas only)
7	**Grain Elevators** used for intermediate storage more than 1,000 but less than 10,000 tons/yr. Throughput. (special control areas only)
8	**Millwork** (including kitchen cabinets and structural wood members) more than 5,000 but less than 25,000 bd. ft./maximum 8 hour input.
9	**Non-Ferrous Metal Foundries** more than one but less than 100 tons/yr. of metal charged
10	**Pesticide Manufacturing** more than 1,000 tons/yr. but less than 5,000 tons/yr.
11	**Prepared feeds for animals and fowl and associated grain elevators** more than 1,000 tons/yr. but less than 10,000 tons per year throughput
12	**Rock, Concrete or Asphalt Crushing** both portable and stationary more then 5,000 but less than 25,000 tons/yr. crushed
13	**Sawmills and/or Planing Mills** more than 5,000 but less than 25,000 bd. ft./maximum 8 hour finished product
14	**Seed Cleaning and Associated Grain Elevators** more than 1,000 but less than 5000 tons/year throughput. (special control areas only)
15	**Spray Paint Booths and surface coating operations** whose actual or expected usage of coating materials is greater than 250 gallons per month, excluding sources that exclusively use non-VOC containing coatings (e.g. powder coating operations).
16	**Wood Furniture and Fixtures** more than 5,000 but less than 25,000 bd. ft./maximum 8 hour input

[2] Backup means less than 10,000 gallons of fuel per year.

General ACDP: General ACDPs have been issued for 18 source categories as shown in the list provided in Table 3. General ACDPs are optional. That is, if the facility meets the qualifications of a General ACDP, the permittee may elect to be assigned to the General ACDP. The permittee still has the option to choose a source specific permit even if the facility qualifies for a General ACDP.

To qualify for a General ACDP, a source must

- have actual emissions less than the Generic PSEL,
- not require any facility-specific permit conditions, and
- not have ongoing, recurring compliance problems.

The General Permit qualifications are included in the General ACDP. The permittee may elect to obtain a Standard ACDP instead of a General ACDP in order to retain the netting basis or unassigned emissions, if applicable. In addition, the Department may determine that a Simple or Standard ACDP is required if there are ongoing, recurring compliance problems.

Permit Duration:	Issued by rule for a 10-year term; reassignment automatic unless permittee requests different type
Permit Fee:	Varies, see table 3, below
PSEL:	Generic, no netting basis, no unassigned emissions, see Table 1
Other requirements:	Maintain records of source operations and submit annual reports

Table 3: List of General ACDPs[3]

Permit Number	Source Category	Current Annual Permit Fee[4]
AQGP-001	Hard Chrome Platers	$1,300.00
AQGP-002	Decorative Chrome Platers	$900.00
AQGP-003	Halogenated Solvent Degreasers – batch cold	$900.00
AQGP-004	Halogenated Solvent Degreasers – batch vapor & in-line	$900.00
AQGP-005	Halogenated Solvent Degreasers – all	$1,300.00
AQGP-006	Dry Cleaners	$500.00
AQGP-007	Asphalt Plants	$1,300.00
AQGP-008	Rock Crushers ≥25,000 tpy	$900.00
AQGP-009	Ready-mix/concrete plants	$500.00
AQGP-010	Sawmills/millwork >25,000 Bd. ft./shift and veneer or plywood plants	$1,300.00
AQGP-011	Boilers: oil fired >10 MMBtu, natural gas fired ≥30 MMBtu/hr	$900.00
AQGP-012	Crematories	$500.00

[3]You may obtain a copy of the General ACDPs from DEQ's website or contact the Permit Coordinator listed at the end of this letter.

[4] See Table 6, page 11, for a comparison of the current annual fee and the proposed increase.

Permit Number	Source Category	Current Annual Permit Fee[4]
AQGP-013	Grain Elevators ≥10,000 tpy	$500.00
AQGP-014	Prepared feeds/cereal/flour ≥10,000 tpy	$500.00
AQGP-015	Seed Cleaning ≥5,000 tpy	$500.00
AQGP-016	Coffee Roaster - ≥30 tpy	$500.00
AQGP-017	Bulk Gasoline Plants	$500.00
AQGP-018	Electric Power Generators	$900.00

Simple ACDP: The Simple ACDP is similar to a General ACDP, except that it is issued to a specific source. It is primarily used in cases where there are not enough similar sources to issue a general permit, or where a source does not qualify for a general permit. Sources or activities required to obtain at least a Simple ACDP are listed in OAR 340-216-0020, Table 1, Part B (shown as Table 4 in this document). However, the permittee may elect to obtain a Standard ACDP instead of a Simple ACDP in order to retain the netting basis or unassigned emissions, bank an emission reduction credit, use an alternative compliance method (bubble), or take advantage of other standard permitting features. In addition, the Department may determine that a Standard ACDP is required in accordance with OAR 340-216-0020, Table 1, Part C.

Permit Duration:	Five years
Permit Fee:	$2,000 annually (See Table 6, page 11, for a comparison of the current annual fee and the proposed increase)
PSEL:	Generic, no netting basis, no unassigned emissions, actual emissions must be less than the Generic PSEL, see Table 1 on page 3.
Other Requirements:	Can include specific provisions, such has customized reporting dates, compliance schedules, specific testing or monitoring requirements.

Table 4: List of Sources and Activities from OAR 340-216-0020, Table 1, Part B

No.	Source or Activity Description (OAR 340-216-0020, Table 1, Part B)
1	Aerospace or Aerospace Parts Manufacturing
2	Aluminum Production - Primary
3	Ammonia Manufacturing
4	Animal Rendering and Animal Reduction Facilities
5	Asphalt Blowing Plants
6	Asphalt Felts or Coating
7	Asphaltic Concrete Paving Plants both stationary and portable
8	Bakeries, Commercial over 10 tons of VOC emissions per year
9	Battery Separator Manufacturing
10	Battery Manufacturing and Re-manufacturing
11	Beet Sugar Manufacturing
12	Boilers and other Fuel Burning Equipment over 10 MMBTU/hr. heat input, except exclusively Natural Gas and Propane fired units (with or without #2 diesel backup[a])

No.	Source or Activity Description (OAR 340-216-0020, Table 1, Part B)
	under 30 MMBTU/hr. heat input
13	Building paper and Buildingboard Mills
14	Calcium Carbide Manufacturing
15	*** Can or Drum Coating
16	Cement Manufacturing
17	* Cereal Preparations and Associated Grain Elevators 10,000 or more tons/yr. throughput
18	Charcoal Manufacturing
19	Chemical Manufacturing and Distribution
20	Chlorine and Alkalies Manufacturing
21	Chrome Plating
22	Coffee Roasting (roasting more than 30 tons per year)
23	Concrete Manufacturing including Redimix and CTB
24	Crematory and Pathological Waste Incinerators
25	Electrical Power Generation from combustion (excluding units used exclusively as emergency generators)
26	Ethylene Oxide Sterilization
27	*** Flatwood Coating regulated by Division 232
28	*** Flexographic or Rotogravure Printing subject to RACT
29	* Flour, Blended and/or Prepared and Associated Grain Elevators 10,000 or more tons/yr. throughput
30	Galvanizing and Pipe Coating
31	*** Gasoline Plants and Bulk Terminals subject to OAR 232
32	Gasoline Terminals
33	Glass and Glass Container Manufacturing
34	* Grain Elevators used for intermediate storage 10,000 or more tons/yr. throughput
35	Grain terminal elevators
36	Gray iron and steel foundries, malleable iron foundries, steel investment foundries, steel foundries (not elsewhere identified)
37	Gypsum Products Manufacturing
38	Hardboard Manufacturing (including fiberboard)
39	Incinerators with two or more ton per day capacity
40	Lime Manufacturing
41	*** Liquid Storage Tanks subject to OAR Division 232
42	Magnetic Tape Manufacturing
43	Manufactured and Mobile Home Manufacturing
44	Marine Vessel Petroleum Loading and Unloading
45	Millwork (including kitchen cabinets and structural wood members) 25,000 or more bd. ft./maximum 8 hr. input
46	Molded Container
47	Motor Coach Manufacturing
48	Natural Gas and Oil Production and Processing and associated fuel burning equipment
49	Nitric Acid Manufacturing
50	Non-Ferrous Metal Foundries 100 or more tons/yr. of metal charged

No.	Source or Activity Description (OAR 340-216-0020, Table 1, Part B)
51	Organic or Inorganic Industrial Chemical Manufacturing
52	*** Paper or other Substrate Coating
53	Particleboard Manufacturing (including strandboard, flakeboard, and waferboard)
54	Perchloroethylene dry cleaners that do not submit a complete Dry Cleaner Annual Hazardous Waste and Air Compliance Report by June 1 of any given year
55	Pesticide Manufacturing greater than 5,000 or more tons/yr. annual production
56	Petroleum Refining and Re-refining of Lubricating Oils and Greases including Asphalt Production by Distillation and the reprocessing of oils and/or solvents for fuels
57	Plywood Manufacturing and/or Veneer Drying
58	Prepared feeds for animals and fowl and associated grain elevators 10,000 or more tons per year throughput
59	Primary Smelting and/or Refining of Ferrous and Non-Ferrous Metals
60	Pulp, Paper and Paperboard Mills
61	Rock, Concrete or Asphalt Crushing both portable and stationary 25,000 or more tons/yr. crushed
62	Sawmills and/or Planing Mills 25,000 or more bd. ft./maximum 8 hr. finished product
63	Secondary Smelting and/or Refining of Ferrous and Non-Ferrous Metals
64	* Seed Cleaning and Associated Grain Elevators 5,000 or more tons/yr. throughput
65	Sewage Treatment Facilities employing internal combustion for digester gasses
66	Soil Remediation Facilities stationary or portable
67	Steel Works, Rolling and Finishing Mills
68	*** Surface Coating in Manufacturing subject to RACT
69	Surface Coating Operations with actual emissions of VOCs before add on controls of 10 or more tons/yr.
70	Synthetic Resin Manufacturing
71	Tire Manufacturing
72	Wood Furniture and Fixtures 25,000 or more bd. ft./maximum 8 hr. input
73	Wood Preserving (excluding waterborne)
74	All Other Sources not listed herein that the Department determines an air quality concern exists or one which would emit significant malodorous emissions
75	All Other Sources not listed herein which would have actual emissions, if the source were to operate uncontrolled, of 5 or more tons a year of PM10 if located in a PM10 non-attainment area, or 10 or more tons of any single criteria pollutant in any part of the state

*Applies only to Special Control Areas
**Portland AQMA only
***Portland AQMA, Medford-Ashland AQMA or Salem SATS only
(a) "Back-up" means less than 10,000 gallons of fuel per year

Standard ACDP: The Standard ACDP is for sources that have actual emissions greater than the Generic PSELs or want to retain their netting basis or unassigned emissions, bank an emission reduction credit, use an alternative compliance method (bubble), or take advantage of other standard permitting features. The Standard ACDP is required for any new or modified source subject to the Oregon Title V Operating Permit program or New Source Review; incinerators for PCB and/or other hazardous wastes; all sources that the Department determines have emissions that constitute a nuisance; and, all sources subject to Reasonably Available Control Technology (RACT), National Emission Standard for Hazardous Air Pollutants (NESHAP), New Source Performance Standard (NSPS), State Maximum Available Control Technology (MACT), or other significant Air Quality regulation(s). Source categories for which a General ACDP has been issued and sources with less than 10 tons/yr emissions that qualify for a Simple ACDP are not required to select a Standard ACDP.

Permit Duration:	Five years
Permit Fee:	$4,000 annually (See Table 6, page 11, for a comparison of the current annual fee and the proposed increase)
PSEL:	Source-specific PSEL at Generic PSEL level or higher, netting basis, unassigned emissions
Other requirements:	Can include source specific provisions, such has custom reporting dates, compliance schedules, specific testing or monitoring requirements.

Table 5: ACDP Comparisons

	Basic	General - Low	General- Medium	General – High	Simple	Standard
Activities and sources (OAR 340-216-0020, Table 1)	Part A	Part B	Part B	Part B	Part B	Part B or C
Netting Basis	No	No	No	No	No	Maybe
PSEL	No	Generic	Generic	Generic	Generic	Source specific or Generic
Initial permit fee[5]	$100	$1,000	$1,000	$1,000	$5,000	$10,000
Annual permit fee[6]	$100	$500	$900	$1,300	$2,000	$4,000
Permit term (years)	10	10	10	10	5	5

3. FEES

As mentioned above, the fee structure has changed. Old permit fees were based on the type of activity rather than the type of permit. This created an inequity because sources with similar types of permits were charged different amounts, depending on the type of activity. The new system is based on the type of permit, which is more equitable. In addition, separate renewal fees were eliminated, and these costs were included in the annual fees. Overall, the initial

[5] The initial permit fee is waived for switching from an existing permit to a new type of permit at renewal time.
[6] See Table 5, page 9, for a comparison of the current annual fee and the proposed increase.

Appendix58-000020

change was revenue neutral for the Department, although individual permittees may pay more or less than they have in the past, depending on the type of activity, the old type of permit they held and the new type of permit they select. Details of the fee changes and the fiscal and economic impact analysis were provided in the May 4, 2001 rulemaking package.

In addition to the restructured fee table, the legislature approved a 30% increase to the DEQ Air Quality ACDP fees in the Department's budget for 2001-2003. This increase was necessary to fund existing staff due to rising costs and declining General Fund. As a result, the fees will be increased by a separate rulemaking that should be effective before the 2002 invoices are sent out in October. Details of the fee increase are provided in the public notice associated with that rulemaking which was mailed to you July 13 and is also available on the Department's website. The comment period for the fee increase rulemaking is scheduled to end on August 15, 2001. The proposed fee increases are shown in the following table. Although the overall fee increase is 30%, the Department has proposed to increase only five of the six annual fees rather than apply the increase across the board to all annual, initial and special activity fees. Consequently, the five annual fees are proposed to increase by 35% to produce an overall increase in fee revenue of 30%.

Table 6: Current and Proposed Annual Fees.

ACDP Permit Type	Existing Permit Annual Fees	Proposed Annual Fee	Proposed Annual Fee Increase
Basic ACDP	$100.00	$100.00	$0.00
General ACDPs			
Fee Class One	$500.00	$675.00	$175.00
Fee Class Two	$900.00	$1,210.00	$310.00
Fee Class Three	$1,300.00	$1,745.00	$445.00
Simple ACDP	$2,000.00	$2,690.00	$690.00
Standard ACDP	$4,000.00	$5,380.00	$1,380.00

NOTE: Please be advised that the legislature also approved a 20% increase to the water quality permit fees. If your facility also holds a water quality permit, expect to hear from the Water Quality Division in the near future regarding their new fee structure.

4. PERMIT SELECTION PROCEDURES

Please respond by August 20, 2001. If you do not respond, the Department will make the permit selection for you.

To make your permit selection, use one of the following methods:

- fill out the enclosed postcard and return it to the DEQ;
- call the Permit Coordinator at the DEQ regional office closest to the facility;
- send a facsimile that contains all the information requested in the postcard to the Permit Coordinator at the DEQ regional office closest to the facility, or

Appendix58-000021

- send an e-mail that contains all the information requested in the postcard to the Permit Coordinator at the DEQ regional office closest to the facility.

If you have questions, either contact your permit writer or the Permit Coordinator at the DEQ regional office closest to the facility.

Again, if the DEQ does not get a response, the Department will decide which permit is appropriate. The Department will select the permit type with the lowest fee option available, which could result in the loss of netting basis or unassigned emissions.

5. TRANSITION PERIOD

Existing permits will remain in effect until replaced by the new type of permit. Sources electing the General ACDP will be assigned to the General Permit effective January 2002. Sources electing either a Basic, Simple or Standard ACDP will be issued the new type of permit when the existing permit expires, unless the permittee requests the new type of permit sooner. Requests to replace an existing permit prior to the scheduled expiration date will incur the initial permit application fee or specific activity fees. The annual permit fees shown in Table 5 are in effect now. The invoices that will be mailed in October will reflect the legislatively approved increase shown in Table 6, or an alternative fee schedule adopted by the Environmental Quality Commission in September. The fee will be based on your permit selection or the Department's selection if we do not get a response.

6. CONTACTS AND RESOURCES

Permit selections:

Counties	Permit Coordinator Address and Telephone
Clackamas, Clatsop, Columbia, Multnomah, Tillamook, and Washington	Department of Environmental Quality Northwest Region 2020 SW 4th Avenue, Suite 400 Portland, OR 97201-4987 Telephone: (503) 229-5582 Facsimile: (503) 229-5265 e-mail: bussey.daphne.l@deq.state.or.us
Benton, Coos, Curry, Douglas, Jackson, Josephine, Lincoln, Linn, Marion, Polk, and Yamhill	Department of Environmental Quality Western Region Patty Hamman 750 Front Street NE, Suite 120 Salem, OR 97301-1039 Telephone: (503) 378-8240 ext. 225 Facsimile: (503) 378-4196 e-mail: hamman.patricia@deq.state.or.us
Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler	Department of Environmental Quality Eastern Region Bonnie Hough 2146 NE 4th Street, Suite 104 Bend, OR 97701-3647 Telephone: (541) 388-6146 ext. 223 Facsimile: (541) 388-8283 e-mail: hough.bonnie@deq.state.or.us
All counties, if you can't reach the Permit Coordinators listed above.	Department of Environmental Quality Headquarters Linda Fernandez 811 SW Sixth Ave. Telephone: (503) 229-5584 Facsimile: (503) 229-5675 e-mail: fernandez.armalinda@deq.state.or.us

Rules and General Permits

DEQ web page: http://www.deq.state.or.us/aq/aqpermit/acdp.htm

Department of Environmental Quality
Northwest Region
Air Quality Program

Standard
AIR CONTAMINANT DISCHARGE PERMIT
REVIEW REPORT

Ash Grove Cement Company
13939 N. Rivergate Blvd.
Portland, OR 97203
(503) 286-1677

Source Test	Compl Sched	Report				Excess		NSR	PSD	RACT	NSPS	NESHAP	Size	Public Notice
		A	S	Q	M	R	N							
x		x					x		x				Std	III

TABLE OF CONTENTS

PERMITTING 2

SOURCE DESCRIPTION 2

COMPLIANCE 3

SPECIAL CONDITIONS 4

EMISSIONS 4

MAJOR SOURCE APPLICABILITY 5

ADDITIONAL REQUIREMENTS 6

SOURCE TESTING 7

PUBLIC NOTICE 8

PERMITTING

PERMITTING ACTION

1. The permit is a renewal for an existing Air Contaminant Discharge Permit (ACDP) which was issued on 09/02/97 and was originally scheduled to expire on 07/01/03. The old ACDP is being converted to a Standard ACDP in accordance with the rules adopted in May 2001. The company has a Standard permit to retain Baseline emission rates and PSD limitations.

2. Addendum 1, issued 08/28/00, allows the combustion of landfill gas in the roller mills/ dryers.

OTHER PERMITS

3. Other permits issued or required by the Department of Environmental Quality for this source include an NPDES for industrial waste water discharge. The facility is also a conditionally exempt generator of hazardous waste.

ATTAINMENT STATUS

4. The source is located in an attainment area for PM, PM_{10} and SO_2, and a maintenance area for Ozone (precursors are NO_X and VOC) and CO. This facility is an insignificant source of NOX, VOC, and CO, and a moderate source of PM, PM_{10}, and SO_2.

SOURCE DESCRIPTION

OVERVIEW

5. The permittee operates a lime manufacturing plant. The process includes raw material handling and sizing of limestone and dolomite; using calcimatic kilns to produce chemical lime; hydrating lime to produce calcium hydroxide; and using roller mills/dryers to produce agricultural lime. The facility was established in 1964.

6. The following changes have been made to the facility since the last permit renewal:
   a. The facility no longer burns off-specification oil.
   b. The bypass stacks on kilns 1 and 2 were removed in December 1995. The kiln exhaust now moves through the rock supply and a baghouse. This helps to preheat the raw material and has resulted in lower PM emissions.
   c. A fourth roller mill was added in January 1997, allowing an increase in production.
   d. In August 2000, the facility began burning landfill gas in the milling department.
   e. A new baghouse was installed on the loading spouts in October 2000.

f. In January 2001, the 4-ton/hr hydrating lime process equipment was replaced with equipment that can process 12 tons/hr. The change included replacement of the old wet scrubber with a pulse jet baghouse.

g. Each milling department load spout was equipped with a new dust collector, which discharges the collected material directly into the trailer being loaded. This change occurred in April 2002.

h. The storage department baghouse was replaced in October 2002, including new ducting from each piece of equipment in the department.

i. In January 2003, a new 500-ton storage silo for quicklime, with baghouse, was added.

PROCESS AND CONTROL DEVICES

7. Main air contaminant sources at the facility are:

Process	Capacity	Control Device	Installed
Calcimatic Kilns 1, 2	5.4 tons/hr	WP reverse air baghouse	1963
Calcimatic Kiln 3	9.7 tons/hr	Fuller plenum pulse baghouse	1979
Hydrator (upgraded)	12 tons/hr	Cimprogetti pulse jet baghouse	2001
Roller Mill/Dryer, 1-3	31 tons/hr	Micropul pulse jet baghouse	1986
Roller Mill/Dryer 4	45 tons/hr	Micropul pulse jet baghouse	1997
Fugitives from raw material handling, roads, and stockpiles			

A complete list of emission points and controls is contained in the application.

COMPLIANCE

8. The facility was inspected in 1997, 1998, and in 1999 and found to be in compliance with permit conditions. The 2000 inspection found the facility to be out of compliance. The company had failed to report an episode of excess emissions. The facility was inspected in 2002 and found to be in compliance with permit conditions.

9. At the end of 2002, DEQ received two complaints regarding deposition of lime dust on cars and track-out from Ash Grove's wheel washing station. These conditions were not verified during a site visit.

10. One Notice of Noncompliance was issued to the facility on 9/9/00 for failure to report excess emissions. The company had started Kiln 1 on off-spec. oil, with the result of black smoke coming from the stack. A recent change in the pneumatic control system added to the problem. Unable to correct the problem, the operator switched to natural gas. No further occurrences have been noted.

SPECIAL CONDITIONS

11. The facility is subject to specific limits under PSD. Also, the permittee is required to routinely analyze used fuel combusted in the kilns for metals and PCBs.

EMISSIONS

12. Proposed PSEL information:

Pollutant	Baseline Emission Rate (tons/yr)	Netting Basis		Plant Site Emission Limits (PSEL)		
		Previous (tons/yr)	Proposed (tons/yr)	Previous PSEL (tons/yr)	Proposed PSEL (tons/yr)	PSEL Increase (tons/yr)
PM	95	95	95	90	98	8
PM_{10}	52	52	52	52	66	14
SO_2	43	43	43	76	82	6
NO_x	36	36	36	50	75	25
CO	21	21	21	63	99	36
VOC	2	2	2	5	41	34
Single HAP	n/a	n/a	n/a	n/a	9	9
Combined HAP	n/a	n/a	n/a	n/a	24	24

a. The Baseline Year was 1977. Emissions from Kiln 3 were added to the Baseline because EPA approved the construction in 1977.
b. The proposed PSELs for all pollutants are equal to the netting basis plus the Generic PSEL except for PM and CO, which would be over 100 tons.
c. The SO_2 PSEL includes a separate PSEL for Kiln #3, as a result of a PSD review. The limit on Kiln 3 is 37.8 tons SO_2/year. See the section below.
d. NOx, CO, and VOC were added to the PSEL in 1995.
e. The PSEL are based on the use of 7.9 million gallons of used oil, 161,000 tons of quicklime through the kilns, 650,000 tons of ag lime through the mills/dryers, and 50,000 tons/year of hydrate lime produced.
f. The PSEL is a federally enforceable limit on the potential to emit.

13. In 1995, Ash Grove requested that the baseline year emissions be increased by 20.8 tons of PM_{10}, to include fugitive emissions. The original baseline calculations did not include PM_{10}.

SIGNIFICANT EMISSION RATE ANALYSIS

14. The original ACDP was issued in 1974 and included the emissions from two lime kilns. In 1979, Ash Grove applied for and received a PSD permit from EPA to install Kiln #3 (PSD-X-77-04). A screening method was used by EPA and BACT was determined to be the use of a baghouse of at least 98% efficiency. Emission limits were set for PM and SO_2, specifically:
    a. SO_2 8.7 lb/hr *and* 32.9 ton/yr
    b. PM 0.01 gr/dscf *and* 12.6 ton/yr

15. After installation of Kiln 3, a source test was conducted in 1979. The results showed that the emission factors used for EPA's approval were low for PM. *On 9/23/80, EPA issued a modified permit with PM limits of 0.03 gr/dscf and 37.8 tons/yr.*

16. In 1995, the emission factor for SO2 from Kilns 1 and 2 was adjusted to reflect the correct limit on sulfur content in the fuel to 1%. The emission factor was changed to 0.89 lb/ton quicklime (9.7 lb/hr) for each kiln. The fuel used at the time of the 1979 source test had a sulfur content of 0.5%, so the emission factor was doubled.

17. Another source test was conducted in November 1997 to determine compliance with the PSD limit on SO_2 and to measure HCl emissions. The sulfur content was 0.90%. Results showed an SO_2 emission rate of 0.52 lb per ton of quicklime (3.5 lb SO_2/hr). This is lower than the allowable rate of 0.89 lb SO_2/ ton of quicklime, and is equivalent to 15.3 tons SO_2 over a period of 8760 hours. HCl emissions were measured at 0.051 lb/ton of quicklime.

18. For each pollutant, the proposed Plant Site Emission Limit is less than the Netting Basis plus the significant emission rate, thus no further air quality analysis is required.

MAJOR SOURCE APPLICABILITY

CRITERIA POLLUTANTS

19. A major source is a facility that has the potential to emit more than 100 tons per year of any criteria pollutant. This facility would be a major source of PM and SO_2 if not for the Plant Site Emission Limits.

HAZARDOUS AIR POLLUTANTS

20. A major source is a facility that has the potential to emit more than 10 tons/year of any single HAP or 25 tons/year of combined HAPs. Add-on controls prevent the facility from having the potential to emit hydrogen chloride at Title V trigger levels. HAP estimates are based on the use of 7.9 million gallons of used oil per year, with a maximum PCB content of 49 ppm.

Hazardous Air Pollutant	Max. Amount (ppm)	PTE Without controls (tons/yr)	PTE With controls (tons/yr)
Lead (Pb)	100	3.1	0.06
Arsenic (As)	5	0.1	0.003
Cadmium (Cd)	2	0.1	0.001
Chromium (Cr)	10	0.3	0.006
Halogens as Hydrogen Chloride (HCl)	1575	49.2	4.9
Total Organic Carbon (TOC)		2.8	1.8
Total		53.6	6.8

a. The mass balance calculation used to determine PTE without controls on the process is ppm/million x 7.88 lb/gal oil x gal/yr. It was assumed that 30% of TOC emissions are VOC {4.7/0.3 = 16 tons/yr} and 82% TOC emitted is non-HAP based on a source test conducted at Ash Grove's Seattle plant {16 x (1.-0.82) = 2.8 tons/yr}. TOC accounts for HAP from the by-products of combustion.

b. The column on the right provides the anticipated emissions at 98% control. The 98% control efficiency is based on a literature search. References are "Incineration of Hazardous Waste: A Critical Review Update," Dempsey et.al., *Air And Waste Management Association Journa*l, pp. 25-74, Januray 1993 and "Proposed Technology Based Standard for Toxic Metal Emissions from Hazardous Waste Thermal Treatment Systems," Gossman Consulting Inc., September 28, 1993. Control efficiencies in the articles refer to lime scrubber/fabric filter control technology at cement kilns.

21. Although the source has the capacity to emit above the Title V major source threshold levels, the permittee has elected not to obtain an Oregon Title V Operating Permit by requesting a PSEL below the major source threshold levels. The PSEL is a federally enforceable limit on PTE.

ADDITIONAL REQUIREMENTS

NSPS APPLICABILITY

22. 40 CFR Part 60, Subpart HH is not applicable to the source because the standard applies to rotary lime kilns. A rotary lime kiln is defined as an inclined rotating drum. The kilns at Ash Grove are calcimatic kilns. A calcimatic kiln is described as a revolving donut shaped hearth.

23. 40 CFR Part 60, Subpart OOO, Standards of Performance for Nonmetallic Mineral Processing Plants was adopted by Oregon for Title V sources only. This facility is not a major source, thus not subject to the NSPS.

NESHAPS/MACT APPLICABILITY

24. The proposed 40 CFR Part 63, Subpart AAAAA, applies to Lime Manufacturing Plants. The subpart is not applicable because the facility qualifies as an area source. Area sources are not subject to the rule.

The company performed an operations source test on Kiln 3 in July 2001. EPA Method 25A and ASTM Method D6735-01 were used. A paired train and analyte spike were used as part of the test. The proposed NESHAP includes these two ASTM method options as requirements to demonstrate 'area source' status.

RACT APPLICABILITY

25. The facility is located in the Portland AQMA, but it is not one of the listed source categories in OAR 340-232, thus the RACT rules do not apply

TACT APPLICABILITY

26. The source is meeting the states TACT/Highest and Best Rules by the use of baghouses on all process lines. The grain loading limits on the baghouses are more stringent than those allowed under the process weight rule (OAR 340-266-0300 - 0320).

SOURCE TESTING

PRIOR TESTING RESULTS

27. The permittee is required to demonstrate compliance with the PSD limitations for PM on Kiln 3, and to test a representative baghouse on the roller mill/dryer operation to demonstrate compliance with grain loading limits contained in the permit.

28. The results of the most recent source tests are listed below:

Emission Device	Test Date	Fuel Type	Production Rate	Pollutant	Measured Value
Kiln 3	11/20/97	Used oil, 90% S	6.63 tons/hr	SO_2	0.52 lb/ton 3.5 lb/hr
			297 ppm Cl	HCl	0.051 lb/ton 2.7 ppm-v
Kiln 3	7/12/01	Used oil	24,900 dscfm	HCl	0.025 lb/hr
		Landfill Gas	23,400 dscfm	HCl	0.06 lb/hr
Roller Mill/ Dryer #4	11/20/97	n/a	29.4 tons/hr 22, 100 dscfm	PM	0.011 lb/ton 0.003 gr/dscfm
Roller Mill/ Dryer #4	4/28/98	Landfill Gas	30.5 tons/hr 7,920 dscfm	CO	0.03 lb/ton 0.91 lb/hr
				NO_X	0.0009 lb/ton 0.03 lb/hr
				VOC	0.010 lb/ton 0.3 lb/hr
Hydrator	4/16/02	n/a	10.4 tons/hr	PM	0.009 lb/ton 0.09 lb/hr 0.018 gr/dscf

PUBLIC NOTICE

29. Pursuant to OAR 340-216-0066(4)(a)(A), renewals of Standard Air Contaminant Discharge Permits require public notice in accordance with OAR 340-209-0030(3)(c). Therefore, the proposed permit will be placed on public notice from December 17, 2003 to January 26, 2004. The Department will schedule a hearing to allow interested persons to submit oral or written comments, if the Department receives written requests from ten persons, or from an organization representing at least ten persons, for a hearing within 35 days of the mailing of the public notice.

ka:ed
5/7/2004

August 22, 1975 18-1

Department of Environmental Quality
1234 S. W. Morrison St.
Portland, Oregon 97205

Attention: Mr. Larry D. Patterson
Regional Engineer

Dear Sir:

My apologies for the oversight in not submitting the required annual report on the proper date. Please accept the following:

1. Annual plant production for 1974 was 63,366 short tons of lime.

2. Annual quanities and types of fuels - 1975.

614 gallons	Propane
428,153 gallons	#2 Diesel Oil
373,930 MCF	Natural Gas

3. Annual operating season.

January - April	18,666 Tons
May - August	23,592 Tons
September - October	10,678 Tons
November - December	10,430 Tons

Yours truly,

WAK:pjs

Appendix58-000032

February 10, 1976 18-1

Department of Environmental Quality
1234 S. W. Morrison St.
Portland, Oregon 97205

Attention: Mr. Larry D. Patterson
Regional Engineer

Dear Sir:

Annual report Portland Lime plant.

1. Annual plant production for 1975 was 62,033 short tons of lime.

2. Annual quantities and types of fuels - 1975.

0 gallons	Propane
550,966 gallons	#2 Diesel Oil
374,759 MCF	Natural Gas

3. Annual operating season.

January - April	19,595 Tons
May - August	21,778 Tons
September - October	10,550 Tons
November - December	10,110 Tons

Yours truly,

WAK:pjs

WAK- Letterhead
1 - Yellow
1 - Pink

File 18-1

February 9, 1977

Department of Environmental Quality
~~1234 S.W. Morrison St.~~ AIR QUALITY DIVISION
Portland, Oregon ~~97208~~ P.O. BOX 1760
97207

~~Attention: Mr. Larry D. Patterson -- Regional Engineer~~

Dear Sir:

Annual report Portland Lime plant. Permit # 26189

1. Annual plant production for ~~1976~~ 1977 was ~~63,105~~ 64,409 short tons of lime.

2. Annual quantities and types of fuels - ~~1976~~ 1977.

	~~0 gallons~~		~~Propane~~
213,134	~~420,166~~	gallons	#2 Diesel Oil
422,062	~~398,740~~	MCF	Natural Gas

3. Annual operating season.

January - April	~~20,453 Tons~~	31%
May - August	~~21,042 Tons~~	35%
September - October	~~11,107 Tons~~	17%
November - December	~~10,503 Tons~~	17%

Yours truly,

William A. Kistler

WAK:ec

Appendix58-000034

File 18-1

January 19, 1978

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Oregon 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1977 was 64,409 short tons of lime.

2. Annual quantities and types of fuels - 1977.

213,134	gallons	#2 Diesel Oil
422,062	MCF	Natural Gas

3. Annual operating season.

January - April	31%
May - August	35%
September - October	17%
November - December	17%

Yours truly,

William A. Kistler

WAK;vjl

January 9, 1979

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Oregon 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1978 was 58,406 short tons of lime.

2. Annual quantities and types of fuels - 1978.

21,123	gallons	#2 Diesel Oil
149,564	gallons	#6 Fuel Oil
417,486	MCF	Natural Gas

3. Annual operating season.

January - April	32%
May - August	35%
September - October	20%
November - December	13%

Yours truly,

William A. Kistler

WAK:ksm

18-1

January 15, 1980

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Oregon 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1979 was 87,627 short tons of lime.

2. Annual quantities and types of fuels - 1979

28,511 gallons	#2 Diesel Oil
522,393 gallons	#6 Fuel Oil
515,148 MCF	Natural Gas

3. Annual operating season.

January - April	24%
May - August	41%
September - October	19%
November - December	16%

Yours truly,

William A. Kistler

WAK:ksm

January 8, 1981

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Oregon 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1980 was 85,639 short tons of lime.

2. Annual quantities and types of fuels - 1980

15,747 gallons	#2 Diesel Oil
979,915 gallons	#6 Fuel Oil
408,156 MCF	Natural Gas

3. Annual operating season.

January - April	35%
May - August	34%
September - October	15%
November - December	16%

Yours truly,

William A. Kistler
Superintendent

WAK:ksm

January 7, 1982

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Oregon 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1981 was 75,376 short tons of lime.

2. Annual quantities and types of fuels - 1981

578 gallons	#2 Diesel Oil
21,665 gallons	#6 Fuel Oil
489,843 MCF	Natural Gas

3. Annual operating season.

January - April	34%
May - August	34%
September - October	19%
November - December	13%

Yours truly,

William A. Kistler
Superintendent

WAK:kam

18-1

January 7, 1983

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Or 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1982 was 65,246 short tons of lime.

2. Annual quantities and types of fuels 1982.

1,315 gallons	#2 Diesel Oil
537,723 gallons	#6 Fuel Oil
322,575 MCF	Natural Gas
346 tons	Coal

3. Annual operating season.

January - April	39%
May - August	32%
September - October	15%
November - December	14%

Yours Truly,

William A. Kistler
Superintendent

WAK:tme

18-1

Portland Plant

January 5, 1984

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Or 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1983 was 72,926 Short tons of lime.

2. Annual quantities and types of fuels 1983.

3,628 gallons	#2 Diesel Oil
1,061,205 gallons	#6 Fuel Oil
41,872 MCF	Natural Gas
10,687 tons	Coal

3. Annual operating season.

January - April	30%
May - August	35%
September - October	18%
November - December	17%

Yours truly,

William A. Kistler
Superintendent

WAK:TME

Appendix58-000041

January 4, 1985

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Or 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1984 was 83,210 Short tons of lime.

2. Annual quantities and types of fuels 1984.

3,287 gallons	#2 Diesel Oil
1,613,958 gallons	#6 Fuel Oil
5,737 MCF	Natural Gas
11,667 Tons	Coal

3. Annual operating season.

January - April	33%
May - August	36%
September - October	15%
November - December	16%

Yours truly,

William A. Kistler
Superintendent

WAK:tmg

Appendix58-000042

18-1

January 6, 1986

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Oregon 97207

Dear Sir:

Annual report Portland Lime plant permit #261891.

1. Annual plant production for 1985 was 84,474 short tons of lime.

2. Annual quantities and types of fuels, 1985.

141 gallons	#2 Diesel Oil
28,370 gallons	#6 Fuel Oil
203,638 MCF	Natural Gas
12,104 Tons	Coal

3. Annual operating season.

January - April	33%
May - August	33%
September - October	18%
November - December	16%

Yours truly,

William A. Kistler,
Superintendent

WAK;lr

96

18-1

January 7, 1987

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, OR 97207

Dear Sir:

Annual Report Portland Lime Plant Permit #261891.

1. Annual plant production for 1986 was 80,346 short tons of lime.

2. Annual quantities and types of fuels, 1986.

544,014 gallons	#6 Fuel Oil
340,403 MCF	Natural Gas
2,999 Tons	Coal

3. Annual operating season.

January - April	29%
May - August	36%
September - October	19%
November - December	16%

Yours truly,

William A. Kistler
Superintendent

WAK:jy

96

18-1

ASH GROVE CEMENT WEST, INC.

P.O. BOX 03007, ST. JOHNS STATION • PORTLAND, OREGON 97203
PHONE: (503) 286-1677

WILLIAM A. KISTLER
PLANT MANAGER

January 13, 1988

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Or 97207

Dear Sir:

Annual Report Portland Lime Plant Permit #261891.

1. Annual plant production for 1987 was 89,925 short tons of lime.

2. Annual quantities and types of fuels, 1987,

462,227 Gallons	#6 Fuel Oil
452,549 MCF	Natural Gas
3,356 Tons	Coal

3. Annual operating season,

January - April	29%
May - August	34%
September - October	19%
November - December	18%

Yours truly,

William A. Kistler
Plant Manager

WAK:tmg

18-1

ASH GROVE CEMENT WEST, INC.

P.O. BOX 03007, ST. JOHNS STATION • PORTLAND, OREGON 97203
PHONE: (503) 286-1677 1-800-544-8382

January 5, 1989

Department of Environmental Quality
Air Quality Division
P. O. Box 1760
Portland, Oregon 97207

Dear Sir:

Annual Report Portland Lime Plant Permit #261891

1. Annual plant production for 1988 was 102,182 short tons of lime.

2. Annual quantities and types of fuels, 1988

181,472 Gallons	#6 Fuel Oil
566,988 MCF	Natural Gas
1,173 Tons	Coal
632,977 Gallons	#4 Fuel Oil

3. Annual operating season

January - April	32%
May - August	34%
September - October	16%
November - December	18%

Yours truly,

William A. Kistler
Plant Manager

WAK:lh

ASH GROVE CEMENT WEST, INC.

P.O. BOX 03007, ST. JOHNS STATION • PORTLAND, OREGON 97203
PHONE: (503) 286-1677 1-800-544-8382

KILN #1 BAG COLLECTOR

6-16-88	1 section, 6 sock, 2 section, 15 sock, 3 section, 6 sock, 4 section, 8 sock, 5 section, 8 sock, 6 section, 12 sock.
10-27-88	1 section, 3 sock, 2 section, 6 sock, 3 section, 1 sock, 4 section, 2 sock, 5 section, 4 sock, 6 section, 7 sock.

KILN #2 KILN WESTERN PRECIPITATOR

3-1-88	1 section, 3 sock, 2 section, 2 sock, 3 section, 3 sock, 4 section, 2 sock, 5 section, 3 sock, 6 section, 6 sock.
12-29-88	1 section, 3 sock, 2 section, 3 sock, 3 section, 0 sock, 4 section, 5 sock, 5 section, 10 sock.

KILN #3 FULLER DUST COLLECTOR

5-20-88	1 section, 12 socks, 2 section, 3 sock, 4 section, 3 sock, 7 section, 1 sock, 6 section, 1 sock.
9-28-88	1 section, 4 sock, 2 section, 4 sock, 3 section, 3 sock, 4 section, 20 sock, 5 section, 3 sock, 6 section, 4 soc 7 section, 6 sock, 8 section, 0 sock.

ASH GROVE CEMENT WEST, INC.

P.O. BOX 83007, ST. JOHNS STATION • PORTLAND, OREGON 97283-0007
PHONE: (503) 286-1677 • 1-800-544-8382 • FAX: (503) 289-2272

January 5, 1990

Department of Environmental Quality
Air Quality Division
P.O. Box 1760
Portland, Oregon 97207

Dear Sir:

Annual Report Portland Lime Plant Permit #261891

1. Annual plant production for 1989 was 106,605 short tons of chemical lime.
2. Annual plant production of Ag-lime was 225,786 tons.
3. Annual quantities and types of fuels for 1989:

397,510 gallons	#6 Fuel Oil
573,584 MCF	Natural Gas-Chemical Lime
38,311 MCF	Natural Gas-Ag-lime
-0- Tons	Coal
828,779 Gallons	#4 Fuel Oil

3. Annaul operating season

January - April	32%
May - August	32%
September - October	17%
November - December	18%

Yours truly,

William A. Kistler
Plant Manager

WAK:lh

Appendix58-000048

18-1

ASH GROVE CEMENT WEST, INC.

P.O. BOX 83007, ST. JOHNS STATION • PORTLAND, OREGON 97283-0007
PHONE: (503) 286-1677 • 1-800-544-8382 • FAX: (503) 289-2272

WILLIAM A. KISTLER
PLANT MANAGER

January 11, 1991

Department of Environmental Quality
Air Quality Division
811 S.W. 6th Ave.
Portland, Or 97204

Dear Sir:

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1990 was 99,921 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime was 225,118 tons.

3. Annual quantities and types of fuels for 1990:

963,325 Gallons	#4 Fuel Oil
712,438 Gallons	#6 Fuel Oil
443,248 MCF	Natural Gas - Chemical Lime
36,456 MCF	Natural Gas - Ag-Lime
264 Tons	Coal

4. Annual operating season:

January - April	33%
May - August	36%
September - October	15%
November - December	16%

Yours truly,

William A. Kistler
Plant Manager

WAK:tmg

16

18-1

ASH GROVE CEMENT WEST, INC.

P.O. BOX 03007, ST. JOHNS STATION · PORTLAND, OREGON 97203
PHONE: (503) 286-1677

WILLIAM A. KISTLER
PLANT MANAGER

JANUARY 7, 1992

Department of Environmental Quality
Air Quality Division
811 S.W. 6th Ave.
Portland, Or 97204

Dear Sir:

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1991 was 101,321 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime was 209,749 tons.

3. Annual quantities and types of fuels for 1991:

308,062 Gallons	#4 Fuel Oil
322,578 Gallons	#6 Fuel Oil
605,493 MCF	Natural Gas - Chemical Lime
57,774 MCF	Natural Gas - Ag-Lime
0 TONS	Coal

4. Annual operating season:

Chemical Lime		Ag-Lime	
January - April	34%	January - April	21%
May - August	33%	May - August	41%
September - October	17%	September - October	29%
November - December	15%	November - December	.09%

Yours Truly,

WAK:las

William A. Kistler

Appendix58-000050

ASH GROVE CEMENT COMPANY

WESTERN REGION
13939 NORTH RIVERGATE BLVD., P.O. BOX 83007
PORTLAND, OREGON 97283-0007
PHONE 503-286-1677

WILLIAM A. KISTLER
PLANT MANAGER

JANUARY 11, 1993

Department of Environmental Quality
Air Quality Division
811 S.W. 6th Ave.
Portland, Or 97204
Attn: Kathy Amidon

Dear Ms. Amidon:

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1992 was 104,237 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime was 239,552 tons.

3. Annual quantities and types of fuels for 1992:

1,586,097 Gallons	Used #4 Oil
493,302 MCF	Natural Gas Chemical Lime
71,919 MCF	Natural Gas Ag-Lime
0 TONS	Coal

4. Annual operating season:

Chemical Lime		Ag-Lime	
January - April	32%	January - April	25%
May - August	36%	May - August	35%
September - October	14%	September - October	29%
November - December	16%	November - December	.09%

Yours Truly,

William A. Kistler

1992 Maintenance to Air Contaminant Controls

17 - 407 AMERICAN DUST ARRESTOR

07-28-92	A. Checked all sections for holes in socks B. Replaced 26 socks

17 - 202 SMALL DUST COLLECTOR

07-29-92	A. Inspected all sections B. Replaced 96 socks

17 - 198 REES DUST COLLECTOR (LARGE)

02-21-92	A. Cleaned all sections B. Replaced 16 socks in NW section
07-28-92	A. Checked all sections for holes in socks B. Replaced 136 socks

10 - 141 REES BAG COLLECTOR

NO SERVICE REQUIRED OTHER THAN PM SERVICE

09 - 565 #3 KILN DUST COLLECTOR

01-21-92	A. Checked all sections for holes in socks B. Replaced 14 socks (some had holes and some were coated)
02-3-92	A. Checked all sections for holes in socks B. Replaced 10 socks
03-20-93	A. Checked all sections for holes in socks B. Replaced 7 socks
04-03-92	A. Checked all sections for holes in socks B. Replaced 6 socks
05-05-92	A. Checked all sections for holes in socks B. Replaced 384 socks

09 - 565 #3 KILN DUST COLLECTOR continued

05-15-92	A. Checked all sections for holes in socks B. Replaced 18 socks
06-29-92	A. Checked all sections for holes in socks B. Replaced 24 socks
07-09-92	A. Checked all sections for holes in socks B. Replaced 23 socks
07-22-92	A. Checked all sections for holes in socks B. Replaced 7 socks
09-11-92	A. Checked all sections for holes in socks B. Replaced 13 socks
09-23-92	A. Checked all sections for holes in socks B. Replaced 26 socks
10-22-92	A. Inspected all sections B. Replaced 13 socks
11-05-92	A. Inspected all sections B. Replaced 6 socks
12-18-92	A. Inspected all sections B. Replaced 7 socks

9 - 265 #2 KILN DUST COLLECTOR

02-12-92	A. Cleaned all sections B. Replaced 101 socks
10-06-92	A. Inspected all sections B. Replaced 319 socks C. Repaired crack in #4 section
10-16-92	A. Inspected all sections B. Replaced 7 socks

09 - 165 #1 KILN DUST COLLECTOR

01-28-92	A. Cleaned all 6 sections B. Replaced 97 socks

09 - 165 #1 KILN DUST COLLECTOR continued

05-18-92	A. Checked all sections for holes in socks B. Replaced 16 socks
06-29-92	A. Isolated #4 section B. Replaced 5 socks C. Repaired crack in floor
07-09-92	A. Checked all sections for holes in socks B. Replaced 114 socks
09-18-92	A. Cleaned all sections B. Inspected all sections C. Replaced 68 socks
11-30-92	A. Cleaned all sections B. Inspected all sections C. Replaced 23 socks

64 - 111 #1 AG-MILL DUST COLLECTOR (MICROPULSE)

03-20-92	A. Checked all sections for holes in socks B. Tightened down all socks

64 - 211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

03-24-92	A. Tightened all socks down

64 - 311 #3 AG-MILL DUST COLLECTOR (MICROPULSE)

05-06-92	A. Tightened socks down B. Found 4 loose socks
09-11-92	A. Inspected all sections B. Replaced 1 felt ring C. Tightened socks

68 - 210 LOADING DUST COLLECTOR (ULTRA JET WHEELABRATOR)

03-06-92	A. 3 socks came off thimble Put them back on

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP)

03-13-92	A. Checked all sections for holes in socks B. Replaced 21 socks
04-02-92	A. Checked all sections for holes in socks

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP) continued

04-02-92	B. Replaced 9 socks
07-30-92	A. Checked all sections for holes in socks B. Replaced 167 socks
09-12-92	A. Inspected all sections B. Replaced 15 socks C. Cleaned

CHEMICAL LIME PRODUCTION

MONTH	PEBBLE	HYDRATE
JANUARY	8,358.65	1,034.58
FEBRUARY	7,500.34	724.40
MARCH	7,844.47	1,034.12
APRIL	7,392.25	1,359.72
MAY	8,606.58	1,937.31
JUNE	8,452.57	1,236.71
JULY	8,561.06	1,327.02
AUGUST	7,200.35	1,315.30
SEPTEMBER	6,304.75	1,640.52
OCTOBER	6,569.66	1,260.36
NOVEMBER	7,781.26	747.96
DECEMBER	7,961.01	558.83
TOTAL	92,532.95	14,176.83

FUELS USED TO PRODUCE CHEMICAL STONE

MONTH	GAS - MCF	OIL - GALLONS	COAL - TONS
JANUARY	55,964	49,328	-0-
FEBRUARY	54,240	9,426	-0-
MARCH	45,612	102,377	-0-
APRIL	44,062	105,097	-0-
MAY	55,933	116,901	-0-
JUNE	36,457	174,458	-0-
JULY	34,535	208,843	-0-
AUGUST	34,618	214,621	-0-
SEPTEMBER	37,794	81,622	-0-
OCTOBER	29,200	173,510	-0-
NOVEMBER	27,294	179,653	-0-
DECEMBER	37,593	170,261	-0-
TOTAL	493,302	1,586,097	-0-

AG-LIME PRODUCED

MONTH	AG-LIME	FLOUR	DOLOMITE
JANUARY	2,443	6,917	372
FEBRUARY	2,758	6,693	519
MARCH	11,738	10,520	2,155
APRIL	5,140	9,473	2,232
MAY	8,376	11,746	2,048
JUNE	3,870	10,840	1,273
JULY	2,000	12,750	1,324
AUGUST	16,878	13,209	80
SEPTEMBER	21,964	13,563	681
OCTOBER	19,051	12,408	3,213
NOVEMBER	5,407	8,996	2,067
DECEMBER	443	6,217	188
TOTAL	100,068	123,332	16,152

FUELS USED TO PRODUCE AG-LIME

MONTH	GAS - MCF
JANUARY	3,500
FEBRUARY	3,850
MARCH	6,860
APRIL	4,789
MAY	6,430
JUNE	4,812
JULY	4,850
AUGUST	7,566
SEPTEMBER	10,752
OCTOBER	9,968
NOVEMBER	5,536
DECEMBER	3,006
TOTAL	71,919

ASH GROVE CEMENT COMPANY

WESTERN REGION
13939 NORTH RIVERGATE BLVD., P.O. BOX 83007
PORTLAND, OREGON 97283-0007
PHONE 503-286-1677

ALBERT A. COLLINET
PLANT MANAGER

JANUARY 12, 1994

16-1

Department of Environmental Quality
Air Quality Division
811 S.W. 6th Av
Portland, Or 97204
Attn: Kathy Amidon

Dear Ms. Amidon:

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1993 was 91,985 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime was 269,117 tons.

3. Annual quantities and types of fuels for 1993:

1,560.031 Gallons	Oil
405,032 MCF	Natural Gas Chemical Lime
71,414 MCF	Natural Gas Ag-Lime
0 Tons	Coal

4. Annual operating season:

Chemical Lime		Ag-Lime	
January - April	35%	January - April	19%
May - August	32%	May - August	33%
September - October	17%	September - October	32%
November - December	16%	November - December	10%

Yours Truly,

albert a. collinet

Albert A. Collinet

1993 Maintenance to Air Contaminant Controls

17 - 407 AMERICAN DUST ARRESTOR

17 - 202 SMALL DUST COLLECTOR

17 - 198 REES DUST COLLECTOR (LARGE)

02-05-93	A. Northeast rapper replaced shaft and bearing B. Replaced 48 socks
05-27-93	A. Checked all sections for holes in socks B. Replaced 13 socks
09-10-93	A. Shut down the dust collector B. Found sock full in dust collector C. Replaced 45 socks

10 - 141 REES BAG COLLECTOR

06-04-93	A. Checked all sections for holes in socks B. Replaced 115 socks
09-14-93	A. Took bad section off line B. Checked all sections for holes in socks C. Replaced 52 socks

09 - 565 #3 KILN DUST COLLECTOR

01-13-93	A. Checked all sections for holes in socks B. Replaced 19 socks
01-18-93	A. Found section with bad socks and took off line B. Checked sections for holes in socks C. Replaced 22 socks
02-26-93	A. Checked all sections for holes in socks B. Found section with bad socks and took off line C. Replaced 48 socks

09 - 565 #3 KILN DUST COLLECTOR - continued

03-29-93	A. Checked all sections for holes in socks B. Found section and took off line C. Replaced 21 socks
06-15-93	A. Checked all sections for holes in socks B. Found section and took off line C. Replaced 19 socks
07-02-93	A. Checked all sections for holes in socks B. Took #5 section off line and replaced 3 socks C. Replaced 6 socks
07-13-93	A. Checked all sections for holes in socks B. Replaced 13 socks
08-19-93	A. Took section off line B. Checked all sections for holes C. Changed 28 socks
09-01-93	A. Changed all socks in 8 sections B. Replaced 768 socks

9 - 265 #2 KILN DUST COLLECTOR

04-14-93	A. Found section blowing and took off line B. Replaced 10 socks in #3 section and checked other sections C. Replaced 21 socks total

09 - 165 #1 KILN DUST COLLECTOR

01-28-93	A. Took bad section off line B. Replaced 87 socks
03-10-93	A. Cleaned al compartments B. Checked for holes C. Replaced 81 socks
04-16-93	A. Took #3 section off line B. Replaced 13 socks in #3 section
11-01-93	A. Changed 312 socks B. New floor and new sytle socks in sections 3 & 4

64 - 111 #1 AG-MILL DUST COLLECTOR (MICROPULSE)

11-23-93	A. Shut down B. Tightened down all socks

64 - 211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

64 - 311 #3 AG-MILL DUST COLLECTOR (MICROPULSE)

07-16-93	A. Shut down dust coll B. Replaced all 298 socks after seven years

68 - 210 LOADING DUST COLLECTOR (ULTRA JET WHEELABRATOR)

07-02-93	A. 3 socks came off thimble put two back on B. Replaced 1 sock
07-25-93	A. Socks blank off B. Changed 56 socks
08-09-93	A. Shut down dust coll B. Put 6 socks back on C. Replaced 1 sock

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP)

05-26-93	A. Shut down dust collector B. Checked for holes in socks C. Replaced 12 socks

CHEMICAL LIME PRODUCTION

MONTH	PEBBLE	HYDRATE
JANUARY	8,180	808
FEBRUARY	7,040	714
MARCH	8,220	1,124
APRIL	9,040	1,335
MAY	7,960	1,500
JUNE	5,816	1,444
JULY	7,748	1,687
AUGUST	6,989	1,751
SEPTEMBER	7,953	1,695
OCTOBER	7,497	1,442
NOVEMBER	7,604	919
DECEMBER	7,938	818
TOTAL	91,985	15,237

FUELS USED TO PRODUCE CHEMICAL STONE

MONTH	GAS - MCF	OIL - GALLONS	COAL - TONS
JANUARY	55,939	39,809	-0-
FEBRUARY	32,666	20,345	-0-
MARCH	45,036	24,707	-0-
APRIL	55,724	-0-	-0-
MAY	52,604	-0-	-0-
JUNE	41,641	-0-	-0-
JULY	46,051	49,623	-0-
AUGUST	27,197	177,404	-0-
SEPTEMBER	23,619	194,445	-0-
OCTOBER	13,523	234,961	-0-
NOVEMBER	11,032	327,802	-0-
DECEMBER	-0-	490,935	-0-
TOTAL	405,032	1,560,031	-0-

AG-LIME PRODUCED

MONTH	AG-LIME	FLOUR	DOLOMITE
JANUARY	1,239	7,731	25
FEBRUARY	2,963	10,030	1,364
MARCH	1,777	10,550	1,260
APRIL	1,758	13,668	1,072
MAY	7,779	8,351	3,023
JUNE	6,257	11,342	1,002
JULY	4,106	13,007	756
AUGUST	15,500	16,949	658
SEPTEMBER	28,653	18,077	1,634
OCTOBER	18,949	17,283	1,867
NOVEMBER	8,810	11,252	2,605
DECEMBER	3,052	13,706	1,060
TOTAL	100,843	151,947	16,326

FUELS USED TO PRODUCE AG-LIME

MONTH	GAS - MCF
JANUARY	3,752
FEBRUARY	5,635
MARCH	5,441
APRIL	5,714
MAY	5,987
JUNE	6,428
JULY	5,165
AUGUST	7,559
SEPTEMBER	8,621
OCTOBER	7,169
NOVEMBER	4,998
DECEMBER	4,944
TOTAL	71,414

16-1

ASH GROVE CEMENT COMPANY

RIVERGATE LIME PLANT — WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE 503-286-1677
FAX 503-289-2272

ALBERT A. COLLINET
PLANT MANAGER

JANUARY 10, 1995

Department of Environmental Quality
Rosemary Nichols
2020 S.W. 4th Ave., #400
Portland, Or 97201-5884

Dear Ms. Nichols,

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1994 was 102,793 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime was 283,928 tons.

3. Annual quantities and types of fuels for 1994:

Chemical Lime:	
4,740,401 Gallons	Oil
31,365 MCF	Natural Gas
Ag-Lime:	
64,440 MCF	Natural Gas

4. Annual operating season:

Chemical Lime		Ag-Lime	
January - April	35%	January -April	25%
May - August	32%	May - August	35%
September - October	16%	September - October	31%
November - December	17%	November - December	9%

Yours Truly,

Albert A. Collinet

Albert A. Collinet

Maintenance to Air Contaminant Controls

17 - 407	American Dust Arrestor		
17 - 202	Small Dust Collector		
	12-01-94	A.	Changed all socks, total 98.
17 - 198	Rees Dust Collector (Large)		
	05-05-94	A.	Checked all sections. Replaced 144 socks.
	10-26-94	A.	Replaced 63 socks.
10 - 141	Rees Bag Collector		
	04-21-94	A.	Checked all sections. Replaced 139 socks.
09 - 565	#3 Kiln Dust Collector		
	08-18-94	A.	Replaced 8 socks section 1, 3 socks in section 2 and 4 socks in section 7.
	08-31-94	A.	Checked all sections.
		B.	Replaced 45 socks section 1.
	09-22-94	A.	Check all sections.
		B.	Replaced 48 socks section 1.
	10-03-94	A.	Changed all socks in sections 1, 2, 3, 4 for a total of 384 socks.
	12-01-94	A.	Replaced 12 socks section 5.
		B.	Checked sections 6, 7, 8 and replaced 21 socks.
09 - 265	# 2 Kiln Dust Collector		
	03-09-94	A.	Replaced 17 socks section 2.
		B.	Replaced 75 socks all sections.
	05-09-94	A.	Replaced 5 socks in sections 1 & 2.
	05-10-94	A.	Checked all sections.
		B.	Replaced 4 socks in Section 6.
	10-06-94	A.	Section 6 off-line, replaced 1 sock.
	11-02-94	A.	Took dust collector down.
		B.	Replaced all socks section 5 & 6.

09 - 165	#1 Kiln Dust Collector		
	04-01-94	A.	Replaced 3 socks.
	07-07-94	A.	Checked section 1.
64 - 111	#1 Ag Mill Dust Collector (Micropulse)		
	02-28-94	A.	Changed 13 socks and 189 felt rings.
64 - 211	#2 Ag Mill Dust Collector (Micropulse)		
	02-10-94	A.	Changed 290 felt rings.
	11-17-94	A.	Replaced 24 socks and 25 felt rings.
64 - 311	#3 Ag Mill Dust Collector (Micropulse)		
68 - 210	Loading Dust Collector (Ultra Jet Wheelabrator)		
64 - 142	Johnson March Dust Collector (Top)		
	01-06-94	A.	Replaced 6 socks.
	05-03-94	A.	Installed 80 new socks.

CHEMICAL LIME PRODUCTION

Month	Pebble	Hydrate
JANUARY	8,540	884
FEBRUARY	8,741	561
MARCH	9,716	803
APRIL	9,216	1,109
MAY	8,462	1,498
JUNE	7,093	1,945
JULY	9,350	1,571
AUGUST	7,740	1,052
SEPTEMBER	7,147	1,674
OCTOBER	9,126	1,180
NOVEMBER	9,109	640
DECEMBER	8,553	568
TOTAL	102,793	13,485

FUELS USED TO PRODUCE CHEMICAL STONE

MONTH	GAS - MCF	OIL - GALLONS	COAL - TONS
JANUARY	-0-	437,963	-0-
FEBRUARY	-0-	412,179	-0-
MARCH	-0-	445,672	-0-
APRIL	493	525,961	-0-
MAY	11,540	268,872	-0-
JUNE	-0-	357,191	-0-
JULY	1,650	443,002	-0-
AUGUST	1,600	377,986	-0-
SEPTEMBER	1,866	338,150	-0-
OCTOBER	900	420,432	-0-
NOVEMBER	13,216	321,383	-0-
DECEMBER	100	391,604	-0-
TOTAL	31,365	4,740,401	-0-

AG- LIME PRODUCED

MONTH	AG- LIME	FLOUR	DOLOMITE
JANUARY	2,504	4,663	597
FEBRUARY	3,291	12,592	286
MARCH	4,612	15,185	1,663
APRIL	8,471	16,029	2,025
MAY	9,000	15,481	1,912
JUNE	3,155	17,643	974
JULY	1,833	14,736	440
AUGUST	17,584	14,272	1,333
SEPTEMBER	33,280	12,186	2,086
OCTOBER	23,306	14,644	3,218
NOVEMBER	4,911	12,205	1,049
DECEMBER	955	5,676	132
TOTAL	112,902	155,313	15,713

FUELS USED TO PRODUCE AG-LIME

MONTH	GAS - MCF
JANUARY	1,989
FEBRUARY	4,095
MARCH	5,054
APRIL	6,207
MAY	6,000
JUNE	5,500
JULY	3,763
AUGUST	5,953
SEPTEMBER	10,137
OCTOBER	9,300
NOVEMBER	4,092
DECEMBER	2,350
TOTAL	64,440

File 18-1
January 1, 1996

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave., Ste. 400
Portland, Oregon 97201-4987

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1995 was 102,249 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime was 302,049 tons.

3. Annual quantities and types of fuels for 1995:

3,535,383 GAL	Used Oil
169,686 MCF	Natural Gas/Chemical Lime
100,060 MCF	Natural Gas/Ag-Lime
-0-	Coal

Albert Collinet
Plant Manager

1995 MAINTENANCE TO AIR CONTAMINANT CONTROLS

17 - 407 AMERICAN DUST ARRESTOR

17 - 202 SMALL DUST COLLECTOR

17 - 198 REES DUST COLLECTOR (LARGE)

10 - 141 REES BAG COLLECTOR

05-02-95	A.	Took section off line.
	B.	Replaced bags with holes.
	C.	Replaced 140 bags in all four sections.
10-18-95	A.	05%.
	B.	Check section for holes in bag.
	C.	Replaced 31 bags.

09 - 565 #3 KILN DUST COLLECTOR

03-29-95	A.	Took no. 7 section off line.
	B.	Changed Bag with holes.
	C.	Changed 6 bags in no. 7 section and 3 bags in no. 8 section.
07-25-95	A.	All new socks in 5, 6, 7, and 8 sections.
09-26-95	A.	Took section off line.
	B.	Replaced 25 socks.

09 - 566 FLEX KLEEN

10-23-95	A.	Changed all 8 socks.

09 - 265 #2 KILN DUST COLLECTOR

01-20-95	A.	Installed new floors in section 3, 5, and 6 all new style socks 312.
03-30-95	A.	Took no. 2 section off line.
	B.	Check 1 and 2 section change 12 bags in no. 2.
04-28-95	A.	Took no. 5 section off line.
	B.	Removed all bags and checked for holes.
	C.	Replaced 19 bags just small holes.

09 - 165 #1 KILN DUST COLLECTOR

03-16-95	A.	Took No. 5 section off line.
	B.	Replaced 17 bags in No. 5 section.
09-15-95	A.	1& 2 section new floor and 108 new socks.
10-31-95	A.	05%.
	B.	Took No. 4 section off line.
	C.	Changed 7 socks.
11-03-95	A.	05%.
	B.	Took No. 4 section off line.
	C.	Changed all 104 socks in 4 section.
12-19-95	A.	Changed all 104 socks in No. 3 section.

64 - 111 #1 AG-MILL DUST COLLECTOR (MICROPULSE)

64 - 211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

05-19-95	A.	Shut dust collector down
	B.	Replaced 2 bags and 3 felt rings.
09-11-95	A.	Shut dust collector down.
	B.	Change 119 socks.
	C.	4 men worked over 2 hours.
10-17-95	A.	P.M.
	B.	Change all 298 socks and felt rings.

64 - 311 #3 AG-MILL DUST COLLECTOR (MICROPULSE)

68 - 210 LOADING DUST COLLECT (ULTRA JET WHEELABRATOR)

01-10-95	A.	Shut dust collector down.
	B.	Put 5 bags back on thimbles.
	C.	Shut dust collector down and put bags back on.
09-17-95	A.	Change all 56 sock.

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP)

CHEMICAL LIME PRODUCTION

MONTH	***PEBBLE***	***HYDRATE***
January	8,288	652.94
February	7,933	530.07
March	8,898	1,082.70
April	8,346	948.46
May	9,435	1,283.03
June	10,082	1,691.49
July	8,486	1,368.49
August	7,861	1,553.01
September	8,339	1,290.65
October	9,942	1,605.71
November	7,209	1,038
December	7,430	870
TOTAL	102,249	13,914.55

FUEL USED TO PRODUCE CHEMICAL LIME

MONTH	*GAS-MCF*	*OIL-GALLONS*	*COAL-TONS*
January	-0- 4720	430,203 360,855	-0-
February	3,000 30,131	358,084 94 367	-0-
March	29,892 29,578	243,010 178 451	-0-
April	14,231 28 2810	301,705 330 382	-0-
May	29,491 19,450	243,651 265 538	-0-
June	51,972	134,306	-0-
July	17,572	257,540	-0-
August	8,067	277,030	-0-
September	850	307,628	-0-
October	5,236	404,515	-0-
November	7,173	283,959	-0-
December	2,202	293,752	-0-
TOTAL	169,686	3,535,383	-0-

AG-LIME PRODUCED

MONTH	*AG-LIME*	*FLOUR*	*DOLOMITE*
January	3,491.56	7,519.05	451.14
February	2,694.98	9,580.90	487
March	5,131.98	14,245.81	1,031.74
April	8,804.98	13,237.24	940.15
May	15,681.44	15,739	1,576.74
June	7,573.07	11,301.30	739.32
July	4,386.24	14,850.38	295.54
August	20,992.26	15,730.49	1,403.29
September	34,775.65	16,197.79	3,001.16
October	21,733.44	15,568.76	1,609.19
November	6,334	13,656	1,206
December	2,672	7,409	-0-
TOTAL	134,271.60	155,035.72	12,741.27

FUELS USED TO PRODUCE AG- LIME

MONTH	*GAS-MCF*
January	5,370
February	4,655
March	5,568
April	9,527
May	6,902
June	4,352
July	4,258
August	14,819
September	18,516
October	14,992
November	7,833
December	3,268
TOTAL	100,060

DAYS OPERATED

This facility operates 24 hours/day, 7 days/week, 52 weeks/year, 8760 hours/year. Individual pieces of actual hours operated on equipment are operated based on sales.

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	HYDRATOR
January	30.63	9.88	29.06	12.09	7.42	9.50	6.00
February	27.75	19.33	26.38	3.28	15.91	16.23	5.87
March	30.25	30.04	29.94	17.17	16.58	21.46	9.08
April	15.04	29.31	29.74	15.81	18.40	19.23	12.08
May	30.58	30.57	22.39	23.69	24.24	23.28	13.12
June	29.64	27.86	29.05	16.41	15.75	14.63	20.45
July	22.53	8.73	29.99	12.93	19.31	20.03	13.75
August	17.25	9.60	29.36	16.19	28.25	27.83	18.95
September	26.27	4.68	29.25	27.78	28.35	28.88	16.37
October	22.31	25.08	30.50	21.98	22.95	24.81	19.20
November	1.63	16.96	29.56	6.58	18.79	18.71	10.20
December	6.75	13.18	29.34	.77	.76	8.80	10.76
Total	260.63	225.22	344.56	174.68	216.71	233.39	155.83

CHANGES IN PLANT OPERATIONS

1. Installed hoods on #1 and #2 kiln discharge scrapers to better contain fugitive dust. July and August.

2. Activated existing coal dust collector to better collect fugitive dust at the #3 kiln scraper. October.

3. Increased throughput in kiln #3 by increasing exhaust volume. Tonnage increased from 160 TPD to 180 - 200 TPD. June.

4. Improved the preheat of the kiln #3 combustion air by controlling the fan water spray. May.

5. Divided lower part of the preheater on kiln #1 and raised the rock chutes at the same time. This gave us a more even preheat and a higher preheat temperature. This increased the tonnage and improved the fuel efficiency on this kiln. April.

6. Completed the rebuild of the tube sheet on both kiln #1 and #2 dust collectors and installed new snap ring type bags. 1993 through September 1995.

7. Improved the #2 kiln cooler. This has allowed us to increase production on this kiln from 85 TPD to 90 - 95 TPD. October.

8. Started a program for testing all incoming loads of waste oil for BSW. This has improved the quality of our oil. July.

As - burned Quarterly Oil Sample Results

Sample Date	Quarter	TOX (ppm)	PCB (ppm)	Arsenic (ppm)	Sulfur (percent)
03/21/95	1	450	3	<0.2	N/A
05/22/95	2	400	< 2	<0.2	N/A
08/01/95	3	410	2	<0.2	N/A
10/31/95	4	355	< 5	<0.2	0.52

Oil analyses conducted by Oregon Analytical Laboratories

Ash Grove Cement Company

Rivergate Lime Plant 1995 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	36,476	24,441	24,365	47,961	49,512	36,968	47,977	50,001	60,239	73,910	37,469	25,289	514,608
Tons of Quicklime Produced	8,288	7,933	8,898	8,346	9,435	10,082	8,486	7,861	8,339	9,942	7,209	7,430	102,249
Tons Of Hydrate Produced	650	566	910	1,112	1,199	1,711	1,354	1,541	1,306	1,692	1,038	928	14,007
Tons of Hydrate Tailings	52	47	100	147	147	265	163	190	218	257	136	146	1,868
Tons of Ground Products	11,462	12,763	20,410	22,982	32,997	19,614	19,532	38,126	53,975	38,911	21,196	10,081	302,049
TSP	6.13	5.71	6.64	7.13	8.20	7.71	7.11	7.83	9.00	9.47	6.23	5.47	80.39
SO2	2.05	2.02	2.46	2.42	2.96	2.67	2.35	2.79	3.38	3.24	2.13	1.84	30.32
NOX	2.34	2.32	2.90	2.91	3.63	3.12	2.77	3.54	4.41	4.02	2.58	2.09	36.63
CO	4.76	4.69	5.71	5.65	6.91	6.21	5.45	6.55	7.97	7.59	4.98	4.25	70.71
VOC	0.19	0.19	0.24	0.25	0.31	0.26	0.23	0.31	0.38	0.34	0.22	0.17	3.10

PSEL

	Month Max	Month Avg	Yr Max
TSP	16.21	7.95	95.4
SO2	13.2	2.76	33.1
NOX	7.5	3.29	39.5
CO	29	6.42	77
VOC	0.33	0.28	3.3

1/5/96 Today

Appendix58-000085

File 18-1
January 1, 1997

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave., Ste. 400
Portland, Oregon 97201-4987

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1996 was 111,511 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime was 327,017 tons.

3. Annual quantities and types of fuels for 1996:

2,286,959 GAL	On Spec Oil (Waste Oil)
246,268 GAL	Off Spec Oil (Mineral Oil with trace amounts of PCB)
369,007 MCF	Natural Gas/Chemical Lime
74,898 MCF	Natural Gas/Ag-Lime
-0-	Coal

Albert Collinet
Plant Manager

1996 MAINTENANCE TO AIR CONTAMINANT CONTROLS

17 - 407 AMERICAN DUST ARRESTOR

8/7/96	A.	Fix motor base, new drive belts, new bearing on rapper.

17 - 202 SMALL DUST COLLECTOR

17 - 198 REES DUST COLLECTOR (LARGE)

10 - 141 REES BAG COLLECTOR

3/27/96	A.	Changed 59 socks and out board bearing on fan.

09 - 565 #3 KILN DUST COLLECTOR

1/10/96	A.	Shut kiln and dust collector down.
	B.	Repair NO. 1 section valve and replaced 16 socks.
	C.	Repaird valve then started kiln about 10:30am
2/14/96	A.	Changed all 386 scocks in 1,2,3,&4 section
6/26/96	A.	Changed all socks in 5,6,6, and 8 section - 386 socks.
7/10/96	A.	Took number 8 section off line.
	B.	Changed 11 socks.
11/15/96	A:	Took 1 & 2 off line.
	B.	Changed 10 socks.
12/17/96	A.	Change all socks: in 1,2,3,&4 section 384 bag.

09 - 566 FLEX KLEEN

09 - 265 #2 KILN DUST COLLECTOR

3/13/96	A.	Took #4 section off line 1:00
	B.	Replaced all socks in # 4 section
5/2/96	A.	Took number one section off line.
	B.	Replaced 1 sock in 1 section.
5/7/96	A.	Took number 1 section off line.
	B.	Changed all 104 socks in number 1 section.

09 -165- #1 KILN DUST COLLECTOR

3/22/96	A.	PM check all section no holes in socks.
9/12/96	A.	No. 1 section changed all 104 socks and new style springs.

64 - 111 #1 AG-MILL DUST COLLECTOR (MICROPULSE)

1/4/96 A. Changed all 298 sock & felt ring.

64 - 211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

64 - 311 #3 AG-MILL DUST COLLECTOR (MICROPULSE)

8/6/96 A. 05%
B. Shut the system down.
C. Replaced 1 sock and 30 felt rings.

68 - 210 LOADING DUST COLLECT (ULTRA JET WHEELABRATOR)

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP)

34-535 STANDARD HAVENS

5/1/96 A: Installed 86 socks for higher temperature.

68-210 WHELLABRATOR ULTRAJET

5/5/96 A. Changed all 56 socks.

20-565 FULLER PLENUM PULSE

10/23/96 A. Took 1 & 2 section off line.
B. Replace 20 sock in 1 & 2 section.

CHANGES IN PLANT OPERATIONS

1. Completed a pneumatic conveyor from our kiln dust tank to our ag mills. This will eliminiate handling this material with a front end loader most of the time. (December 1996)

2. Completed the installation of the dust collectors for the quicklime screws. (May 1996)

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL GAS-MCF	CHEMICAL OIL-GALLONS	CHEMICAL COAL-TONS	AG-LIME GAS-MCF
JANUARY	4,720	360,855	0	6,045
FEBRUARY	38,131	94,387	0	3,683
MARCH	29,578	178,451	0	6,196
APRIL	28,286	330,382	0	5,927
MAY	19,430	265,538	0	7,692
JUNE	25,135	207,322	0	6,218
JULY	26,831	159,844	0	5,124
AUGUST	39,644	245,709	0	8,274
SEPTEMBER	37,433	219,179	0	9,822
OCTOBER	43,209	221,739	0	8,704
NOVEMBER	44,505	106,861	0	5,310
DECEMBER	32,105	142,960	0	1,903
TOTAL	369,007	2,533,227	0	74,898

CHEMICAL AND AG-LIME PRODUCED

MONTH	PEBBLE	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	7,513	791	3,516	13,816	59
FEBRUARY	8,711	875	4,031	9,397	459
MARCH	9,415	1,012	8,754	16,708	2,672
APRIL	11,427	958	8,216	14,897	1,097
MAY	8,936	1,130	11,925	17,688	1,596
JUNE	8,383	1,479	9,574	16,160	933
JULY	7,370	1,314	6,030	15,334	582
AUGUST	11,227	1,858	20,649	16,591	620
SEPTEMBER	9,943	1,584	39,653	14,151	2,343
OCTOBER	11,162	1,174	25,042	15,652	1,780
NOVEMBER	9,110	939	9,173	10,762	897
DECEMBER	8,314	823	2,726	3,481	53
TOTAL	111,511	13,937	149,289	164,637	13,091

DAYS OPERATED

THIS FACILITY OPERATES 24 HOURS/DAY, 7 DAYS/WEEK, 52 WEEKS/YEAR, 8760 HOURS/YEAR

INDIVIDUAL PIECES OF ACTUAL HOURS OPERATED ON EQUIPMENT ARE

OPERATED BASED ON SALES

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	HYDRATOR
JANUARY	23	4	30.5	14.42	16.91	8.97	9.61
FEBRUARY	26.59	15.57	26.89	9.83	8.06	5.75	8.66
MARCH	7.53	28.42	29.94	19.83	11.52	20.19	11.76
APRIL	28.42	29.16	29.16	18.4	18.23	18.09	9.04
MAY	24.64	5.08	29.81	25.21	25.31	25.23	11.53
JUNE	17.47	10.97	27.2	21.41	21.03	21.16	15.3
JULY	25.54	6.1	21.46	18.18	18	17.95	14.43
AUGUST	27.9	28.76	29.96	24.6	24.2	23.99	18.04
SEPTEMBER	15.22	29.91	28.85	24.48	25.13	25.17	18.88
OCTOBER	28.57	30.23	30.59	22.6	23.15	22.44	13.17
NOVEMBER	29.37	29.22	16.94	14.72	15.54	15.25	8.1
DECEMBER	20.42	11.11	25.59	1.88	6.96	7.38	5.98
TOTAL	274.67	228.53	326.89	215.56	214.04	211.57	144.5

Ash Grove Cement Company

Rivergate Lime Plant 1996 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	47,825	11,304	37,554	62,297	47,905	38,538	49,622	51,087	62,714	47,968	60,552	23,572	540,938
Tons of Quicklime Produced	7,513	8,711	9,415	11,427	8,936	8,383	7,370	11,227	9,943	11,162	9,110	8,314	111,511
Tons Of Hydrate Produced	791	875	1,012	958	1,130	1,479	1,314	1,858	1,585	1,146	837	785	13,770
Tons of Hydrate Tailings	142	130	185	138	161	220	176	273	234	208	142	57	2,066
Tons of Ground Products	17,391	13,887	28,134	24,210	31,209	26,667	21,946	37,860	56,147	42,474	20,832	6,260	327,017
TSP	6.37	5.91	7.61	8.95	7.82	7.22	6.72	9.53	10.01	9.43	7.61	5.61	86.56
SO2	2.08	2.22	2.80	3.09	2.80	2.55	2.19	3.48	3.78	3.60	2.51	1.90	33.00
NOX	2.46	2.55	3.39	3.63	3.43	3.10	2.65	4.25	4.86	4.46	2.97	2.09	39.84
CO	4.84	5.14	6.54	7.19	6.54	5.94	5.11	8.12	8.88	8.43	5.84	4.38	76.94
VOC	0.21	0.21	0.29	0.30	0.29	0.26	0.22	0.36	0.42	0.38	0.25	0.17	3.37

PSEL

	Month Max	Month Avg	Yr Max
TSP	16.21	7.95	95.4
SO2	13.2	2.76	33.1
NOX	7.5	3.29	39.5
CO	29	6.42	77
VOC	0.33	0.28	3.3

1/2/97 Today

ASH GROVE CEMENT COMPANY

RIVERGATE LIME PLANT - WESTERN REGION

ALBERICA COLLIER
PLANT MANAGER

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Avenue, Ste. 400
Portland, OR 97201-4987

Log of all Planned and Unplanned Excess Emissions Portland Lime Plant Permit #26-1891

On 10/17/96

Opacity exceeded 20% from
Black Smoke
from 11:29:08 to 11:20:48
on Kiln #2

In December 1996

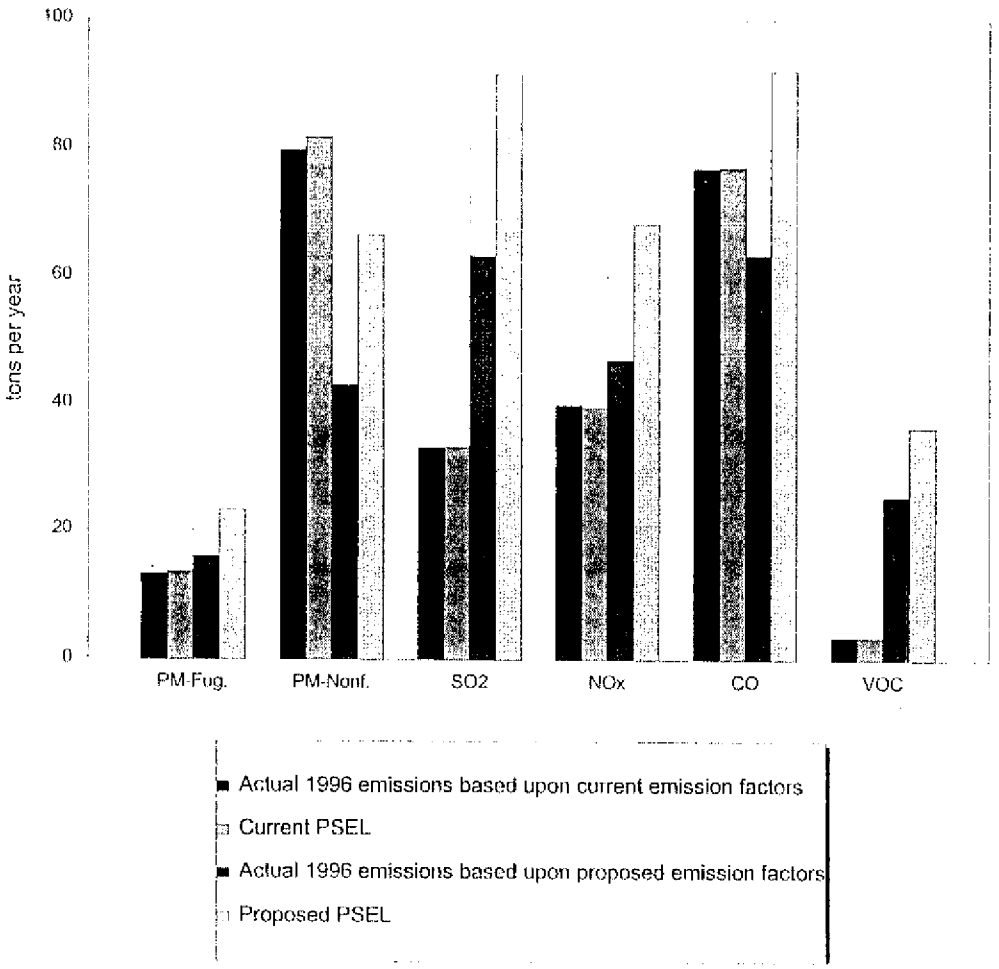
Slightly exceeded the annual PSEL for NOX by .3 tons and for VOC by .1 tons according to the calculations prescribed in Conditions #6 through #11 of our permit. This was caused by an unforseen increase in product demand.

The draft application for modification to the air permit contains proposed changes to the emission factors and PSELs. The changes are based upon information not available when the current air permit was developed. The new information largely responsible for the changes is the source test conducted in November 1995. If the proposed factors and PSELs were currently allowed, the calculated annual 1996 emissions would be well below the PSELs. These facts are presented in graphical and tabular form in the attachments.

The application for modification to the air permit will be submitted in about two weeks, by January 31.

Ash Grove Cement Co., Rivergate Plant

Permitted and Proposed Annual Actual 1996 Emissions and PSELs



Item	PM-Fug.	PM-Nonf.	SO2	NOx	CO	VOC
Actual 1996 emissions based upon current emission factors	13.0	79.7	33.0	39.8	76.9	3.4
Current PSEL	13.4	81.8	33.1	39.5	77.0	3.3
Actual 1996 emissions based upon proposed emission factors	15.8	43.0	63.2	47.0	63.4	25.2
Proposed PSEL	23.2	66.6	91.6	68.3	92.1	36.4

Ash Grove Cement Company, Rivergate Plant
Annual 1996 Emissions according to PSEL formulas to be proposed, tons per year

	Limestone Received	Lime Products			Tailings Spout	Dust. Coll. hrs. oper.	Total
		Quick	Hydrate	Agricultural			
Actual Throughput	540,938	111,511	13,770	327,017	2,054	8,760	
Under all annual PSEL's?							**Yes**
Fugitive PM (cond. #6)							
Factor	0.0583						
Calculated Emissions	15.8						15.8
Percent of Total	100						100
PSEL							23.2
Below Limit?							Yes
Non-Fugitive PM (#7)							
Factor		0.367	1.35	0.0808	n/a	n/a	
Calculated Emissions		20.5	9.3	13.2	n/a	n/a	43.0
Percent of Total		48	22	31	n/a	n/a	100
PSEL							66.6
Below Limit?							Yes
SO2 (condition #8)							
Factor		0.776		0.122			
Calculated Emissions		43.3		19.9			63.2
Percent of Total		68		32			100
PSEL							91.6
Below Limit?							Yes
NOx (condition #9)							
Factor		0.550		0.100			
Calculated Emissions		30.7		16.4			47.0
Percent of Total		65		35			100
PSEL							68.3
Below Limit?							Yes
CO (condition #10)							
Factor		0.697		0.150			
Calculated Emissions		38.9		24.5			63.4
Percent of Total		61		39			100
PSEL							92.1
Below Limit?							Yes
VOC (condition #11)							
Factor		0.390		0.0210			
Calculated Emissions		21.7		3.4			25.2
Percent of Total		86		14			100
PSEL							36.4
Below Limit?							Yes

01/10/97, 08:57 AM, 96PSEL2.WK4

Ash Grove Cement Company, Rivergate Plant
Annual 1996 Emissions according to PSEL formulas in Air Permit #26-1891 of 9/14/95, tons per year

	Limestone Received	Lime Products			Tailings Spout	Dust. Coll. hrs. oper.	Total
		Quick	Hydrate	Agricultural			
Actual Throughput	540,938	111,511	13,770	327,017	2,054	8,760	
Under all annual PSEL's?							**No**
Fugitive PM (cond. #6)							
Factor	0.048						
Calculated Emissions	13.0						13.0
Percent of Total	100						100
PSEL							13.4
Below Limit?							Yes
Non-Fugitive PM (#7)							
Factor		0.947	0.6	0.098	0.056	1.5	
Calculated Emissions		52.8	4.1	16.0	0.1	6.7	79.7
Percent of Total		66	5	20	0	8	100
PSEL							81.8
Below Limit?							Yes
SO2 (condition #8)							
Factor		0.41		0.062			
Calculated Emissions		22.9		10.1			33.0
Percent of Total		69		31			100
PSEL							33.1
Below Limit?							Yes
NOx (condition #9)							
Factor		0.43		0.097			
Calculated Emissions		24.0		15.9			39.8
Percent of Total		60		40			100
PSEL							39.5
Below Limit?							No
CO (condition #10)							
Factor		0.94		0.15			
Calculated Emissions		52.4		24.5			76.9
Percent of Total		68		32			100
PSEL							77.0
Below Limit?							Yes
VOC (condition #11)							
Factor		0.034		0.009			
Calculated Emissions		1.9		1.5			3.4
Percent of Total		56		44			100
PSEL							3.3
Below Limit?							No

01/10/97, 08:59 AM, 96PSEL1.WK4

File 18-1
January 1, 1997

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave., Ste. 400
Portland, Oregon 97201-4987

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1996 was 111,511 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime was 327,017 tons.

3. Annual quantities and types of fuels for 1996:

2,286,959 GAL	On Spec Oil (Waste Oil)
246,268 GAL	Off Spec Oil (Mineral Oil with trace amounts of PCB)
369,007 MCF	Natural Gas/Chemical Lime
74,898 MCF	Natural Gas/Ag-Lime
-0-	Coal

Albert Collinet
Plant Manager

1996 MAINTENANCE TO AIR CONTAMINANT CONTROLS

17 - 407 AMERICAN DUST ARRESTOR

8/7/96	A.	Fix motor base, new drive belts, new bearing on rapper.

17 - 202 SMALL DUST COLLECTOR

17 - 198 REES DUST COLLECTOR (LARGE)

10 - 141 REES BAG COLLECTOR

3/27/96	A.	Changed 59 socks and out board bearing on fan.

09 - 565 #3 KILN DUST COLLECTOR

1/10/96	A.	Shut kiln and dust collector down.
	B.	Repair NO. 1 section valve and replaced 16 socks.
	C.	Repaird valve then started kiln about 10:30am
2/14/96	A.	Changed all 386 scocks in 1,2,3,&4 section
6/26/96	A.	Changed all socks in 5,6,6, and 8 section - 386 socks.
7/10/96	A.	Took number 8 section off line.
	B.	Changed 11 socks.
11/15/96	A.	Took 1 & 2 off line.
	B.	Changed 10 socks.
12/17/96	A.	Change all socks: in 1,2,3,&4 section 384 bag.

09 - 566 FLEX KLEEN

09 - 265 #2 KILN DUST COLLECTOR

3/13/96	A.	Took #4 section off line 1:00
	B.	Replaced all socks in # 4 section
5/2/96	A.	Took number one section off line.
	B.	Replaced 1 sock in 1 section.
5/7/96	A.	Took number 1 section off line.
	B.	Changed all 104 socks in number 1 section.

09 -165- #1 KILN DUST COLLECTOR

3/22/96	A.	PM check all section no holes in socks.
9/12/96	A.	No. 1 section changed all 104 socks and new style springs.

64 - 111 #1 AG-MILL DUST COLLECTOR (MICROPULSE)

1/4/96 A. Changed all 298 sock & felt ring.

64 - 211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

64 - 311 #3 AG-MILL DUST COLLECTOR (MICROPULSE)

8/6/96 A. 05%
B. Shut the system down.
C. Replaced 1 sock and 30 felt rings.

68 - 210 LOADING DUST COLLECT (ULTRA JET WHEELABRATOR)

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP)

34-535 STANDARD HAVENS

5/1/96 A. Installed 86 socks for higher temperature.

68-210 WHELLABRATOR ULTRAJET

5/5/96 A. Changed all 56 socks.

20-565 FULLER PLENUM PULSE

10/23/96 A. Took 1 & 2 section off line.
B. Replace 20 sock in 1 & 2 section.

CHANGES IN PLANT OPERATIONS

1. Completed a pneumatic conveyor from our kiln dust tank to our ag mills. This will eliminiate handling this material with a front end loader most of the time. (December 1996)

2. Completed the installation of the dust collectors for the quicklime screws. (May 1996)

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL GAS-MCF	CHEMICAL OIL-GALLONS	CHEMICAL COAL-TONS	AG-LIME GAS-MCF
JANUARY	4,720	360,855	0	6,045
FEBRUARY	38,131	94,387	0	3,683
MARCH	29,578	178,451	0	6,196
APRIL	28,286	330,382	0	5,927
MAY	19,430	265,538	0	7,692
JUNE	25,135	207,322	0	6,218
JULY	26,831	159,844	0	5,124
AUGUST	39,644	245,709	0	8,274
SEPTEMBER	37,433	219,179	0	9,822
OCTOBER	43,209	221,739	0	8,704
NOVEMBER	44,505	106,861	0	5,310
DECEMBER	32,105	142,960	0	1,903
TOTAL	369,007	2,533,227	0	74,898

CHEMICAL AND AG-LIME PRODUCED

MONTH	PEBBLE	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	7,513	791	3,516	13,816	59
FEBRUARY	8,711	875	4,031	9,397	459
MARCH	9,415	1,012	8,754	16,708	2,672
APRIL	11,427	958	8,216	14,897	1,097
MAY	8,936	1,130	11,925	17,688	1,596
JUNE	8,383	1,479	9,574	16,160	933
JULY	7,370	1,314	6,030	15,334	582
AUGUST	11,227	1,858	20,649	16,591	620
SEPTEMBER	9,943	1,584	39,653	14,151	2,343
OCTOBER	11,162	1,174	25,042	15,652	1,780
NOVEMBER	9,110	939	9,173	10,762	897
DECEMBER	8,314	823	2,726	3,481	53
TOTAL	111,511	13,937	149,289	164,637	13,091

Appendix58-000103

DAYS OPERATED

THIS FACILITY OPERATES 24 HOURS/DAY, 7 DAYS/WEEK, 52 WEEKS/YEAR, 8760 HOURS/YEAR.

INDIVIDUAL PIECES OF ACTUAL HOURS OPERATED ON EQUIPMENT ARE

OPERATED BASED ON SALES

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	HYDRATOR
JANUARY	23	4	30.5	14.42	16.91	8.97	9.61
FEBRUARY	26.59	15.57	26.89	9.83	8.06	5.75	8.66
MARCH	7.53	28.42	29.94	19.83	11.52	20.19	11.76
APRIL	28.42	29.16	29.16	18.4	18.23	18.09	9.04
MAY	24.64	5.08	29.81	25.21	25.31	25.23	11.53
JUNE	17.47	10.97	27.2	21.41	21.03	21.16	15.3
JULY	25.54	6.1	21.46	18.18	18	17.95	14.43
AUGUST	27.9	28.76	29.96	24.6	24.2	23.99	18.04
SEPTEMBER	15.22	29.91	28.85	24.48	25.13	25.17	18.88
OCTOBER	28.57	30.23	30.59	22.6	23.15	22.44	13.17
NOVEMBER	29.37	29.22	16.94	14.72	15.54	15.25	8.1
DECEMBER	20.42	11.11	25.59	1.88	6.96	7.38	5.98
TOTAL	274.67	228.53	326.89	215.56	214.04	211.57	144.5

Appendix58-000104

Ash Grove Cement Company

Rivergate Lime Plant 1996 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	47,825	11,304	37,554	62,297	47,905	38,538	49,622	51,087	62,714	47,968	60,552	23,572	540,938
Tons of Quicklime Produced	7,513	8,711	9,415	11,427	8,936	8,383	7,370	11,227	9,943	11,162	9,110	8,314	111,511
Tons Of Hydrate Produced	791	875	1,012	958	1,130	1,479	1,314	1,858	1,585	1,146	837	785	13,770
Tons of Hydrate Tailings	142	130	185	138	161	220	176	273	234	208	142	57	2,066
Tons of Ground Products	17,391	13,887	28,134	24,210	31,209	26,667	21,946	37,860	56,147	42,474	20,832	6,260	327,017
TSP	6.37	5.91	7.61	8.95	7.82	7.22	6.72	9.53	10.01	9.43	7.61	5.61	86.56
SO2	2.08	2.22	2.80	3.09	2.80	2.56	2.19	3.48	3.78	3.60	2.51	1.90	33.00
NOX	2.46	2.55	3.39	3.63	3.43	3.10	2.65	4.25	4.86	4.46	2.97	2.09	39.84
CO	4.84	5.14	6.54	7.19	6.54	5.94	5.11	8.12	8.88	8.43	5.84	4.38	76.94
VOC	0.21	0.21	0.29	0.30	0.29	0.26	0.22	0.36	0.42	0.38	0.25	0.17	3.37

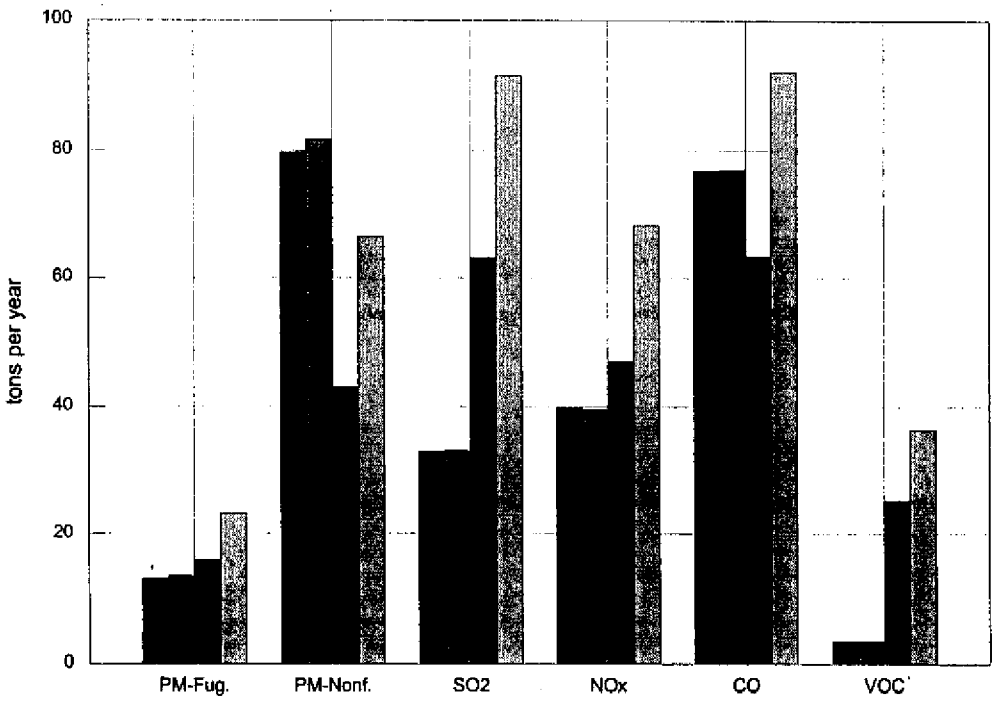
PSEL

	Month Max	Month Avg	Yr Max
TSP	16.21	7.95	95.4
SO2	13.2	2.76	33.1
NOX	7.5	3.29	39.5
CO	29	6.42	77
VOC	0.33	0.28	3.3

1/2/97 Today

Ash Grove Cement Co., Rivergate Plant

Permitted and Proposed Annual Actual 1996 Emissions and PSELs



Item	PM-Fug.	PM-Nonf.	SO2	NOx	CO	VOC
Actual 1996 emissions based upon current emission factors	13.0	79.7	33.0	39.8	76.9	3.4
Current PSEL	13.4	81.8	33.1	39.5	77.0	3.3
Actual 1996 emissions based upon proposed emission factors	15.8	43.0	63.2	47.0	63.4	25.2
Proposed PSEL	23.2	66.6	91.6	68.3	92.1	36.4

Ash Grove Cement Company, Rivergate Plant
Annual 1996 Emissions according to PSEL formulas to be proposed, tons per year

	Limestone Received	Lime Products			Tailings Spout	Dust. Coll. hrs. oper.	Total
		Quick	Hydrate	Agricultural			
Actual Throughput	540,938	111,511	13,770	327,017	2,054	8,760	
Under all annual PSEL's?							**Yes**
Fugitive PM (cond. #6)							
Factor	0.0583						
Calculated Emissions	15.8						15.8
Percent of Total	100						100
PSEL							23.2
Below Limit?							Yes
Non-Fugitive PM (#7)							
Factor		0.367	1.35	0.0808	n/a	n/a	
Calculated Emissions		20.5	9.3	13.2	n/a	n/a	43.0
Percent of Total		48	22	31	n/a	n/a	100
PSEL							66.6
Below Limit?							Yes
SO2 (condition #8)							
Factor		0.776		0.122			
Calculated Emissions		43.3		19.9			63.2
Percent of Total		68		32			100
PSEL							91.6
Below Limit?							Yes
NOx (condition #9)							
Factor		0.550		0.100			
Calculated Emissions		30.7		16.4			47.0
Percent of Total		65		35			100
PSEL							68.3
Below Limit?							Yes
CO (condition #10)							
Factor		0.697		0.150			
Calculated Emissions		38.9		24.5			63.4
Percent of Total		61		39			100
PSEL							92.1
Below Limit?							Yes
VOC (condition #11)							
Factor		0.390		0.0210			
Calculated Emissions		21.7		3.4			25.2
Percent of Total		86		14			100
PSEL							36.4
Below Limit?							Yes

01/10/97, 08:57 AM, 96PSEL2.WK4

Ash Grove Cement Company, Rivergate Plant
Annual 1996 Emissions according to PSEL formulas in Air Permit #26-1891 of 9/14/95, tons per year

	Limestone Received	Lime Products			Tailings Spout	Dust. Coll. hrs. oper.	Total
		Quick	Hydrate	Agricultural			
Actual Throughput	540,938	111,511	13,770	327,017	2,054	8,760	
Under all annual PSEL's?							**No**
Fugitive PM (cond. #6)							
Factor	0.048						
Calculated Emissions	13.0						13.0
Percent of Total	100						100
PSEL							13.4
Below Limit?							Yes
Non-Fugitive PM (#7)							
Factor		0.947	0.6	0.098	0.056	1.5	
Calculated Emissions		52.8	4.1	16.0	0.1	6.7	79.7
Percent of Total		66	5	20	0	8	100
PSEL							81.8
Below Limit?							Yes
SO2 (condition #8)							
Factor		0.41		0.062			
Calculated Emissions		22.9		10.1			33.0
Percent of Total		69		31			100
PSEL							33.1
Below Limit?							Yes
NOx (condition #9)							
Factor		0.43		0.097			
Calculated Emissions		24.0		15.9			39.8
Percent of Total		60		40			100
PSEL							39.5
Below Limit?							No
CO (condition #10)							
Factor		0.94		0.15			
Calculated Emissions		52.4		24.5			76.9
Percent of Total		68		32			100
PSEL							77.0
Below Limit?							Yes
VOC (condition #11)							
Factor		0.034		0.009			
Calculated Emissions		1.9		1.5			3.4
Percent of Total		56		44			100
PSEL							3.3
Below Limit?							No

ASH GROVE CEMENT COMPANY

RIVERGATE LIME PLANT — WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE 503-286-1677
FAX 503-289-2272

ALBERT A. COLLINET
PLANT MANAGER

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Avenue, Ste. 400
Portland, OR 97201-4987

Log of all Planned and Unplanned Excess Emissions Portland Lime Plant Permit #26-1891

On 10/17/96

Opacity exceeded 20% from
Black Smoke
from 11:29:08 to 11:20:48
on Kiln #2

In December 1996

Slightly exceeded the annual PSEL for NOX by .3 tons and for VOC by .1 tons according to the calculations prescribed in Conditions #6 through #11 of our permit. This was caused by an unforseen increase in product demand.

The draft application for modification to the air permit contains proposed changes to the emission factors and PSELs. The changes are based upon information not available when the current air permit was developed. The new information largely responsible for the changes is the source test conducted in November 1995. If the proposed factors and PSELs were currently allowed, the calculated annual 1996 emissions would be well below the PSELs. These facts are presented in graphical and tabular form in the attachments.

The application for modification to the air permit will be submitted in about two weeks, by January 31.

Albert A. Collinet

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 139 MONTH: YEAR: DATE: 12-17-96

EMISSIONS PROBLEM: NO RMI.

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
- ___ Process Startup/Shutdown
- X Scheduled Maintenance
- ___ Process Problem
- ___ Fuel Problem
- ___ Other Known Problem
- ___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER PLENUM PULSE 09-565

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

CHANGE BAll SOCK. IN 1,2,3 & 4 SECTION 384 BAG

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1691

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000110

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 137 MONTH: NOV YEAR: 96 DATE: 11-15-96

EMISSIONS PROBLEM:

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: ? TIME UPSET REPORTED: 7:AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER PLENUM PULSE 09-565

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 9:00 AM

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 05%

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

TOOK 1#2 SECTION OFF LINE

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

CHANGED 10 SOCKS

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1991

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000111

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 126 MONTH: OCT YEAR: 96 DATE: 10-29-96

EMISSIONS PROBLEM: YES

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ✓ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED: 7:00 AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER PLENUM PULSE 20-565

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 9:00 AM

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 0/0 %

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

TOOK 1 & 2 SECTION OFF LINE

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

REPLACE 20 SOCK IN 1 & 2 SECTION

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRM
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000112

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 135 MONTH: SEPT YEAR: 96 DATE: 9-12-96

EMISSIONS PROBLEM: NO PM-

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WESTERN PRIZ Precipitator 09-165

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

NO 1 SECTION CHANGED ALL 104 SOCKS & NEW STYLE SPRINGS

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY: REPORT COMPLETED BY: BRH

FACILITY NAME: DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000113

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 134 MONTH: Aug YEAR: 96 DATE: 8-7-96

EMISSIONS PROBLEM: PM

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___✓ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

AMERICAN DUST ARRESTOR 19-407

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner: Fix motor BASE, NEW DRIVE BELT, NEW BEARING ON RAPPER

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BAH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000114

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 133 MONTH: Aug YEAR: 96 DATE: 8-6-96

EMISSIONS PROBLEM: YES

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ✓ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: ? TIME UPSET REPORTED: 7:00 AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

Micropul Pulse-Aire 6H-31

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 11:00 AM.

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 05%

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

Shut the System Down

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Check for Holes in Socks

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner: Replaced 1 Sock + 30 Felt Rings

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY:
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000115

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 132 MONTH: July YEAR: 96 DATE: 7-10-96

EMISSIONS PROBLEM: YES

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED: 10:00 AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER PLENUM PULSE 09-565

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 30 MIN

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 05%

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

TOOK NO 8 SECTION OFF LINE

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: CHANGE SOCKS W/ HOLES

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

CHANGED 11 SOCKS

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY: REPORT COMPLETED BY: BRH

FACILITY NAME: DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000116

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 131 MONTH: JUNE YEAR: 96 DATE: 6-26-96

EMISSIONS PROBLEM: NO PM1

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER PLENUM PULSE 09-565

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

CHANGE ALL SOCKS IN 5,6,7+8 SECTION 386 SOCKS

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000117

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 130 MONTH: MAY YEAR: 96 DATE: 5-7-96

EMISSIONS PROBLEM: YES

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: 1:15 PM TIME UPSET REPORTED: 1:15 PM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WESTERN PRECIPITATOR 09-265

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 1:30 PM

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 010%

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

TOOK NO 1 SECTION OFF LINE

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Shut Kiln Down

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner: Changed All 10H SOCKS IN NO 1 SECTION

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000118

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 129 MONTH: MAY YEAR: 96 DATE: 5-5-96

EMISSIONS PROBLEM: NO PM

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WHEELABRATOR ULTRAJET 68-210

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

CHANGED ALL 56 SOCKS

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000119

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 127 MONTH: MAY YEAR: 96 DATE: 5-2-96

EMISSIONS PROBLEM: YES

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: 10:00 AM TIME UPSET REPORTED: 10:00 AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WESTERN Precipitator 09-265

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 10:15

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 05%

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: TOOK NO. ONE SECTION OFF LINE

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner: REPLACED 1 SOCK IN 1 SECTION

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRL
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000120

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 128 MONTH: MAY YEAR: 96 DATE: 5-1-96

EMISSIONS PROBLEM: NO PM

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

STANDARD HAVENS 84-535

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

INSTALLED 86 NOMEX SOCKS FOR HIGHER TEMP.

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY: REPORT COMPLETED BY: BRN

FACILITY NAME: DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000121

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 126 MONTH: April YEAR: 96 DATE: 4-3-96

EMISSIONS PROBLEM: NO PM

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

REES Dust collector 17-198

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

PM Changed #11 320 socks.

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000122

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 125 MONTH: March YEAR: 96 DATE: 3-20-96

EMISSIONS PROBLEM: NO PM.

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
✓ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

REES Dust Coll. 10-141

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

Changed 59 SOCKS AND OUTBOARD BEARING ON FAN

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRV
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000123

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 121 MONTH: JAN YEAR: 96 DATE: 1-10-96

EMISSIONS PROBLEM: YES

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___✓___ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___✓___ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___✓___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: 6145 AM TIME UPSET REPORTED: 6:45 A.M.

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER PLENUM PULSE 09-565

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 7:45

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 10%

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: Shut Kiln & Dust Collector Down

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: REPAIR NO 1 SECTION VALVE & REPLACED 16 SOCKS

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner: REPAIRED VALVE THEN STARTED KILN about 10:30 AM

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY: REPORT COMPLETED BY: BRH

FACILITY NAME: ASH GROVE DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000124

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 122 MONTH: Feb YEAR: 96 DATE: 2-14-96

EMISSIONS PROBLEM: NO PM

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ___ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER PLENDAR PULSE 09-565

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:

CHANGE ALL 386 SOCKS IN 1,2,3 & 4 SECTION

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY: REPORT COMPLETED BY: BRH

FACILITY NAME: DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000125

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 123 MONTH: MARCH YEAR: 96 DATE: 3-13-96

EMISSIONS PROBLEM: YES

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED: 12:30 PM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:
WESTBERG PRECIPITATOR #2-265
___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 11:00 AM 3-14

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 0%

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:
TOOK NO. 4 SECTION OFF LINE 1:00 3-13.
___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: REPLACED ALL SOCKS IN NO 4 SECTION

Measures taken to prevent reoccurrence:
___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:
___ See Attached

340-20-380(f)(B) Describe how repairs or corrections were made in a timely manner:
___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:
___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:
___ See Attached

OPERATOR(S) ON DUTY: REPORT COMPLETED BY: BRJ

FACILITY NAME: ASH GROVE DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000126

- UPSET LOG -

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The Department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 124 MONTH: MARCH YEAR: 96 DATE: 3-22-96

EMISSIONS PROBLEM: NO PM

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED UPSET

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:
(Check where appropriate)
___ Process Startup/Shutdown
✓ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WESTERN PRECIPITATOR 09-165

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: NONE

Based on continuous monitoring data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: PM CHECK ALL SECTION NO HOLES IN SOCKS

Measures taken to prevent reoccurrence:

___ See Attached

340-20-380(f)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions:

___ See Attached

340-20-380(f)(8) Describe how repairs or corrections were made in a timely manner:

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind ? If so, briefly describe the cause of these events:

___ See Attached

OPERATOR(S) ON DUTY:	REPORT COMPLETED BY: BRF
FACILITY NAME: ASH GROVE	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

PAGE___OF___

Appendix58-000127

ASH GROVE CEMENT COMPANY

RIVERGATE LIME PLANT — WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE 503-286-1677
FAX 503-289-2272

ALBERT A. COLLINET
PLANT MANAGER

February 18, 1997

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 S.W. Fourth Avenue, Suite 400
Portland, Oregon 97201-4987

Addition to Annual Report for the Portland Lime Plant Permit #26-1891.

The attached copy of As-burned Quarterly Oil Sample was inadvertently left off of our annual report to the DEQ.

Sincerely,

albert a. collinet

Al Collinet

As - burned Quarterly Oil Sample

Sample Date	TOX (ppm)	PCB (ppm)	Flash Pt. - PM (F)	Heating Value (BTU/lb)	Metals (ppm) Arsenic	Cadmium	Chromium	Lead	Sulfur
01/12/96	790	<3	154	18000	0.24	0.39	2.21	37.0	0.5
4/22/96	450	<3	>150	18400	0.29	0.51	1.70	27.7	0.5
7/16/96	320	<5	>150	17300	<0.2	0.22	1.00	13.6	0.7
9/6/96	190	< 5	N/A	17500	<0.2	0.23	1.20	15.5	0.7
11/13/96	620	<5	144	18000	<0.2	0.37	1.30	25.1	0.61
1/3/97	400	<2	110	17500	0.39	0.56	5.00	37.4	0.52

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13039 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

File 18-1
January 6, 1998

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave., Ste. 400
Portland, Oregon 97201-4987

Annual Report Portland Lime Plant Permit #26-1891

1. Annual plant production for 1997 was 118,217 short tons of Chemical Lime.
2. Annual plant production of Ag-Lime was 308,116 tons.
3. Annual quantities and types of fuels for 1997:

2,140,807 GAL	On Spec Oil (Waste Oil)
272,448 GAL	Off Spec Oil (Mineral Oil with trace amounts of PCB)
331,849 MCF	Natural Gas/Chemical Lime
60,911 MCF	Natural Gas/Ag-Lime
-0-	Coal

Albert A. Collinet

Albert Collinet
Plant Manager

1997 MAINTENANCE TO AIR CONTAMINANT CONTROLS

17 - 407 AMERICAN DUST ARRESTOR

17 - 202 SMALL DUST COLLECTOR

17 - 198 REES DUST COLLECTOR (LARGE)

2/20/97	A.	Shut dust collector down.
	B.	Changed 12 socks with holes.
3/14/97	A.	Shut the hydrate system down.
	B.	Changed all socks.
	C.	Changed 320 socks in all 4 sections.

10 - 141 REES BAG COLLECTOR

3/26/97	A.	Shut the dust collector down.
	B.	Changed all socks in dust collector.
	C.	Changed 320 socks.

09 - 529 IAC BIN VENT

5/6/97	A.	Changed all 25 bags.

09 - 565 #3 KILN DUST COLLECTOR

3/26/97	A.	Changed all socks in 5,6,7, and 8 sections.
6/3/97	A.	Took 1 and 2 off line.
	B.	Changed 5 bags in No. 1 section.
9/2/97	A.	Took #1 section off line.
	B.	Replaced 36 socks.
	C.	Took #2 sections off line at a time to check for holes in socks.
10/14/97	A.	Changed all socks in 1,2,3 & 4 section - 386 socks.

09 - 566 FLEX KLEEN

09 - 265 #2 KILN DUST COLLECTOR

1/21/97	A.	Changed all socks 624 in 1,2,3,4,5,6 section for new style spring.
3/14/97	A.	Took number four section off line.
	B.	Changed all socks.
	C.	Changed all 104 socks.

09 -165- #1 KILN DUST COLLECTOR

12/12/97	A.	PM changed all bags in 2,4, & 5 section.

64 - 111 #1 AG-MILL DUST COLLECTOR (MICROPULSE)

64 - 211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

64 - 311 #3 AG-MILL DUST COLLECTOR (MICROPULSE)

68 - 210 LOADING DUST COLLECT (ULTRA JET WHEELABRATOR)

6/8/97	A.	Changed all 56 bags.

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP)

6/9/97	A.	Changed all 80 bags.

34-535 STANDARD HAVENS

6/3/97	A.	Shut the dust collector down.
	B.	Changed all 86 bags.
8/27/97	A.	Shut down dust collector.
	B.	Found sock with 5 small holes.
	C.	Changed 5 socks.
11/22/97	A.	Shut the dust collector down.
	B.	Changed all 86 bags.
11/24/97	A.	Shut dust collector down.
	B.	Changed one bag.
12/23/97	A.	Shut the dust collector down.
	B.	Changed all 86 socks and put 7" orfice to fan.

68-210 WHELLABRATOR ULTRAJET

20-565 FULLER PLENUM PULSE

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 17 MONTH: DEC YEAR: 93 DATE: 12-12-93	
EMISSIONS PROBLEM: NO PM	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	✓ NOT REQUIRED/ENTER IN LOG
____ PLANNED UPSET (Anticipated)	____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: WESTERN PRECIPITATOR 09-165 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :	____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner: P.M. changed all BAGS in 2.4&5 SECTION	____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: BRN
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 16 MONTH: DEC YEAR: 97 DATE: 12-29-97

EMISSIONS PROBLEM: YES

____ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

____ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

____ PLANNED UPSET (Anticipated) ____ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: 12-18 TIME UPSET REPORTED: 7:15 AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

- ___ Process Startup/Shutdown
- ___ Scheduled Maintenance
- ___ Process Problem
- ___ Fuel Problem
- ___ Other Known Problem
- ___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

STANDARD HAVEN 3H-535

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 12-23-97 2130 PM

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 089

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

Shute THE DUST COLLECTOR DOWN

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Shut DOWN DUST COLL

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

Change All 96 Socks + Put 9" ORFICE TO FAN

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BRP
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 16 MONTH: NOV YEAR: 95 DATE: 11-24-95	
EMISSIONS PROBLEM: VES	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT	✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
____ PLANNED UPSET (Anticipated)	____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: 8:00 AM TIME UPSET REPORTED: 8:00 AM	
Name of DEQ person contacted:	
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: STANDARD HAVEN 34-535 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 05%	
Based on continuous monitering data or estimate? ____ See Attached	
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: Shutie Dust collector DOWN ____ See Attached	
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: changed bags Measures taken to prevent reoccurence: ____ See Attached	
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions : ____ See Attached	
340-20-380(B) Describe how repairs or corrections were made in a timely manner: ____ See Attached	
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions: ____ See Attached	
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events: ____ See Attached	
OPERATORS ON DUTY:	REPORT COMPLETED BY: BRA
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 15	MONTH: OCT	YEAR: 99	DATE: 10-22-99
EMISSIONS PROBLEM: YES			
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY		____ NOT REQUIRED/ENTER IN LOG	
____ REQUIRED TO SUBMIT WRITTEN EE REPORT		____ NOT REQUIRED/ENTER IN LOG	
Date Written EE Report Due:			
____ PLANNED UPSET (Anticipated)		____ UNPLANNED	
340-20-380(1)(a) TIME UPSET BEGAN: 8:00 AM		TIME UPSET REPORTED: 10-18-99	
Name of DEQ person contacted:			

340-20-380(1)(b) CAUSE:
(Check where appropriate)

- ___ Process Startup/Shutdown
- ___ Scheduled Maintenance
- ___ Process Problem
- ___ Fuel Problem
- ___ Other Known Problem
- ___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

STANDARD HAVENS 34-535

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 10-22-99

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: ?

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

Shut the Dust Collector Down

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Change out 86 Bags

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions Shut Dust Coll. Down

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BRN
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 14 MONTH: OCT YEAR: 1997 DATE: 10-14-97

EMISSIONS PROBLEM: NO PM

_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY _____ NOT REQUIRED/ENTER IN LOG

_____ REQUIRED TO SUBMIT WRITTEN EE REPORT _____ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

_____ PLANNED UPSET (Anticipated) _____ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER PLENUM PULSE
09-565-CD

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: NONE P.M.

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

CHANGED ALL SOCKS IN 1,2,3 & 4 SECTION
386 SOCKS

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BRW
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 13 MONTH: SEPT YEAR: 97 DATE: 9-2-97

EMISSIONS PROBLEM:

_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

_____ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

_____ PLANNED UPSET (Anticipated) _____ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

Fuller Plenum Pulse 09-565

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: ?

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

TOOK NO 1 SECTION OFF LINE

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Replaced 36 socks

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner: TOOK 2 SECTION OFF LINE AT A TIME & CHECK FOR HOLES IN SOCKS

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BMW
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

Appendix58-000138

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 12 MONTH: Aug YEAR: 95 DATE: 8-22-9[illegible]7	
EMISSIONS PROBLEM:	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT	✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
____ PLANNED UPSET (Anticipated)	____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN:	TIME UPSET REPORTED: 7:00 AM
Name of DEQ person contacted:	
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: STANDARD HAVENS 34-535 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 05%	
Based on continuous monitering data or estimate?	____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: Shut DOWN Dust Collector	____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Found 5 SOCK with SMALL HOLES	
Measures taken to prevent reoccurence:	____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :	____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner: CHANGED 5 SOCKS	____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: JRH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

Appendix58-000139

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 3 MONTH: JUNE YEAR: 97 DATE: 6-3-97	
EMISSIONS PROBLEM:	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT	✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
____ PLANNED UPSET (Anticipated)	✓ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: 7:00 A PM	TIME UPSET REPORTED: 7:30 A PM
Name of DEQ person contacted:	

340-20-380(1)(b) CAUSE: (Check where appropriate)	340-20-380(1)(c) EQUIPMENT INVOLVED:
___ Process Startup/Shutdown	FULLER PLENUM BY 1 NO 5
___ Scheduled Maintenance	
___ Process Problem	
___ Fuel Problem	
___ Other Known Problem	
___ Unknown at this time	____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(o) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 0 3 %

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

TOOK 1 & 2 SECTION OFF LINE

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner: changed

5 BAGS NO 1 SECTION

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BMH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 9 MONTH: JUNE YEAR: 97 DATE: 6-3-97	
EMISSIONS PROBLEM:	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT	✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
____ PLANNED UPSET (Anticipated)	✓ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: 6:30 AM	TIME UPSET REPORTED: 6:30 AM
Name of DEQ person contacted:	
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: STANDARD HAVENS #4 435.00 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 7:15 AM	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 0 %	
Based on continuous monitering data or estimate? ____ See Attached	
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: Shut the Dust Collect Down ____ See Attached	
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: CHANGE All Bags Measures taken to prevent reoccurence: ____ See Attached	
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions: Shut Down ____ See Attached	
340-20-380(B) Describe how repairs or corrections were made in a timely manner: Changed All 8L Bags ____ See Attached	
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions: ____ See Attached	
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events: ____ See Attached	
OPERATORS ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1791

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

Appendix58-000141

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 10 MONTH: JUNE YEAR: 97 DATE: 6-8-97	
EMISSIONS PROBLEM:	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT	✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
____ PLANNED UPSET (Anticipated)	____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN:	TIME UPSET REPORTED:
Name of DEQ person contacted:	
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ✓ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: WHEELABRATOR UNRATED 68-210-00 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: P.M.	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 0	
Based on continuous monitering data or estimate? ____ See Attached	
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: ____ See Attached	
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence: ____ See Attached	
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions : Changed all 56 Bags ____ See Attached	
340-20-380(B) Describe how repairs or corrections were made in a timely manner: ____ See Attached	
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions: ____ See Attached	
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events: ____ See Attached	
OPERATORS ON DUTY:	REPORT COMPLETED BY: BRW
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 11 MONTH: JUNE YEAR: 97 DATE: 6-9-97

EMISSIONS PROBLEM:

_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY _____ NOT REQUIRED/ENTER IN LOG

_____ REQUIRED TO SUBMIT WRITTEN EE REPORT _____ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

_____ PLANNED UPSET (Anticipated) _____ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown

✓ Scheduled Maintenance

___ Process Problem

___ Fuel Problem

___ Other Known Problem

___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

JOHNSON MARCH 64-142-00

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 0 P.M.

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions

CHANGED ALL 80 BAGS

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BRR
FACILITY NAME:	DEQ PERMIT NO: 26-1871

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 9 MONTH: MAY YEAR: 97 DATE: 5-6-97	
EMISSIONS PROBLEM:	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT	✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
____ PLANNED UPSET (Anticipated)	____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: 8 P.M. Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: IAC BIN VENT 09-529-10 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(o) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate? ____ See Attached	
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: ____ See Attached	
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence: ____ See Attached	
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions : ____ See Attached	
340-20-380(B) Describe how repairs or corrections were made in a timely manner: CHANGE ALL 25 BAGS ____ See Attached	
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions: ____ See Attached	
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events: ____ See Attached	
OPERATORS ON DUTY:	REPORT COMPLETED BY: BBM
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 6 MONTH: MARCH YEAR: 93 DATE: 3-26-93	
EMISSIONS PROBLEM: NO	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT	✓ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
____ PLANNED UPSET (Anticipated)	____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN:	TIME UPSET REPORTED:
Name of DEQ person contacted:	
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ✓ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: FULLER PLENUM PULSE 09-565 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: ○	
Based on continuous monitering data or estimate? ____ See Attached	
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: ____ See Attached	
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence: ____ See Attached	
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions : ____ See Attached	
340-20-380(B) Describe how repairs or corrections were made in a timely manner: CHANGE ALL SOCKS IN 5, 6, 7 & 8 SECTION ____ See Attached	
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions: ____ See Attached	
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events: ____ See Attached	
OPERATORS ON DUTY:	REPORT COMPLETED BY: BFW
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 5 MONTH: MARCH YEAR: 97 DATE: 3-26-97

EMISSIONS PROBLEM: YES

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: ? TIME UPSET REPORTED: 5:00 AM 3-24

Name of DEQ person contacted: ?

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown

___ Scheduled Maintenance

___ Process Problem

___ Fuel Problem

___ Other Known Problem

___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

REES DUST COLL. 10-141

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(a) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 10%

Based on continuous monitering data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

Shut the Dust Collector Down

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Change all sock in Dust Collector

Measures taken to prevent reoccurence:

___ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions

___ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

changed 320 socks

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

___ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BHF
FACILITY NAME:	DEQ PERMIT NO: 26-1991

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 4 MONTH: MARCH YEAR: 97 DATE: 3-14-97

EMISSIONS PROBLEM: YES

____ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

____ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

____ PLANNED UPSET (Anticipated) ✓ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: 8:00 AM 3-13 TIME UPSET REPORTED: 8:30 AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown

___ Scheduled Maintenance

___ Process Problem

___ Fuel Problem

___ Other Known Problem

___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

RESS Dust collection

17-198-00

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 8:45 AM

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 10%

Based on continuous monitering data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

Shut the HydRAT System Down

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Changed all sock

Measures taken to prevent reoccurence:

___ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :

___ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

Changed 320 socks in all 4 sections

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

___ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: ERH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 3 MONTH: MARCH YEAR: 97 DATE: 3-14-97

EMISSIONS PROBLEM: YES

____ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

____ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

____ PLANNED UPSET (Anticipated) ✓ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: 8:00 AM TIME UPSET REPORTED: 8:00 AM.

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

- ___ Process Startup/Shutdown
- ___ Scheduled Maintenance
- ___ Process Problem
- ___ Fuel Problem
- ___ Other Known Problem
- ___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WESTERN PRECIPITATOR

09-265 #1

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 8:30

340-20-380(o) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 05%

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

TOOK NO. 4 SECTION OFF LINE

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

CHANGED ALL SOCKS

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

CHANGED ALL 104 SOCKS

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BRL
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 2 MONTH: FEB YEAR: 97 DATE: 2-20-97

EMISSIONS PROBLEM: YES

____ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

____ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

____ PLANNED UPSET (Anticipated) ✓ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: 8:30 AM TIME UPSET REPORTED: 8:30 AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown

___ Scheduled Maintenance

___ Process Problem

___ Fuel Problem

___ Other Known Problem

___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

REES Dust Collector

11-198

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 2:00 PM

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 01090

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

Shute Dust Collector DOWN

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Changed 12 sock

Measures taken to prevent reoccurence: with Holes

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BRK
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 1 MONTH: JAN YEAR: 97 DATE: 1-21-97

EMISSIONS PROBLEM: NO PM1

____ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

____ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

____ PLANNED UPSET (Anticipated) ____ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
✓ ___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WESTERN PRECIPITATOR 09-263

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: DOWN

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: NONE

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner: changed all SOCKS C&H IN 1, 2-/3, 4, 5, 6 SECTION & NEW Style SPRING

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL GAS-MCF	CHEMICAL OIL-GALLONS	AG-LIME GAS-MCF
JANUARY	20,895	209,328	3,930
FEBRUARY	17,312	313,486	4,098
MARCH	28,703	191,135	4,638
APRIL	32,046	149,143	6,181
MAY	30,624	120,521	5,944
JUNE	30,329	134,590	3,577
JULY	34,178	183,292	3,661
AUGUST	4,616	363,390	5,680
SEPTEMBER	50,118	65,924	8,013
OCTOBER	28,301	270,164	7,761
NOVEMBER	41,225	172,730	3,989
DECEMBER	13,502	239,554	3,439
TOTAL	331,849	2,413,257	60,911

CHEMICAL AND AG-LIME PRODUCED

MONTH	PEBBLE	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	7,388	851	3,242	9,200	604
FEBRUARY	10,266	635	2,035	12,044	2,118
MARCH	10,195	1,042	3,389	16,083	1,685
APRIL	9,294	1,162	7,755	15,533	2,338
MAY	8,774	1,193	18,205	12,068	1,015
JUNE	9,184	1,466	7,523	11,044	670
JULY	10,524	1,622	4,488	13,633	578
AUGUST	8,904	1,762	25,381	12,425	1,186
SEPTEMBER	10,847	1,535	33,177	15,241	3,246
OCTOBER	11,383	1,697	17,534	17,604	3,659
NOVEMBER	12,000	1,143	7,050	11,137	1,525
DECEMBER	9,458	1,426	3,050	9,844	807
TOTAL	118,217	15,534	132,829	155,856	19,431

Appendix58-000152

DAYS OPERATED

THIS FACILITY OPERATES 24 HOURS/DAY, 7 DAYS/WEEK, 52 WEEKS/YEAR, 8760 HOURS/YEAR.

INDIVIDUAL PIECES OF ACTUAL HOURS OPERATED ON EQUIPMENT ARE

OPERATED BASED ON SALES

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	MILL #4	HYDRATOR
JANUARY	26.94	0	29.26	16.14	2.75	17.41	0	7.96
FEBRUARY	27.39	17.13	27.81	18.01	18.04	5.01	0	6.94
MARCH	11.12	30.28	30.37	23.39	21.13	8.76	0	9.06
APRIL	26.48	6.63	27.71	21.57	22.41	22.35	0	11.3
MAY	12.58	11.87	30.02	25.25	22.71	24.41	0	12.16
JUNE	0	29.89	29.07	18.64	16.81	14.09	0	14.54
JULY	14.13	30.88	28.67	16.94	10.85	14.25	0	17.74
AUGUST	24.81	6.56	30.65	22.45	22.17	21.88	0.33	17.66
SEPTEMBER	29.72	25.43	24.59	23.97	25.01	25.06	21.75	15.17
OCTOBER	28.48	28.32	27.1	20.65	22.24	22.82	20.97	18.43
NOVEMBER	25.11	29.74	29.6	8.66	14.76	8.53	9.68	11.88
DECEMBER	0	30.75	30.02	14.9	8.59	4.53	4.93	17.52
TOTAL	226.76	247.48	344.87	230.57	207.47	189.1	57.66	160.36

Appendix58-000153

Ash Grove Cement Company

Rivergate Lime Plant 1997 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	73,418	23,171	35,296	37,014	49,196	48,127	49,456	47,953	64,854	47,798	36,991	48,230	561,504
Dolomitic rock Received	2,871	1,881	2,428	3,751	3,947	2,891	2,501	908	376	1,657	2,160	2,897	28,268
Kiln #1 Production	2,361	2,755	1,111	2,801	1,182	-	1,594	2,602	3,355	3,143	2,873	-	23,777
Kiln #2 Production	-	1,712	2,890	604	1,117	2,993	3,006	654	2,682	2,913	3,187	3,156	24,914
Kiln #3 Production	5,027	5,799	6,194	5,889	6,475	6,191	5,924	5,648	4,810	5,327	5,940	6,302	69,526
Tons of Quicklime Produced	7,388	10,266	10,195	9,294	8,774	9,184	10,524	8,904	10,847	11,383	12,000	9,458	118,217
Tons Of Hydrate Produced	851	635	1,042	1,162	1,193	1,466	1,622	1,762	1,535	1,697	1,143	1,426	15,534
Tons of Tailings	76	65	105	116	114	106	273	206	178	329	261	222	2,051
Tons of Ag	3,242	2,035	3,389	7,755	18,205	7,523	4,488	25,381	33,177	17,534	7,050	3,050	132,829
Tons of Flour	9,200	12,044	16,083	15,533	12,068	11,044	13,633	12,425	15,241	17,604	11,137	9,844	155,856
Tons of Dolomite	604	2,118	1,685	2,338	1,015	670	578	1,186	3,246	3,659	1,525	807	19,431
Tons of Ground Products	13,046	16,197	21,157	25,626	31,288	19,237	18,699	38,992	51,664	38,797	19,712	13,701	308,116
Permit													
TSP Fugitive	2.38	0.76	1.16	1.23	1.62	1.57	1.61	1.54	2.08	1.55	1.21	1.58	18.29
TSP Non Fugitive	3.06	3.60	3.56	4.23	3.89	3.28	4.09	5.09	5.98	5.59	4.42	3.07	49.87
TSP Total	5.44	4.37	4.72	5.46	5.50	4.86	5.70	6.63	8.06	7.14	5.63	4.65	68.16
SO2	3.48	4.80	4.66	4.39	4.05	4.13	4.83	4.23	5.17	5.37	5.58	4.24	54.92
NOX	3.16	4.08	3.51	3.95	3.31	2.83	3.73	3.88	4.68	4.66	4.58	2.86	45.24
CO	3.84	4.87	4.47	4.77	4.32	3.85	4.62	4.70	5.36	5.41	5.41	3.88	55.50
VOC	0.16	0.24	0.23	0.24	0.22	0.19	0.24	0.27	0.38	0.34	0.29	0.18	3.00

PSEL

	Month Max	Month Avg	Yr Max
TSP Fug	-	2.17	26
TSP nonFU	15.1	5.33	64
TSP Total		7.50	90
SO2	13	6.33	76
NOX	5.8	4.17	50
CO	21	5.25	63
VOC	0.9	0.42	5

Appendix58-000154

CHANGES IN PLANT OPERATIONS

1. Installed our #4 Ag mill (August 1997)

2. Eliminated the bypass stacks on Kiln #1 and #2. (December 1997)

3. Eliminated the cooler stacks by using this as preheated air for the kilns on #1 and #2 kiln. (December 1997)

4. Installed a new dust collector for #1 and #2 Kiln scrapers. (December 1997)

As - burned Quarterly Oil Sample

Sample Date	TOX (ppm)	PCB (ppm)	Arsenic	Sulfur (%)
1/3/97	400	<2	0.39	0.5
4/1/97	360	<3	<0.2	0.6
7/1/97	420	ND	0.22	0.4
10/2/97	440	ND	0.22	0.8

Revised

ASH GROVE CEMENT COMPANY

File 18-1
January 8, 1999

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Portland Lime Plant

Permit #26-1891

1. Annual plant production for 1998 was 116,707 short tons of Chemical Lime.

2. Annual plant production of Ag-Lime for 1998 was 314,553 tons.

3. Annual quantities and types of fuels for 1998:

On Spec Oil (Waste Oil)	1,321,962 GAL
Off Spec Oil (Mineral Oil with trace amounts of PCB)	264,291 GAL
Natural Gas/Chemical Lime	105,728 net MMBTU
Natural Gas/Ag-Lime	52,325 net MMBTU
Landfill Gas (LFG)	348,519 net MMBTU

Glenn Dollar
Safety/Environmental Manager

CHEMICAL AND AG-LIME PRODUCED

MONTH	PEBBLE	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	9,698	1,174	2,200	10,841	250
FEBRUARY	10,823	890	2,397	9,788	688
MARCH	12,830	1,139	3,996	15,574	1,331
APRIL	11,233	1,307	10,290	14,657	2,349
MAY	8,032	1,193	14,579	12,977	1,454
JUNE	11,223	1,775	9,311	11,339	1,818
JULY	10,758	1,661	6,367	11,698	740
AUGUST	9,340	2,341	25,525	11,950	1,531
SEPTEMBER	8,201	1,836	43,948	11,362	3,827
OCTOBER	9,783	1,831	24,198	13,340	3,689
NOVEMBER	7,127	827	4,823	10,967	1,201
DECEMBER	7,659	653	1,065	12,311	172
TOTAL	116,707	16,627	148,699	146,804	19,050

Appendix58-000158

DAYS OPERATED

THIS FACILITY OPERATES 24 HOURS DAY, 7 DAYS/WEEK, 52 WEEKS YEAR, 8760 HOURS YEAR.

INDIVIDUAL PIECES OF ACTUAL HOURS OPERATED ON EQUIPMENT ARE

OPERATED BASED ON SALES

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	MILL #4	HYDRATOR
JANUARY	21.75	29.79	21.61	13.89	14.44	2.02	1.7	11.09
FEBRUARY	27.82	27.79	18.96	14.14	9.63	4.09	3.46	8.2
MARCH	29.35	28.84	30.79	16.59	0	11.27	13.66	12.22
APRIL	28.33	27.98	28.29	13.61	10.86	14.59	14.71	14.57
MAY	13.67	7	31	15.4	14.2	14.75	16.15	13.48
JUNE	29.56	29.83	29.94	12	14.15	12.03	8.07	19.87
JULY	28.06	27.46	30.9	1.07	11.57	10.5	12.6	19.83
AUGUST	16.67	30.74	30.99	18.04	18.54	18.84	16.26	25.25
SEPTEMBER	18.8	14.34	29.58	26.23	26.32	25.94	27.45	19.91
OCTOBER	28.74	12.95	30.79	22.45	21.28	17.71	24.56	20.73
NOVEMBER	10.88	10.23	29.45	3.34	9.13	5.81	12.92	8.52
DECEMBER	30.92	2	30.88	0	5.3	5.21	4.48	6.74
TOTAL	284.55	248.95	343.18	156.76	155.42	142.76	156.02	180.41

Appendix58-000159

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL LFG-Mmbtu	CHEMICAL GAS-Mmbtu	CHEMICAL OIL-GALLONS	AG-LIME GAS-Mmbtu
JANUARY	-	43,546	90,208	3,093
FEBRUARY	-	36,325	147,752	3,174
MARCH	-	20,259	351,850	4,026
APRIL	28,717	1,968	228,982	4,888
MAY	20,319	2,390	108,738	4,611
JUNE	47,828	326	95,873	4,228
JULY	45,905	-	105,438	2,882
AUGUST	42,280	914	135,058	5,090
SEPTEMBER	41,354	-	44,114	7,407
OCTOBER	46,299	-	61,168	6,214
NOVEMBER	42,654	-	61,107	2,876
DECEMBER	33,163	-	155,965	3,836
TOTAL	348,519	105,728	1,586,253	52,325

Appendix58-000160

As - burned Quarterly Oil Sample

Sample Date	TOX (ppm)	PCB (ppm)	Flash Pt. - PM (F)	Gross Heat of Combustion (BTU/lb)	Metals (ppm) Arsenic	Cadmium	Chromium	Lead	Sulfur (%)
1/2/98	420	15	>150	18700	0.22	0.26	1.10	26.9	0.23
4/8/98	260	<6	136	18300	ND	0.31	1.30	25.7	0.33
7/9/98	140	4	>200	19200	ND	ND	0.62	9.7	0.14
12/22/98	340	2	145	18800	ND	ND	1.30	27.1	0.25
1998 average	**290**	**7**	**141**	**18750**	**0.22**	**0.29**	**1.08**	**22.35**	**0.24**

Appendix58-000161

Ash Grove Cement Company

Rivergate Lime Plant 1998 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	49,492	36,510	47,700	47,286	52,029	34,803	36,474	61,644	60,753	57,947	38,145	12,318	535,101
Dolomitic rock Received	2,165	2,674	1,939	2,993	2,069	2,607	2,459	2,986	3,022	3,113	3,122	2,011	31,160
Kiln #1 Production	2,534	3,827	3,682	3,234	1,300	3,119	2,905	938	1,835	3,104	887	2,691	30,056
Kiln #2 Production	3,001	3,065	2,995	2,797	721	2,709	2,474	1,862	1,245	1,078	811	46	22,804
Kiln #3 Production	4,163	3,931	6,153	5,202	6,011	5,395	5,379	6,540	5,121	5,601	5,429	4,922	63,847
Tons of Quicklime Produced	9,698	10,823	12,830	11,233	8,032	11,223	10,758	9,340	8,201	9,783	7,127	7,659	116,707
Tons Of Hydrate Produced	1,174	890	1,139	1,307	1,193	1,775	1,661	2,341	1,836	1,831	827	653	16,627
Tons of Tailings	171	110	117	156	193	221	203	123	186	204	69	65	1,818
Tons of Ag	2,200	2,397	3,996	10,290	14,579	9,311	6,367	25,525	43,948	24,198	4,823	1,065	148,699
Tons of Flour	10,841	9,788	15,574	14,657	12,977	11,339	11,698	11,950	11,362	13,340	10,967	12,311	146,804
Tons of Dolomite	250	688	1,331	2,349	1,454	1,818	740	1,531	3,827	3,689	1,201	172	19,050
Tons of Ground Products	13,291	12,873	20,901	27,296	29,010	22,468	18,805	39,006	59,137	41,227	16,991	13,548	314,553
Permit													
TSP Fugitive	1.61	1.20	1.55	1.55	1.69	1.14	1.20	2.01	1.98	1.89	1.26	0.42	17.48
TSP Non Fugitive	2.96	2.91	3.74	3.87	3.34	4.01	3.71	4.79	5.06	4.58	2.44	2.26	43.67
TSP Total	4.57	4.11	5.29	5.42	5.03	5.16	4.90	6.80	7.03	6.47	3.70	2.68	61.15
SO2	4.34	4.84	5.75	5.06	3.64	5.04	4.83	4.24	3.77	4.44	3.21	3.44	52.60
NOX	2.75	3.00	3.72	3.32	2.63	3.29	3.15	3.06	2.85	3.12	2.26	2.32	35.47
CO	3.45	3.67	4.75	4.21	3.63	4.20	4.05	4.18	3.79	4.10	3.15	3.13	46.31
VOC	0.22	0.25	0.29	0.28	0.20	0.27	0.24	0.25	0.31	0.28	0.15	0.16	2.90

PSEL

	Month Max	Month Avg	Yr Max
TSP Fug	-	2.17	26
TSP nonFU	15.1	5.33	64
TSP Total		7.50	90
SO2	13	6.33	76
NOX	5.8	4.17	50
CO	21	5.25	63
VOC	0.9	0.42	5

Appendix58-000162

CHANGES IN PLANT OPERATIONS

(1) During the month of April in 1998 the Integration of landfill gas as a primary fuel source for the kilns was initiated.

1998 MAINTENANCE TO AIR CONTAMINANT CONTROLS

17 - 407 AMERICAN DUST ARRESTOR

17 - 202 SMALL DUST COLLECTOR

5/29/98	A.	Replaced all 96 socks.

17 - 198 REES DUST COLLECTOR (LARGE)

5/28/98	A.	Replaced 49 socks.

10 - 141 REES BAG COLLECTOR

4/30/98	A.	Replaced 3 socks.

09 - 529 IAC BIN VENT

09 - 565 #3 KILN DUST COLLECTOR

7/13/98	A.	Replaced 18 bags

09 - 566 FLEX KLEEN

09 - 265 #2 KILN DUST COLLECTOR

09 -165- #1 KILN DUST COLLECTOR

2/26/98	A.	Kiln and dust collector taken off line.
	B.	Replaced all socks in sections 2, 3, 4, and 5.
	C.	Sections 1 and 6 left off line.
3/9/98	A.	All socks in sections 1 and 6 were replaced.

64 - 111 #1 AG-MILL DUST COLLECTOR (MICROPULSE)

64 - 211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

4/29/98	A.	Replaced 17 socks with small holes.
10/5/98	A.	Replaced 4 bags.

64 - 311 #3 AG-MILL DUST COLLECTOR (MICROPULSE)

68 - 210 LOADING DUST COLLECT (ULTRA JET WHEELABRATOR)

4/26/98	A.	Replaced all 56 socks.

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP)

3/19/98	A.	Mill and dust collector taken off line.
	B.	18 socks were replaced.

34-535 STANDARD HAVENS

3/5/98	A.	Dust collector taken off line.
	B.	A single sock which had become unattached was replaced.

68-210 WHELLABRATOR ULTRAJET

45-10-056-00 BIN VENT # 7

7/7/98	A.	Replaced 24 bags and repaired doors.

09-565 FULLER PLENUM PULSE

2/24/98	A.	Took sections 7 and 8 off line.
	B.	Replaced all socks in sections 7 and 8.
2/26/98	A.	Took sections 5 and 6 off line.
	B.	Replaced all 50 socks in sections 5 and 6.
9/14/98	A.	Replaced 384 bags

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 14 MONTH: Feb YEAR: 98 DATE: 2-24-98	
EMISSIONS PROBLEM: YES	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	✓ NOT REQUIRED/ENTER IN LOG
____ PLANNED UPSET (Anticipated)	____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: 300 PM Name of DEQ person contacted:	TIME UPSET REPORTED: 2100 PM
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ✓ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: Roller Plenum Fuse 09-325 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 05 %	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: Took 7 & 8 Section Off Line	____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Changed all socks in 7 & 8 Section Measures taken to prevent reoccurence:	____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions	____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner:	____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 20 MONTH: FEB YEAR: 99 DATE: 2-26-99

EMISSIONS PROBLEM:

_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY ___✓___ NOT REQUIRED/ENTER IN LOG

_____ REQUIRED TO SUBMIT WRITTEN EE REPORT ___✓___ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

_____ PLANNED UPSET (Anticipated) _____ UNPLANNED

340-20-360(1)(a) TIME UPSET BEGAN: PM TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-360(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown

_✓_ Scheduled Maintenance

___ Process Problem

___ Fuel Problem

___ Other Known Problem

___ Unknown at this time

340-20-360(1)(c) EQUIPMENT INVOLVED:

Fr. Hep Plenum Pulse
07-165

____ See Attached

340-20-360(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-360(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 0

Based on continuous monitering data or estimate? ____ See Attached

340-20-360(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

____ See Attached

340-20-360(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurence:

____ See Attached

340-20-360(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions

____ See Attached

340-20-360(B) Describe how repairs or corrections were made in a timely manner:

CHANGED ALL SOCKS IN 5th SECTION

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: LRA
FACILITY NAME:	DEQ PERMIT NO: 26-1391

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 21 MONTH: MARCH YEAR: 98 DATE: 3-5-98

EMISSIONS PROBLEM:

___ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

___ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

___ PLANNED UPSET (Anticipated) ___ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: 10:00 AM TIME UPSET REPORTED: 10:00 AM

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown
___ Scheduled Maintenance
___ Process Problem
___ Fuel Problem
___ Other Known Problem
___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

STANDARD HAVENS

85-225

___ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 3:00 PM

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 0 %

Based on continuous monitering data or estimate? ___ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

SHUT DUST COLLECTOR DOWN

___ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: FOUR BAGS OFF

Measures taken to prevent reoccurence: PUT BACK ON

___ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions

___ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

___ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

___ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

___ See Attached

OPERATORS ON DUTY: REPORT COMPLETED BY: BRL

FACILITY NAME: DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 22 MONTH: FEB YEAR: 98 DATE: 2-26-98

EMISSIONS PROBLEM: YES

_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY ✓ NOT REQUIRED/ENTER IN LOG

_____ REQUIRED TO SUBMIT WRITTEN EE REPORT ✓ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

_____ PLANNED UPSET (Anticipated) _____ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: 9:45 TIME UPSET REPORTED: 9:45

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown

___ Scheduled Maintenance

___ Process Problem

___ Fuel Problem

___ Other Known Problem

___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WESTERN PRECIPITATOR

29-165

_____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 10%

Based on continuous monitering data or estimate? _____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

SHUTE DOWN KILN + DUST COLL 10:00 AM

_____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: SHUTE EVER THING DOWN

Measures taken to prevent reoccurence:

_____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :

_____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner: CHANGED ALL SOCK IN 2,3,4+5 SECTION 424 SOCKS HAD SOCK FOR 4 SECTION ONLY

_____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions: 4 MEN 2 hrs OVERTIME STARTED UP AT 4:30 PM. LEFT 1+6 SECTION OFFLINE

_____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

_____ See Attached

OPERATORS ON DUTY:	REPORT COMPLETED BY: [illegible]
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 23 MONTH: MARCH YEAR: 98 DATE: 3-9-98	
EMISSIONS PROBLEM: ND	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	_____ NOT REQUIRED/ENTER IN LOG
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: WESTERN PRECIPITATOR [illegible] _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: NONE Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	_____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions	_____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner: CHANGE ALL THE SOLT IN THIS SECTION	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: BRH
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 24 MONTH: March YEAR: 98 DATE: 3-19-98	
EMISSIONS PROBLEM: YES	
____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	✓ NOT REQUIRED/ENTER IN LOG
____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	✓ NOT REQUIRED/ENTER IN LOG
____ PLANNED UPSET (Anticipated)	____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: ? Name of DEQ person contacted:	TIME UPSET REPORTED: 3:00 PM 3-18
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: Johnson March 64-142 ____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION: 1:00 PM - 3-19	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: 67% Based on continuous monitering data or estimate?	____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: Shute Mills & Dust Collector Down	____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Change 4 Sock with Holes & 14 Socks That look Bad Measures taken to prevent reoccurence:	____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions : Every Thing Went Down	____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner:	____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY:
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO: 25 MONTH: APRIL YEAR: 98 DATE: 4-23-98

EMISSIONS PROBLEM: NO

_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY _____ NOT REQUIRED/ENTER IN LOG

_____ REQUIRED TO SUBMIT WRITTEN EE REPORT _____ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

_____ PLANNED UPSET (Anticipated) _____ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

____ Process Startup/Shutdown

__✓__ Scheduled Maintenance

____ Process Problem

____ Fuel Problem

____ Other Known Problem

____ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

FULLER DUST COL
11-524

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: NONE

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurence: PM EVERY THING OK.

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY: REPORT COMPLETED BY: DFW

FACILITY NAME: DEQ PERMIT NO: 26-1491

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 26 MONTH: APRIL YEAR: 95 DATE: 4-26-95

EMISSIONS PROBLEM: NO PM.

_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY _____ NOT REQUIRED/ENTER IN LOG

_____ REQUIRED TO SUBMIT WRITTEN EE REPORT _____ NOT REQUIRED/ENTER IN LOG

Date Written EE Report Due:

_____ PLANNED UPSET (Anticipated) _____ UNPLANNED

340-20-380(1)(a) TIME UPSET BEGAN: TIME UPSET REPORTED:

Name of DEQ person contacted:

340-20-380(1)(b) CAUSE:

(Check where appropriate)

___ Process Startup/Shutdown

___ Scheduled Maintenance

___ Process Problem

___ Fuel Problem

___ Other Known Problem

___ Unknown at this time

340-20-380(1)(c) EQUIPMENT INVOLVED:

WHEELABRATOR UNIT #1

68-210

____ See Attached

340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:

340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: NONE

Based on continuous monitering data or estimate? ____ See Attached

340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

____ See Attached

340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN:

Measures taken to prevent reoccurence:

____ See Attached

340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions

____ See Attached

340-20-380(B) Describe how repairs or corrections were made in a timely manner:

CHANGED ALL 56 SOCKS

____ See Attached

Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:

____ See Attached

Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:

____ See Attached

OPERATORS ON DUTY: REPORT COMPLETED BY:

FACILITY NAME: DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

Appendix58-000173

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 27 MONTH: April YEAR: 98 DATE: 4-29-98	
EMISSIONS PROBLEM: PM,	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT	_____ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN:	TIME UPSET REPORTED:
Name of DEQ person contacted:	
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: Micropul Pulse-Jet 64-211 _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	_____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions Changed 17 sock w/ smaller holes	_____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner:	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY:
FACILITY NAME:	DEQ PERMIT NO:

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 28 MONTH: APRIL YEAR: 98 DATE: 4-30-98	
EMISSIONS PROBLEM: X/O P/M	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	_____ NOT REQUIRED/ENTER IN LOG
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: MEES DUST COLLECTOR 10-141-02 _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate? _____ See Attached	
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: _____ See Attached	
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence: _____ See Attached	
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions _____ See Attached	
340-20-380(B) Describe how repairs or corrections were made in a timely manner: REPLACED 3 SOCKS _____ See Attached	
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions: _____ See Attached	
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events: _____ See Attached	
OPERATORS ON DUTY:	REPORT COMPLETED BY: DRH
FACILITY NAME:	DEQ PERMIT NO:

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 29 MONTH. MAY YEAR: 98 DATE: 5-28-98	
EMISSIONS PROBLEM: NO / PM	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	_____ NOT REQUIRED/ENTER IN LOG
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: Rees Dust Coll 15-178-00 _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS.	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	_____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions	_____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner: Replaced 49 socks	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: [illegible]
FACILITY NAME:	DEQ PERMIT NO: 26.1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 30 MONTH: MAY YEAR: 98 DATE: 5-29-98	
EMISSIONS PROBLEM: NO PM	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	_____ NOT REQUIRED/ENTER IN LOG
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: REES Dust [illegible] 19-202-00 _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	_____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions: CHANGE ~11 96 SOCKS	_____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner:	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: [illegible]
FACILITY NAME:	DEQ PERMIT NO: 26-1991

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 29 MONTH: MAY YEAR: 98	DATE: 5-22-98
EMISSIONS PROBLEM: NO / PM	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written-EE Report Due:	_____ NOT REQUIRED/ENTER IN LOG
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: [illegible] [illegible] _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	_____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions	_____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner: Replaced 49 SC-FS	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: [illegible]
FACILITY NAME:	DEQ PERMIT NO: 26.1871

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 30 MONTH: MAY YEAR: 98 DATE: 5-29-98	
EMISSIONS PROBLEM: NO PM	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	_____ NOT REQUIRED/ENTER IN LOG
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ Scheduled Maintenance ___ Process Problem ___ Fuel Problem ___ Other Known Problem ___ Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: [illegible] [illegible] _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	_____ See Attached
340-20-380(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions: [illegible]	_____ See Attached
340-20-380(B) Describe how repairs or corrections were made in a timely manner:	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: [illegible]
FACILITY NAME:	DEQ PERMIT NO: [illegible]

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 31 MONTH 7 YEAR 12 DATE: 12	
EMISSIONS PROBLEM: NO P.M.	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT	_____ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN:	TIME UPSET REPORTED:
Name of DEQ person contacted:	
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ F Scheduled Maintenance ___ F Process Problem ___ F Fuel Problem ___ F Other Known Problem ___ F Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: # 3 KILN P.C. 20-7-503-00 _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	_____ See Attached
340-20-380(1)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :	_____ See Attached
340-20-380(1)(B) Describe how repairs or corrections were made in a timely manner: REPLACED 16 BAGS	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: SRP
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 32 MONTH 7 YEAR 98 DATE: 17	
EMISSIONS PROBLEM: NO PM	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	_____ NOT REQUIRED/ENTER IN LOG
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ____ Process Startup/Shutdown ____ F Scheduled Maintenance ____ F Process Problem ____ F Fuel Problem ____ F Other Known Problem ____ F Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: BIN VENT #7 45 [illegible] - 036 - 00 _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence:	_____ See Attached
340-20-380(1)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions :	_____ See Attached
340-20-380(1)(B) Describe how repairs or corrections were made in a timely manner: CHANGED 24 BAGS & REPAIRED DOORS	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: SEF
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -380)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 33 MONTH 4 YEAR 05 DATE: 12	
EMISSIONS PROBLEM: NOx PPM	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT Date Written EE Report Due:	_____ NOT REQUIRED/ENTER IN LOG
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN: Name of DEQ person contacted:	TIME UPSET REPORTED:
340-20-380(1)(b) CAUSE: (Check where appropriate) ___ Process Startup/Shutdown ___ F Scheduled Maintenance ___ F Process Problem ___ F Fuel Problem ___ F Other Known Problem ___ F Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: = 3 KILN S.S. _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate?	_____ See Attached
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:	_____ See Attached
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence	_____ See Attached
340-20-380(1)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions	_____ See Attached
340-20-380(1)(B) Describe how repairs or corrections were made in a timely manner: CHANGED 3 TO 4 ENDS	_____ See Attached
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions:	_____ See Attached
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events:	_____ See Attached
OPERATORS ON DUTY:	REPORT COMPLETED BY: SRF
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

UPSET LOG REPORT

(Pursuant to Excess Emission Rules OAR 340-20-350 to -360)

The department will determine if enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to the back of this form.

LOG NO. 34 MONTH 10 YEAR 95 DATE: 2	
EMISSIONS PROBLEM:	
_____ REQUIRED TO NOTIFY DEQ IMMEDIATELY	_____ NOT REQUIRED/ENTER IN LOG
_____ REQUIRED TO SUBMIT WRITTEN EE REPORT	_____ NOT REQUIRED/ENTER IN LOG
Date Written EE Report Due:	
_____ PLANNED UPSET (Anticipated)	_____ UNPLANNED
340-20-380(1)(a) TIME UPSET BEGAN:	TIME UPSET REPORTED:
Name of DEQ person contacted:	
340-20-380(1)(b) CAUSE: (Check where appropriate) ____ Process Startup/Shutdown ____ F Scheduled Maintenance ____ F Process Problem ____ F Fuel Problem ____ F Other Known Problem ____ F Unknown at this time	340-20-380(1)(c) EQUIPMENT INVOLVED: _____ See Attached
340-20-380(c) DURATION OR EST. TIME UNTIL RETURN TO NORMAL OPERATION:	
340-20-380(c) MAGNITUDE OF INCREASED EMISSIONS OVER NORMAL RATES: Based on continuous monitering data or estimate? _____ See Attached	
340-20-380(d) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS: _____ See Attached	
340-20-380(e) DESCRIBE CORRECTIVE ACTION TAKEN: Measures taken to prevent reoccurence _____ See Attached	
340-20-380(1)(A) Describe how process or handling equipment and pollution control equipment were maintained and operated in a manner consistent with good practice for minimizing emissions : _____ See Attached	
340-20-380(1)(B) Describe how repairs or corrections were made in a timely manner: CORRECTED IN 24 HRS _____ See Attached	
Indicate if overtime labor or contract labor/equipment used to reduce the amount and duration of excess emissions: _____ See Attached	
Have there been previous excess emissions of this kind? If so, briefly describe the cause of these events. _____ See Attached	
OPERATORS ON DUTY:	REPORT COMPLETED BY:
FACILITY NAME:	DEQ PERMIT NO: 26-1891

Upset Log shall be submitted annually to the Department in accordance with OAR 340-20-375.

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 13, 2000

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Portland Lime Plant **Permit #26-1891**

The Rivergate Plant was in compliance with permit #26-1891 conditions for the year 1999.

1. **Annual plant production for 1999 was 95,919 short tons of Chemical Lime.**
2. **Annual plant production of Ag-Lime for 1999 was 310,643 tons.**
3. **Annual quantities and types of fuels for 1999:**

On Spec Oil (Waste Oil)	**923,382 GAL**
Off Spec Oil (Mineral Oil with trace amounts of PCB)	**321,909 GAL**
Natural Gas/Chemical Lime	**624 net MMBTU**
Natural Gas/Ag-Lime	**50,028 net MMBTU**
Landfill Gas (LFG)	**426,981 net MMBTU**

Glenn Dollar
Safety/Environmental Manager

CHEMICAL AND AG-LIME PRODUCED

MONTH	PEBBLE	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	4,996	888	2,114	9,806	86
FEBRUARY	8,307	799	1,171	5,227	426
MARCH	8,804	852	1,061	9,652	2,222
APRIL	7,942	1,386	10,069	14,636	2,927
MAY	9,269	943	11,095	11,401	2,665
JUNE	8,366	1,468	10,716	17,082	1,753
JULY	7,328	1,360	6,066	14,473	828
AUGUST	7,766	1,391	19,477	18,159	2,497
SEPTEMBER	7,922	1,952	33,256	17,828	3,983
OCTOBER	8,321	1,013	21,192	17,116	2,967
NOVEMBER	8,563	810	8,105	13,848	1,968
DECEMBER	8,335	694	2,953	11,266	552
TOTAL	95,919	13,556	127,275	160,494	22,874

Appendix58-000186

DAYS OPERATED

THIS FACILITY OPERATES 24 HOURS/DAY, 7 DAYS/WEEK, 52 WEEKS/YEAR, 8760 HOURS/YEAR.

INDIVIDUAL PIECES OF ACTUAL HOURS OPERATED ON EQUIPMENT ARE

OPERATED BASED ON SALES

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	MILL #4	HYDRATOR
JANUARY	30.74	28.57	0	0	8.072	7.02	9.08	10.44
FEBRUARY	27.82	27.15	20.81	0	2.86	5.36	4.13	10.39
MARCH	24.82	7.27	30.73	5.8	7.82	3.9	10.2	8.17
APRIL	22.57	3.24	29.81	19.445	18.67	0	19.56	14.05
MAY	30.66	25.48	30.89	18.48	18.42	10.44	10.01	10.4
JUNE	27.12	27.08	21.15	16.72	15.34	15.2	17.08	13.73
JULY	29	21	13	12.11	12.06	10.05	13.02	12.11
AUGUST	8.08	11.8	29.38	21.35	23.04	23.13	20.19	13.22
SEPTEMBER	0	29.44	29.43	29.62	29.39	29.35	26.36	18.08
OCTOBER	1	31	30.88	23.56	21.68	23.53	23.45	9.49
NOVEMBER	27.32	15.25	27.02	14.17	13.43	12.67	12.94	7.88
DECEMBER	22.88	9.82	30.96	10.07	9.72	1.45	10.53	6.9
TOTAL	252.01	237.1	294.06	171.323	180.5053	142.097	176.5525	134.861

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL LFG-Mmbtu	CHEMICAL GAS-Mmbtu	CHEMICAL OIL-GALLONS	AG-LIME GAS-Mmbtu
JANUARY	34,361	524	29,309	2,562
FEBRUARY	41,037	-	118,691	2,028
MARCH	39,033	-	131,629	2,727
APRIL	37,283	-	35,620	4,664
MAY	39,126	-	170,971	4,007
JUNE	38,312	-	91,088	4,068
JULY	32,987	-	97,831	3,760
AUGUST	35,096	-	65,772	5,224
SEPTEMBER	36,005	-	72,169	6,964
OCTOBER	37,263	-	74,257	6,246
NOVEMBER	26,729	100	173,772	4,088
DECEMBER	29,749	-	184,176	3,690
TOTAL	426,981	624	1,245,286	50,028

As - burned Quarterly Oil Sample

Sample Date	TOX (ppm)	PCB (ppm)	Flash Pt. - PM (F)	Gross Heat of Combustion (BTU/lb)	Metals (ppm)				Sulfur (%)
					Arsenic	Cadmium	Chromium	Lead	
3/24/99	440	ND	198	18800	ND	0.27	1.90	31.5	0.36
4/26/99	410	ND	205	18900	ND	ND	1.80	31.7	0.37
9/13/99	390	ND	190	18800	ND	ND	1.50	28.7	0.32
12/23/99	510	ND	178	18800	ND	0.23	1.90	37.9	0.46
1999									
average	**438**	**< 1**	**193**	**18825**	**< 0.2**	**0.25**	**1.78**	**32.5**	**0.38**

ASH GROVE CEMENT
1999

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	37,069	25,618	38,256	12,788	61,649	36,369	23,658	48,628	48,981	36,154	34,888	48,554	452,612
Dolomitic rock Received	-	1,014	1,594	1,417	2,302	2,123	2,686	1,834	3,026	3,047	2,374	3,719	25,136
Kiln #1 Production	2,530	2,685	2,442	2,386	2,769	2,741	3,220	808	-	46	2,794	2,088	24,509
Kiln #2 Production	2,466	2,445	323	292	2,058	2,535	1,886	1,364	2,801	2,795	1,385	888	21,238
Kiln #3 Production	-	3,177	6,039	5,264	4,442	3,090	2,222	5,594	5,121	5,480	4,384	5,359	50,172
Tons of Quicklime Produced	4,996	8,307	8,804	7,942	9,269	8,366	7,328	7,766	7,922	8,321	8,563	8,335	95,919
Tons Of Hydrate Produced	888	799	852	1,386	943	1,468	1,360	1,391	1,952	1,013	810	694	13,556
Tons of Tailings	122	114	99	157	81	130	123	122	154	95	97	97	1,391
Tons of Ag	2,114	1,171	1,061	10,069	11,095	10,716	6,066	19,477	33,256	21,192	8,105	2,953	127,275
Tons of Flour	9,806	5,227	9,652	14,636	11,401	17,082	14,473	18,159	17,828	17,116	13,848	11,266	160,494
Tons of Dolomite	86	426	2,222	2,927	2,665	1,753	828	2,497	3,983	2,967	1,968	552	22,874
Tons of Ground Products	12,006	6,824	12,935	27,632	25,161	29,551	21,367	40,133	55,067	41,275	23,921	14,771	310,643
Permit													
TSP Fugitive	1.19	0.83	1.24	0.43	2.00	1.19	0.79	1.58	1.60	1.19	1.14	1.60	14.77
TSP Non Fugitive	1.94	2.20	3.59	4.30	4.25	4.52	3.70	5.01	6.21	5.08	3.87	3.45	48.11
TSP Total	3.13	3.03	4.83	4.73	6.25	5.71	4.49	6.59	7.81	6.28	5.01	5.05	62.89
SO2	2.25	3.71	3.94	3.59	4.18	3.78	3.31	3.54	3.64	3.79	3.86	3.74	43.34
NOX	1.30	2.29	3.60	3.44	3.82	3.53	3.33	2.93	2.75	2.78	3.65	3.32	36.76
CO	1.35	2.82	3.65	3.42	3.54	3.06	2.52	3.59	3.68	3.71	3.34	3.41	38.10
VOC	0.16	0.18	0.11	0.14	0.13	0.13	0.10	0.18	0.22	0.19	0.13	0.11	1.78
Kiln #1 Production	51%	32%	28%	30%	30%	33%	44%	10%	0%	1%	33%	25%	26%
Kiln #2 Production	49%	29%	4%	4%	22%	30%	26%	18%	35%	34%	16%	11%	22%
Kiln #3 Production	0%	38%	69%	66%	48%	37%	30%	72%	65%	66%	51%	64%	52%
Kiln #1													
TSP Fugitive	0.60	0.27	0.34	0.13	0.60	0.39	0.35	0.16	0.00	0.01	0.37	0.40	3.62
TSP Non Fugitive	0.98	0.71	1.00	1.29	1.27	1.48	1.63	0.52	0.00	0.03	1.26	0.86	11.03
TSP Total	1.58	0.98	1.34	1.42	1.87	1.87	1.97	0.69	0.00	0.03	1.64	1.26	14.65
SO2	1.14	1.20	1.09	1.08	1.25	1.24	1.45	0.37	0.00	0.02	1.26	0.94	11.04
NOX	0.66	0.74	1.00	1.03	1.14	1.16	1.46	0.31	0.00	0.02	1.39	0.83	9.54
CO	0.68	0.91	1.01	1.03	1.06	1.00	1.11	0.37	0.00	0.02	1.09	0.85	9.14
VOC	0.08	0.06	0.03	0.04	0.04	0.04	0.04	0.02	0.00	0.00	0.04	0.03	0.43
Kiln #2													
TSP Fugitive	0.59	0.24	0.05	0.02	0.44	0.36	0.20	0.28	0.57	0.40	0.18	0.17	3.50
TSP Non Fugitive	0.96	0.65	0.13	0.16	0.94	1.37	0.95	0.88	2.19	1.71	0.63	0.37	10.93
TSP Total	1.54	0.89	0.18	0.17	1.39	1.73	1.15	1.16	2.76	2.11	0.81	0.54	14.43
SO2	1.11	1.09	0.14	0.13	0.93	1.15	0.85	0.62	1.29	1.27	0.62	0.40	9.61
NOX	0.64	0.67	0.13	0.13	0.85	1.07	0.86	0.51	0.97	0.93	0.59	0.35	7.72
CO	0.67	0.83	0.13	0.13	0.79	0.93	0.65	0.63	1.30	1.25	0.54	0.36	8.20
VOC	0.08	0.05	0.00	0.01	0.03	0.04	0.03	0.03	0.08	0.06	0.02	0.01	0.44
Kiln #3													
TSP Fugitive	0.00	0.32	0.85	0.28	0.96	0.44	0.24	1.14	1.04	0.79	0.59	1.03	7.66
TSP Non Fugitive	0.00	0.84	2.46	2.85	2.03	1.67	1.12	3.61	4.01	3.35	1.98	2.22	26.15
TSP Total	0.00	1.16	3.31	3.13	2.99	2.11	1.36	4.75	5.05	4.13	2.57	3.25	33.81
SO2	0.00	1.42	2.71	2.38	2.00	1.40	1.00	3.55	2.35	2.50	1.98	2.40	22.69
NOX	0.00	0.88	2.47	2.28	1.83	1.30	1.01	2.11	1.78	1.83	1.87	2.14	19.50
CO	0.00	1.08	2.51	2.27	1.70	1.13	0.76	2.59	2.38	2.44	1.71	2.19	20.75
VOC	0.00	0.07	0.07	0.09	0.06	0.05	0.03	0.13	0.14	0.12	0.06	0.07	0.91

	Month Max	Month Avg	Yr Max
TSP Fug	-	2.17	26
TSP nonFU	15.1	5.33	64
TSP Total		7.50	90
SO2	13	6.33	76
NOX	5.8	4.17	50
CO	21	5.25	63
VOC	0.9	0.42	5

Appendix58-000189

CHANGES IN PLANT OPERATIONS

In 1999 there were not any changes made in the plant process or production that would effect air contaminant emissions.

1999 MAINTENANCE TO AIR CONTAMINANT CONTROLS

34-535 STANDARD HAVENS

06/08/99	*	Gutted and replaced all 86 bags.

68-210 WHEELABRATOR ULTRAJET

06/17/99	*	Repaired cylinder, installed new solenoid valve and auto drain for cylinder.

64-211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

08/04/99	*	Replaced four bad bags and replaced one compression o-ring.
10/04/99	*	Replaced all (316) bags, 300 felt gaskets, 17 armored o-rings, and 17 retained cups.

09-565 #3 KILN DUST COLLECTOR

04/14/99	*	Removed and replaced bags in sections #7 and #8. There were 20 total bags replaced.
06/08/99	*	All sections checked and any bad bags replaced. There were 6 total bags replaced.
10/19/99	*	Replaced 72 bags.

09-265 #2 KILN DUST COLLECTOR

03/15/99	*	All bags were replaced in section #4. There were a total of 104 bags replaced.
11/02/99	*	Replaced 5 bags in section #3 and 2 bags in section #1.

10-141 REES BAG COLLECTOR

06/18/99	*	Repaired and rewelded air reversal valve plates, installed all new bearings, replaced v-belts, tighten bolts in side walls and installed all new bags (320).

09-165 #1 KILN DUST COLLECTOR

04/14/99 * Sections 3 and 4 were isolated and gutted and all bags in these sections were replaced (324 Bags).

09-529 IAC BIN VENT

06/08/99 * Gutted and replaced dust bags (25 bags).

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 9, 2001

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Portland Lime Plant **Permit #26-1891**

The Rivergate Plant was in compliance with Permit #26-1891 conditions for the year 2000.

1. **Annual plant production for 2000 was 101,186 short tons of Chemical Lime.**
2. **Annual plant production of Ag-lime for 2000 was 297,188 tons.**
3. **Annual quantities and types of fuels for 2000:**

On Spec Oil (Waste Oil)	**1,264,504GAL**
Off Spec Oil (Mineral Oil with trace amounts of PCB)	**217,461GAL**
Natural Gas/Chemical Lime	**21,082 net MMBTU**
Natural Gas/Ag-Lime	**64,300 net MMBTU**
Landfill Gas (LFG)	**407,665 net MMBTU**

Glenn Dollar
Environmental, Health and Safety Manager

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL LFG-Mmbtu	CHEMICAL GAS-Mmbtu	CHEMICAL OIL-GALLONS	AG-LIME GAS-Mmbtu
JANUARY	37,672	-	8,257	4,080
FEBRUARY	36,977	1,287	69,620	3,994
MARCH	43,208	-	147,868	3,948
APRIL	42,684	314	123,524	5,455
MAY	40,324	238	143,815	6,159
JUNE	37,995	199	197,574	3,782
JULY	28,600	146	200,809	4,976
AUGUST	16,642	3,079	163,265	6,149
SEPTEMBER	18,228	14,973	59,778	7,847
OCTOBER	34,963	846	132,875	6,551
NOVEMBER	34,321	-	201,279	6,285
DECEMBER	36,051	-	33,287	5,074
TOTAL	407,665	21,082	1,481,950	64,300

CHEMICAL AND AG-LIME PRODUCED

MONTH	QUICKLIME	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	6,816	748	2,227	15,729	133
FEBRUARY	7,480	721	2,119	18,393	11
MARCH	9,642	674	3,695	12,900	2,961
APRIL	9,824	983	13,002	12,086	3,501
MAY	9,956	1,135	11,841	15,401	3,204
JUNE	10,115	1,371	7,331	13,536	1,808
JULY	8,812	1,544	4,521	12,487	289
AUGUST	7,057	1,127	15,649	14,800	2,873
SEPTEMBER	6,890	1,629	24,682	12,162	4,433
OCTOBER	9,775	1,064	18,163	14,915	3,347
NOVEMBER	9,338	846	5,481	11,562	2,439
DECEMBER	5,481	627	1,683	7,298	526
TOTAL	101,186	12,469	110,394	161,269	25,525

DAYS OPERATED

THIS FACILITY OPERATES 24 HOURS/DAY, 7 DAYS/WEEK, 52 WEEKS/YEAR, 8760 HOURS/YEAR.

ACTUAL DAYS OPERATED

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	MILL #4	HYDRATOR
JANUARY	19.67	0.00	28.04	11.09	11.87	0.33	10.55	7.33
FEBRUARY	25.46	8.95	27.80	10.45	11.61	1.22	13.63	6.89
MARCH	30.39	30.60	30.63	6.46	15.04	13.29	10.21	6.28
APRIL	29.72	29.77	29.46	16.75	16.29	13.67	17.08	9.28
MAY	30.16	30.51	30.31	16.25	16.71	16.83	18.71	12.14
JUNE	26.23	28.86	29.68	12.54	14.04	15.75	11.67	13.20
JULY	27.44	25.07	21.65	8.92	8.88	10.12	9.71	16.21
AUGUST	3.74	23.84	27.76	16.00	17.83	17.21	16.96	15.75
SEPTEMBER	17.94	0.00	27.89	20.75	21.25	21.00	21.21	17.42
OCTOBER	30.97	9.00	28.88	17.13	21.29	21.38	18.79	12.00
NOVEMBER	29.20	29.93	27.71	17.13	21.29	21.38	18.79	12.00
DECEMBER	27.85	30.45	5.50	5.41	0.00	4.58	8.88	6.63
TOTAL	298.77	246.98	315.31	158.87	176.10	156.75	176.19	135.12

Ash Grove Cement Company
2000

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	23,590	58,631	23,918	36,537	71,338	25,406	47,589	35,092	59,712	23,479	37,597	24,867	467,756
Dolomitic rock Received	2,416	1,900	3,306	1,729	2,687	2,258	3,277	3,548	2,971	3,315	2,874	1,009	31,290
Kiln #1 Production	1,426	2,227	2,540	2,795	2,833	2,497	2,524	318	1,640	2,827	2,635	2,203	26,465
Kiln #2 Production	-	715	2,362	2,583	2,618	2,599	2,307	2,025	-	881	2,535	2,406	21,031
Kiln #3 Production	5,390	4,538	4,740	4,445	4,505	5,019	3,981	4,714	5,250	6,067	4,169	872	53,690
Tons of Quicklime Produced	6,816	7,480	9,642	9,823	9,956	10,115	8,812	7,057	6,890	9,775	9,339	5,481	101,186
Tons Of Hydrate Produced	748	721	674	983	1,135	1,371	1,544	1,127	1,629	1,064	846	627	12,469
Tons of Tailings	99	86	53	76	91	131	175	122	179	159	91	55	1,317
Tons of Ag	2,227	2,119	3,695	13,002	11,841	7,331	4,521	15,649	24,682	18,163	5,481	1,683	110,394
Tons of Flour	15,729	18,393	12,900	12,086	15,401	13,536	12,487	14,800	12,162	14,915	11,562	7,298	161,269
Tons of Dolomite	133	11	2,961	3,501	3,204	1,808	289	2,873	4,433	3,347	2,439	526	25,525
Tons of Ground Products	18,089	20,523	19,556	28,589	30,446	22,675	17,297	33,322	41,277	36,425	19,482	9,507	297,188
Permit													
TSP Fugitive	0.78	1.90	0.80	1.19	2.31	0.84	1.56	1.16	1.94	0.79	1.24	0.81	15.33
TSP Non Fugitive	2.38	2.56	3.98	4.59	4.81	4.77	4.26	4.39	4.82	4.94	3.99	2.25	47.75
TSP Total	3.16	4.46	4.78	5.78	7.13	5.61	5.82	5.56	6.76	5.73	5.23	3.06	63.07
SO2	3.07	3.37	4.33	4.43	4.49	4.55	3.96	3.21	3.15	4.43	4.20	2.46	45.65
NOX	2.19	2.31	3.80	4.00	4.06	3.95	3.52	2.45	3.02	4.18	3.72	2.30	39.51
CO	3.08	3.07	3.64	3.71	3.78	3.85	3.24	3.14	3.31	4.15	3.43	1.64	40.04
VOC	0.14	0.18	0.12	0.14	0.15	0.13	0.10	0.15	0.18	0.18	0.11	0.05	1.65
Kiln #1 Production	21%	30%	26%	28%	28%	25%	29%	5%	24%	29%	28%	40%	26%
Kiln #2 Production	0%	10%	24%	26%	26%	26%	26%	29%	0%	9%	27%	44%	21%
Kiln #3 Production	79%	61%	49%	45%	45%	50%	45%	67%	76%	62%	45%	16%	53%
Kiln #1													
TSP Fugitive	0.16	0.57	0.21	0.34	0.66	0.21	0.45	0.05	0.46	0.23	0.35	0.32	4.01
TSP Non Fugitive	0.50	0.76	1.05	1.31	1.37	1.18	1.22	0.20	1.15	1.43	1.13	0.91	12.19
TSP Total	0.66	1.33	1.26	1.64	2.03	1.39	1.67	0.25	1.61	1.66	1.47	1.23	16.19
SO2	0.64	1.00	1.14	1.26	1.28	1.12	1.13	0.14	0.75	1.28	1.18	0.99	11.93
NOX	0.46	0.69	1.00	1.14	1.16	0.97	1.01	0.11	0.72	1.21	1.05	0.92	10.44
CO	0.64	0.91	0.96	1.06	1.07	0.95	0.93	0.14	0.79	1.20	0.97	0.66	10.28
VOC	0.03	0.05	0.03	0.04	0.04	0.03	0.03	0.01	0.04	0.05	0.03	0.02	0.41
Kiln #2													
TSP Fugitive	0.00	0.18	0.20	0.31	0.61	0.22	0.41	0.33	0.00	0.07	0.34	0.35	3.02
TSP Non Fugitive	0.00	0.24	0.97	1.21	1.27	1.23	1.11	1.26	0.00	0.45	1.08	0.99	9.81
TSP Total	0.00	0.43	1.17	1.52	1.87	1.44	1.52	1.59	0.00	0.52	1.42	1.34	12.83
SO2	0.00	0.32	1.06	1.17	1.18	1.17	1.04	0.92	0.00	0.40	1.14	1.08	9.47
NOX	0.00	0.22	0.93	1.05	1.07	1.01	0.92	0.70	0.00	0.38	1.01	1.01	8.31
CO	0.00	0.29	0.89	0.98	0.99	0.99	0.85	0.90	0.00	0.37	0.93	0.72	7.92
VOC	0.00	0.02	0.03	0.04	0.04	0.03	0.03	0.04	0.00	0.02	0.03	0.02	0.30
Kiln #3													
TSP Fugitive	0.62	1.15	0.39	0.54	1.05	0.42	0.71	0.78	1.48	0.49	0.55	0.13	8.30
TSP Non Fugitive	1.88	1.55	1.96	2.08	2.18	2.37	1.92	2.93	3.67	3.07	1.78	0.36	25.75
TSP Total	2.50	2.71	2.35	2.61	3.22	2.79	2.63	3.71	5.15	3.56	2.33	0.49	34.05
SO2	2.43	2.05	2.13	2.01	2.03	2.26	1.79	2.14	2.40	2.75	1.87	0.39	24.25
NOX	1.73	1.40	1.87	1.81	1.84	1.96	1.59	1.64	2.30	2.60	1.66	0.37	20.76
CO	2.43	1.86	1.79	1.68	1.71	1.91	1.46	2.10	2.52	2.57	1.53	0.26	21.84
VOC	0.11	0.11	0.06	0.07	0.07	0.06	0.05	0.10	0.14	0.11	0.05	0.01	0.94

As - burned Quarterly Oil Sample

Sample Date	TX (ppm)	PCB (ppm)	Flash Pt. - PM (F)	Gross Heat of Combustion (BTU/lb)	Metals (ppm) Arsenic	Cadmium	Chromium	Lead	Sulfur (%)
3/31/00	600	ND	186	16600	ND	0.28	2.90	46.0	0.39
6/23/00	ND	3	200	19700	ND	0.20	0.50	2.5	0.11
8/18/00	380	ND	126	18500	0.28	ND	1.70	15.0	0.4
12/15/00	430	ND	178	17400	ND	0.14	1.30	4.5	0.22

2000									
average	470	< 1	173	18050	< 0.2	0.21	1.60	17.0	0.28

CHANGES IN PLANT OPERATIONS

Changes in plant process or production in 2000 that would effect air contaminant emissions:

(1.) The utilization of Landfill Gas as a supplemental fuel source for Ag Mill #4.

Appendix58-000199

2000 MAINTENANCE TO AIR CONTMINANT CONTROLS

640.BF1 Large Dust Collector – Pebble Rees

05/05/00 **Removed and replaced 320 bags.**

10/09/00 **Removed and replaced 40 bags.**

632.BF1 Dust Collector, Ultra Jet – Wheelabrator, (Ag mill truck loadout)

05/30/00 **Removed and replaced 56 bags.**

510.BF2 Small Dust Collector – Hydrate, Rees

05/18/00 **Removed and replaced 96 bags.**

438.BF1 Dust Collector - #3 Kiln, Fuller

01/24/00 **Removed and replaced 58 bags.**

04/03/00 **Removed and replaced 101 bags.**

06/20/00 **Removed and replaced 80 bags.**

07/21/00 **Removed and replaced 390 bags.**

08/23/00 **Removed and replaced 57 bags.**

10/24/00 **Removed and replaced 117 bags.**

436.BF2 Dust Collector, Standard Havens, Delta MarkI, #3 Kiln Discharge

02/18/00 **Removed and replaced 87 bag.**

04/26/00 **Removed and replaced 10 bags.**

09/26/00 **Removed and replaced 62 bags.**

428.BF1 Dust Collector, #2 Kiln, Western Precipitator

08/23/00 **Removed and replaced 20 bags.**

428.BF1 Dust Collector, #1 Kiln, Western Precipitator

04/07/00 **Removed and replaced 25 bags.**

Appendix58-000200

05/24/00 **Removed and replaced 11 bags.**

08/18/00 **Removed and replaced 136 bags.**

10/06/00 **Removed and replaced 6 bags.**

<u>266.BF1 Dust Collector – Pulse-Aire, Micropul (#3 Ag Mill)</u>

03/01/00 **Removed and replaced all bags, felt gaskets and torque rings (285 units).**

<u>246.BF1 Dust Collector, Pulse-Aire – Micropul (#1 Ag Mill)</u>

03/20/00 **Removed and replaced all bags, gaskets (289 units) and 7 diaphragm kits.**

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 10, 2002

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Portland Lime Plant

Permit #26-1891

The Rivergate Plant was in compliance with Permit #26-1891 conditions for the year 2001.

1. Annual plant production for 2001 was 85,287 tons of Chemical Lime.

2. Annual plant production of Agricultural lime for 2001 was 293,279 tons.

3. Annual quantities and types of fuels for 2001:

On spec Oil (Waste Oil)	593,829 gal
Off spec oil (Mineral oil with trace amounts of PCB)	171,718 gal
Natural Gas/Chemical Lime	55,433 net MMBTU
Natural Gas/Ag-Lime	41,099 net MMBTU
Landfill Gas	340,147 net MMBTU

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL LFG-MMBTU	CHEMICAL GAS-MMBTU	CHEMICAL OIL-GALLONS	AG-LIME GAS-MMBTU
JANUARY	38,260	-	(2,949)	1,198
FEBRUARY	32,355	3,629	164,721	2,259
MARCH	34,808	6,155	151,485	2,589
APRIL	31,197	14,130	100,625	4,182
MAY	28,281	1,909	64,162	3,703
JUNE	27,633	14,058	93,346	2,572
JULY	29,631	2,174	46,426	3,167
AUGUST	26,446	-	54,654	4,107
SEPTEMBER	28,738	-	42,993	7,049
OCTOBER	3,609	13,378	26,824	4,855
NOVEMBER	27,603	-	26,824	**2,691**
DECEMBER	31,586	-	41,912	**2,727**
TOTAL	340,147	55,433	811,022	41,099

CHEMICAL AND AG-LIME PRODUCED

MONTH	QUICKLIME	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	6,892	510	1,489	9,397	279
FEBRUARY	9,066	618	3,545	13,027	1,597
MARCH	10,298	655	9,152	10,276	3,429
APRIL	9,780	616	9,947	14,975	3,052
MAY	4,602	507	10,008	14,765	3,172
JUNE	8,716	971	4,621	16,343	910
JULY	5,885	1,503	3,825	16,348	497
AUGUST	5,507	1,638	7,524	17,907	1,829
SEPTEMBER	5,952	1,635	26,575	13,599	5,535
OCTOBER	6,804	540	17,039	19,052	4,396
NOVEMBER	**4,413**	-	**3,326**	**13,550**	**1,211**
DECEMBER	**5,822**		**1,837**	**9,796**	**6**
TOTAL	83,737	9,193	98,888	169,035	25,913

DAYS OPERATED

THIS FACILITY OPERATES 24 HOURS/DAY, 7 DAYS/WEEK, 52 WEEKS/YEAR, 8760 HOURS/YEAR.

ACTUAL DAYS OPERATED

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	MILL #4	HYDRATOR
JANUARY	30.63	30.90	0.00	7.21	0.00	7.38	7.83	4.13
FEBRUARY	22.33	27.84	22.19	12.83	0.33	12.00	13.25	6.38
MARCH	24.54	22.68	25.66	8.63	0.83	12.54	15.88	6.04
APRIL	27.48	22.24	29.29	16.67	16.38	14.58	13.42	5.38
MAY	11.59	24.66	10.01	17.08	18.96	4.33	17.96	7.42
JUNE	28.32	28.48	20.29	14.70	15.54	15.64	15.14	13.49
JULY	6.15	4.92	28.73	12.00	13.33	13.00	14.13	17.33
AUGUST	0.00	2.69	30.69	17.75	18.33	12.17	18.67	17.38
SEPTEMBER	0.00	25.27	23.33	24.83	23.13	24.67	24.75	14.38
OCTOBER	9.45	13.58	29.94	21.46	23.79	22.67	23.21	6.29
NOVEMBER	**13.53**	**0.00**	**17.17**	**14.38**	**14.96**	**15.08**	**7.25**	**0.00**
DECEMBER	**11.73**	**0.00**	**30.26**	**9.00**	**14.58**	**14.42**	**0.00**	**0.00**
TOTAL	185.75	203.26	267.56	176.53	160.15	168.48	171.48	98.20

Ash Grove Cement Company
2001

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	36,364	36,108	25,307	36,142	50,400	37,696	36,149	25,491	34,494	50,716	36,287	34,258	439,412
Dolomitic Rock Received	1,002	1,597	3,429	4,736	5,365	3,809	3,521	3,419	2,537	4,163	1,737	2,530	37,845
Kiln #1 Production	3,446	2,118	2,564	2,481	948	2,535	528	-	-	775	1,245	945	17,585
Kiln #2 Production	3,446	2,744	2,369	2,008	2,016	2,549	422	228	2,091	1,115	-	-	18,988
Kiln #3 Production	-	4,204	5,365	5,290	1,637	3,632	4,935	5,216	3,861	4,914	3,168	4,877	47,099
Tons of Quicklime Produced	6,892	9,045	10,298	9,779	4,601	8,716	5,885	5,507	5,952	6,804	4,413	5,822	83,714
Tons Of Hydrate Produced	510	618	655	616	507	971	1,503	1,638	1,635	540	-	48	9,241
Tons of Tailings (Ag Special)	43	73	73	58	97	129	184	146	117	34	-	-	954
Tons of Ag	1,489	3,545	9,152	9,947	10,008	4,621	3,825	7,524	26,575	17,039	3,326	1,837	98,888
Tons of Flour	9,397	13,027	10,276	14,975	14,765	16,363	16,348	17,907	13,599	19,052	13,550	9,796	169,055
Tons of Dolomite, Ground	279	1,597	2,852	3,052	3,172	910	497	1,829	5,535	4,396	1,211	6	25,336
Tons of Ground Product	11,165	18,169	22,280	27,974	27,945	21,894	20,670	27,260	45,709	40,487	18,087	11,639	293,279
Permit													
TSP Fugitive	1.18	1.17	0.85	1.21	1.67	1.25	1.20	0.86	1.13	1.67	1.18	1.13	14.50
TSP Non Fugitive	1.93	2.64	4.28	4.33	2.83	3.99	3.74	4.06	4.96	4.10	1.95	2.23	41.07
TSP Total	3.11	3.82	5.13	5.54	4.51	5.24	4.94	4.92	6.09	5.77	3.13	3.35	55.56
SO2	3.09	4.07	4.63	4.41	2.11	3.92	2.66	2.48	2.74	3.11	2.00	2.62	37.85
NOX	1.75	2.65	4.04	3.92	1.82	3.51	2.16	1.93	2.11	2.64	1.92	2.22	30.67
CO	1.81	3.36	3.97	3.88	1.79	3.19	2.77	2.80	2.81	3.20	1.99	2.65	34.22
VOC	0.21	0.22	0.13	0.15	0.11	0.11	0.11	0.13	0.18	0.18	0.09	0.09	1.71
Kiln #1 Production	50%	23%	25%	25%	21%	29%	9%	0%	0%	11%	28%	16%	21%
Kiln #2 Production	50%	30%	23%	21%	44%	29%	7%	4%	35%	16%	0%	0%	23%
Kiln #3 Production	0%	46%	52%	54%	36%	42%	84%	95%	65%	72%	72%	84%	56%
Kiln #1													
TSP Fugitive	0.59	0.27	0.21	0.31	0.35	0.36	0.11	0.00	0.00	0.19	0.33	0.18	2.90
TSP Non Fugitive	0.97	0.62	1.07	1.10	0.58	1.16	0.34	0.00	0.00	0.47	0.55	0.36	7.21
TSP Total	1.55	0.89	1.28	1.41	0.93	1.53	0.44	0.00	0.00	0.66	0.88	0.54	10.12
SO2	1.55	0.95	1.15	1.12	0.43	1.14	0.24	0.00	0.00	0.35	0.56	0.42	7.93
NOX	0.87	0.62	1.01	1.00	0.38	1.02	0.19	0.00	0.00	0.30	0.54	0.36	6.29
CO	0.90	0.79	0.99	0.99	0.37	0.93	0.25	0.00	0.00	0.36	0.56	0.43	6.56
VOC	0.10	0.05	0.03	0.04	0.02	0.03	0.01	0.00	0.00	0.02	0.03	0.01	0.35
Kiln #2													
TSP Fugitive	0.59	0.36	0.20	0.25	0.73	0.37	0.09	0.04	0.40	0.27	0.00	0.00	3.28
TSP Non Fugitive	0.97	0.80	0.99	0.89	1.24	1.17	0.27	0.17	1.74	0.67	0.00	0.00	8.90
TSP Total	1.55	1.16	1.18	1.14	1.97	1.53	0.35	0.20	2.14	0.95	0.00	0.00	12.18
SO2	1.55	1.24	1.06	0.91	0.92	1.15	0.19	0.10	0.96	0.51	0.00	0.00	8.59
NOX	0.87	0.80	0.93	0.81	0.80	1.03	0.15	0.08	0.74	0.43	0.00	0.00	6.65
CO	0.90	1.02	0.91	0.80	0.79	0.93	0.20	0.12	0.99	0.53	0.00	0.00	7.18
VOC	0.10	0.07	0.03	0.03	0.05	0.03	0.01	0.01	0.06	0.03	0.00	0.00	0.42
Kiln #3													
TSP Fugitive	0.00	0.55	0.44	0.66	0.60	0.52	1.00	0.81	0.73	1.21	0.85	0.94	8.31
TSP Non Fugitive	0.00	1.23	2.23	2.34	1.01	1.66	3.14	3.85	3.22	2.96	1.40	1.87	24.91
TSP Total	0.00	1.77	2.67	3.00	1.60	2.19	4.14	4.66	3.95	4.17	2.25	2.81	33.22
SO2	0.00	1.89	2.41	2.39	0.75	1.64	2.23	2.35	1.78	2.25	1.44	2.19	21.31
NOX	0.00	1.23	2.10	2.12	0.65	1.46	1.81	1.83	1.37	1.91	1.38	1.86	17.72
CO	0.00	1.56	2.07	2.10	0.64	1.33	2.32	2.65	1.83	2.31	1.43	2.22	20.45
VOC	0.00	0.10	0.07	0.08	0.04	0.05	0.10	0.13	0.12	0.13	0.06	0.07	0.94

ASH GROVE CEMENT COMPANY

ASH GROVE

PORTLAND OREGON - RIVERGATE LAB

2001

AS - BURNED QUARTERLY OIL SAMPLE

01/25/01	130	3.81	ND	19200	4.34	ND	5.50	7.80	0.29
04/09/01	910	ND	ND	16800	ND	ND	4.81	52.00	0.39
07/13/01	510	ND	ND	18100	ND	ND	2.06	11.50	0.70
10/03/01	210	10.00	ND	19200	ND	1.27	0.92	10.30	0.22
	260	3.45		18325	1.09	0.32	3.32	20.40	0.40

Changes in Plant Operations

Changes in plant processes or production in 2001 that would effect air contaminant emissions:

1. **The installation of a new 12-ton/hr Cimprogetti hydrator. Although possible production throughput increased 3 times, net emissions from the new hydrator was reduced by replacing the existing wet scrubber with a pulse jet baghouse.**

2. **The installation of a new dust collection system for the hydrate load out.**

2001 Maintenance to Air Contaminant Controls

418.BF1 Dust Collector, Kiln #1, Western Precipitator

01/11/2001 Removed and replaced 18 bags.

02/16/2001 Removed and replaced 2 bags.

02/21/2001 Removed and replaced 4 bags.

03/07/2001 Removed and replaced 4 bags.

04/03/2001 Removed and replaced 9 bags.

05/11/2001 Removed and replaced 320 bags.

08/07/2001 Removed and replaced 1 bag.

11/06/2001 Removed and replaced 105 bags.

11/15/2001 Removed and replaced 20 bags.

438.BF1 Dust Collector, Kiln #3, Fuller, Plenum Pulse

02/05/2001 Removed and replaced 6 bags.

02/16/2001 Removed and replaced 16 bags.

02/22/2001 Removed and replaced 110 bags.

04/20/2001 Removed and replaced 9 bags.

07/13/2001 Removed and replaced 4 bags.

07/31/2001 Removed and replaced 6 bags.

08/10/2001 Removed and replaced 200 bags and 2 pop-it valve cylinders.

11/16/2001 Removed and replaced 36 bags.

12/03/2001 Removed and replaced all bags (768).

436.BF2 Dust Collector, Standard Havens, Kiln #3 Discharge Scrapper

03/02/2001 Removed and replaced 8 bags.

04/25/2001 **Removed and replaced 1 bag and 4 diaphrams.**

11/15/2001 **Removed and replaced 86 bags and 6 cages.**

640.BF1 Dust Collector, Rees, Large, Pebble Bulk P & L

03/21/2001 **Removed and replaced 320 bags.**

520.BF2 Dust Collector, Rees, Hydrator, Large

03/26/2001 **Removed and replaced 320 bags.**

12/11/2001 **Removed and replaced 320 bags.**

428.BF1 Dust Collector, Western Precipitator, #2 Kiln

04/03/2001 **Removed and replaced 5 bags.**

10/23/2001 **Inspect and repair reverse air valves.**

632.BF1 Dust Collector, Ultra Jet – Wheelabrator, Ag Mill Loadout

04/23/2001 **Removed and replaced 56 bags.**

520.BF3 Dust Collector, Rees, Small, Hydrator

12/11/2001 **Removed and replaced all bags (96).**

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 10, 2003

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Ash Grove Cement Company
Rivergate Lime Plant

Permit #26-1891

The Rivergate Plant was in compliance with Permit #26-1891 conditions for the year 2002.

1. Annual plant production for 2002 was 79,244 tons of Chemical Lime.

2. Annual plant production of Agricultural Lime for 2002 was 347,043 tons.

3. Annual quantities and types of fuels for 2002:

On spec Oil (Waste Oil)	1,358,226 gal
Off spec oil (Mineral oil with trace amounts of PCB)	157,744 gal
Natural Gas/Chemical Lime	32,453 net MMBTU
Natural Gas/Ag-Lime	12,967 net MMBTU
Landfill Gas	311,085 net MMBTU

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL LFG-MMBTU	CHEMICAL GAS-MMBTU	CHEMICAL OIL-GALLONS	AG-LIME GAS-MMBTU
JANUARY	25,689	-	46,206	1,762
FEBRUARY	27,095	14,623	27,110	1,200
MARCH	26,386	432	80,824	3,004
APRIL	26,829	2,231	105,868	2,607
MAY	26,365	556	68,860	3,056
JUNE	28,535	12,521	82,169	933
JULY	28,230	887	110,544	405
AUGUST	20,459	-	172,551	3,500
SEPTEMBER	16,397	-	215,794	7,407
OCTOBER	1,679	588	253,228	9,321
NOVEMBER	20,632	39	253,228	5,189
DECEMBER	16,428	1,125	148,360	3,921
TOTAL	264,724	33,002	1,564,743	42,305

CHEMICAL AND AG-LIME PRODUCED

MONTH	QUICKLIME	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	4,175	552	3,176	8,583	655
FEBRUARY	6,501	450	2,599	10,482	1,291
MARCH	5,337	549	3,012	17,151	2,613
APRIL	5,961	1,044	6,958	17,787	3,782
MAY	4,651	839	9,767	18,758	3,656
JUNE	7,952	2,944	3,536	17,737	669
JULY	6,293	2,507	2,261	21,677	1,110
AUGUST	8,274	3,162	13,437	22,383	4,081
SEPTEMBER	6,551	2,929	24,018	20,184	5,836
OCTOBER	8,777	1,770	24,954	23,173	6,056
NOVEMBER	6,501	1,673	4,606	18,228	2,302
DECEMBER	5,385	1,414	2,768	16,994	773
TOTAL	76,358	19,833	101,092	213,137	32,824

DAYS OPERATED

THIS FACILITY OPERATES 24 HOURS/DAY, 7 DAYS/WEEK, 52 WEEKS/YEAR, 8760 HOURS/YEAR.

ACTUAL DAYS OPERATED

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	MILL #4	HYDRATOR
JANUARY	14.65	0.00	16.88	0.95	4.38	6.67	13.38	2.32
FEBRUARY	13.19	14.92	27.17	0.00	4.29	1.96	19.21	1.34
MARCH	16.73	6.36	20.53	10.14	12.54	8.56	19.29	2.13
APRIL	23.68	8.46	22.10	7.00	7.63	19.17	24.71	4.29
MAY	30.52	30.77	0.13	18.50	19.63	17.79	21.25	5.33
JUNE	11.70	29.82	26.30	13.67	10.67	4.92	15.79	16.50
JULY	0.00	18.04	29.04	16.13	15.71	11.71	18.96	14.58
AUGUST	0.00	29.96	29.64	23.86	22.42	21.75	24.01	14.49
SEPTEMBER	0.00	28.01	27.90	28.35	28.01	25.75	28.19	13.38
OCTOBER	24.53	15.80	30.54	30.56	30.45	28.80	28.15	8.39
NOVEMBER	23.46	0.00	27.30	13.79	13.79	15.00	14.25	7.50
DECEMBER	0.00	27.06	21.19	11.96	12.13	16.17	12.38	6.79
TOTAL	158.46	209.20	278.72	174.91	181.62	178.24	239.55	97.03

Production	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02	Jul-02	Aug-02	Sep-02	Oct-02	Nov-02	Dec-02	12 Month Rolling Average
Limestone Received by Barge	12,533	34,533	23,643	22,233	48,633	23,411	36,208	36,255	48,466	70,973	23,950	25,198	**406,036**
Dolomitic Rock Received	2,538	2,060	1,592	2,942	2,496	3,336	3,457	3,063	2,181	3,564	2,993	3,550	**33,772**
Kiln #1 Production	1,264	1,040	1,360	1,849	2,306	988	-	-	-	2,132.00	1,953.00	-	**12,892**
Kiln #2 Production	-	1,176	697	660	2,325	2,520	1,491	2,778	2,189	1,337	-	2,099	**17,272**
Kiln #3 Production	2,912	4,285	3,280	3,452	19	4,444	4,802	5,496	4,361	5,308	4,549	3,286	**46,194**
Tons of Quicklime Produced	4,175	6,501	5,337	5,961	4,651	7,952	6,293	8,274	6,551	8,777	6,501	5,385	**76,358**
Tons Of Hydrate Produced	552	450	549	1,044	839	2,944	2,507	3,162	2,929	1,770	1,673	1,414	**19,833**
Tons of Tailings (Ag Special)	-	-											**0**
Tons of Ag	3,176	2,599	3,012	6,958	9,767	3,536	2,261	13,437	24,018	24,954	4,606	2,768	**101,092**
Tons of Flour	8,583	10,482	17,151	17,787	18,758	17,737	21,677	22,383	20,184	23,176	18,228	16,994	**213,140**
Tons of Dolomite, Ground	655	1,291	2,613	3,782	3,656	669	1,110	4,081	5,836	6,056	2,302	773	**32,824**
Tons of Ground Product	12,414	14,372	22,776	28,527	32,181	21,942	25,048	39,901	50,038	54,186	25,136	20,535	**347,056**

Permit													Actual Plant Emissions	Monthly Maximum	Annual Maximum
TSP Fugitive	0.43	1.13	0.77	0.75	1.58	0.79	1.20	1.20	1.58	2.31	2.31	2.31	**16.36**	-	**26**
TSP Non Fugitive	1.58	1.96	2.18	2.88	2.66	4.32	3.86	5.26	5.22	4.90	4.90	4.90	**44.61**	**15.1**	**64**
TSP Total	2.01	3.09	2.96	3.62	4.25	5.11	5.06	6.45	6.80	7.21	7.21	7.21	**60.97**		**90**
SO2	1.88	2.92	2.42	2.71	2.14	3.58	2.85	3.77	3.02	4.02	4.02	4.02	**37.36**	**13**	**76**
NOX	1.33	2.00	1.72	1.93	1.39	2.43	2.08	2.74	2.32	2.97	2.97	2.97	**26.84**	**5.8**	**50**
CO	1.81	2.71	2.29	2.54	1.49	3.18	2.89	3.69	3.12	3.92	3.92	3.92	**35.48**	**21**	**63**
VOC	0.10	0.14	0.15	0.18	0.21	0.20	0.16	0.24	0.25	0.30	0.30	0.30	**2.55**	**0.9**	**5**

ASH GROVE CEMENT COMPANY

ASH GROVE

PORTLAND OREGON - RIVERGATE LAB

2002

AS - BURNED QUARTERLY OIL SAMPLE

02/11/02	110	12.40	ND	20000	ND	ND	ND	1.53	0.24
04/02/02	1330	ND	69	16000	ND	ND	5.92	21.50	0.67
07/01/02	1000	ND	110	19500	ND	ND	4.77	ND	0.47
12/26/02	670	ND	103	18400	ND	ND	ND	69.50	0.50
	778.00	3.10	71	18475			2.67	23.13	0.47

Changes in Plant Operations

Changes in plant processes or production in 2002 that would effect air contaminant emissions:

1. **The installation of a new dust collection system in the storage department. The installation consists of a new dust collector and fan as well as new ducting and pickup points throughout the department.**

2. **The installation of new load spouts with dust collection systems in the agricultural grinding department.**

EXCESS EMISSIONS LOG
2002

1. January 25, 2002 at approximately 2:00 PM – Excess emissions were reported to Kathy Amidon at the DEQ NW Regional office. The emission occurred at approximately 1:45 pm on this date and extended for approximately 4 minutes. The event occurred in the Kiln Department. The equipment involved was kiln #3. The type of fuel we were working with was waste oil. The oil flow rate was inconsistent and a buildup of material in the lines released and provided excessive oil flow to the kiln. New filter devices have been installed which are working much better. Talked with all kiln personnel and ongoing training is being done along with the upgrade of operating controls and equipment.

2002 Maintenance to Air Contaminant Controls

418.BF1 Dust Collector, Kiln #1, Western Precipitator

02/26/02	**Replace air lines for #4 and #6 cylinders.**
02/26/02	**Repaired dust collector cycling**
04/12/02	**Inspect and repair #6 section. Replace 6 bags.**
04/12/02	**Replace air control valve for #3 section.**
07/30/02	**Changed the baghouse controls over to plc for control room monitoring.**
09/26/02	**Replaced 4 bags #1 section and 7 bags #3 section.**

438.BF1 Dust Collector, Kiln #3, Fuller, Plenum Pulse

05/28/02	**Changed the dust collector controls over to plc for control room monitoring.**
05/30/02	**Replaced one plate and 5 air cylinders.**
05/31/02	**Installed new beck drives with new wiring and programming for operations.**
08/07/02	**Replaced 4 bags.**
09/15/02	**Replaced the cylinder for #6 section.**
11/25/02	**Replaced 4 way solenoid valve.**
12/05/02	**Replaced 13 bags.**

436.BF2 Dust Collector, Standard Havens, Kiln #3 Discharge Scrapper

05/31/02	**Replaced 10 bags and 6 cages.**

520.BF2 Dust Collector, Rees, Hydrator, Large

01/14/02	**Replace solenoid valve.**
02/22/02	**Installed new 3 way valve.**

04/05/02	**Replaced 3 bags in NE section.**
04/19/02	**Replaced 4 bags in Section**
07/12/02	**Replaced motor, shaker assembly, and installed 2 new larger vibrators.**
11/22/02	**Replaced 145 bags.**

428.BF1 Dust Collector, Western Precipitator, #2 Kiln

01/17/02	**Repaired crack in #5 section ducting and inspected all valves and resealed.**
09/11/02	**Removed 103 bags from #3 section and replaced.**
12/04/02	**Changed the dust collector controls over to plc for control room monitoring.**

520.BF3 Dust Collector, Rees, Small, Hydrator

08/16/02	**Replaced one bag in East section and one in the West section.**

Bin Vent Maintenance

12/05/02	**Replaced all filter bags bin #7**
12/05/02	**Replaced all filter bags bin #8**

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 12, 2004

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Ash Grove Cement Company
Rivergate Lime Plant

Permit #26-1891

The Rivergate Plant was in compliance with Permit #26-1891 conditions for the year 2003.

1. Annual plant production for 2003 was 75,902 tons of Chemical Lime.

2. Annual plant production of Agricultural Lime for 2003 was 345,584 tons.

3. Annual quantities and types of fuels for 2003:

On spec Oil (Waste Oil)	2,148,685 gal
Off spec oil (Mineral oil with trace amounts of PCB)	273,243 gal
Natural Gas/Chemical Lime	19,211 net MMBTU
Natural Gas/Ag-Lime	0 net MMBTU
Landfill Gas/Chemical Lime	173,572 net MMBTU
Landfill Gas/Ag-Lime	84,316 net MMBTU

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company

Production	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	12 Month Rolling Average
Limestone Received by Barge	36,002	47,507	25,315	35,965	48,970	23,913	71,479	50,401	49,597	36,081	36,992	36,354	**498,576**
Dolomitic Rock Received	291	2,858	3,278	3,482	4,022	2,664	3,679	3,054	3,264	4,268	1,452	997	**33,309**
Kiln #1 Production	1,492	-	-	-	1,814	1,799	2,072	1,762	1,518	1,565	1,884	2,507	**16,413**
Kiln #2 Production	2,420	406	-	890	2,352	782	89	2,239	417	1,335	942	1,730	**13,602**
Kiln #3 Production	742	4,334	6,399	6,008	5,833	4,037	4,464	4,727	3,334	3,139	1,676	1,196	**45,889**
Tons of Quicklime Produced	4,654	4,740	6,399	6,898	9,998	6,518	6,624	8,728	5,269	6,039	4,502	5,433	**75,902**
Tons Of Hydrate Produced	878	665	1,097	1,732	1,968	2,487	2,075	3,467	2,774	1,942	949	1,155	**21,189**
Tons of Tailings (Ag Special)	-	-	-	-	-	-		-					**0**
Tons of Ag	2,862	2,295	2,731	2,347	8,331	7,319	4,768	11,993	35,512	27,278	9,002	1,711	**116,149**
Tons of Flour	13,872	20,005	20,649	19,034	14,386	18,036	18,152	18,812	16,337	20,209	13,538	9,332	**202,362**
Tons of Dolomite, Ground	291	1,629	1,046	1,294	5,873	1,380	842	3,197	4,584	4,957	1,675	305	**27,073**
Tons of Ground Product	17,025	23,929	24,426	22,675	28,590	26,735	23,762	34,002	56,433	52,444	24,215	11,348	**345,584**

Permit													Actual Plant Emissions	Monthly Maximum	Annual Maximum
TSP Fugitive	1.16	1.55	0.85	1.19	1.61	0.80	2.33	1.65	1.62	1.20	1.20	1.17	**16.34**	-	**26**
TSP Non Fugitive	2.08	2.22	2.82	3.29	4.20	3.96	3.54	5.31	5.16	4.51	2.40	2.18	**41.68**	**15.1**	**64**
TSP Total	3.24	3.77	3.67	4.48	5.82	4.76	5.87	6.96	6.78	5.72	3.60	3.35	**58.02**		**90**
SO2	2.11	2.16	2.90	3.12	4.51	3.00	3.00	3.96	2.46	2.80	2.05	2.44	**34.50**	**13**	**76**
NOX	1.32	1.67	2.22	2.30	3.08	2.12	2.13	2.74	1.99	2.13	1.41	1.49	**24.60**	**5.8**	**50**
CO	1.49	2.39	3.27	3.28	4.07	2.81	2.88	3.56	2.64	2.74	1.74	1.72	**32.60**	**21**	**63**
VOC	0.16	0.13	0.14	0.15	0.25	0.19	0.17	0.25	0.25	0.26	0.16	0.15	**2.25**	**0.9**	**5**

FUEL USED TO PRODUCE CHEMICAL LIME AND AG-LIME

MONTH	CHEMICAL LFG-MMBTU	CHEMICAL GAS-MMBTU	CHEMICAL OIL-GALLONS	AG-LIME GAS-MMBTU	AG LIME LFG - MMBTU
JANUARY	17,379	1,816	86,243	-	4,148
FEBRUARY	14,526	-	112,007		5,839
MARCH	15,585	-	129,250		5,960
APRIL	17,270	732	151,941		5,533
MAY	16,481	1,845	334,713		6,976
JUNE	12,789	1,979	252,941		6,523
JULY	15,308	400	281,537		5,798
AUGUST	12,135	3,352	284,434		8,296
SEPTEMBER	8,400	157	193,875		13,770
OCTOBER	9,045	7,363	256,294		12,796
NOVEMBER	13,728	27	202,051		5,908
DECEMBER	20,926	1,540	136,640		2,769
TOTAL	173,572	19,211	2,421,926	-	84,316

CHEMICAL AND AG-LIME PRODUCED

MONTH	QUICKLIME	HYDRATE	AG-LIME	FLOUR	DOLOMITE
JANUARY	4,654	878	2,862	13,872	291
FEBRUARY	4,740	665	2,295	20,005	1,629
MARCH	6,399	1,097	2,731	20,649	1,046
APRIL	6,898	1,732	2,347	19,034	1,294
MAY	9,998	1,968	8,331	14,386	5,873
JUNE	6,618	2,487	7,319	18,036	1,380
JULY	6,624	2,075	4,768	18,152	842
AUGUST	8,728	3,467	11,993	18,812	3,197
SEPTEMBER	5,269	2,774	35,512	16,337	4,584
OCTOBER	6,039	1,942	27,278	20,209	4,957
NOVEMBER	4,502	949	9,002	13,538	1,675
DECEMBER	5,434	1,155	1,711	9,332	305
TOTAL	75,903	21,189	116,149	202,362	27,073

ACTUAL DAYS OPERATED

MONTH	KILN #1	KILN #2	KILN #3	MILL #1	MILL #2	MILL #3	MILL #4	HYDRATOR
JANUARY	15.79	25.61	3.93	15.63	14.38	12.33	4.04	4.29
FEBRUARY	0.00	4.42	23.59	21.54	21.58	21.38	0.00	3.29
MARCH	0.00	0.00	29.64	20.84	20.34	21.31	3.92	5.76
APRIL	0.00	8.38	28.27	2.75	15.38	15.54	15.83	8.67
MAY	19.22	24.91	30.90	0.00	21.17	20.88	19.83	10.00
JUNE	25.17	10.94	28.23	0.00	20.38	20.58	19.88	14.79
JULY	28.00	1.20	30.16	7.79	15.42	16.13	15.79	10.67
AUGUST	22.93	29.13	30.75	19.04	21.04	20.88	20.96	15.29
SEPTEMBER	24.05	6.60	26.42	18.79	24.96	23.83	24.71	11.38
OCTOBER	30.57	26.08	30.67	23.83	24.88	23.75	24.75	7.25
NOVEMBER	28.39	14.19	24.52	11.04	12.81	5.21	15.84	5.25
DECEMBER	30.22	20.85	7.21	0.00	8.17	8.24	9.26	5.83
TOTAL	224.34	172.31	294.29	141.25	220.49	210.05	174.81	102.47

ASH GROVE CEMENT COMPANY

ASH GROVE

PORTLAND OREGON - RIVERGATE LAB

RIVERGATE ENVIRONMENTAL STUDIES

2003 AS - BURNED QUARTERLY OIL SAMPLE

02/03/03	0	ND	124	20800	ND	ND	ND	27.50	0.47
04/04/03	328	ND	90	20800	ND	ND	ND	29.70	0.52
07/23/03	243	ND	123	18200	1.47	ND	4.92	20.20	0.36
10/15/03	177	ND	87	7770	ND	ND	ND	17.50	0.45
	286.00	ND	106	16893	0.37	ND	1.23	23.73	0.45

Changes in Plant Operations

Changes in plant processes or production in 2003 that would effect air contaminant emissions:

1. A new 500-ton storage silo was installed during the 2003 calendar year. The silo is equipped with a Torit 16PJD8 Pulse Jet baghouse.

2003 Maintenance to Air Contaminant Controls

266.BF1Dust Collector, Micropul, Jet Pulse, Ag Mill #3

05/23/03	Replaced diaphragms in #4 and #7 sections.

276.BF1 Dust Collector, Micropul, Jet Pulse, Ag Mill #4

03/24/03	Replaced all bags.

418.BF1 Dust Collector, Kiln #1, Western Precipitator

01/15/03	Replace 18 bags in section #1.
08/08/03	Replaced 21 bags in multiple sections.
08/11/03	Replaced 18 bags in section #1, and 4 bags in section #4.
09/03/03	Replaced 35 bags in sections #1, 3, 4, and 6.
10/16/03	Replaced 16 bags in section #3 and 16 bags in section #4.
12/16/03	Replaced 15 bags section #4, 15 bags section#5, 9 bags section #2, and 11 bags in section #1.

438.BF1 Dust Collector, Kiln #3, Fuller, Plenum Pulse

02/03/03	Replaced 1 bag section 1, 10 bags section #5, and 6 bags section #6.
04/09/03	Replaced all bags in section #6 (96), and 7 bags section #3.
04/21/03	Replaced 7 bags in section #1.
05/12/03	Replaced 14 bags section #3.
06/02/03	Made and installed new popit plate.
08/12/03	Replaced all bags in section #5, #6, #7, and #8.
10/28/03	Replaced all bags in section #1, 18 bags in section #2 , and 16 bags in section #3.

520.BF2 Dust Collector, Rees, Hydrator, Large

07/16/03	**Replaced all bags in the SW section and 20 bags in the SE section.**
11/06/03	**Replaced 45 bags.**
11/17/03	**Replaced 25 bags.**
12/18/03	**Replaced 40 bags.**
10/16/03	**Replaced 40 bags.**

Changes in Plant Operations

Changes in plant processes or production in 2003 that would effect air contaminant emissions:

1. A new 500-ton storage silo was installed during the 2003 calendar year. The silo is equipped with a Torit 16PJD8 Pulse Jet baghouse.

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 28, 2005

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Ash Grove Cement Company
Rivergate Lime Plant

Permit #26-1891

The Rivergate Plant was in compliance with Permit #26-1891 conditions for the year 2004.

1. Annual plant production for 2004 was 67,891 tons of Chemical Lime.

2. Annual plant production of Agricultural Lime for 2004 was 413,552 tons.

3. Annual quantities and types of fuels for 2004:

Used Oil	2,289,739 gal
Natural Gas/Chemical Lime	14,972 net MMBTU
Natural Gas/Ag-Lime	7,164 net MMBTU
Landfill Gas/Chemical Lime	134,846 net MMBTU
Landfill Gas/Ag-Lime	93,743 net MMBTU

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company

Production	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	12 Month Rolling Average	
Material Received by Barge	23,596	36,426	23,720	49,235	50,029	23,958	47,570	56,988	61,873	58,815	44,699	23,877	**500,786**	
Material Received by Rail	243	1,270	470	1,701	1,497	2,299	2,939	2,026	171	-	1,314	1,892	**15,822**	
Kiln #1 Production	2,340	1,249	1,314	1,721	2,217	639	1,040	1,638	1,797	2,257	1,345	-	**17,557**	
Kiln #2 Production	1,721	-	-	-	1,248	2,141	2,098	949	909	-	-	-	**9,066**	
Kiln #3 Production	1,689	4,270	4,406	3,914	2,265	3,527	1,883	3,784	3,819	4,837	4,183	2,691	**41,268**	
Tons of Quicklime Produced	5,750	5,519	5,720	5,635	5,730	6,307	5,021	6,371	6,525	7,094	5,528	2,691	**67,891**	
Tons Of Hydrate Produced	730	1,081	842	1,250	1,925	2,266	2,646	2,739	2,481	2,213	892	1,081	**20,146**	
Tons of Tailings (Ag Special)	-	-	-	-	-	-	-	-	-	-	-	-	**0**	
Tons of Ag	1,481	2,601	5,685	12,142	8,497	5,489	4,016	23,635	39,717	21,326	7,110	3,266	**134,965**	
Tons of Flour	9,659	17,461	22,123	21,718	21,152	23,505	22,358	24,918	21,454	22,439	19,386	14,189	**240,362**	
Tons of Dolomite, Ground	150	1,379	4,115	3,698	2,340	1,070	734	2,965	11,316	6,994	2,940	524	**38,225**	
Tons of Ground Product	11,290	21,441	31,923	37,558	31,989	30,064	27,108	51,518	72,487	50,759	29,436	17,979	**413,552**	
Gallons of Oil Used	181,044	142,897	147,441	232,419	168,375	196,025	128,128	286,516	289,299	235,073	192,249	90,273	**2,289,739**	

Permit													Actual Plant Emissions	PSEL Annual Maximum
PM (Material Handling/Sizing)	0.76	1.18	0.76	1.60	1.62	0.79	1.56	1.85	1.98	1.88	1.45	0.79	**16.21**	
PM (Production)	1.59	2.06	2.45	2.78	2.76	2.87	2.65	3.88	4.68	3.82	2.33	1.46	**33.32**	
TSP Total	2.35	3.24	3.21	4.37	4.38	3.66	4.20	5.73	6.66	5.70	3.78	2.25	**49.53**	98
PM_{10} (Material Handling/Sizing)	0.28	0.44	0.29	0.60	0.61	0.30	0.58	0.69	0.74	0.71	0.54	0.30	**6.08**	
PM_{10} (Production)	0.88	1.14	1.35	1.54	1.53	1.59	1.46	2.15	2.59	2.11	1.29	0.81	**18.44**	
PM_{10} Total	1.16	1.58	1.64	2.14	2.13	1.88	2.05	2.84	3.34	2.82	1.83	1.11	**24.52**	48
SO2	2.58	2.50	2.61	2.59	2.62	2.87	2.29	2.94	3.06	3.26	2.52	1.24	**31.08**	73
NOX	1.60	1.83	1.97	1.97	1.82	2.03	1.58	2.25	2.47	2.50	1.89	1.00	**22.90**	50
CO	1.96	2.63	2.87	2.82	2.39	2.79	2.06	3.19	3.55	3.59	2.74	1.53	**32.12**	66
VOC	0.19	0.22	0.29	0.33	0.32	0.30	0.28	0.44	0.58	0.44	0.27	0.15	**3.81**	7
Individual HAP	0.11	0.09	0.09	0.14	0.10	0.12	0.08	0.18	0.18	0.15	0.12	0.06	**1.42**	9
Aggregate HAP	0.15	0.12	0.13	0.20	0.14	0.17	0.11	0.24	0.25	0.20	0.16	0.08	**1.96**	24

Annual Report

Permanent changes made in plant process, production levels, and pollution control equipment that affected air contaminant emissions:

1. The dust collection system in the Hydrate/Warehouse Department was upgraded. This upgrade included the installation of two new pulse jet baghouses and replacing the ducting and pickup points.

2. The kiln #3 baghouse was converted to a pulse jet baghouse. This project included replacing all the tube sheets and raising the tube sheets two feet to replace the eight-foot bags with ten-foot bags. Fan capacity remained the same.

Summary of complaints relating to air quality received by permittee during the year:

There were no complaints received by the permittee during the year.

Major maintenance performed on pollution control equipment:

Dust Collector, (peb storage) Micropul,

Installed 320 new bags.

Dust Collector, (#3 Ag Mill, Pulse-aire, Micropul,

Replaced all bags and felt rings.

Dust Collector, Western Precipitator, (#1 Kiln),

Replace all bags.
Replace 20 bags #3 section.
Replaced 8 bags Section #5.
Replaced 115 bags sections #1 and #3.

Dust Collector, Western Precipitator, (#2 Kiln),

Inspected and replaced 13 bags.

Dust Collector, Fuller, Plenum Pulse, (#3 Kiln),

Replace all bags and cages.
Replaced all bags in section 2 & 3, 192 bags total.
Replaced all bags in section #4.

Dust Collector, IAC Scale Loadout,

Replaced all 16 pleated bags.
Replace all bags.

Dust Collector, Hydrate Large, Rees

Changed out 20 bags.
Inspected and replaced 90 bags.

Silo Filter #3 kiln dust tank dust collector, Industrial Accessories,

Replaced all 25 bags and one cage.

Dust Collector, Hydrate Small, Rees,

Replaced 96 bags.
Replaced 30 bags

Dust Collector, Hydrate/Quicklime feed bin/pebble silo, Cyclonaire,

Replace all 8 bags.
Replaced 141 bags in multiple sections

Dust Collector, BHA, Top Hydrate Bin,

Replace 16 bags and rings.

– AQ UPSET LOG and EXCESS EMISSIONS REPORT–

(Pursuant to Excess Emission Rules OAR 340-214-0300 through 0360)

State of Oregon Department of Environmental

INSTRUCTIONS: Complete one form for the whole facility.

Facility Name: Ash Grove Cement Company **Permit Number:** 26-1891

The Department will determine if Enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to this form.

DATE AND TIME REPORTED TO DEQ: March 15, 2004 8:30 AM

EMISSIONS PROBLEM: Bringing up kiln #1 into production – kiln fuel was inconsistent resulting in ups and downs in flow. Supervisor shut kiln down.

___ **EXCESS EMISSIONS COULD ENDANGER PUBLIC HEALTH (Required To Notify DEQ Immediately - Including Title V Sources)**

_X_ **NO DANGER (Enter in log; Report to DEQ Within 15 Days of Event, if required by the permit or requested by the Department)**

___ **PLANNED EXCESS EMISSION (Anticipated) Date of DEQ Approval:**

_X_ **UNPLANNED UPSET**

TIME EXCESS EMISSION OR UPSET BEGAN:

TIME UPSET REPORTED: March 15, 2004 8:30 AM

Name of DEQ person contacted: Kathy Amidon

CAUSE:
(Check where appropriate)
_X_ **Process Startup/Shutdown**
___ **Scheduled Maintenance**
___ **Process Problem**
_X_ **Fuel Problem**
___ **Other Known Problem**
___ **Unknown at this time**

340-214-0350(3)(b) EQUIPMENT INVOLVED:
Kiln #1 Baghouse was the source for the excess emissions.

___ **See Attached**

340-214-0350(3)(a) DURATION OR ESTIMATED TIME UNTIL RETURN TO NORMAL OPERATION:
Intermittent emissions observed over a period of 30 minutes.

340-214-0350(3)(c) DESCRIBE STEPS TAKEN TO MITIGATE EMISSIONS AND CORRECTIVE ACTIONS TAKEN:

Measures taken to prevent reoccurrence: Upon observation of excess emissions the operator contacted a supervisor who instructed the operator to shutdown the kiln pending review and corrective action.

___ **See Attached**

340-214-0350(3)(d) MAGNITUDE AND DURATION OF INCREASED EMISSIONS OVER NORMAL RATES:
50% opacity at intermittent bursts for a maximum of 30 minutes.

Based on continuous monitoring data or estimate? (Show calculation factor and equations.)

___ **See Attached**

340-214-0350(4) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:
Sent helper to baghouse to evaluate operating/cleaning mechanisms – troubleshoot.

___ **See Attached**

340-214-0350(6)(a) DESCRIBE HOW PROCESS OR HANDLING EQUIPMENT AND POLLUTION CONTROL EQUIPMENT WERE MAINTAINED AND OPERATED IN A MANNER CONSISTENT WITH GOOD PRACTICE FOR MINIMIZING EMISSIONS:
Good preventative maintenance program. All plant emissions sources are listed as criticality one (top priority equipment)

___ **See Attached**

340-214-0350(6)(b) DESCRIBE HOW REPAIRS OR CORRECTIONS WERE MADE IN A TIMELY MANNER. INDICATE IF OVERTIME LABOR OR CONTRACT LABOR/EQUIPMENT WAS USED TO REDUCE THE AMOUNT AND DURATION OF EXCESS EMISSIONS:
Kiln was shut down to eliminate emissions. Maintenance implemented necessary repairs, (bag replacements)

___ **See Attached**

340-214-0350(6)(c) HAS THERE BEEN PREVIOUS EXCESS EMISSIONS OF THIS KIND? IF SO, BRIEFLY DESCRIBE THE CAUSE OF THESE EVENTS:
Occasionally, Unplanned, breach of fabric bags.

___ **See Attached**

OPERATOR(S) ON DUTY:

REPORT COMPLETED BY:
Glenn F. Dollar

When require by a permit or requested by the Department, Excess Emissions Reports must be submitted to the Department within 15 days of the date of the event (OAR 340-214-0340), unless another time period is specified by a permit condition. Excess emissions that are an emergency condition or that could endanger public health must be reported immediately. An upset log must be kept of all planned and unplanned excess emissions in accordance with OAR 340-214-0340(3). A copy of the upset log must be submitted to the Department along with the Annual Report.

rev 3/19/02

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 25, 2006

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Ash Grove Cement Company
Rivergate Lime Plant

Permit #26-1891

The Rivergate Lime Plant was in compliance with Permit #26-1891 conditions for the year 2005.

1. Annual plant production for 2005 was 57,969 tons of Chemical Lime.
2. Annual plant production of Ground Product for 2005 was 456,574 tons.
3. Annual plant production of Hydrated Lime for 2005 was 15,567 tons.
4. Annual quantities and types of fuels for 2005:

Used Oil	2,081,568 gal
Natural Gas/Chemical Lime	35,123 net MMBTU
Natural Gas/Ag-Lime	10,881 net MMBTU
Landfill Gas/Chemical Lime	91,846 net MMBTU
Landfill Gas/Ag-Lime	98,628 net MMBTU

Annual Report

This facility did not have any permanent changes made in plant process, production levels, or pollution control equipment that affected air contaminant emissions during 2005.

Summary of complaints relating to air quality received by permittee during the year:

There were no complaints received by the permittee during the year.

Major maintenance performed on pollution control equipment:

Dust Collector, Western Precipitator, (#2 Kiln),

02/02/05 Checked Operation and replaced 5 bags.

Dust Collector, Standard Havens, Delta Mark 1, Kiln #3, Discharge Scraper:

02/02/05 Gutted bags and replaced 13 cages and repaired 11 cages.

07/27/05 Replaced 2 bags and cages, cleaned/vacuumed out unit.

Dust Collector, IAC Scale Load out, Ag Flour:

8/25/05 Replaced all 25 pleated bags.

Dust Collector, IAC Ag Scale Load out:

10/07/05 Replaced all 16 bags

05/06/05 Replaced all 16 pleated bags

Production	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	12 Month Rolling Average
Material Received by Barge	50,782	36,547	45,176	36,690	36,763	58,546	49,476	61,352	71,416	50,864	23,890	36,454	557,956
Material Received by Rail	822	1,113	1,307	1,041	422	260	-	-	-		-	-	4,964
Kiln #1 Production	-	-	-	-	-	-	-	-		-	-	-	0
Kiln #2 Production	1,599	1,327	2,910	2,290	1,375	2,155	2,512	1,393	388	-	792	611	17,352
Kiln #3 Production	3,725	2,704	2,217	2,449	3,492	4,295	1,039	4,122	3,966	4,668	3,903	4,037	40,617
Tons of Quicklime Produced	5,324	4,031	5,127	4,739	4,867	6,450	3,551	5,515	4,354	4,668	4,695	4,648	57,969
Tons Of Hydrate Produced	924	847	1,122	1,189	1,120	1,297	1,389	1,915	2,269	1,564	929	1,002	15,567
Tons of Tailings (Ag Special)	-	-	-	-	-	-	-	-	-				0
Tons of Ag	2,056	4,371	10,400	6,797	7,222	7,541	4,747	24,350	44,537	28,530	6,829	4,825	152,205
Tons of Flour	19,402	21,034	26,915	22,890	22,729	24,629	22,584	24,729	19,934	21,610	16,969	17,465	260,890
Tons of Dolomite, Ground	902	1,597	4,345	990	1,521	1,097	5,804	6,301	10,873	5,796	3,096	1,157	43,479
Tons of Ground Product	22,360	27,002	41,660	30,677	31,472	33,267	33,135	55,380	75,344	55,936	26,894	23,447	456,574
Gallons of Oil Used	192,446	116,157	157,038	219,949	133,065	241,947	98,980	252,125	229,991	150,473	67,414	221,983	2,081,568

Permit													Actual Plant Emissions	PSEL Annual Maximum
PM (Material Handling/Sizing)	1.63	1.18	1.46	1.19	1.18	1.88	1.58	1.96	2.29	1.63	0.76	1.17	17.91	
PM (Production)	2.02	1.98	2.83	2.34	2.37	2.75	2.30	3.67	4.39	3.45	2.11	1.98	32.18	
Kiln #3 PSD PM	0.60	0.44	0.36	0.39	0.56	0.69	0.17	0.66	0.64	0.75	0.63	0.65	6.54	37.8
TSP Total	3.66	3.16	4.29	3.52	3.55	4.63	3.89	5.63	6.67	5.08	2.87	3.15	50.09	98
PM_{10} (Material Handling/Sizing)	0.61	0.44	0.55	0.44	0.44	0.70	0.59	0.74	0.86	0.61	0.29	0.44	6.72	
PM_{10} (Production)	1.12	1.10	1.56	1.29	1.31	1.52	1.28	2.03	2.43	1.91	1.16	1.09	17.82	
PM_{10} Total	1.73	1.54	2.11	1.74	1.76	2.22	1.87	2.77	3.29	2.52	1.45	1.53	24.53	48
SO2	2.42	1.85	2.37	2.17	2.23	2.94	1.65	2.57	2.10	2.19	2.15	2.12	26.76	73
Kiln #3 PSD SO2	1.66	1.20	0.99	1.09	1.55	1.91	0.46	1.83	1.76	2.08	1.74	1.80	18.07	32.9
NOX	1.75	1.40	1.75	1.58	1.70	2.15	1.21	2.10	1.98	1.95	1.65	1.62	20.84	50
CO	2.48	2.00	2.38	2.17	2.45	3.05	1.60	3.11	3.09	3.03	2.43	2.40	30.19	66
VOC	0.22	0.24	0.37	0.28	0.28	0.32	0.29	0.44	0.55	0.42	0.24	0.21	3.85	7
Individual HAP	0.12	0.07	0.10	0.14	0.08	0.15	0.06	0.16	0.14	0.09	0.04	0.14	1.29	9
Aggregate HAP	0.16	0.10	0.13	0.19	0.11	0.21	0.08	0.22	0.20	0.13	0.06	0.19	1.78	24

– AQ UPSET LOG and EXCESS EMISSIONS REPORT–

(Pursuant to Excess Emission Rules OAR 340-214-0300 through 0360)

State of Oregon Department of Environmental

INSTRUCTIONS: Complete one form for the whole facility.

Facility Name: Ash Grove Cement Company **Permit Number:** 26-1891

The Department will determine if Enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to this form.

DATE AND TIME REPORTED TO DEQ: March 16, 2005 7:30 AM

EMISSIONS PROBLEM: The kiln department was experiencing problems with oil flow and were working to repair the problem. When a bottleneck in fuel flow was removed the subsequent increased flow resulted in an emission that extended for approximately one minute and then was brought under control by kiln operations.

___ **EXCESS EMISSIONS COULD ENDANGER PUBLIC HEALTH (Required To Notify DEQ Immediately - Including Title V Sources)**

_X_ **NO DANGER (Enter in log; Report to DEQ Within 15 Days of Event, if required by the permit or requested by the Department)**

___ **PLANNED EXCESS EMISSION (Anticipated) Date of DEQ Approval:**

_X_ **UNPLANNED UPSET**

TIME EXCESS EMISSION OR UPSET BEGAN: 5:50 PM **TIME UPSET REPORTED:** March 16, 2005 7:30 AM

Name of DEQ person contacted: Kathy Amidon

CAUSE:
(Check where appropriate)
___ **Process Startup/Shutdown**
___ **Scheduled Maintenance**
___ **Process Problem**
_X_ **Fuel Problem**
___ **Other Known Problem**
___ **Unknown at this time**

340-214-0350(3)(b) EQUIPMENT INVOLVED:
Kiln #2

___ **See Attached**

340-214-0350(3)(a) DURATION OR ESTIMATED TIME UNTIL RETURN TO NORMAL OPERATION:
Single event lasting approximately one minute.

340-214-0350(3)(c) DESCRIBE STEPS TAKEN TO MITIGATE EMISSIONS AND CORRECTIVE ACTIONS TAKEN:

Measures taken to prevent reoccurrence: We have installed a new filtration system to filter the oil before it goes to the existing filters. The new filters will enable us to filter the used oil and send it to a day tank which we will then use as the source of used oil for the kilns.

___ **See Attached**

340-214-0350(3)(d) MAGNITUDE AND DURATION OF INCREASED EMISSIONS OVER NORMAL RATES:
50% opacity for approximately one minute.

Based on continuous monitoring data or estimate? (Show calculation factor and equations.) ___ **See Attached**

340-214-0350(4) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:
As soon as the kiln workers saw the increased flow they immediately lowered the damper. This took approximately one minute from the beginning of the upset to the end of the upset.

___ **See Attached**

340-214-0350(6)(a) DESCRIBE HOW PROCESS OR HANDLING EQUIPMENT AND POLLUTION CONTROL EQUIPMENT WERE MAINTAINED AND OPERATED IN A MANNER CONSISTENT WITH GOOD PRACTICE FOR MINIMIZING EMISSIONS:
Good preventative maintenance program. All plant emissions sources are listed as criticality one (top priority equipment)

___ **See Attached**

340-214-0350(6)(b) DESCRIBE HOW REPAIRS OR CORRECTIONS WERE MADE IN A TIMELY MANNER. INDICATE IF OVERTIME LABOR OR CONTRACT LABOR/EQUIPMENT WAS USED TO REDUCE THE AMOUNT AND DURATION OF EXCESS EMISSIONS:
The corrections were made as soon as the upset conditions were noticed. The kiln workers immodestly knew how to respond to eliminate the upset condition and did so in a timely manner.

___ **See Attached**

340-214-0350(6)(c) HAS THERE BEEN PREVIOUS EXCESS EMISSIONS OF THIS KIND? IF SO, BRIEFLY DESCRIBE THE CAUSE OF THESE EVENTS:
Occasionally, Unplanned, inconsistent used oil.

___ **See Attached**

OPERATOR(S) ON DUTY:
Greg Penson

REPORT COMPLETED BY:
Glenn F. Dollar

When require by a permit or requested by the Department, Excess Emissions Reports must be submitted to the Department within 15 days of the date of the event (OAR 340-214-0340), unless another time period is specified by a permit condition. Excess emissions that are an emergency condition or that could endanger public health must be reported immediately. An upset log must be kept of all planned and unplanned excess emissions in accordance with OAR 340-214-0340(3). A copy of the upset log must be submitted to the Department along with the Annual Report.

rev 3/19/02

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

February 5, 2007

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report — Permit #26-1891
Ash Grove Cement Company
Rivergate Lime Plant

Please find enclosed two copies of the Annual Report for ACDP #26-1891.

The Rivergate Lime Plant was in compliance with Permit #26-1891 conditions for the year 2006.

Operating Parameters:

1. Annual plant production for 2006 was 21,230 tons of Chemical Lime.
2. Annual plant production of Ground Product for 2006 was 432,345 tons.
3. Annual plant production of Hydrated Lime for 2006 was 14,264 tons.
4. Annual quantities and types of fuels for 2006:

Used Oil	846,282 gal
Natural Gas/Chemical Lime	12,348 net MMBTU
Natural Gas/Ag-Lime	5,326 net MMBTU
Landfill Gas/Chemical Lime	50,302 net MMBTU
Landfill Gas/Ag-Lime	100,710 net MMBTU

Annual Report

Permanent changes made in plant process, production levels, and/or pollution control equipment that affected air contaminant emissions during 2006 was as follows;

Operations in the kiln department were suspended as of May 31, 2006.

During 2006, there were no planned or unplanned excess emission events.

Summary of complaints relating to air quality received by permittee during the 2006 year:

There were no complaints received by the permittee during the 2006 year.

Major maintenance performed on pollution control equipment:

1/11/2006 Dust Collector, 640.BF1, Storage Building, Replaced 100+ Bags.

1/17/2006 Dust Collector, 276.BF1, Ag Mill #4, Replaced all bags.

2/28/2006 Dust Collector, 240.BF1, Ag Mill Silo, Replaced all bags.

5/22/2006, Dust Collector, 63P.BF1, Ag Mill Old Load out, Replace all bags.

6/30/2006, Dust Collector, 630.BF1, Ag Scale Load Out, Replace all bags.

Production	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	12 Month Rolling Average
Material Received by Barge	48,761	37,524	50,206	37,842	50,663	36,618	50,649	37,449	62,847	50,370	12,630	38,141	513,700
Material Received by Rail	-	-	-	-	-	-	-	1,526	2,449	3,145	559	1,149	8,828
Kiln #1 Production	-	446	1,492	1,935	1,112	-	-	-	-	-	-	-	4,985
Kiln #2 Production	-	62	1,418	1,499	538	-	-	-	-	-	-	-	3,517
Kiln #3 Production	3,791	3,253	1,348	511	3,825	-	-	-	-	-	-	-	12,728
Tons of Quicklime Produced	3,791	3,761	4,258	3,945	5,475	-	-	-	-	-	-	-	21,230
Tons Of Hydrate Produced	954	750	1,019	749	1,219	-	-	3,076	3,245	1,660	1,012	580	14,264
Tons of Tailings (Ag Special)	-	-	-	-	-	-	-	-	-	-	-	-	0
Tons of Ag	3,550	1,343	2,414	8,479	11,094	5,820	5,425	29,231	44,322	30,815	3,697	1,701	147,891
Tons of Flour	18,738	21,318	23,521	21,506	25,760	23,453	21,659	23,955	20,904	19,445	9,892	7,802	237,953
Tons of Dolomite, Ground	114	774	2,203	2,246	4,112	1,475	2,276	10,742	11,317	9,028	1,229	985	46,501
Tons of Ground Product	22,402	23,435	28,138	32,231	40,966	30,748	29,360	63,928	76,543	59,288	14,818	10,488	432,345
Gallons of Oil Used	161,562	114,692	210,443	185,551	174,034	-	-	-	-	-	-	-	846,282

Permit													Actual Plant Emissions	PSEL Annual Maximum
PM (Material Handling/Sizing)	1.56	1.20	1.61	1.21	1.62	1.17	1.62	1.22	2.04	1.65	0.41	1.23	16.54	
PM (Production)	1.78	1.76	2.11	2.15	2.88	1.25	1.19	3.45	4.01	2.87	0.88	0.59	24.92	
Kiln #3 PSD PM	0.61	0.52	0.22	0.08	0.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.05	37.8
TSP Total	3.35	2.97	3.72	3.36	4.50	2.42	2.81	4.67	6.05	4.51	1.29	1.82	41.46	98
PM_{10} (Material Handling/Sizing)	0.59	0.45	0.60	0.45	0.61	0.44	0.61	0.46	0.77	0.62	0.15	0.46	6.20	
PM_{10} (Production)	0.99	0.98	1.17	1.19	1.60	0.69	0.66	1.92	2.23	1.59	0.49	0.33	13.82	
PM_{10} Total	1.57	1.43	1.77	1.64	2.20	1.13	1.27	2.37	2.99	2.21	0.64	0.79	20.02	48
SO2	1.73	1.72	1.95	1.82	2.52	0.06	0.06	0.13	0.16	0.12	0.03	0.02	10.36	73
Kiln #3 PSD SO2	1.69	1.45	0.60	0.23	1.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.66	32.9
NOX	1.38	1.35	1.36	1.26	1.95	0.26	0.25	0.54	0.65	0.50	0.13	0.09	9.72	50
CO	2.12	2.00	1.77	1.56	2.82	0.46	0.44	0.96	1.15	0.89	0.22	0.16	14.55	66
VOC	0.19	0.20	0.27	0.30	0.35	0.20	0.19	0.42	0.51	0.39	0.10	0.07	3.19	7
Individual HAP	0.10	0.07	0.13	0.12	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.52	9
Aggregate HAP	0.14	0.10	0.18	0.16	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.72	24

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

February 11, 2008

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Annual Report
Ash Grove Cement Company
Rivergate Lime Plant

Permit #26-1891

Please find enclosed two copies of the Annual Report for ACDP #26-1891.

The Rivergate Lime Plant was in compliance with Permit #26-1891 conditions for the year 2007.

Operating Parameters:

1. Annual plant production of Ground Product for 2007 was 408,207 tons.
2. Annual plant production of Hydrated Lime for 2007 was 15,207 tons.
3. Annual quantities and types of fuels for 2007:

Used Oil	0 gal
Natural Gas/Ag-Lime	2,731 net MMBTU
Landfill Gas/Ag-Lime	101,434 net MMBTU

Annual Report

Permanent changes made in plant process, production levels, and/or pollution control equipment that affected air contaminant emissions during 2007 were as follows;

Operations in the kiln department were suspended as of May 31, 2006.

During 2007, there were no planned or unplanned excess emission events.

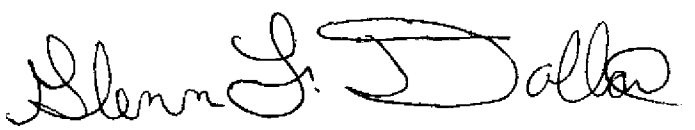
Summary of complaints relating to air quality received by permittee during the 2007 year:

There were no complaints received by the permittee during the 2007 year.

Major maintenance performed on pollution control equipment:

6/20/2007 Dust Collector, 276.BF1, Ag Mill Truck Load Out, Replaced all bags.

Glenn F. Dollar



EHS Manager
Ash Grove Cement Company

Production	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	12 Month Rolling Average	
Material Received by Barge	24,856	25,224	12,660	38,243	25,224	25,348	51,184	39,417	63,473	25,302	51,363	51,363	433,657	
Material Received by Rail	295	881	1,373	1,613	2,226	2,173	3,082	2,292	3,383	5,077	3,602	3,186	29,183	
Kiln #1 Production													0	
Kiln #2 Production													0	
Kiln #3 Production													0	
Tons of Quicklime Produced	-	-	-	-	-	-	-	-	-	-	-	-	0	
Tons Of Hydrate Produced	525	422	450	625	980	1,116	2,047	2,520	2,213	2,347	1,426	536	15,207	
Tons of Tailings (Ag Special)	-	-	-	-	-	-	-	-	-	-	-	-	0	
Tons of Ag	1,977	3,233	5,898	11,032	9,963	5,483	5,362	28,012	41,985	23,475	11,544	3,879	151,843	
Tons of Flour	15,079	16,373	21,310	21,795	20,363	22,923	21,327	23,938	13,885	15,392	14,464	11,490	218,339	
Tons of Dolomite, Ground	1,204	1,187	1,421	1,882	2,370	1,121	1,512	5,393	9,048	8,001	4,465	421	38,025	
Tons of Ground Product	18,260	20,793	28,629	34,709	32,696	29,527	28,201	57,343	64,918	46,868	30,473	15,790	408,207	
Gallons of Oil Used						-	-	-	-	-	-	-	0	
Permit													Actual Plant Emissions	PSEL Annual Maximum
PM (Material Handling/Sizing)	0.80	0.82	0.42	1.24	0.83	0.84	1.67	1.29	2.07	0.87	1.69	1.68	14.21	
PM (Production)	0.89	0.96	1.29	1.58	1.60	1.51	1.72	3.03	3.25	2.56	1.63	0.79	20.79	
Kiln #3 PSD PM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	37.8
TSP Total	1.69	1.78	1.71	2.82	2.43	2.34	3.39	4.32	5.32	3.42	3.32	2.47	35.00	98
PM_{10} (Material Handling/Sizing)	0.30	0.31	0.16	0.47	0.31	0.31	0.63	0.48	0.78	0.33	0.63	0.63	5.34	
PM_{10} (Production)	0.49	0.53	0.71	0.88	0.89	0.84	0.95	1.68	1.80	1.42	0.91	0.44	11.54	
PM_{10} Total	0.79	0.84	0.87	1.34	1.20	1.15	1.58	2.16	2.58	1.74	1.54	1.07	16.88	48
SO2	0.04	0.04	0.06	0.07	0.07	0.06	0.06	0.12	0.14	0.10	0.06	0.03	0.86	73
Kiln #3 PSD SO2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.9
NOX	0.16	0.18	0.24	0.30	0.28	0.25	0.24	0.49	0.55	0.40	0.26	0.13	3.47	50
CO	0.27	0.31	0.43	0.52	0.49	0.44	0.42	0.86	0.97	0.70	0.46	0.24	6.12	66
VOC	0.12	0.14	0.19	0.23	0.22	0.19	0.19	0.38	0.43	0.31	0.20	0.10	2.69	7
Individual HAP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9
Aggregate HAP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	24

– AQ UPSET LOG and EXCESS EMISSIONS REPORT–

(Pursuant to Excess Emission Rules OAR 340-214-0300 through 0360)

Air Quality

State of Oregon Department of Environmental

INSTRUCTIONS: Complete one form for the whole facility.

Facility Name: Ash Grove Cement Company **Permit Number:** 26-1891

The Department will determine if Enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to this form.

DATE AND TIME REPORTED TO DEQ: March 16, 2005 7:30 AM

EMISSIONS PROBLEM: The kiln department was experiencing problems with oil flow and were working to repair the problem. When a bottleneck in fuel flow was removed the subsequent increased flow resulted in an emission that extended for approximately one minute and then was brought under control by kiln operations.

___ **EXCESS EMISSIONS COULD ENDANGER PUBLIC HEALTH (Required To Notify DEQ Immediately - Including Title V Sources)**

_X_ **NO DANGER (Enter in log; Report to DEQ Within 15 Days of Event, if required by the permit or requested by the Department)**

___ **PLANNED EXCESS EMISSION (Anticipated) Date of DEQ Approval:**

_X_ **UNPLANNED UPSET**

TIME EXCESS EMISSION OR UPSET BEGAN: 5:50 PM **TIME UPSET REPORTED:** March 16, 2005 7:30 AM

Name of DEQ person contacted: Kathy Amidon

CAUSE:
(Check where appropriate)
___ **Process Startup/Shutdown**
___ **Scheduled Maintenance**
___ **Process Problem**
_X_ **Fuel Problem**
___ **Other Known Problem**
___ **Unknown at this time**

340-214-0350(3)(b) EQUIPMENT INVOLVED:
Kiln #2

___ **See Attached**

340-214-0350(3)(a) DURATION OR ESTIMATED TIME UNTIL RETURN TO NORMAL OPERATION:
Single event lasting approximately one minute.

340-214-0350(3)(c) DESCRIBE STEPS TAKEN TO MITIGATE EMISSIONS AND CORRECTIVE ACTIONS TAKEN:

Measures taken to prevent reoccurrence: We have installed a new filtration system to filter the oil before it goes to the existing filters. The new filters will enable us to filter the used oil and send it to a day tank which we will then use as the source of used oil for the kilns.

___ **See Attached**

340-214-0350(3)(d) MAGNITUDE AND DURATION OF INCREASED EMISSIONS OVER NORMAL RATES:
50% opacity for approximately one minute.

Based on continuous monitoring data or estimate? (Show calculation factor and equations.)

___ **See Attached**

340-214-0350(4) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:
As soon as the kiln workers saw the increased flow they immediately lowered the damper. This took approximately one minute from the beginning of the upset to the end of the upset.

___ **See Attached**

340-214-0350(6)(a) DESCRIBE HOW PROCESS OR HANDLING EQUIPMENT AND POLLUTION CONTROL EQUIPMENT WERE MAINTAINED AND OPERATED IN A MANNER CONSISTENT WITH GOOD PRACTICE FOR MINIMIZING EMISSIONS:
Good preventative maintenance program. All plant emissions sources are listed as criticality one (top priority equipment)

___ **See Attached**

340-214-0350(6)(b) DESCRIBE HOW REPAIRS OR CORRECTIONS WERE MADE IN A TIMELY MANNER. INDICATE IF OVERTIME LABOR OR CONTRACT LABOR/EQUIPMENT WAS USED TO REDUCE THE AMOUNT AND DURATION OF EXCESS EMISSIONS:
The corrections were made as soon as the upset conditions were noticed. The kiln workers immodestly knew how to respond to eliminate the upset condition and did so in a timely manner.

___ **See Attached**

340-214-0350(6)(c) HAS THERE BEEN PREVIOUS EXCESS EMISSIONS OF THIS KIND? IF SO, BRIEFLY DESCRIBE THE CAUSE OF THESE EVENTS:
Occasionally, Unplanned, inconsistent used oil.

___ **See Attached**

OPERATOR(S) ON DUTY:
Greg Penson

REPORT COMPLETED BY:
Glenn F. Dollar

When require by a permit or requested by the Department, Excess Emissions Reports must be submitted to the Department within 15 days of the date of the event (OAR 340-214-0340), unless another time period is specified by a permit condition. Excess emissions that are an emergency condition or that could endanger public health must be reported immediately. An upset log must be kept of all planned and unplanned excess emissions in accordance with OAR 340-214-0340(3). A copy of the upset log must be submitted to the Department along with the Annual Report.

rev 3/19/02

– AQ UPSET LOG and EXCESS EMISSIONS REPORT–

(Pursuant to Excess Emission Rules OAR 340-214-0300 through 0360)

Air Quality

State of Oregon Department of Environmental

INSTRUCTIONS: Complete one form for the whole facility.

Facility Name: Ash Grove Cement Company **Permit Number:** 26-1891

The Department will determine if Enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to this form.

DATE AND TIME REPORTED TO DEQ: March 15, 2004 8:30 AM

EMISSIONS PROBLEM: Bringing up kiln #1 into production – kiln fuel was inconsistent resulting in ups and downs in flow. Supervisor shut kiln down.

___ **EXCESS EMISSIONS COULD ENDANGER PUBLIC HEALTH (Required To Notify DEQ Immediately - Including Title V Sources)**

_X_ **NO DANGER (Enter in log; Report to DEQ Within 15 Days of Event, if required by the permit or requested by the Department)**

___ **PLANNED EXCESS EMISSION (Anticipated) Date of DEQ Approval:**

_X_ **UNPLANNED UPSET**

TIME EXCESS EMISSION OR UPSET BEGAN:

TIME UPSET REPORTED: March 15, 2004 8:30 AM

Name of DEQ person contacted: Kathy Amidon

CAUSE:
(Check where appropriate)
_X_ **Process Startup/Shutdown**
___ **Scheduled Maintenance**
___ **Process Problem**
_X_ **Fuel Problem**
___ **Other Known Problem**
___ **Unknown at this time**

340-214-0350(3)(b) EQUIPMENT INVOLVED:
Kiln #1 Baghouse was the source for the excess emissions.

___ **See Attached**

340-214-0350(3)(a) DURATION OR ESTIMATED TIME UNTIL RETURN TO NORMAL OPERATION:
Intermittent emissions observed over a period of 30 minutes.

340-214-0350(3)(c) DESCRIBE STEPS TAKEN TO MITIGATE EMISSIONS AND CORRECTIVE ACTIONS TAKEN:

Measures taken to prevent reoccurrence: Upon observation of excess emissions the operator contacted a supervisor who instructed the operator to shutdown the kiln pending review and corrective action.

___ **See Attached**

340-214-0350(3)(d) MAGNITUDE AND DURATION OF INCREASED EMISSIONS OVER NORMAL RATES:
50% opacity at intermittent bursts for a maximum of 30 minutes.

Based on continuous monitoring data or estimate? (Show calculation factor and equations.)

___ **See Attached**

340-214-0350(4) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:
Sent helper to baghouse to evaluate operating/cleaning mechanisms – troubleshoot.

___ **See Attached**

340-214-0350(6)(a) DESCRIBE HOW PROCESS OR HANDLING EQUIPMENT AND POLLUTION CONTROL EQUIPMENT WERE MAINTAINED AND OPERATED IN A MANNER CONSISTENT WITH GOOD PRACTICE FOR MINIMIZING EMISSIONS:
Good preventative maintenance program. All plant emissions sources are listed as criticality one (top priority equipment)

___ **See Attached**

340-214-0350(6)(b) DESCRIBE HOW REPAIRS OR CORRECTIONS WERE MADE IN A TIMELY MANNER. INDICATE IF OVERTIME LABOR OR CONTRACT LABOR/EQUIPMENT WAS USED TO REDUCE THE AMOUNT AND DURATION OF EXCESS EMISSIONS:
Kiln was shut down to eliminate emissions. Maintenance implemented necessary repairs, (bag replacements)

___ **See Attached**

340-214-0350(6)(c) HAS THERE BEEN PREVIOUS EXCESS EMISSIONS OF THIS KIND? IF SO, BRIEFLY DESCRIBE THE CAUSE OF THESE EVENTS:
Occasionally, Unplanned, breach of fabric bags.

___ **See Attached**

OPERATOR(S) ON DUTY:

REPORT COMPLETED BY:
Glenn F. Dollar

When require by a permit or requested by the Department, Excess Emissions Reports must be submitted to the Department within 15 days of the date of the event (OAR 340-214-0340), unless another time period is specified by a permit condition. Excess emissions that are an emergency condition or that could endanger public health must be reported immediately. An upset log must be kept of all planned and unplanned excess emissions in accordance with OAR 340-214-0340(3). A copy of the upset log must be submitted to the Department along with the Annual Report.

rev 3/19/02

– AQ UPSET LOG and EXCESS EMISSIONS REPORT–

(Pursuant to Excess Emission Rules OAR 340-214-0300 through 0360)

State of Oregon Department of Environmental

INSTRUCTIONS: Complete one form for the whole facility.

Facility Name: Ash Grove Cement Company **Permit Number:** 26-0146

The Department will determine if Enforcement action is warranted based on the submittal below of complete details related to each excess emissions event. Please attach additional information to this form.

DATE AND TIME REPORTED TO DEQ: April 12, 2007 11:30 AM	
EMISSIONS PROBLEM:	
___ **EXCESS EMISSIONS COULD ENDANGER PUBLIC HEALTH (Required To Notify DEQ Immediately - Including Title V Sources)**	_X_ **NO DANGER (Enter in log; Report to DEQ Within 15 Days of Event, if required by the permit or requested by the Department)**
___ **PLANNED EXCESS EMISSION (Anticipated) Date of DEQ Approval:**	_X_ **UNPLANNED UPSET**
TIME EXCESS EMISSION OR UPSET BEGAN:	**TIME UPSET REPORTED:**
Name of DEQ person contacted: Kathy Amidon	

CAUSE:
(Check where appropriate)
_X_ **Process Startup/Shutdown**
___ **Scheduled Maintenance**
___ **Process Problem**
___ **Fuel Problem**
___ **Other Known Problem**
___ **Unknown at this time**

340-214-0350(3)(b) EQUIPMENT INVOLVED:

___ **See Attached**

340-214-0350(3)(a) DURATION OR ESTIMATED TIME UNTIL RETURN TO NORMAL OPERATION:
Single event lasting approximately one minute.

340-214-0350(3)(c) DESCRIBE STEPS TAKEN TO MITIGATE EMISSIONS AND CORRECTIVE ACTIONS TAKEN:

Measures taken to prevent reoccurrence:

___ **See Attached**

340-214-0350(3)(d) MAGNITUDE AND DURATION OF INCREASED EMISSIONS OVER NORMAL RATES:

Based on continuous monitoring data or estimate? (Show calculation factor and equations.)

___ **See Attached**

340-214-0350(4) DESCRIBE EFFORTS MADE TO MINIMIZE AMOUNT/DURATION OF EMISSIONS:

___ **See Attached**

340-214-0350(6)(a) DESCRIBE HOW PROCESS OR HANDLING EQUIPMENT AND POLLUTION CONTROL EQUIPMENT WERE MAINTAINED AND OPERATED IN A MANNER CONSISTENT WITH GOOD PRACTICE FOR MINIMIZING EMISSIONS:

___ **See Attached**

340-214-0350(6)(b) DESCRIBE HOW REPAIRS OR CORRECTIONS WERE MADE IN A TIMELY MANNER. INDICATE IF OVERTIME LABOR OR CONTRACT LABOR/EQUIPMENT WAS USED TO REDUCE THE AMOUNT AND DURATION OF EXCESS EMISSIONS:

___ **See Attached**

340-214-0350(6)(c) HAS THERE BEEN PREVIOUS EXCESS EMISSIONS OF THIS KIND? IF SO, BRIEFLY DESCRIBE THE CAUSE OF THESE EVENTS:

___ **See Attached**

OPERATOR(S) ON DUTY:	**REPORT COMPLETED BY:** Glenn F. Dollar

When require by a permit or requested by the Department, Excess Emissions Reports must be submitted to the Department within 15 days of the date of the event (OAR 340-214-0340), unless another time period is specified by a permit condition. Excess emissions that are an emergency condition or that could endanger public health must be reported immediately. An upset log must be kept of all planned and unplanned excess emissions in accordance with OAR 340-214-0340(3). A copy of the upset log must be submitted to the Department along with the Annual Report.

rev 3/19/02

1991 Maintenance to Air Contaminant Controls

17 - 407 AMERICAN DUST ARRESTOR

NO SERVICE REQUIRED OTHER THAN PM SERVICE

17 - 202 SMALL DUST COLLECTOR

NO SERVICE REQUIRED OTHER THAN PM SERVICE

17 - 198 REES DUST COLLECTOR (LARGE)

03-05-91	A. REPLACED 04 SOCKS IN N.E. COMPARTMENT B. REPLACED 03 SOCKS IN N.W. COMPARTMENT C. INSTALLED 03 NEW BELTS
07-23-91	A. REPLACED 01 SOCK IN N.E. COMPARTMENT B. REPLACED 17 SOCKS IN N.W. COMPARTMENT C. REPLACED 05 SOCKS IN S.E. COMPARTMENT D. REPLACED 05 SOCKS IN S.W. COMPARTMENT

10 - 141 REES BAG COLLECTOR

03-22-91	A. REPLACED 02 SOCKS IN N.E. COMPARTMENT B. REPLACED 02 SOCKS IN N.W. COMPARTMENT C. REPLACED 01 SOCK IN S.E. COMPARTMENT D. REPLACED 01 SOCK IN S.W. COMPARTMENT
07-16-91	A. REPLACED 27 SOCKS IN N.W. COMPARTMENT B. REPLACED 27 SOCKS IN S.W. COMPARTMENT C. REPLACED 28 SOCKS IN N.E. COMPARTMENT D. REPLACED 36 SOCKS IN S.E. COMPARTMENT
12-04-91	A. REPLACED 11 SOCKS IN N.W. COMPARTMENT B. REPLACED 06 SOCKS IN S.W. COMPARTMENT C. REPLACED 04 SOCKS IN N.E. COMPARTMENT D. REPLACED 12 SOCKS IN S.E. COMPARTMENT

09 - 565 #3 KILN DUST COLLECTOR

01-23-91	A. REPLACED TIMER AND ASCO VALVE 8345GL, 1/4 4W20879 (ON CYLINDER)
02-23-91	A. ALL NEW LIDS PUT ON
04-13-91	A. NEW BOLT PUT IN DRIVE SHAFT FOR SCREW
04-16-91	A. REBUILT ASCO VALVES ON SECTIONS 1,2, AND 3 B. CLEANED ASCO VALVES ON SECTIONS 4,5,6, AND 7

C. INSTALLED A NEW ASCO VALVES SECTION 3

04-24-91	A. REPLACED VALVE ON SECTION 5 B. INSTALLED 1/8" PLATE (30" AND 24") IN SECTION 5 C. REPLACED 384 SOCKS IN SECTION 1,2,5, AND 6
05-25-91	A. REPLACED 01 SOCK IN SECTION 6 B. REPLACED 01 SOCK IN SECTION 7
07-18-91	A. REPLACED BROKEN COUPLING ON SCREW UNDER SECTION 1 B. EMPTIED DUST FROM SECTION 1 C. REPLACED 08 SOCKS IN SECTION 1
08-06-91	A. CHECKED ALL SECTIONS FOR HOLES (FOUND NONE) B. REPLACED 3" HOSE ON SECTIONS 3 AND 4
08-14-91	A. INSTALLED NEW END BELL DRIVE AND SEALED LIDS
09-10-91	A. INSTALLED A NEW SOLENOID KIT IN SECTION 6
09-24-91	A. REPLACED 01 SOCK IN SECTION 3 B. REPLACED 02 SOCKS IN SECTION 7
10-10-91	A. REPLACED 01 SOCK IN SECTION 7 B. REPLACED 01 SOCK IN SECTION 8
11-08-91	A. INSTALLED A NEW 2 1/2" ASCO VALVE KIT IN SECTION 1
12-05-91	A. REPLACED 2 DRIVE BELTS ON SCREW
12-20-91	A. INSPECTED ALL SECTIONS B. REPLACED 01 SOCK IN SECTION 4 C. CLEANED ALL 3" AIR VALVES D. INSTALLED TWO REBUILT AIR CYLINDERS ON D.C. INLET

09 - 265 #2 KILN DUST COLLECTOR

03-01-91	A. REPLACED 01 SOCK IN SECTION 1 B. REPLACED 01 SOCK IN SECTION 2 C. REPLACED 01 SOCK IN SECTION 3 D. REPLACED 01 SOCK IN SECTION 6
03-06-91	A. REPLACED 13 SOCKS IN SECTION 1 B. PATCHED CRACK IN SECTION 4 WITH HI-TEMPERATURE PUTTY

07-03-91	A. REPLACED 10 SOCKS IN SECTION 2 B. REPLACED 03 SOCKS IN SECTION 1 C. REPLACED THE CRACK IN THE FLOOR OF SECTION 4
08-01-91	A. REPLACED 09 SOCKS IN SECTION 1 B. REPLACED 18 SOCKS IN SECTION 2 C. REPLACED 29 SOCKS IN SECTION 3 D. REPLACED 21 SOCKS IN SECTION 4 E. REPLACED 13 SOCKS IN SECTION 5 F. REPLACED 06 SOCKS IN SECTION 6 G. CLEANED ALL SECTIONS

09 - 165 #1 KILN DUST COLLECTOR

01-17-91	A. REPLACED 18 SOCKS IN SECTION 2 B. REPLACED 08 SOCKS IN SECTION 3 C. REPLACED 05 SOCKS IN SECTION 4 D. REPLACED 07 SOCKS IN SECTION 5
03-04-91	A. REPLACED 02 SOCKS IN SECTION 1 B. REPLACED 24 SOCKS IN SECTION 2 C. REPLACED 05 SOCKS IN SECTION 3 D. REPLACED 15 SOCKS IN SECTION 4 E. REPLACED 02 SOCKS IN SECTION 5 F. REPLACED 02 SOCKS IN SECTION 6
03-13-91	A. REPLACED 22 SOCKS IN SECTION 3 B. REPLACED 06 SOCKS IN SECTION 6
05-09-91	A. CLEANED SECTIONS 5 AND 6 B. REPLACED 03 SOCKS IN SECTION 1 C. REPLACED 03 SOCKS IN SECTION 2 D. REPLACED 03 SOCKS IN SECTION 3 E. REPAIRED THE CRACK IN THE FLOOR OF SECTION 4 F. REPLACED 02 SOCKS IN SECTION 5 G. REPLACED 02 SOCKS IN SECTION 6

64 - 111 #1 AG-MILL DUST COLLECTOR (MICROPULSE)

08-20-91	A. HOOKED UP 5 PULSE AIRLINES AND TIGHTENED ONE CAP
12-10-91	A. REPLACED 50 H.P. EXHAUST FAN MOTOR

64 - 211 #2 AG-MILL DUST COLLECTOR (MICROPULSE)

NO SERVICE REQUIRED OTHER THAN PM SERVICE

64 - 311 #3 AG-MILL DUST COLLECTOR (MICROPULSE)

02-10-91	A. TIGHTENED 2 BAGS THAT WERE LOOSE

68 - 210 LOADING DUST COLLECTOR (ULTRA JET WHEELABRATOR)

07-26-91	A.	CHANGED ALL 56 SOCKS
08-19-91	A.	RE-INSTALLED 05 SOCKS THAT CAME OFF
09-17-91	A.	RE-INSTALLED 01 SOCK THAT CAME OFF
12-27-91	A.	REPLACED 02 SOCKS BY THE INLET PIPE AND INSTALLED A DIVERSION PLATE FOR THE INLET PIPE

64 - 142 JOHNSON MARCH DUST COLLECTOR (TOP)

NO SERVICE REQUIRED OTHER THAN PM SERVICE

CHEMICAL LIME PRODUCTION

MONTH	PEBBLE	HYDRATE
JANUARY	8,213.35	761.29
FEBRUARY	7,764.51	604.01
MARCH	7,919.57	880.73
APRIL	7,783.81	1,191.28
MAY	6,134.49	1,178.71
JUNE	7,243.83	1,881.34
JULY	7,248.57	1,399.93
AUGUST	8,319.21	1,658.27
SEPTEMBER	7,515.42	1,206.28
OCTOBER	7,954.43	1,408.35
NOVEMBER	6,736.96	1,001.04
DECEMBER	6,694.37	772.39
TOTAL	89,528.52	13,943.62

FUELS USED TO PRODUCE CHEMICAL STONE

MONTH	GAS - MCF	OIL - GALLONS	COAL - TONS
JANUARY	51,852	96,158	-0-
FEBRUARY	46,050	34,069	-0-
MARCH	57,505	33,672	-0-
APRIL	56,017	5,845	-0-
MAY	42,911	29,275	-0-
JUNE	50,410	93,071	-0-
JULY	42,594	160,765	-0-
AUGUST	57,785	65,327	-0-
SEPTEMBER	51,993	55,730	-0-
OCTOBER	47,041	12,972	-0-
NOVEMBER	48,677	43,756	-0-
DECEMBER	52,658	-0-	-0-
TOTAL	605,493	630,640	-0-

AG-LIME PRODUCED

MONTH	AG-LIME	FLOUR	DOLOMITE
JANUARY	2,452	6,698	792
FEBRUARY	1,154	4,743	894
MARCH	2,808	7,943	1,487
APRIL	5,324	8,259	1,366
MAY	8,924	9,743	1,034
JUNE	9,976	10,981	1,146
JULY	3,855	15,538	688
AUGUST	9,113	13,428	1,113
SEPTEMBER	19,856	9,668	1,538
OCTOBER	16,120	12,483	1,285
NOVEMBER	4,123	6,853	1,104
DECEMBER	849	5,815	601
TOTAL	84,554	112,147	13,048

FUELS USED TO PRODUCE AG-LIME

MONTH	GAS - MCF
JANUARY	2,132
FEBRUARY	1,372
MARCH	2,835
APRIL	4,958
MAY	6,085
JUNE	6,726
JULY	6,475
AUGUST	6,895
SEPTEMBER	7,260
OCTOBER	7,170
NOVEMBER	3,120
DECEMBER	2,746
TOTAL	57,774

April 1, 1974 18-1

Department of Environmental Quality
Northwest Region Office
1010 N. E. Couch Street
Portland, Oregon 97232

Attention: Mr. Jack A. Payne
Assistant Engineer

Dear Sir:

In answer to your letter of March 13, 1974 we are submitting the following:

(1) The Notice of Construction form is attached.

(2) Baghouse specifications, - attached exhibit (1)

10,800 SCFM now being handled.

(3) Expected air volume increase when handling cyclone emissions, 4,500 SCFM.

Should you require additional information, please feel free to contact us.

Yours truly,

WAK:fmc

cc: G. D. J.

Attachments (3)

NC-1

DEPARTMENT OF ENVIRONMENTAL QUALITY
NORTHWEST REGIONAL OFFICE
1010 N. E. Couch Street
Portland, Oregon 97232

NOTICE OF CONSTRUCTION AND APPLICATION FOR APPROVAL

To Construct, Install, Establish or Alter an Air Contaminant Source and/or Control Facility
(As Required by Rule 5, Section 5.1)

Business Name: Ash Grove Cement Company Phone: 286-1677

Address of Premises: 13939 N. Rivergate Blvd. City: Portland Zip: 97203

Nature of Business: Lime Manufacturing

Responsible Person to Contact: W. A. Kistler Title: Superintendent

Other Person Who May be Contacted: H. C. Bower Title: Maintenance Supervisor

Corporation [X] Partnership [ ] Individual [ ] Government Agency [ ]

Present Legal Owner: Ash Grove Cement Company

Legal Owner's Address: 1000 Tenmain Center City: Kansas City, Mo. Zip: 64105

Description of Proposed Construction (Air Contamination Source):

Description of Air Pollution Control Equipment: Connecting pipe from exhaust side of cyclones to intake of baghouses to control upset conditions.

List Air Contaminant(s) which will be produced and/or controlled: Quicklime dust will be more closely controlled during start-up and shut-down.

Estimated Cost: Basic Air Contaminant Source Equipment: $ ---

Air Pollution Control Equipment: $ 3,200.00

Estimated Installation Date: July 1974 Estimated Operation Date: August 1974

Owner or responsible party who will operate the equipment.

Name William A. Kistler

Signature Date

Title Superintendent Phone 286-1677

NOTE: A Notice of Approval must be received from this Department prior to commencing construction. Further technical information may be requested within 30 days of Notice of Construction receipt in order to evaluate whether the proposed construction is capable of complying with Department Rules.

- -

(Department Use Below This Line)

Date Rec'd _____ SIC _____ BEC _____ Grid _____ N/C _____

7/71 (Rev)

INSTALLATION DATA SHEET

1.	Purchased by:	Calcimatic Limited 123 Eglinton Avenue East Toronto 12, Canada
2.	Customer's Order No.:	C-101-3
3.	Plant Name:	Ash Grove Lime & Cement Co.
4.	Plant Location:	Portland, Oregon
5.	Job No.:	7110
6.	Proposal No.:	--
7.	Suspended Material:	Lime Dust
8.	Design Conditions:	
	Gas Volume:	16,000 CFM
	Temperature:	550 - 600°F
	Pressure:	Negative
	Draft Loss:	5 - 7" VWC
	Inlet Grain Loading:	3.8 gr./cu.ft.
9.	Type and Size:	HT-15-N Size 104-6-9' - 3"
10.	Number of Bag Filters:	2
11.	Units per Filter:	1
12.	Sections per Unit:	6
13.	Collecting Elements:	Silicone treated glass cloth bags 6" diameter x 9' - 3" long - 104 bags per section

Appendix58-000259

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER C - BC - 134 - 1 - 4

EQUIPMENT LOCATION Kiln Area - Between Preheater and Exhaust Fan.

MANUFACTURED BY Joy Manufacturing Company

TYPE COLLECTOR Fiber Glass Bag

DATE PURCHASED June 3, 1963

P. O. NUMBER Calcimatic C-101-3 G.C.O. NUMBER Original Equipment

RATED C.F.M. OF COLLECTOR 16,000

PRESSURE DROP ACROSS COLLECTOR 11.4 W. G.

SYSTEM PRESSURE DROP 15.0 W. G.

DESIGN AIR TO CLOTH RATIO 2.2 - 1

NUMBER OF COMPARTMENTS 6

NUMBER OF BAGS EACH COMPARTMENT 104 1450 Sq. Ft.

TOTAL BAGS 624 8,700 Sq. Ft.

TYPE CLOTH Silicone Treated, Graphite Glass Bags

BAG DIMENSION 6" x 9'3"

RATED TEMP OF COLLECTOR & BAGS 600°F

FAN DATA:

MAKE Garden City

TYPE 26RF

SIZE Wheel Diameter 45-1/8" Outlet - 3.69 Sq. Ft.

DESIGN RPM 1855 CFM 20,000

DESIGN PRESSURE DROP SP 40" H_2O

HORSE POWER G. E. 150 HP - 1800 RPM - Frame 8143

DESIGN TEMP. Maximum 900°F Operating 550°F

Order Number Calcimatic C-101-9 Date: June 5, 1963

18-1

ASH GROVE CEMENT COMPANY

P.O. BOX 03007, ST. JOHNS STATION · PORTLAND, OREGON 97203
PHONE: (503) 286-1677

WM. A. KISTLER
SUPERINTENDENT

April 14, 1977

State Of Oregon
Department of Environmental Quality
1234 S.W. Morrison Street
Portland, Oregon 97205

Dear Sir:

NOTICE OF INTENT TO CONSTRUCT

Last week we made the decision to add a third lime calcimining kiln to our Portland Rivergate plant. This unit will be the same design as our original two 1963 kilns but with a larger output, 160 tons versus 90 tons per day. It will also reflect design improvements resulting in a cleaner and more fuel efficient system. Thus, we expect no significant increase in air and water pollutant emissions from our operation.

Attached are permit applications pertaining to this new kiln. We are planning a construction start on May 13, 1977 in order to meet the target completion date of September 1, 1978. At this time detailed plans and specifications are not available but we hope the enclosed data will describe the project enough to secure construction approval. This information includes a plant location map, plot plan and listing of the major project elements along with descriptions on the kiln and dust control equipment.

As further details become available they will be submitted in connection with a request for certification for tax credit. Because of our tight time schedule, your prompt consideration and approval of this project would be most appreciated.

Yours truly,

William A. Kistler

William A. Kistler

WAK:ec

Attachments

MEMBER PCA PORTLAND CEMENT ASSOCIATION

State of Oregon
Department of Environmental Quality
1234 S. W. Morrison Street
Portland, Oregon 97205

NOTICE OF INTENT TO CONSTRUCT
and
REQUEST FOR PRELIMINARY CERTIFICATION FOR TAX CREDIT
(Check Type of Request - one or both)

[X] - Request for Construction Approval

[ ] - Request for Preliminary Certification for Tax Credit

Check type of contaminant or pollution source or site, and/or pollution control facility of the proposed project. Submit a separate request for each project.

[X] - Air [X] - Water [X] - Solid Waste

Business Name: Ash Grove Cement Co. Phone: 503-286-1677

Address of Premises: 13939 N. Rivergate Blvd. City & Zip: Portland, Oregon 97203

Mailing Address: P. O. Box 03007 City & Zip: Portland, Oregon 97203

Nature of Business: Lime Manufacturing

Responsible Person to Contact: W. A. Kistler Title: Superintendent

[X] - Corporation [ ] - Partnership [ ] - Individual [ ] - Gov't Agency

Name of Legal Owner of Business: Ash Grove Cement Co.

Legal Owner's Address: 1000 Ten Main Center City & Zip: Kansas City, Mo. 64105

Description of proposed construction & or facility: Addition of new lime kiln.

Describe pollution control equipment to be incorporated and/or utilized:
Baghouse for dust control and settling basin for process water

Describe pollutant which will be discharged, produced, reduced, and/or utilized:
Particulates (air) and suspended solids (water)

Describe present method(s) of pollutant disposal, control or utilization:
Same methods are used on existing kilns. Solid waste is recycled by local cement co.

Describe any usable source of power produced by pollution or solid waste and the economic value:

Est. cost of construction $ 2,900,000 & of pollution control facility $250,000 (included in 2.9 million

Est. construction starting date: 6-13-77 & Completion date: 9-1-78

Signature W A Kistler Title Superintendent Date 4-14-77

NOTE: Enclose plans and specifications and any other pertinent information such as process flow diagrams, process equipment operating parameters, control equipment specifications, source test results, etc., which will demonstrate the compliance of the project with applicable statutes and administrative rules.

DEQ/TC-1-1/76 (over)

FOR DEQ USE ONLY

Review Engineer: _____ Date Received: _____

Division: _____ Request Number: _____

EI: _____ Date Add. Info. Req.: _____

cc: Region Date Add. Info. Rec'd: _____

cc: Technical Programs Coordination Const. Approval by: _____ Date _____

cc: Prelim. Cert. by: _____ Date _____

DEQ/TC-1-1/76

Oregon Revised Statutes and Department Administrative Rules require the submission of this form notifying the Department of the intent and to obtain prior approval to construct, erect, install, alter, modify, expand or improve any air, water or solid waste pollution source or site, and/or pollution control facility before commencing on the project.

The Tax Credit Law (ORS 468.165) requires a department preliminary certification of a pollution control facility prior to starting the project, in order to be eligible for tax credit consideration upon completion of the project.

Upon receipt of the Notice of Intent to Construct, and the Request for Construction Approval and/or Preliminary Certification of a Pollution Control Facility the Department will process the requests within the 60-day statutory period allowed, unless the Department deems it necessary to request additional information in order to evaluate whether the proposed project is capable of complying with applicable statutes and administrative rules. If additional information is requested by the Department, the 60-day processing period will begin upon receipt of the requested information.

MAIL 2 COPIES TO:
Department of Environmental Quality
1234 S. W. Morrison Street
Portland, Oregon 97205

Permit No. 26-1691

Attention: Air Contaminant Discharge Permit Program Phone: (503)229-5940

APPLICATION FOR AIR CONTAMINANT DISCHARGE PERMIT

1. Official Applicant Identification:

Firm name Ash Grove Cement Co.

Division

Mailing address 1000 Ten Main Center

City Kansas City State Mo. Zip 64105

Phone: 816-842-4455

2. Source Site Description:

Business name Ash Grove Cement Co.

Portland Lime Plant

Plant site address 13939 N. Rivergate Blvd.

P. O. Box 03007

City Portland State Or. Zip 97203

Phone: 503-286-1677

3. Air contaminant source(s) and fees are shown below.

Air Contaminant Source (From Table A)	SIC NO.	AP fee*	ACD fee**
Total amount due			

STATE OF OREGON
DEPARTMENT OF ENVIRONMENTAL QUALITY
1234 S.W. Morrison Street
Portland, OR 97205

No. 56

Issuing Office Fiscal office Date 4/15/77

Received From Ash Grove Cement Co.

Address 13939 N. Rivergate Blvd. - Portland Zip 97203

Description of Permit Requested	Fees Received	
1.	Subsurface Sewage Fee	$
2.	Subsurface Variance	
3. Air Contaminant Discharge fee	Other application	325.00
	Total	$325.00

Received: Cash Amt. $
Check $325.00
ck #870

Issued By Jean McKenzie

Please submit with this application a check payable to the Department of Environmental Quality for the total amount due.

___ Check here if you are requesting a special letter permit.

I hereby apply for permission to discharge air contaminants in the State of Oregon as stated or described in this application and certify that the information contained in this application, and the schedules and exhibits appended hereto are true and correct to the best of my knowledge and belief.

W. A. Kistler — Superintendent
(Name of owner or legally authorized representative) (Title)

W A Kistler — April 14, 1977
(Signature) (Date)

* Application Processing Fee
** Annual Compliance Determination Fee

DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR CONTAMINANT DISCHARGE PERMIT APPLICATION
PROCESS EQUIPMENT

File No. _____
Permit No. _____

To be completed for each piece of process equipment or each group of identical pieces having emissions to the atmosphere. Please make additional copies of this form if needed for additional pieces of equipment.

1. Equipment Description

A. General Description Rotating hearth lime kiln

Equipment Location 13939 N. Rivergate Blvd., Portland, Oregon

B. Company ID No. No. 3 (17-09-500-00), Number of Similar Units 3

C. Equipment Manufacturer Calcimatic Int'l. Ltd. Model No. 200

D. Month & Year Installed Est. Sept. 1, , 19 78 Manufacturer's Rated Capacity 160 t.p.d.

2. Equipment Operation

A. Operating Schedule 24 Hr/Day 7 Day/Wk 45 Wk/Yr

B. Types and Amounts of Fuel Used (annual basis) Gas (2,040,000 MCF) No. 6 F.O. (683,000 gal.)

C. Sulfur Content of Fuel Max. 1.75 % Ash Content of Fuel .05 % No. 2 (59,000 gal.)

D. Types & Amounts of Raw Materials Used (hourly basis) Limestone at 13.33 tons/hour

E. End Product of This Equipment Quicklime Amount Produced 6.67 /Hr

3. Air Contaminant Emissions

A. Contaminants Emitted

Limestone Particulates

B. Have Emission Tests Been Performed No, If So, By Whom _____ Date _____

C. Company ID's and Descriptions of Equipment Used to Control Emissions From This Process Equipment
Baghouse, Id No. 21-09-500-00, pulse-jet type, nomex bags

4. Emission Point

A. Company ID of Stack No. 3

B. Stack Height (above ground) 50 Ft, Stack Cross-Sectional Area (at discharge point) 9.6 Ft^2

Stack Velocity Flow Rate 3,600 Ft/Min, Stack Volumetric Flow Rate 38,000 SCFM,

Stack Exhaust Temperature 350 °F

C. Company ID and Description of Other Process Equipment Exhausting Through This Stack None

5. Solid Wastes

A. Types and Amounts of Wastes Generated Calcium carbonate, particulates - estimate 4 tons/ day

B. How is Waste Disposed Of sell to local cement company

FOR DEPARTMENT USE ONLY

EI No. _____ REC _____ ID No. _____ No. of Units _____ Date of EI Update _____

DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Control Division
Permit Section

DESCRIPTION OF PLANT SITE

Company Name Ash Grove Cement Co.

Attach a site plot plan showing the physical location on the plant site of process equipment, air pollution control device(s) and air contaminant discharge point(s).

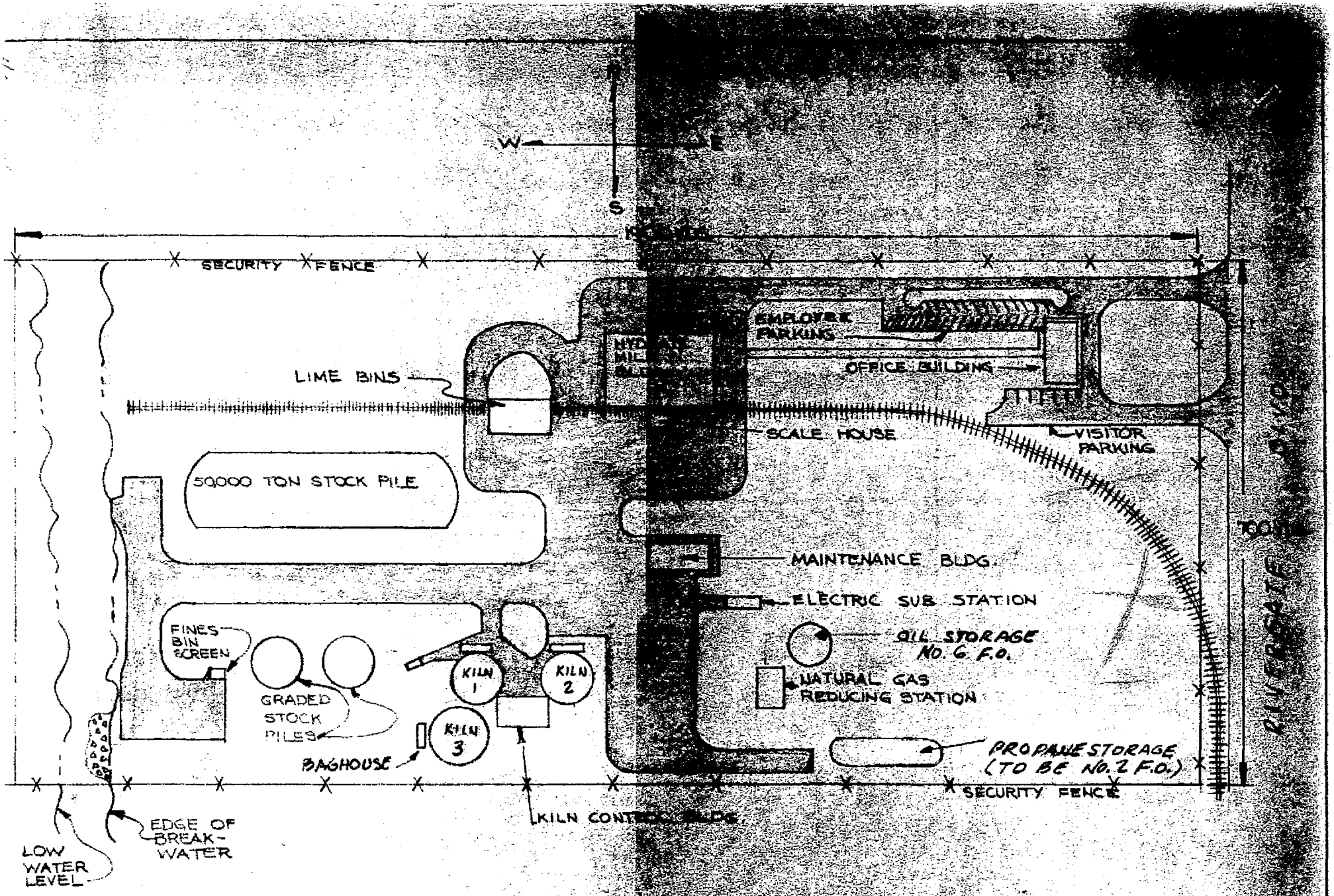
The plot plan must show the distance, location of the nearest inhabited residential and/or commercial property, site access and nearest public road. More than one plot plan may be used when different scales are necessary or when a single plot plan becomes unduly complex. All plot plans must include a North indicator.

Attachments:

1. Location plan
2. Plot plan
3. List of equipment- General Construction Orders.

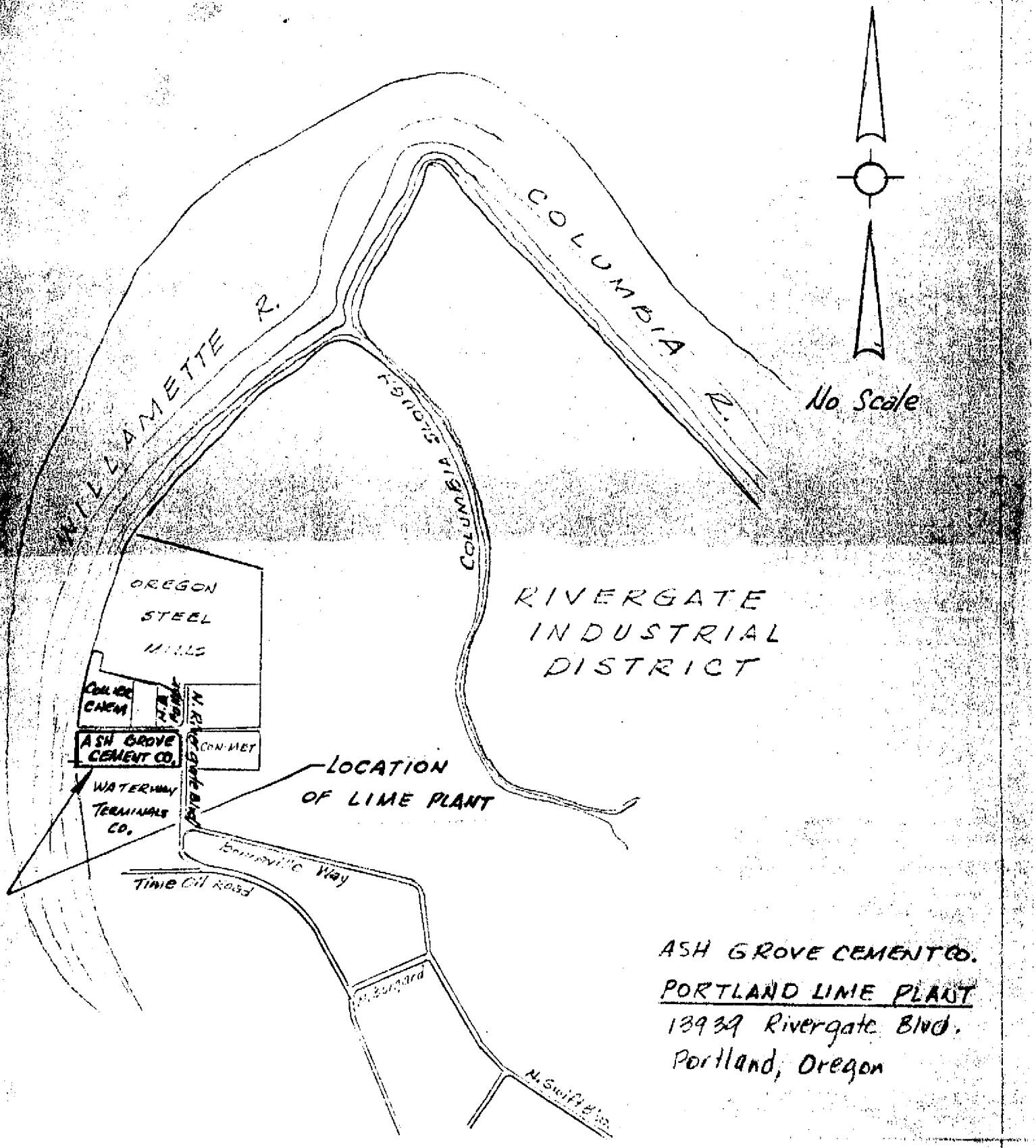
6/15/76

Appendix58-000267



WATERWAY TERMINALS COMPANY

ASH GROVE LIME PLANT LAYOUT
NOT TO SCALE | 12-8-67
DRAWN BY A.M. MINTON



— LOCATION MAP —

ASH GROVE CEMENT CO.
PORTLAND LIME PLANT
13939 Rivergate Blvd.
Portland, Oregon

PORTLAND LIME PLANT
GENERAL CONSTRUCTION ORDERS FOR
NO. 3 CALCIMATIC KILN

GCO NO. 20

CONVEYORS	EQUIPMENT NO.	SUB-GCO NO.
No. 3 Kiln Feed Conveyor	06-09-500-00	20 A
No. 3 Kiln Feed Gate	13-09-500-10	20 B
No. 3 Cooler Discharge Conveyor	06-09-500-10	20 C
Cooled Lime Belt Conveyor	06-09-500-20	20 D

GCO NO. 21

KILN NO. 3 - MACHINERY AND EQUIPMENT	EQUIPMENT NO.	SUB-GCO NO.
Kiln equipment foundations and piling		21 A
Kiln and Preheater	17-09-500-00	21 B
Refractories		21 C
Burners and Combustion Controls		21 D
Discharge Scraper and Drive	07-09-500-00	21 E
Lime Cooler	15-09-500-00	21 F
Cooler Discharge Vibrating Feeder	13-09-500-10	21 G
Combustion Air Fan and Drive	40-09-500-00	21 H
Atomizing Air Fan and Drive	40-09-500-10	21 I
Piping, Fuel (Oil and Gas)		21 K
Piping, Impulse		21 L
Piping, Water		21 M
Piping, Combustion Air		21 N
Piping, Atomizing Air		21 O
Motor control center and circuit breaker		21 P
Instrument panel and remote instruments		21 Q
Stairs, Ladders, Platforms and Guards		21 R

GCO NO. 22

KILN - BUILDING	SUB-GCO NO.
Kiln weather roof	22 A
Roof footings and Piers	22 B
Lighting of kiln area	22 C

NOTE: All other wiring to be allocated to equipment involved.

All painting to be allocated to equipment or building involved.

GCO NO. 23

DUST COLLECTION	EQUIPMENT NO.	SUB-GCO NO.
Kiln Dust Collector	21-09-500-00	23 A
Dust Collector Foundations		23 B
Exhaust Fan and Drive	40-09-500-20	23 C
Ductwork and Stack		23 D
Air Compressor	23-09-500-00	23 E
Air Dryer		23 G

GCO NO. 24

GENERAL	SUB-GCO NO.
Site Preparation	24 A
Yard Paving	24 B
Heavy Oil System for Kilns 1 and 2	24 C
Waste Water Handling System	24 D

Send original & 1 copy of application to:
DEPARTMENT OF ENVIRONMENTAL QUALITY
Northwest Region - Air Quality
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

DEQ Use Only
Date Rec'd
Staff (AQ) WQ SW HW
NC # File # 26-1891

Notice of Intent to Construct

Applicant:	Location of Facility:
ASH GROVE CEMENT COMPANY Official Business Name	ASH GROVE CEMENT COMPANY - RIVERGATE PLANT Division or Assumed Business Name
13939 N RIVERGATE BLVD. Street Address or PO Box	SAME Site Address
PORTLAND OREGON 97203-6608 City State 9-digit Zip Code	PORTLAND, OREGON 97302-6608 City Zip Code

Person to Contact for Additional Details:

Name	Address	Telephone
AL COLLINET	13939 N. RIVERGATE BLVD. PORTLAND, OR	(503) 286-1677

Does facility have an DEQ Permit? ___ No ✓ Yes Permit No.: 26-1891

Permit is for:
✓ Air ___ Water ___ Solid Waste ___ Haz Waste

Give a brief technical description of the proposed facility or equipment to be installed and its function. Provide a process diagram and calculations of emissions.

500 TON STORAGE BIN #8 UNIT ID 0-13 INCLUDED IN ACDP SUBMITTED APRIL 15, 1995
SEE ATTACHED PAGES E-10, H6-4, H8-1, & U6

Briefly describe proposed pollution control.

TORIT 500 SCFM AUTO MOTOR SHAKER BIN VENT 8.33: AIR TO CLOTH RATIO

Attach additional sheets if necessary. CONTINUE -> -> -> -> -> ->

NOTE: LAND USE APPROVAL IS REQUIRED FOR ALL NEW FACILITIES, FACILTY EXPANSION, AND INCREASED EMISSIONS.

List types and amounts of pollutant discharged before installation of equipment; show how this was calculated. Indicate how wastes are disposed.

NONE

List types and amounts of pollutants discharged or wastes utilized after installation of equipment; show how this was calculated. Indicate how wastes are disposed.

TSP	.14 LBS/HOUR	.01 TONS/YEAR	
PM10	.08 LBS/HOUR	.01 TON/YEAR	(55% OF TSP)

SEE ATTACHED SPREAD SHEET H6-4 AND H8-1

DUST COLLECTED IS RETURNED TO PRODUCT

Estimated Costs: Entire facility $ 121,000

Pollution control equipment only $ 3,500

Estimated construction dates: Beginning 7 / 15 / 95 Ending 11 / 15 / 95

Will tax credits be requested after construction is complete? Yes ____ No X

I HEREBY CERTIFY THAT I HAVE COMPLETED THIS APPLICATION TO THE BEST OF MY ABILITY AND THAT THE INFORMATION HEREIN AND IN THE ATTACHED EXHIBITS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Albert A. Collins — Signature

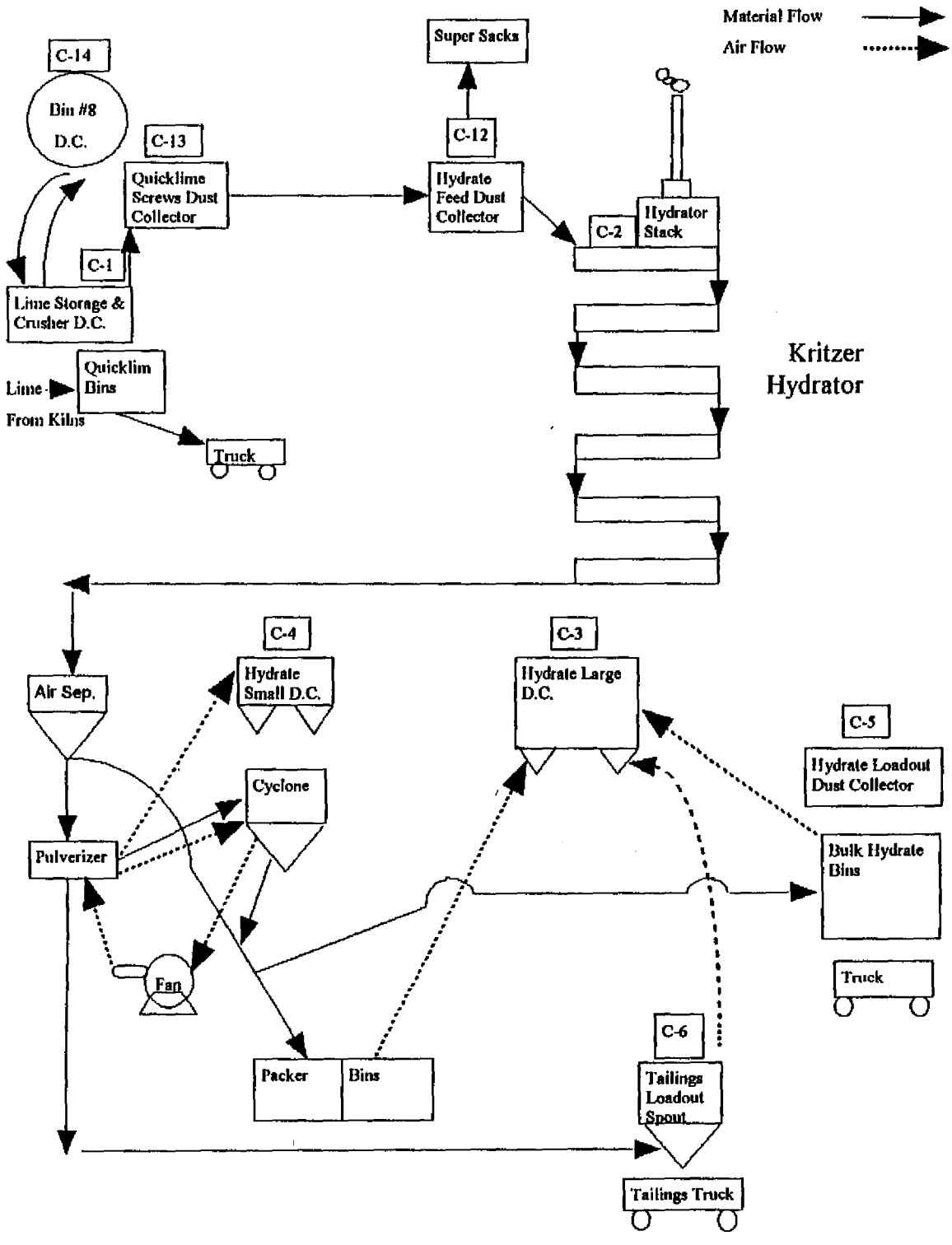
PLANT MANAGER — Title

4/18/95 — Date

NC.1
(9/93)

January 23,1995
ACDP Permit #26-1891

Quickline Storage & Hydrate Flow Diagram
Ash Grove Cement Company Rivergate Plant



ASH GROVE CEMENT COMPANY, RIVERGATE PLANT ACDP PERMIT #26-1891 POLLUTANT TSP

EMISSIONS DATA FOR OPERATING SCENARIO: "Synthetic Minor" 2000

All Fugitive Emissions are Listed in Unit ID A. Controlled Emissions are listed in Unit ID B & C. * Indicates New Equipment

Unit ID	Description	Production, Raw Material or Fuel Usage Rate					Annual Emission Factor		Reference		Emissions	
		Short Term	Units	hrs/yr	Annual	Units	Number	Units		Controls	Lbs/Hour	Tons/Year
C-1	LIME STORAGE & CRUSHER DC	9,500	scfm	8,760	8,937	scfm	0.02	gr/scf	1992 AP Eng MANUAL		2.44	6.71
									Portlnd Cement Table 1			
C-2	HYDRATOR STACK	5.5	Tons/Hr		26,180	TPY	0.1	Lb/Ton	AP-42		0.825	1.31
									8.15-1			
C-3	HYDRATE LARGE D.C.	10,000	scfm	6,088	9,287	scfm	0.02	gr/scf	1992 AP Eng MANUAL		2.57	4.85
									Portlnd Cement Table 1			
C-4	HYDRATE SMALL D.C.	2,000	scfm	6,088	1,644	scfm	0.02	gr/scf	1992 AP Eng MANUAL		0.51	0.86
									Portlnd Cement Table 1			
C-5	HYDRATE LOADOUT DUST COLLECTOR	OBSOLETE	CONNECTED TO C-3									
C-6	TAILINGS LOADOUT SPOUT	OBSOLETE	CONNECTED TO C-3									
C-7	RAYMOND MILL #1	16,000	scfm	7,884	15,000	scfm	0.01	gr/scf	Typical Performance		2.06	5.07
		31 TPH PEAK			220,752	TPY	28 TPH	Normal	PER Mfg. See Attached			
C-8	RAYMOND MILL #2	16,000	scfm	7,884	15,000	scfm	0.01	gr/scf	Typical Performance		2.06	5.07
		31 TPH PEAK			220,752	TPY	28 TPH	Normal	PER Mfg. See Attached			
C-9	RAYMOND MILL #3	16,000	scfm	7,884	15,000	scfm	0.01	gr/scf	Typical Performance		2.06	5.07
		31 TPH PEAK			220,752	TPY	28 TPH	Normal	PER Mfg. See Attached			
C-10	ROLLER MILL BINS DUST COLLECTOR	4,400	scfm	7,884	4,000	scfm	0.02	gr/scf	1992 AP Eng MANUAL		1.13	2.70
									Portlnd Cement Table 1			
C-11	ROLLER MILL LOADOUT D.C.	8,000	scfm	3,679	7,429	scfm	0.02	gr/scf	1992 AP Eng MANUAL		2.06	2.34
					180	NormalTPH			Portlnd Cement Table 1			
C-12	HYDRATE FEED DUST COLLECTOR	1,200	scfm	2382	1000	scfm	0.02	gr/scf	1992 AP Eng MANUAL		0.31	0.20
									Portlnd Cement Table 1			
C-13	QUICKLIME SCREWS DUST COLLECTOR *	400	scfm	2382	300	scfm	0.02	gr/scf	1992 AP Eng MANUAL		0.10	0.06
									Portlnd Cement Table 1			
C-14	BIN #8 DC *	550	scfm	300	500	scfm	0.02	gr/scf	1992 AP Eng MANUAL		0.14	0.01
									Portlnd Cement Table 1			
	Subtotal Non-Fugitive								33.26	Lbs/Hr		
	Subtotal Non-Fugitive								73.85	Tons/Yr		
	TOTAL										69.69	90.82

1-16-94

Appendix58-000274

H8-1

04/11/95

ASH GROVE CEMENT COMPANY,RIVERGATE PLANT
ACDP PERMIT #26-1891 POLLUTANT: PM10
EMISSIONS DATA FOR ALL SCENARIOS

	Fugitive	Non-Fugitive	Bypass Stacks	Total
1977 Estimated Actual				
Hourly TSP	25.72	28.41	0.30	54.43
Hourly PM10	9.26	15.63	0.27	25.15
Annual TSP	5.69	55.23	0.23	61.15
Annual PM10	2.05	30.38	0.21	32.63
1977 Plus Kiln #3				
Hourly TSP	25.80	31.49	0.30	57.59
Hourly PM10	9.29	17.32	0.27	26.88
Annual TSP	7.37	65.52	0.23	73.12
Annual PM10	2.65	36.04	0.21	38.90
1994 Estimated Actual				
Hourly TSP	49.52	40.54	1.20	91.26
Hourly PM10	17.83	22.30	1.08	41.20
Annual TSP	13.04	71.88	2.86	87.78
Annual PM10	4.69	39.53	2.57	46.80
2000 PTE				
Hourly TSP	49.87	44.15	1.95	95.97
Hourly PM10	17.95	24.28	1.76	43.99
Annual TSP	20.60	91.42	4.84	116.86
Annual PM10	7.42	50.28	4.36	62.05
2000 D.C. Kiln #1 Only				
Hourly TSP	36.45	36.60	1.04	74.09
Hourly PM10	13.12	20.13	0.94	34.19
Annual TSP	16.97	83.54	2.57	103.08
Annual PM10	6.11	45.95	2.31	54.37
2000 Synthetic Minor				
Hourly TSP	36.43	33.26	0.00	69.69
Hourly PM10	13.11	18.29	0.00	31.41
Annual TSP	16.97	73.85	0.00	90.82
Annual PM10	6.11	40.62	0.00	46.73

Department of Environmental Quality
Air Quality Division

DEQ Use Only

Company Name ASH GROVE CEMENT COMPANY

Date APRIL 15, 1995

Permit No. 26-1891

Application No. _____

CONTROL EQUIPMENT

(Complete for all control equipment at facility.)

Baghouses

ID No.	* (C-13)			
Process controlled	BIN #8			
Type cleaning mechanism	AUTO MOTOR SHAKER			
Rated efficiency	99.9+%			
Amt dust collected tons/yr	UNKNOWN RETURNED TO BIN			
Year installed	1995			
Mfg name	TORIT			
Air flow rate (scfm)	500			
Air-to-cloth ratio	8.33:1			
Pressure drop (in. water)	UNKNOWN			
Collected material, disposal method	TO BIN PRODUCT			
Other info				

Wet Scrubbers

ID No.		
Process controlled		
Type scrubber		
Rated efficiency		
Year installed		
Mfg. name		
Water flow rate (gal/min)		
Air flow rate (scfm)		
Pressure drop (in. water)		
Source of water		
Water disposal method		
Other info		

* PROPOSED EQUIPMENT

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 3

To RALPH JONES	From STAN WEBB
Co. AGC SEA	Co. AGC PDX
Dept. ENGINEER	Phone # 503-2859153
Fax # 206-623-5355	Fax # 503-285-7814

.Q104
IEET

NOTICE OF INTENT TO CONSTRUCT

Identification Information

1. Permit number 26-1891

2. Legal company name
ASH GROVE CEMENT COMPANY, INC.
Company name
6720 SW MACADAM AVE. ST 300
Mailing address
PORTLAND, OR 97219
City, State, Zip code

3. Facility name *(if different from legal company name)*
BULK CEMENT TERMINAL
Facility name
4098 N. PORT CENTER WAY
Location address
PORTLAND, OR 97217
City, State, Zip code

4. Compliance contact
STAN WEBB, TERMINAL MANAGER
Name and Title
P.O. BOX 17200, PORTLAND, OR 97217
Mailing address
(503) 285-9153
Area code and telephone number

5. Information/clarification contact
STAN WEBB, TERMINAL MANAGER
Name and Title
4098 N. PORT CENTER WAY
Location address
(503) 285-9153
Area code and telephone number

Facility Information

6. SIC Codes 5030 5050 ____ ____

7. Other Department permits (y/n; if y, specify type and permit number) NO

8. Increased capacity/emissions, new pollutants? (y/n) YES

9. If applicable, attach a Land Use Compatibility Statement.

10. Attach a Supplemental Information Form.

Construction Information

11. Description of proposed construction ASH GROVE PROPOSES TO COMPLETE ITS BARGE UNLOADING FACILITY BY INSTALLING 10" ϕ PIPELINE FROM THIER EXISTING DOCK TO THE TOP OF THIER EXISTING SILO AND BY INSTALLING A 4000 C.F.M. DUST COLLECTOR ATTOP THE SILO. THE 10" ϕ PIPELINE WILL CONVEY PORTLAND CEMENT FROM THE BARGE INTO THE SILO PNEUMATICALLY WITH COMPRESSED AIR FURNISHED BY COMPRESSORS ABOARD THE BARGE. THE 4000 CFM DUST COLLECTOR WILL VENT THE STORAGE SILO AND DEDUST THE CONVEYING AIR. DUST COLLECTED WILL BE RETURNED TO THE SILO. SHIPMENTS OF 100,000 TONS PER YEAR OF CEMENT ARE ANTICIPATED. AT AN UNLOADING RATE OF 100 T P H, THE SYSTEM WOULD OPERATE 1000 HRS PER YEAR.

Appendix58-000277

NOTICE OF INTENT TO CONSTRUCT

FORM AQ104
ANSWER SHEET

12. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable.

13. Attach Form AQ301, Control Device Description, if applicable.

14. Attach a process flow diagram.

Emissions Data

15. Pre- and post-construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/yr)	short-term (specify unit)	annual (tons/yr)
DUST COLLECTOR VENT	PORTLAND CEMENT	0	0	0.34 LB/HR	0.17 T/YR

16. Description of waste disposal practices *before* the construction N/A

Appendix58-000278

NOTICE OF INTENT TO CONSTRUCT

FORM AQ104
ANSWER SHEET

17. Description of waste disposal practices *after* the construction NO WASTE WILL BE CREATED, AS THE COLLECTED MATERIAL IS RETURNED TO THE SILO AS SALABLE PRODUCT.

Construction Data

18. Timing of construction.

a. Commence date (mm/dd/yy) 8/1/95

b. Begin date (mm/dd/yy) _____

c. Completion date (mm/dd/yy) 9/30/95

19. Will tax credits be requested once construction is completed? (y/n) NO

Signature

20. Signature

I hereby certify that I have completed this application to the best of my ability and that the information herein and in the attached exhibits is true and correct to the best of my knowledge.

Name of authorized representative

Title

Signature

Date (mm/dd/yy)

ASH GROVE CEMENT COMPANY

WESTERN REGION
13939 NORTH RIVERGATE BLVD., P.O. BOX 83007
PORTLAND, OREGON 97283-0007
PHONE 503-286-1677

December 21, 1995

Ms. Beth Moore
Environmental Specialist
Air Quality Program, Northwest Region
2020 SW Fourth Ave., Ste. 400
Portland, OR 97201

Dear Ms. Moore:

We have attached two Notices of Intent to Construct, for your approval. As you are aware, we have just completed some source tests at our plant that will alter our calculations of emittants. During the recent source test on Kiln #2 the bypass stacks were closed. The stack test result represents the combination of sources B-5, B-7, and B-8. The attached Emission Summary shows the elimination of the bypass stacks, but not the recalculations of the other sources. These recalculations will be completed next year with DEQ input, once we have DEQ acceptance of these source tests.

Rather than wait for these calculations to be completed, we would like to begin the work of removing our bypass stacks, as we all agree it will be far better for all kiln exhausts to pass through our dust collectors. Our plan is to start removal of our bypass stacks on Kiln #1 in January and complete removal of the bypass stacks on both Kiln #1 and #2 before the end of the year.

The second Notice of Intent to Construct is a revision to an approved Notice of Intent to Construct. Instead of using the 500 SCFM Torit dust collector on our new Bin #8 we will use it for our dust collector on our quicklime screws. We will purchase an 886 SCFM Torit for our Bin #8. We are planning on transferring material into this bin at a somewhat higher rate than originally planned, necessitating a somewhat larger dust collector.

If you have any questions please feel free to call me.

Sincerely,

Albert A. Collinet

Al Collinet
Plant Manager

AC:td
encl.
c: Hans Steuch, file

wp/enstrct.wpd

Send original & 1 copy of application to:
DEPARTMENT OF ENVIRONMENTAL QUALITY
Northwest Region - Air Quality
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

DEQ Use Only
Date Rec'd
Staff (AQ) WQ SW HW
NC # File # 26-1891

Notice of Intent to Construct

Applicant:

ASH GROVE CEMENT COMPANY
Official Business Name

13939 N. RIVERGATE BLVD.
Street Address or PO Box

PORTLAND OREGON 97203-6608
City State 9-digit Zip Code

Location of Facility:

ASH GROVE CEMENT CO. - RIVERGATE PLANT
Division or Assumed Business Name

13939 N. RIVERGATE BLVD.
Site Address

PORTLAND OREGON 97203-6608
City Zip Code

Person to Contact for Additional Details:

AL COLLINET — 13939 N. RIVERGATE BLVD. PORTLAND, OREGON 97203-6608 — (503)286-1677
Name Address Telephone

Does facility have an DEQ Permit? ___ No ✓ Yes Permit No.: 26-1891

Permit is for:
✓ Air ___ Water ___ Solid Waste ___ Haz Waste

Give a brief technical description of the proposed facility or equipment to be installed and its function. Provide a process diagram and calculations of emissions.

ELIMINATION OF BYPASS STACKS POINTS B-3 AND B-4 ON KILN #1, B-7 AND B-8 ON KILN #2

Briefly describe proposed pollution control.

ALL EXHAUST WILL GO THROUGH B-1 ON KILN #1 AND B-5 ON KILN #2 WHEN COMPLETE.

Attach additional sheets if necessary. CONTINUE -> -> -> -> -> ->

NOTE: LAND USE APPROVAL IS REQUIRED FOR ALL NEW FACILITIES, FACILTY EXPANSION, AND INCREASED EMISSIONS.

Send original & 1 copy of application to:
DEPARTMENT OF ENVIRONMENTAL QUALITY
Northwest Region - Air Quality
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

DEQ Use Only
Date Rec'd
Staff (AQ) WQ SW HW
NC # File # 26-1891

Notice of Intent to Construct

Applicant:	Location of Facility:
ASH GROVE CEMENT COMPANY Official Business Name	ASH GROVE CEMENT CO.-RIVERGATE PLANT Division or Assumed Business Name
13939 N. RIVERGATE BLVD. Street Address or PO Box	13939 N. RIVERGATE BLVD. Site Address
PORTLAND OREGON 97203-6608 City State 9-digit Zip Code	PORTLAND OREGON 97203-6608 City Zip Code

Person to Contact for Additional Details:

Name	Address	Telephone
AL COLLINET	13939 N. RIVERGATE BLVD. PORTLAND, OREGON 97203-6608	(503)286-1677

Does facility have an DEQ Permit? ___ No ✓ Yes Permit No.: 26-1891

Permit is for:
✓ Air ___ Water ___ Solid Waste ___ Haz Waste

Give a brief technical description of the proposed facility or equipment to be installed and its function. Provide a process diagram and calculations of emissions.

1. 500 TON STORAGE BIN #8 C-13
2. DUST COLLECTOR ON QUICKLIME SCREWS C-14

Briefly describe proposed pollution control.

1. TORIT 886 SCFM AUTO MOTOR SHAKER BIN VENT 5.9:1 AIR TO CLOTH RATIO
2. TORIT 500 SCFM AUTO MOTOR SHAKER BIN VENT 8.33:1 AIR TO CLOTH RATIO

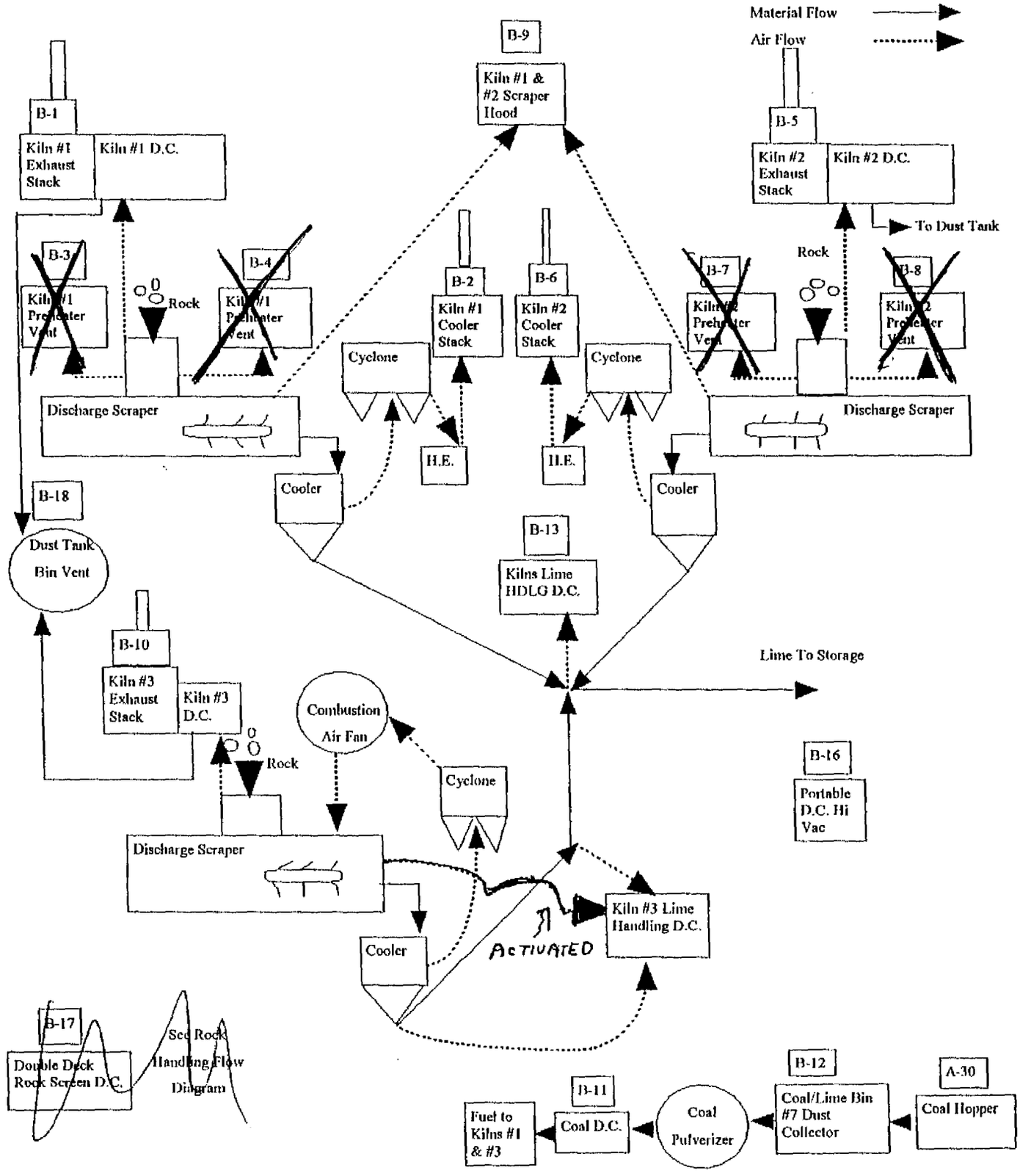
Attach additional sheets if necessary. CONTINUE -> -> -> -> -> ->

NOTE: LAND USE APPROVAL IS REQUIRED FOR ALL NEW FACILITIES, FACILTY EXPANSION, AND INCREASED EMISSIONS.

E8

January 23, 1995
ACDP Permit #26-1891

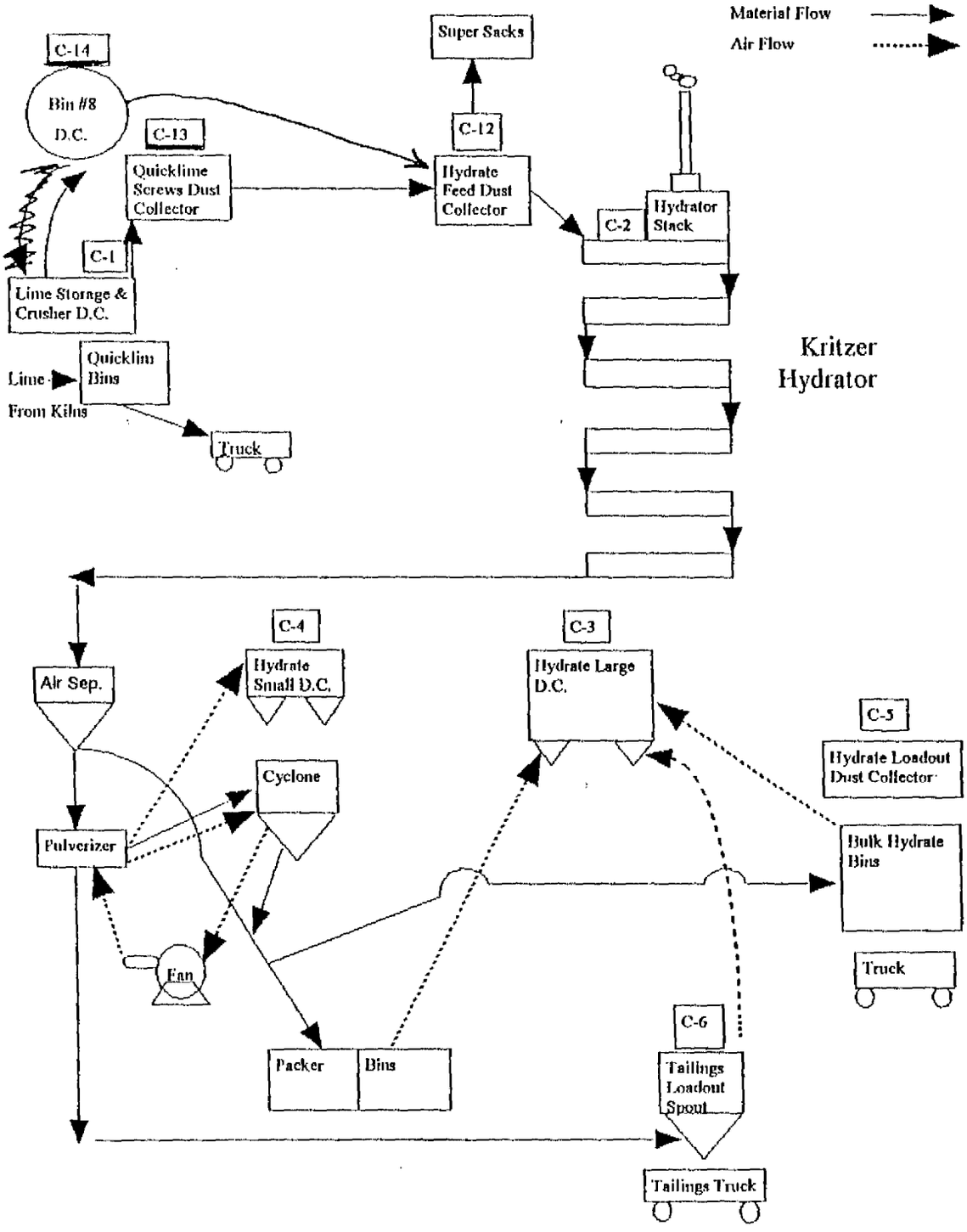
Kiln Flow Diagram
Ash Grove Cement Company Rivergate Plant



E10

January 23,1995
ACDP Permit #26-1891

Quicklime Storage & Hydrate Flow Diagram
Ash Grove Cement Company Rivergate Plant



Department of Environmental Quality
Air Quality Division

DEQ Use Only

Company Name ASH GROVE CEMENT COMPANY

Date APRIL 15, 1995

Permit No. 26-1891

Application No. _____

CONTROL EQUIPMENT

(Complete for all control equipment at facility.)

Baghouses

ID No.	* (C-13)	C-14		
Process controlled	~~BIN #8~~	BIN #8		
Type cleaning mechanism	AUTO MOTOR SHAKER	AUTO MOTOR SHAKER		
Rated efficiency	99.9+%	99.9%		
Amt dust collected tons/yr	UNKNOWN RETURNED TO ~~BIN~~ BELT	UNKNOWN RETURNED TO BIN		
Year installed	~~1995~~ 1996	1996		
Mfg name	TORIT	TORIT		
Air flow rate (scfm)	500	886		
Air-to-cloth ratio	8.33:1	5.9:1		
Pressure drop (in. water)	UNKNOWN	UNKNOWN		
Collected material, disposal method	TO ~~BIN~~ BELT PRODUCT	TO BIN PRODUCT		
Other info				

Wet Scrubbers

ID No.		
Process controlled		
Type scrubber		
Rated efficiency		
Year installed		
Mfg. name		
Water flow rate (gal/min)		
Air flow rate (scfm)		
Pressure drop (in. water)		
Source of water		
Water disposal method		
Other info		

* PROPOSED EQUIPMENT

12/15/95

REVISED TO SHOW - ELIMINATION OF BYPASS STACKS, ADDITION OF POINTS C-13 & C-14, ACTIVATION OF B-11 AND ELIMINATION OF A-36 & A-37

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT ACDP PERMIT #26-1891 POLLUTANT TSP

EMISSIONS DATA FOR OPERATING SCENARIO:Modified 1996 No New Equipment

All Fugitive Emissions are Listed in Unit ID A. Controlled Emissions are listed in Unit ID B & C.

Unit ID	Description	Production, Raw Material or Fuel Usage Rate Short Term	Units	hrs/yr	Annual	Units	Annual Emission Factor Number	Units	Reference	Controls	Emissions Lbs/Hour	Tons/Year
A-1	BARGE HOPPER	770	TPH	1,022	557,000	Tons	0.0048	Lbs/Ton	AP-42		5.54	1.34
					545	NormalTPH			11.2.3-3			
A-2	TRANSFER POINT	770	TPH	1,022	557,000	Tons	0.0024	Lbs/Ton	AP-42		2.77	0.67
	HINGED CONVEYOR				545	NormalTPH			11.2.3-3			
A-3	TRANSFER POINT	770	TPH	1,022	557,000	Tons	0.0024	Lbs/Ton	AP-42		2.77	0.67
	STOCKPILE				545	NormalTPH			11.2.3-3			
A-4	TRANSFER POINT	770	TPH	550	300,000	Tons	0.0024	Lbs/Ton	AP-42		2.77	0.36
	TRIPPER				545	NormalTPH			11.2.3-3			
A-5	TRANSFER POINT	330	TPH	1,451	267,000	Tons	0.0024	Lbs/Ton	AP-42		1.19	0.32
	SCREEN FEED				184	NormalTPH			11.2.3-3	Encl&Spray		
A-6	TRIPLE DECK	330	TPH	1,451	267,000	Tons	0.013	Lbs/Ton	AP-42		6.44	1.74
	SCREEN				184	NormalTPH			8.19,1-1 & 2-1			
A-7	SMALL ROCK	0.40	Acres	8,760	0.36	Acres	8.35	Lbs/Acre/Day	AP-42	50%	0.21	0.55
	STOCKPILE								8.19,1-1	Active		
A-8	LARGE ROCK	0.40	Acres	8,760	0.36	Acres	8.35	Lbs/Acre/Day	AP-42	50%	0.21	0.55
	STOCKPILE								8.19,1-1	Active		
A-9	TURNHEAD	60	TPH	5,750	230,000	Tons	0.0024	Lbs/Ton	AP-42		0.22	0.28
					40	NormalTPH			11.2.3-3	Encl&Suction		
A-10	KILN #2 INPUT	60	TPH	1,592	63,663	Tons	0.0024	Lbs/Ton	AP-42		0.22	0.08
					40	NormalTPH			11.2.3-3	Encl&Suction		
A-11	KILN #3 INPUT	60	TPH	2,565	102,600	Tons	0.0024	Lbs/Ton	AP-42		0.22	0.12
					40	NormalTPH			11.2.3-3	Encl&Suction		
A-12	WEST AG ROCK	0.70	Acres	8,760	0.60	Acres	8.35	Lbs/Acre/Day	AP-42	50%	0.37	0.91
	STOCKPILE								8.19,1-1	Active		
A-13	EAST AG ROCK	0.70	Acres	8,760	0.60	Acres	8.35	Lbs/Acre/Day	AP-42	50%	0.37	0.91
	STOCKPILE								8.19,1-1	Active		
A-14	DOLOMITIC ROCK	160	TPH	433	26,000	Tons	0.0024	Lbs/Ton	AP-42		0.38	0.03
	UNLOADER				60	NormalTPH			11.2.3-3	No Controls		
A-15	DOLOMITIC ROCK	0.10	Acres	8,760	0.05	Acres	8.35	Lbs/Acre/Day	AP-42	50%	0.05	0.08
	STOCKPILE								8.19,1-1	Active		
A-16	AG RECLAIM	160	TPH	2,500	300,000	Tons	0.0048	Lbs/Ton	AP-42		1.15	0.72
	HOPPER				120	NormalTPH			11.2.3-3			
A-17	COAL,COKE & LIME	80	TPH	330	4,000	Tons Coke	0.0014	Lbs/Ton	AP-42 9/88,11.2.3.3		0.17	0.00
	RAIL UNLOADER	30	TPH		5,000	Tons Lime	0.056	Lbs/Ton	AP-42 8.19.1-1		2.52	0.14
A-18	COAL TRANSFER PTS	0	TPH	574	0	Tons	0.0028	Lbs/Ton	AP-42		0.00	0.00
	Belt Conv. Installation Required First				30	NormalTPH			11.2.3-3	2Pts No Ctrl		
A-19	COKE & LIME	80	TPH	330	4,000	Tons Coke	0.0014	Lbs/Ton	AP-42 9/88,11.2.3.3		0.17	0.00
	TRUCK	30	TPH		5,000	Tons Lime	0.30	Lbs/Ton	AP-42 8.15-1		13.50	0.75
A-20	COAL PILE	0.10	Acres	8,760	0.05	Acres	3.50	Lbs/Acre/Day	AP-42	Inactive	0.02	0.03
									8.19,1-1			

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT ACDP PERMIT #26-1891 POLLUTANT TSP
EMISSIONS DATA FOR OPERATING SCENARIO:Modified 1996 No New Equipment

All Fugitive Emissions are Listed in Unit ID A. Controlled Emissions are listed in Unit ID B & C.

Unit ID	Description	Production, Raw Material or Fuel Usage Rate			Annual Emission Factor				Reference	Controls	Emissions	
		Short Term	Units	hrs/yr	Annual	Units	Number	Units			Lbs/Hour	Tons/Year
A-21	AUX DOLOMITIC STOCKPILE	0.15	Acres	8,760	0.10	Acres	3.50	Lbs/Acre/Day	AP-42 8.19,1-1	Inactive	0.03	0.06
A-22	WASTE PILE	0.10	Acres	8,760	0.05	Acres	3.50	Lbs/Acre/Day	AP-42 8.19,1-1	Inactive	0.02	0.03
A-23	CHEMICAL ROCK STOCKPILE	1.50	Acres	8,760	1.43	Acres	8.35	Lbs/Acre/Day	AP-42 8.19,1-1	50% Active	0.78	2.18
A-24	MISC STOCKPILE	1.20	Acres	8,760	1.00	Acres	3.50	Lbs/Acre/Day	AP-42 8.19,1-1	Inactive	0.26	0.64
A-25	LIMESTONE TRUCK LOADING	400	TPH	611	45,000	Tons	0.0024	Lbs/Ton	AP-42		1.44	0.05
					90	NormalTPH			9/88,11.2.3.3			
A-26	DOLOMITIC ROCK TRUCK LOADING	400	TPH	122	10,000	Tons	0.0024	Lbs/Ton	AP-42		1.44	0.01
					90	NormalTPH			9/88,11.2.3.3			
A-27	KILN D.C. DUST LOADING	25	TPH	8,760	3,500	Tons	0.056	Lbs/Ton	AP-42 8.19,1-1		2.10	0.10
A-28	KILN WASTE LOADING	20	TPH	8,760	2,000	Tons	0.056	Lbs/Ton	AP-42 8.19,1-1		1.68	0.06
A-29	AUX SIZED CHEMICAL ROCK PILE	0.80	Acres	8,760	0.70	Acres	3.50	Lbs/Acre/Day	AP-42 8.19,1-1	Inactive	0.18	0.45
A-30	COAL HOPPER	0	TPH	433	0	Tons	0.014	Lbs/Ton	AP-42	No Controls	0.00	0.00
					40	NormalTPH			11.2.3-1&9/88,11.2.3.3			
A-31												
A-32												
A-33												
OBSOLETE												
A-35	Dust Tank Bin Vent								Estimate		0.50	1.00
OBSOLETE												
	Subtotal Fugitive								49.68	Lbs/Hr		
	Subtotal Fugitive								14.83	Tons/Yr		

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT ACDP PERMIT #26-1891 POLLUTANT TSP

EMISSIONS DATA FOR OPERATING SCENARIO:Modified 1996 No New Equipment

All Fugitive Emissions are Listed in Unit ID A. Controlled Emissions are listed in Unit ID B & C.

Unit ID	Description	Production, Raw Material or Fuel Usage Rate			Annual Emission Factor				Reference		Emissions	
		Short Term	Units	hrs/yr	Annual	Units	Number	Units		Controls	Lbs/Hour	Tons/Year
B-1	KILN #1	11,000	scfm	7,884	10,670	scfm	0.02	gr/scf	1992 AP Eng MANUAL		2.83	7.21
	EXHAUST STACK	4.3	TPH		33,506	Tons			Portlnd Cement Table1			
B-2	KILN #1			7,884					Stack		5.01	13.17
	COOLER STACK								Tests			
B-3	KILN#1	Obsolete										
	PREHEATER VENT											
B-4	KILN#1	Obsolete										
	PREHEATER VENT											
B-5	KILN#2	11,000	scfm	7,560	10,819	scfm	0.02	gr/scf	1992 AP Eng MANUAL		2.83	7.01
	EXHAUST STACK	4.3	TPH		32,506	Tons			Portlnd Cement Table1			
B-6	KILN #2			7,560					Stack		5.01	12.63
	COOLER STACK								Tests			
B-7	KILN#2	Obsolete										
	PREHEATER VENT											
B-8	KILN#2	Obsolete										
	PREHEATER VENT											
B-9	KILN #1 & #2								Visual Estimate		0.5	2.06
	SCRAPER HOOD											
B-10	KILN #3	25,000	scfm	8,147	23,380	scfm	0.01	gr/scf	Latest		3.21	8.16
	DUST COLLECTOR	6.6	TPH		54,000	Tons			STACK TESTS			
B-11	KILN #3	4,500	scfm	8,147	4,127	scfm	0.02	gr/scf	1992 AP Eng MANUAL		1.16	2.88
	LIME HDLG DC								Portlnd Cement Table1			
B-12	COAL/LIME BIN #7	600	scfm	120	500	scfm	0.02	gr/scf	1992 AP Eng MANUAL		0.15	0.01
	DUST COLLECTOR								Portlnd Cement Table1			
B-13	KILNS	500	scfm	8,760	480	scfm	0.02	gr/scf	1992 AP Eng MANUAL		0.13	0.36
	LIME HDLG DC								Portlnd Cement Table1			
B-14	KILN #3	0	scfm	8,147	0	scfm	0.02	gr/scf	1992 AP Eng MANUAL		0.00	0.00
	LIME HDLG DC								Portlnd Cement Table1			
B-16	PORTABLE DC	5,000	scfm	400	4,000	scfm	0.02	gr/scf	1992 AP Eng MANUAL		1.29	0.14
	HI VAC								Portlnd Cement Table1			
B-17												
B-18												

ADD

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT ACDP PERMIT #26-1691 POLLUTANT TSP

EMISSIONS DATA FOR OPERATING SCENARIO:Modified 1996 No New Equipment

All Fugitive Emissions are Listed in Unit ID A. Controlled Emissions are listed in Unit ID B & C.

Unit ID	Description	Production, Raw Material or Fuel Usage Rate Short Term	Units	hrs/yr	Annual	Units	Annual Emission Factor Number	Units	Reference Controls	Emissions Lbs/Hour	Tons/Year
C-1	LIME STORAGE & CRUSHER DC	9,500	scfm	8,760	8,937	scfm	0.02	gr/scf	1992 AP Eng MANUAL	2.44	6.71
									Portlnd Cement Table1		
C-2	HYDRATOR STACK	5.5	Tons/Hr		18,000	Tons	0.1	Lb/Ton	AP-42	0.83	0.90
					4.2	tph			8.15-1		
C-3	HYDRATE LARGE D.C.	10,000	scfm	4,286	9,287	scfm	0.02	gr/scf	1992 AP Eng MANUAL	2.57	3.41
									Portlnd Cement Table1		
C-4	HYDRATE SMALL D.C.	2,000	scfm	4,286	1,644	scfm	0.02	gr/scf	1992 AP Eng MANUAL	0.51	0.60
									Portlnd Cement Table1		
C-5	HYDRATE LOADOUT DUST COLLECTOR	40	Tons/Hr	325	13,000	Tons	0.02	gr/scf	1992 AP Eng MANUAL	0.01	0.36
					40	TPH			Portlnd Cement Table1		
C-6	TAILINGS LOADOUT SPOUT	30	Tons/Hr		1,800	Tons	0.056	Lbs/Ton	AP-42	2.52	0.05
									8.19-1		
C-7	RAYMOND MILL #1	16,000	scfm	5,725	15,000	scfm	0.01	gr/scf	Typical Performance	2.06	3.68
		31 TPH PEAK			97,333	Tons	17 TPH	Normal	PER Mfg. See Attached		
C-8	RAYMOND MILL #2	16,000	scfm	5,725	15,000	scfm	0.01	gr/scf	Typical Performance	2.06	3.68
		31 TPH PEAK			97,333	Tons	17 TPH	Normal	PER Mfg. See Attached		
C-9	RAYMOND MILL #3	16,000	scfm	5,725	15,000	scfm	0.01	gr/scf	Typical Performance	2.06	3.68
		31 TPH PEAK			97,333	Tons	17 TPH	Normal	PER Mfg. See Attached		
C-10	ROLLER MILL BINS DUST COLLECTOR	4,400	scfm	7,884	4,000	scfm	0.02	gr/scf	1992 AP Eng MANUAL	1.13	2.70
									Portlnd Cement Table1		
C-11	ROLLER MILL LOADOUT D.C.	8,000	scfm	1,500	7,429	scfm	0.02	gr/scf	1992 AP Eng MANUAL	2.06	0.96
					200	TPH			Portlnd Cement Table1		
C-12	HYDRATE FEED DUST COLLECTOR	1,200	scfm	1,350	1,000	scfm	0.02	gr/scf	1992 AP Eng MANUAL	0.31	0.12
					20	TPH	19,485	Tons	Portlnd Cement Table1		
ADD C-13	QUICKLIME SCREWS DUST COLLECTOR	550	scfm	1,100	500	scfm	0.02	gr/scf	1992 AP Eng MANUAL	0.14	0.05
					20	TPH			Portlnd Cement Table1		
ADD C-14	Bin #8 DC	1,000	scfm	400	886	scfm	0.02	gr/scf	1992 AP Eng MANUAL	0.26	0.03
					10	TPH			Portlnd Cement Table1		
	Subtotal Non-Fugitive								40.81 Lbs/Hr		
	Subtotal Non-Fugitive								80.52 Tons/Yr		
	TOTAL									90.75	95.38

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT — PERMIT #26-1891 — POLLUTANT SO2
EMISSIONS DATA FOR OPERATING SCENARIO: MODIFIED ESTIMATED 1996

Unit ID	Description	Production, Raw Material or Fuel Usage Rate				Hourly Emissions Factor		Annual Emissions Factor		Reference		Emissions	
		Short Term	Units	hrs/yr	Annual	Units	Number	Units	Number	Units	Efficiency	Lbs/Hour	Tons/Year
B-1	KILN #1	11,000	scfm	7,884	10,670	scfm	23	ppm	3	ppm	Stack Tests	2.63	1.31
	EXHAUST STACK	6.28	mmbtu/ton		33,506	Tons			3.6	TPH			
B-3	KILN #1	2,000	scfm	7,884	1,668	scfm	126	ppm	33	ppm		2.98	2.26
	PREHEATER VENT												
B-4	KILN #1	2,000	scfm	7,884	1,668	scfm	126	ppm	33	ppm		2.52	2.26
	PREHEATER VENT												
B-5	KILN#2	11,000	scfm	7,560	10,819	scfm	10	ppm	2	ppm		1.14	0.85
	EXHAUST STACK	7.28	mmbtu/ton		32,506	Tons			3.6	TPH			
B-7	KILN #2	2,000	scfm	7,560	1,911	scfm	473	ppm	82	ppm		9.84	6.16
	PREHEATER VENT												
B-8	KILN #2	2,000	scfm	7,560	1,911	scfm	473	ppm	82	ppm		9.84	6.16
	PREHEATER VENT												
B-10	KILN #3	25,000	scfm	8,147	23,380	scfm	9	ppm	6	ppm		2.34	5.94
	DUST COLLECTOR	5.55	mmbtu/ton		54,000	Tons			6.4	TPH			
C-7	RAYMOND MILL #1	16,000	scfm	5,780	15,000	scfm	9	ppm	6	ppm		1.50	2.70
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH			
C-8	RAYMOND MILL #2	16,000	scfm	5,780	15,000	scfm	9	ppm	6	ppm		1.50	2.70
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH			
C-9	RAYMOND MILL #3	16,000	scfm	5,780	15,000	scfm	9	ppm	6	ppm		1.50	2.70
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH			
	TOTAL											35.52	33.05
	ANNUAL MAXIMUM PRODUCTION	120,012Tons Quicklime		18,000 Tons Hydrate		300,000 Tons Ag							

H16-1

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT — PERMIT #25-1891 — POLLUTANT NOX
EMISSIONS DATA FOR OPERATING SCENARIO: MODIFIED ESTIMATED 1996

Unit ID	Description	Production, Raw Material or Fuel Usage Rate Short Term	Units	hrs/yr	Annual	Units	Hourly Emissions Factor Number	Units	Annual Emissions Factor Number	Units	Reference	Efficiency	Emissions Lbs/Hour	Tons/Year
B-1	KILN #1	11,000	scfm	7,884	10,670	scfm	36	ppm	22	ppm	Stack Tests		2.38	5.55
	EXHAUST STACK	7.28	mmbtu/ton		33,506	Tons			3.6	TPH				
B-3	KILN #1	2,000	scfm	7,884	1,668	scfm	43	ppm	35	ppm			0.52	1.38
	PREHEATER VENT													
B-4	KILN #1	2,000	scfm	7,884	1,668	scfm	43	ppm	35	ppm			0.52	1.38
	PREHEATER VENT													
B-5	KILN#2	11,000	scfm	7,560	10,819	scfm	32	ppm	17	ppm			2.11	4.17
	EXHAUST STACK	7.28	mmbtu/ton		32,506	Tons			3.6	TPH				
B-7	KILN #2	2,000	scfm	7,560	1,911	scfm	60	ppm	34	ppm			0.72	1.47
	PREHEATER VENT													
B-8	KILN #2	2,000	scfm	7,560	1,911	scfm	60	ppm	34	ppm			0.72	1.47
	PREHEATER VENT													
B-10	KILN #3	25,000	scfm	8,147	23,380	scfm	27	ppm	18	ppm			4.05	10.29
	DUST COLLECTOR	5.55	mmbtu/ton		54,000	Tons			6.4	TPH				
C-7	RAYMOND MILL #1	16,000	scfm	5,780	15,000	scfm	32	ppm	19	ppm			3.07	4.94
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH				
C-8	RAYMOND MILL #2	16,000	scfm	5,780	15,000	scfm	32	ppm	19	ppm			3.07	4.94
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH				
C-9	RAYMOND MILL #3	16,000	scfm	5,780	15,000	scfm	32	ppm	19	ppm			3.07	4.94
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH				
	TOTAL												20.23	40.54
				Estimated Additional if Maximum Coal/Coke Usage.									5.35	16.47
				Total with Coal									25.58	57.01
	ANNUAL MAXIMUM PRODUCTION	120,012Tons Quicklime		18,000 Tons Hydrate		300,000 Tons Ag								

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT — PERMIT #26-1891 — POLLUTANT CO

EMISSIONS DATA FOR OPERATING SCENARIO: MODIFIED ESTIMATED 1996

Unit ID	Description	Production, Raw Material or Fuel Usage Rate					Hourly Emissions Factor		Annual Emissions Factor		Reference		Emissions	
		Short Term	Units	hrs/yr	Annual	Units	Number	Units	Number	Units		Efficiency	Lbs/Hour	Tons/Year
B-1	KILN #1	11,000	scfm	7,884	10,670	scfm	95	ppm	49	ppm	Stack Tests		4.64	9.15
	EXHAUST STACK	6.28	mmbtu/ton		33,506	Tons			4.3	TPH	*4.3/3.6			
B-3	KILN #1	2,000	scfm	7,884	1,668	scfm	3	ppm	1	ppm			0.03	0.03
	PREHEATER VENT													
B-4	KILN #1	2,000	scfm	7,884	1,668	scfm	3	ppm	1	ppm			0.03	0.03
	PREHEATER VENT													
B-5	KILN#2	11,000	scfm	7,560	10,819	scfm	56	ppm	26	ppm			2.74	4.72
	EXHAUST STACK	6.28	mmbtu/ton		32,506	Tons			3.6	TPH				
B-7	KILN #2	2,000	scfm	7,560	1,911	scfm	3	ppm	1	ppm			0.03	0.03
	PREHEATER VENT													
B-8	KILN #2	2,000	scfm	7,560	1,911	scfm	3	ppm	1	ppm			0.03	0.03
	PREHEATER VENT													
B-10	KILN #3	25,000	scfm	8,147	23,380	scfm	520	ppm	105	ppm	Stack Tests		57.72	44.40
	DUST COLLECTOR	5.55	mmbtu/ton		54,000	Tons			6.6	TPH	*6.6/6.4			
C-7	RAYMOND MILL #1	16,000	scfm	5,780	15,000	scfm	60	ppm	40	ppm	Estimated		4.26	7.70
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH				
C-8	RAYMOND MILL #2	16,000	scfm	5,780	15,000	scfm	60	ppm	40	ppm			4.26	7.70
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH				
C-9	RAYMOND MILL #3	16,000	scfm	5,780	15,000	scfm	60	ppm	40	ppm			4.26	7.70
		0.22	mmbtu/ton		100,000	Tons			17.3	TPH				
	TOTAL												77.99	81.49
	ANNUAL MAXIMUM PRODUCTION	120,012 Tons Quicklime		18,000 Tons Hydrate			300,000 Tons Ag							

Send original & 1 copy of application to:
DEPARTMENT OF ENVIRONMENTAL QUALITY
Northwest Region - Air Quality
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

DEQ Use Only
Date Rec'd
Staff (AQ) WQ SW HW
NC # File # 26-1891

Notice of Intent to Construct

Applicant:	Location of Facility:
ASH GROVE CEMENT COMPANY Official Business Name	ASH GROVE CEMENT CO. - RIVERGATE PLANT Division or Assumed Business Name
13939 N. RIVERGATE BLVD. Street Address or PO Box	13939 N. RIVERGATE BLVD. Site Address
PORTLAND OREGON 97203-6608 City State 9-digit Zip Code	PORTLAND OREGON 97203-6608 City Zip Code

Person to Contact for Additional Details:

Name	Address	Telephone
AL COLLINET	13939 N. RIVERGATE BLVD. PORTLAND, OREGON 97203-6608	(503)286-1677

Does facility have an DEQ Permit? ___ No ✓ Yes Permit No.: 26-1891

Permit is for:
✓ Air ___ Water ___ Solid Waste ___ Haz Waste

Give a brief technical description of the proposed facility or equipment to be installed and its function. Provide a process diagram and calculations of emissions.

ELIMINATION OF BYPASS STACKS POINTS B-3 AND B-4 ON KILN #1, B-7 AND B-8 ON KILN #2

Briefly describe proposed pollution control.

ALL EXHAUST WILL GO THROUGH B-1 ON KILN #1 AND B-5 ON KILN #2 WHEN COMPLETE.

Attach additional sheets if necessary. CONTINUE -> -> -> -> -> ->

NOTE: LAND USE APPROVAL IS REQUIRED FOR ALL NEW FACILITIES, FACILTY EXPANSION, AND INCREASED EMISSIONS.

List types and amounts of pollutant discharged before installation of equipment; show how this was calculated. Indicate how wastes are disposed.

SEE COPIES OF H10-3, I16-1, I17-1, AND I18-1

List types and amounts of pollutants discharged or wastes utilized after installation of equipment; show how this was calculated. Indicate how wastes are disposed.

ELIMINATION OF BYPASS STACKS WILL DECREASE NOX, SO2 AND TSP. NO POLLUTANTS WILL BE GENERATED FROM THESE SOURCES AS THEY WILL NOT EXIST.

Estimated Costs: Entire facility $100,000

Pollution control equipment only $ NA

Estimated construction dates: Beginning JAN -- / 1996 Ending DEC / -- / 1996

Will tax credits be requested after construction is complete? Yes ___ No X

I HEREBY CERTIFY THAT I HAVE COMPLETED THIS APPLICATION TO THE BEST OF MY ABILITY AND THAT THE INFORMATION HEREIN AND IN THE ATTACHED EXHIBITS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Albert A. Collins — Signature

PLANT MANAGER — Title

12/20/95 — Date

NC.1
(9/93)

Send original & 1 copy of application to:
DEPARTMENT OF ENVIRONMENTAL QUALITY
Northwest Region - Air Quality
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

DEQ Use Only
Date Rec'd _____
Staff _____ (AQ) WQ SW HW
NC # _____ File # 26-1891

Notice of Intent to Construct

Applicant:

ASH GROVE CEMENT COMPANY
Official Business Name

13939 N. RIVERGATE BLVD.
Street Address or PO Box

PORTLAND OREGON 97203-6608
City State 9-digit Zip Code

Location of Facility:

ASH GROVE CEMENT CO.-RIVERGATE PLANT
Division or Assumed Business Name

13939 N. RIVERGATE BLVD.
Site Address

PORTLAND OREGON 97203-6608
City Zip Code

Person to Contact for Additional Details:

AL COLLINET
Name

13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203-6608
Address

(503)286-1677
Telephone

Does facility have an DEQ Permit? ____ No ✓ Yes Permit No.: 26-1891

Permit is for:
✓ Air ____ Water ____ Solid Waste ____ Haz Waste

Give a brief technical description of the proposed facility or equipment to be installed and its function. Provide a process diagram and calculations of emissions.

1. 500 TON STORAGE BIN #8 C-13
2. DUST COLLECTOR ON QUICKLIME SCREWS C-14

Briefly describe proposed pollution control.

1. TORIT 886 SCFM AUTO MOTOR SHAKER BIN VENT 5.9:1 AIR TO CLOTH RATIO
2. TORIT 500 SCFM AUTO MOTOR SHAKER BIN VENT 8.33:1 AIR TO CLOTH RATIO

Attach additional sheets if necessary. CONTINUE -> -> -> -> -> ->

NOTE: LAND USE APPROVAL IS REQUIRED FOR ALL NEW FACILITIES, FACILTY EXPANSION, AND INCREASED EMISSIONS.

List types and amounts of pollutant discharged before installation of equipment; show how this was calculated. Indicate how wastes are disposed.

1. NONE.

2. SEE PAGE H10-2 COPY ATTACHED.

List types and amounts of pollutants discharged or wastes utilized after installation of equipment; show how this was calculated. Indicate how wastes are disposed.

1. SEE REVISED PAGE H10-4

2. SEE REVISED PAGE H10-4

DUST TO PRODUCT

Estimated Costs: Entire facility $ #1 121,000 #2 4,000

Pollution control equipment only $ 7,500

Estimated construction dates: Beginning 08 / 15 / 95 Ending 03 / 15 / 96

Will tax credits be requested after construction is complete? Yes ____ No X

I HEREBY CERTIFY THAT I HAVE COMPLETED THIS APPLICATION TO THE BEST OF MY ABILITY AND THAT THE INFORMATION HEREIN AND IN THE ATTACHED EXHIBITS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Albert A. Collins — Signature

PLANT MANAGER — Title

12/20/95 — Date

NC.1
(9/93)

Identification Information

1. Permit No.: 26-1891

2. **Legal Company Name**	3. **Facility Name** *(if different from legal company name)*
Ash Grove Cement Company Company Name 6720 SW Macadam Ave., Suite 300 Mailing Address Portland, OR 97219-2312 City, State, ZIP Code	Ash Grove Cement Co. - Rivergate Plant Facility Name 13939 N. Rivergate Blvd. Location Address Portland, OR 97203 City, State, ZIP Code
4. **Compliance Contact**	5. **Information/Clarification Contact**
Al Collinet, Plant Manager Name and Title 13939 N. Rivergate Blvd., Portland, OR 97203 Mailing Address (503) 286-1677 Area Code and Telephone Number	Al Collinet, Plant Manager Name and Title 13939 N. Rivergate Blvd., Portland, OR 97203 Location Address (502) 286-1677 Area Code and Telephone Number

Facility Information

6. SIC codes: 3274 _____ _____ _____

7. Other Department permits? ☒ Yes ☐ No (If yes, specify type and permit number) NPDES 100865

8. Increased capacity/emissions, new pollutants? ☐ Yes ☒ No

9. If applicable, attach a Land Use Compatibility Statement

10. Attach a Supplemental Information Form

Construction Information

11. Description of proposed construction: ITEM # 1: Install ductwork to allow recycling of cooler gases for kiln #1 and #2. The exhausts from the quicklime product coolers for kiln #1 and #2 are currently vented to atmosphere after dedusting in a cyclone and heat exchange. The cooler gases from the kilns will be used as primary combustion air for the burners of the kilns, similar to what is done for kiln #3. Kiln #2 will be modified first, kiln #1 later, taking advantage of lessons learned from the modification to kiln #1. ITEM #2: The existing quicklime product discharge hoods for kiln #1 and #2 are currently vented through a cyclone. The proposed new ductwork and dust collectors will replace the cyclone and add pick-up of dust at rear of discharge hood scrapers and at lime handling points in the basement below the kilns.

12. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable

13. Attach Form AQ301, Control Device Description, if applicable

14. Attach a process flow diagram

Emissions Data

15. Pre- and postconstruction emissions summary data:

a. Emissions Point	b. Pollutant	c. Preconstruction Emissions		d. Postconstruction Emissions	
		Short-term (specify unit)	Annual (tons/yr)	Short-term (specify unit)	Annual (tons/yr)
B-2. Kiln #1 Cooler Vent	PM	5.01 lbs/hr	12.24	0	0
B-6. Kiln #2 Cooler Vent	PM	5.01 lbs/hr	11.85	0	0
B-9a. Kiln #1 Scraper Hood	PM	0.5/2= 0.25 lbs/hr	2.06/2= 1.03	0.9 lbs/hr	3.5
B-9b. Kiln #2 Scraper Hood	PM	0.5/2= 0.25 lbs/hr	2.06/2= 1.03	0.9 lbs/hr	3.5

16. Description of waste disposal practices *before* the construction: Process waste materials are recycled. Maintenance wastes are sent to municipal landfill.

17. Description of waste disposal practices *after* the construction: Process waste materials are recycled. Maintenance wastes are sent to municipal landfill.

Construction Data

18. Timing of construction:

    a. Commence date (mm/dd/yy) November 1996

    b. Begin date (mm/dd/yy) December 1996

    c. Completion date (mm/dd/yy) December 1997 for kiln #1; kiln #2 may be delayed to February 1998

19. Will tax credits be requested once construction is completed? ☒ Yes ☐ No

Signature

20. Signature:

I hereby certify that I have completed this application to the best of my ability and that the information contained herein and in the attached exhibits is true and correct to the best of my knowledge.

Al Collinet
Name of Authorized Representative

Albert A. Collinet
Signature

Plant Manager
Title

12/6/96
Date (mm/dd/yy)

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
SUPPLEMENTAL INFORMATION FORM

AIR, WATER, SOLID WASTE AND HAZARDOUS WASTE
PERMITS AND REGISTRATIONS
MODIFICATIONS TO EXISTING FACILITIES

Unnecessary delays during permit review or facility construction often can be eliminated when potential issues and areas of overlap are identified early in the permit process. With this in mind, the Oregon Department of Environmental Quality (DEQ) is testing an integrated approach to permit processing. The purpose of this "cross-media" approach is to help the applicant determine which pre-construction environmental permits will be needed, and help DEQ expedite the permit process. The approach also helps the applicant and DEQ analyze potential impacts of the proposed modification on all environmental areas of concern; helps prevent any inadvertent transfer of pollutants from one media to another, such as from air to land; provides an opportunity to look at overall environmental impacts from a facility and net environmental benefits from a proposal; and increases opportunities to identify pollution prevention alternatives.

The following questions are meant to be a screening tool to help identify potential areas of concern and, if necessary, help DEQ establish a cross-media workgroup for your facility. If you are unsure which regulations apply to your facility, several DEQ publications and technical assistance programs can help you find answers. For a copy of the Oregon Environmental Permits Handbook, or if you have other questions, please telephone the person identified in the cover letter included with this form. You also can telephone DEQ's Technical Assistance and Service Coordinator at (503) 229-5946, or toll-free (800) 452-4011, to be referred to the appropriate program or to arrange a pre-application meeting with permit program staff.

1. Name of Facility Ash Grove Cement Co. - Rivergate

   Address or Location of Facility 13939 N. Rivergate Blvd., Portland, OR 97203

   Latitude/Longitude or other precise locational data for the facility, if available *(if you need assistance in determining latitude and longitude coordinates, please contact DEQ at 229-5946)*

   47°37'19" latitude/122°47'00" longitude

   Name of Contact Person Al Collinet

   Phone Number of Contact Person (503) 286-1677

2. Please briefly tell us what kind of business you operate (principal products and services).

   Manufacture and sales of quicklime, hydrated lime and ground limestone products.

3. Please list any local, state or federal environmental permits or registrations you may have from the list below. Please check all that apply. *Please enter the permit or registration number if available (or just indicate YES if the number is not readily available); or indicate N/A if the permit does not apply to your facility.* Please indicate which of these permits you intend to apply for or modify at this time.

   a. Air Permit (air emissions) X yes ___N/A

      Permit Number, if known ACDP 26-1981 *modify?* ___*yes* X *no*

b. Indirect Source Construction Permit (large parking lots) ___yes _X_ N/A
*Permit Number, if known*_____ *modify?* ___*yes* ___*no*

c. Wastewater Discharge Permit (state or federal) _X_ yes ___N/A
Permit Number, if known NPDES 100865 *modify?* ___*yes* _X_ *no*

d. Wastewater Pretreatment Permit (local) ___yes _X_ N/A
*Permit Number, if known*_____ *modify?* ___*yes* ___*no*

e. Hazardous Waste Generator Registration ___yes _X_ N/A
*EPA ID Number, if known*_____ *modify?* ___*yes* ___*no*

f. Hazardous Waste Permit (RCRA Part B) ___yes _X_ N/A

g. Solid Waste Disposal Permit ___yes _X_ N/A
*Permit Number, if known*_____ *modify?* ___*yes* ___*no*

h. Underground Storage Tank Registration ___yes _X_ N/A
*Permit Numbers, if known*_____ *modify?* ___*yes* ___*no*

i. Environmental Cleanup/Superfund Site ___yes _X_ N/A

j. Voluntary Cleanup Registration ___yes _X_ N/A

4. Please describe the proposed modification to your facility. This "systems design" should include a description of the proposed changes to the facility; input chemicals and approximate amounts used; anticipated volumes of wastes, emissions or discharges to the air, water and land; proposed control technologies; and any new energy sources that might be needed. If you treat your wastes prior to discharge or release, please indicate how you plan to manage or dispose of treatment residuals (ash, filters, sludge, leachate, etc.). Please use a separate sheet for your description.

5. Many companies are able to design their facilities and processes to minimize the amount of chemicals used and pollutants discharged to the environment. This information may be helpful in the permit review process and public hearings. Have you incorporated any pollution prevention concepts and technologies into the design of your facility?
_X_ yes ___no ___don't know

If yes, please briefly describe the design elements and pollutant reductions anticipated. Also include any pollution prevention activities already implemented in your facility. Please use a separate sheet for your description.

If you would you like any information (written publications, videos, etc.) about pollution prevention from our Waste Reduction Assistance Program, please call (503) 229-5913, or toll-free (800) 452-4011.

6. Facilities applying for environmental permits may encounter public concerns regarding land use, noise, traffic, odors or other community issues. Are you aware of any concerns in your community regarding your facility? _X_ yes ___no ___don't know

If yes, please indicate what the concerns are and how you plan to address them. Please use a separate sheet for your description.

Thank you for taking the time to fill out this form. If you have any questions, please contact the DEQ staff person listed in the cover letter, or our Technical Assistance and Services Coordinator at (503) 229-5946, or toll-free (800) 452-4011.

(Note: questions 4, 5 and 6 should be answered on a separate sheet of paper.)

Appendix58-000300

Supplemental Information Form

4. The proposed modification is described in form AQ104 and in the attachments.

5. The recycling of previously discarded cooler vent gases will prevent pollution and save energy.

6. Ash Grove has received inquiries about once a year in recent years from residents of Sauvie Island about sources of noise and night light. The company has worked with these residents to identify any plant sources of noise and night light. No sources of noise have been identified as causing a nuisance on Sauvie Island. This year trees were planted along Ash Grove's Willamette River bank to mitigate the effects of night light.

1. Facility name: Ash Grove Cement Co. - Rivergate	2. Permit No.: 26-1891

Fuel Burning Device Information

3. ID number: Emission Unit B - Quicklime Burning in Kilns

4. Existing or future? Existing

5. Date commenced (mm/dd/yy): Kilns #1 & #2 - April 1962; Kiln #3 - 1978

6. Date installed/completed (mm/dd/yy): Kilns #1 & #2 - March 1964; Kiln #3 - February 1979

7. Special controls: No

8. Manufacturer: Calcimatic

9. Description of device: The heart of a lime plant operation is the kiln department. The three kilns at Rivergate are Calcimatic kilns. The rock is placed on a rotating hearth, where it is heated to 2200 degrees Fahrenheit. At this temperature, the rock ($CaCO_3$) is converted to quicklime (CaO) and carbon dioxide (CO_2). After the rock is converted into quicklime, a drag conveyor scrapes it off the hearth. The material is then sized and placed in storage bins. Please refer to flow diagram after this form.

10. Firing method: About twenty burners pointed inward into the circular combustion chamber

Operating Schedule

11. Seasonal or year-round? year-round

    a. Months in operation: 12

12. Projected maximum hours/day: 24

13. Projected maximum days/week: 7

14. Projected maximum weeks/year: 48

Production Information

15. Rated design capacity (input) Kilns #1/2: 9.6 tph; Kiln #3: 16.2 tph (specify units)

16. Projected maximum annual operation Kilns #1/2: 42,000 tpy; Kiln #3: 71,000 tpy (specify units)

Ash Generation and Disposal Information

17. Quantity generated 0 tons/year

18. Description of ash disposal method: N/A

Fuel Usage Information

19. Fuel usage:

	Primary Fuel	Backup A	Backup B	Backup C
a. Type/grade of fuel	Natural Gas	Waste Oil	Land Fill Gas	
b. Average sulfur content (% by wt)	0.03	0.5	0.01	
c. Design hourly usage (specify units/hr)	110 MMBtu/hr	110 MMBtu/hr	120 MMBtu/hr	
d. Projected maximum annual usage	870 MMCF/yr	6,500,000 gal/yr	1,700 MMCF/yr	

	Primary Fuel	Backup A	Backup B	Backup C
(units/yr)				

Stack Information

20. Stack height: Kiln #1: 37'6"; Kiln #2: 36'; Kiln #3: 50' feet

21. Flow rate: Kiln #1: 12,500 dscfm; Kiln #2: 12,500 dscfm; Kiln #3: 27,700 dscfm dscf/minute

Monitoring Information

22. Monitoring equipment:

a. Steam pressure gauge? ☐ Yes ☒ No (If yes, recorder?) ☐ Yes ☐ No

b. Steam flow gauge? ☐ Yes ☒ No (If yes, recorder?) ☐ Yes ☐ No

c. Oxygen analyzer? ☐ Yes ☒ No (If yes, recorder?) ☐ Yes ☐ No

d. Visible emissions monitoring? ☒ Yes ☐ No

e. Sulfur dioxide monitor? ☐ Yes ☒ No

f. Other monitor? ☒ Yes ☐ No (If yes, specify) a) (If yes, recorder?) ☐ Yes ☒ No

Pollution Control Information

23. Control device(s)? ☒ Yes ☐ No (If yes, identification number[s]) Please refer to flow diagram after this form.

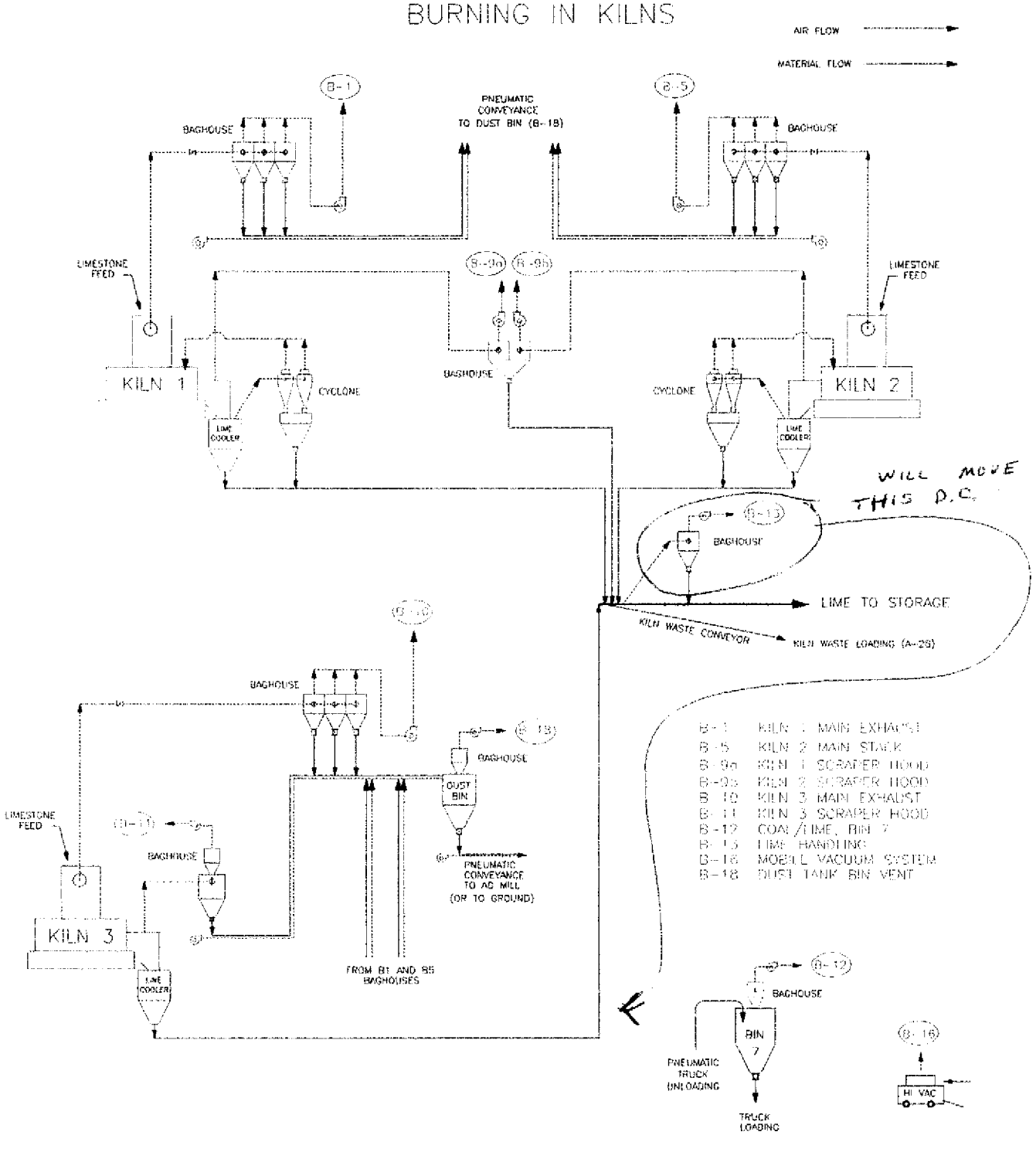
a) Periodic test with portable gas analyzer for CO, O2, NOx and SO2; several temperatures and pressures in kiln systems are continuously recorded.

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT

EMISSION UNIT B

QUICKLIME

BURNING IN KILNS



1. Facility name: Ash Grove Cement Company - Rivergate Plant	2. Permit No.: 26-1891

3. Electrostatic precipitators:

	ID:	ID:	ID:
a. Type of ESP–wet/dry			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Inlet gas pretreatment			
g. Number of fields			
h. Design primary and secondary voltage			
i. Design primary and secondary current			
j. Design inlet gas flow rate (acf/min)			
k. Estimated efficiency (%)			

4. Wet scrubbers:

	ID:	ID:	ID:
a. Type of scrubber			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design water flow rate (gal/min)			
g. Design water pressure (psig)			
h. Design inlet gas flow rate (acf/min)			
i. Design pressure drop (in. water; specify)			
j. Estimated efficiency (%)			

5. Baghouses:

	ID: D-9a	ID: D-9b	ID:
a. Type of cleaning mechanism and frequency	Pulse Jet	Pulse Jet	
b. Pollutant(s) controlled	PM	PM	
c. Rated efficiency (%)	99.8 for particles larger than 5 micron	99.8 for particles larger than 5 micron	
d. Year installed	Future - 1997	Future - 1997	
e. Manufacturer and model number	Industrial Accessories Company; 100-BHT-A3-2C-224:60S	Same as D-9a; one housing with divider wall to make two individual baghouses	
f. Design inlet gas flow rate (acf/min)	6,300 @ 200 deg. F	6,300 @ 200 deg. F	

	ID: D-9a	ID: D-9b	ID:
g. Design air-to-cloth ratio; no. of bags (specify)	~4:1	~4:1	
h. Design pressure drop (in. water; specify)	4-6	4-6	
i. Estimated efficiency (%)	n/a	n/a	

6. Fume oxidizers:

	ID:	ID:	ID:
a. Type of system			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Design temperature (°F) of chamber			
h. Design residence time			
i. Estimated efficiency (%)			

7. Cyclones/multiclones:

	ID:	ID:	ID:
a. Rated efficiency (%)			
b. Pollutant(s) controlled			
c. Year installed			
d. Manufacturer and model number			
e. Cyclone/multiclone diameter (in.)			
f. Cyclone/multiclone length (specify in. or ft.)			
g. Design inlet gas flow rate (acf/min)			
h. Design pressure drop (in. water; specify)			
i. Estimated efficiency (%)			

8. Other:

	ID:	ID:	ID:
a. Attach a description of the control device and give the design parameters			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Estimated efficiency (%)			

Attachment A

Recycling of Kiln #1 and #2 cooler vent gases

LINCOLN CRISTI INCORPORATED
2501 S.E. Columbia Way, Suite 120 Vancouver, WA 98661 ~ (360) 737-2585 (503) 282-6013

Mr. Al Collinet
Plant Manager
Ash Grove Cement Company
13939 North Rivergate
Portland, Oregon 97203

October 2, 1996

Re: Asbestos Abatement Proposal For Dry Kilns

Dear Mr. Collinet:
Thank you for this opportunity. Please accept the following as our proposal for asbestos removal and disposal. In accordance with your instructions during site visit, the scope of work is as follows;

Remove and dispose of asbestos containing pipe insulation from perimeter and inner piping on top of dry kilns. Vertical insulated piping connecting overhead perimeter and inner piping to dry kilns is included.

Construction of negative pressure enclosure will be installed to comply with regulatory requirements. Removal of asbestos insulation will be done using wet manual methods.

We are glad to offer this quote on a time and materials not to exceed basis. Historically this results in savings to customer.

BID PRICE (Per Kiln).....$ 23,064.00

Scheduling Requirements:
We estimate 1 week per dry kiln to perform all set up, removal and tear down activities.

The above bid price includes all labor, materials, equipment, transportation, documentation, disposal and includes our fees for overhead and profit. All required air monitoring costs are included in this proposal.

All work will be performed by certified workers and supervisors in accordance with all regulatory requirements for safe handling and disposal of asbestos.

Thank you for this opportunity to submit a proposal for this work. Please feel free to call with any questions or comments.

Very truly yours,
LINCOLN CRISTI INCORPORATED

Ron Robertson
Vice President

Pacific Insulation SERVICES, INC.
5716 N. E. HASSALO STREET, PORTLAND, OR 97213
PHONE: (503) 287-9390

11-19-96

Ash Grove Cement Company
13939 N. Rivergate
Portland, Oregon 97203

Attention : Al Collinet

MECHANICAL INSULATION QUOTE

PROJECT : Kiln #1 Combustion Air Duct Modification

Scope :
Insulate new ducts on drawing 5723-01 with 6" thick fiberglass Equipment Insulation and finish with .016 aluminum jacket to match the existing. Insulate ducts on drawing 5723-02 with 3" thick fiberglass Equipment Insulation and finish with canvas and weather proof mastic to match the existing. Quote includes scaffolding for access to duct at the Fan.

Lump Sum Quote - $21,500.00

Please call if you have any questions or need further information.

Submitted,
Darrow Christmann
Darrow Christmann

Attachment B

Dedusting of hoods for kiln #1 and #2

INDUSTRIAL ACCESSORIES COMPANY
5018 HADLEY, OVERLAND PARK, KANSAS 66203
OFFICE (913) 384-5511 SALES (800) 334-7431
FAX (913) 384-6577

November 25, 1996

Mr. Al Collinet
Ash Grove Cement Co.
Rivergate Lime Plant
13939 N. Rivergate Blvd.
Portland, OR
Fax No.: 503-289-2272

Inquiry No. 10/18 Fax
IAC Proposal No. S102596-01;SN09 - Rev. 1

RE: LIME KILN VENTILATION DUST CONTROL PROJECT - REVISION I

Dear Mr. Collinet,

IAC Systems, Inc., in accordance with specifications provided to us from your 10/18/96 fax to IAC's Kae Huff and our recent conversation, is pleased to submit the following revised proposal.

Al, please note that in shortening the unit's height for a 100" OAL bag and increasing the housing length to accommodate additional bags the overall interstitial "can" velocity went down to 182 FPM (from 210 FPM). This drop provides a premium design in terms of operating performance. In addition, we are mounting the air header and valving on the handrail so that a service platform is not required. This should help with your space constraint. Ashgrove will build the hood(s) if required, IAC will supply cones, ductwork and elbows, including outlet ductwork and a short stack 12 ft. OAH.

TECHNICAL SPECIFICATIONS - GENERAL EQUIPMENT FABRICATION

Equipment provided by IAC for the equipment proposed herein, conforms to the latest edition or revision of the following publications.

- American National Standard Institute (ANSI) B-15.1: "Safety Standard for Mechanical Power Transmission Apparatus".
- Air Movement and Control Association (AMCA) latest edition.
- American Gear Manufacturer's Association (AGMA) Gear Reducer Standards.
- Occupational Safety and Health Act (OSHA) of 1970.
- American Welding Society (AWS) Standards. D1.1.

NOV. -25' 96(MON) 17:41 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.002

INDUSTRIAL ACCESSORIES COMPANY
5018 HADLEY, OVERLAND PARK, KANSAS 66203
OFFICE (913) 384-5511 SALES (800) 334-7431
FAX (913) 384-6577

Fax No.: 503-289-2272

Date: November 25, 1996

(xx) Urgent - Please call for pick-up

( ) Regular Distribution

( ) Confidential

Number of Pages Being Transmitted Including Cover Sheet 20

To: Mr. Al Collinet
Ashgrove Cement

From: Glenn Smith

In case of incomplete transmission or difficulty in receiving, please call (913) 384-5511.

SUBJECT: Inquiry No. 10/18 Fax
IAC Proposal No. S102596-01;SN09 - Rev. 1

KILN VENTILATION DUST CONTROL PROJECT - REVISION I

( ) Please call as soon as you receive this fax.

If there are any questions, please do not hesitate to call.

Thank you

Glenn Smith

cc: Kae Huff - Industrial Accessories Co.
Bob Frye - IAC Systems, Inc.

Attachments: G.A. Sketches; 312-SK1; 312-SK2

NOV. -25' 96 (MON) 17:41 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.001
913 384 6577

As part of IAC Systems proposal, we include the following sections for your review.

PROPOSAL INDEX

I. Application Data

II. Equipment Specifications

III. Pricing

IV. Terms and Conditions

NOV. -25' 96(MON) 17:41 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.003

SECTION I - APPLICATION DATA

1. Materal: Lime Kiln Dust
2. Air Volume: 12,600 cfm at 200° F.
3. Grain Loading: 6 to 10 grs/scfm.
4. Particle size: 15 to 65 micron.
5. Temperature: 200 degrees F. maximum design temperature
6. Altitude: 500 ft ASL
7. Bulk Density: 50 to 75 lbs/cf.
8. Chemistry (PH): Basic
9. Moisture Content (Vol.): less than 2%.
10. Moisture Absorbency: Hygroscopic
11. Abrasiveness: Yes
12. Agglomerating Tendency: Free Flowing
13. Operating Time: 24 hrs/day; 7 days/week.
14. Duct Line Velocity: 4,000 FPM.
15. Efficiency Requirements: 99.8% at 5 micron and above; maximum .01 grs/scfm outlet emission.
16. Compressed air: 90 to 100 psig (minimum required); clean, dry air.
17. Outdoor Installation.
18. Nema 4 Electricals.

NOV.-25.'96(MON) 17:42 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.004

Appendix58-000315

SECTION II - EQUIPMENT SPECIFICATIONS

Item 2.1 - Baghouse Filter - Top Bag Removal; 2 Compartments

Quantity 1 - Baghouse - High Ratio, 60 Series style. Model No. 100-BHT-A3-2C-224:60S; 3,019 square feet of gradient density felt filtration media. Unit is sized to filter 12,600 cfm of air at an 4.17 to 1 air to cloth ratio. Interstitial upward "can" velocity is 182 FPM. Unit is two (2) compatment design with each compartment capable of handling 6,300 cfm of air.

Equipment Style:	Equipment Dimensions and Specifications:
.Outside Collection	.Plan View: 117"W x 143"L
.Pulse Jet	.Unit Height: 210.5" (including an 18" Tall Clean Air Plenum)
.High Efficiency	.Overall Height with Structural Legs: 210.5"
.Top Bag Access	.No. of Filters: 224
.Pyramidal Hoppers, 2 each	.Compressed Air Requirements: 90 to 100 psig; clean, dry air; 54 to 66 scfm available for maximum pulsing sequence.
.Common Divider Wall between Baghouses	.16 Rows (8 per Module) with 14 Bags per row.

Unit is equipped with premium components using IAC's heavy duty industrial fabric filter design specifications to insure both reliability and durability.

Construction:

Carbon steel; A-569.
All welded, continuous welds on exterior; skip welded stiffeners; and, interior surfaces as required.
Clean Air Plenum: 12 gauge, carbon steel; ¼" x 3" stiffeners.
Housing: 12 gauge, carbon steel; ¼" x 3" stiffeners.
Hopper: Qty. 2; 10 gauge, carbon steel; ¼" x 3" stiffeners.
Tubesheet: 7 gauge thick, carbon steel; ¼" x 5" stiffeners.
Structurally designed for 25" W.C. negative and positive pressure.
Hopper Slope: 60 degrees; Pyramidal
Structural Steel Legs: A-36 carbon steel, to allow hopper discharge flange to mate flush with the room floor.
Interior Divider Wall: 12 gauge, HRS; ¼" x 3" stiffeners.

Filter Bags, Cages and Assembly:

Fabric: Gradient density, 16 oz/sq/yd Dupont Dacron Type 54 or equal, polyester felt; (lightly singed one side for "enhanced" cake release), layered blend of 1.5, 2.25, and 3.0 denier fibers, needle punched to dense surface web with a minimum of 2,200 ppsi; minimum mullen burst strength 450 psi, 265 lb warp and fil tensile break, 20 to 30 cfm permeability tested at 1/2" W.C.; maximum 2% shrinkage at 300 degrees F for one (1) hour.

NOV. -25' 96(MON) 17:42 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.005

Appendix58-000316

Bag Removal: Removal requires a room height of 292.5" minimum. Our understanding is that you have 312" available. We should probably add 2" to the leg height, which will make our unit 212.5" OAH which requires 294.5" assuming a 100" long bag.

Bag Dimension: 6.25" dia x 100" OAL, SBDI.

Cage: Top Load Style; 100% Galvanized, 12 wire design; deburred.

Top: Roll Flange Top (RFT) with integral venturi.

Bottom: Solid pan with anti-wear ring and rounded edge.

Construction Design: 12 wire (horizontal direction) 11 gauge, maximum 8" spacing on all inner ring stiffeners.

Welds: All welds clean with rough edges removed.

Bag to Cage Tolerance: Each bag is custom tailored to an exact circumferential relationship to the inner support cage in order to maintain a proper bag pinch for maximum cleaning efficiency during pulse.

Bag/Cage Assembly: Bag snapband is hand compressed into a "kidney shape" and then placed into the tubesheet hole. The band is released allowing full expansion which provides a compression interlock to the inside of the hole. The cage is then dropped inside the bag and the cage RFT top OD mated with the bag top's ID to form a compression fit.

Bag and Cage assembly are dimensionally integral and provide for a structurally stable unit with a minimum of sway and elimination of the upward movement of the cage.

Venturi: Aerodynamically designed venturiis are utilized as boosters to develop intensity and increased volume of pulse energy. Each bag has a top mounted venturi. IAC's venturi aspirates secondary air during pulsing to help maximize bag cleaning.

Valves, Gauges and Control

Diaphragm Valve: Heavy duty, 1-1/2" ASCO double diaphragm pulse valve for maximum compressed air energy transfer during millisecond cleaning cycle. Aluminum body.

Solenoid: ASCO, electric, quick activating, 110V/1Ph/60Hz, Nema 4 enclosure.

Pressure Gauge Tap Holes: 2 ea., ¼" FNPT.

Differential Pressure Gauge (Magnahelic): 0-15" W.C.

Air Pressure Gauge: 1 - 160 psig.

NOV. -25' 96(MON) 17:42 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.006

Appendix58-000317

Control Panel: Solid state, modular board, dual timers; interval 1.5 to 30 seconds, duration 50-500 milliseconds; adjustable setting for pulse sequencing, duration and interval. Programmed logic for photohelic sensor, 110V/1Ph/60Hz, Nema 4 enclosure.

Component Specifications:

Top Access Doors: Quantity 4, lift-off design, heavy gauge construction, tooless quick release hold downs.

Blow Pipe: 1-1/2", Schedule 40, carbon steel precision drilled holes centered over bag holes in tubesheet.

Air Manifolds: Qty. 2 ea.; 6"; oversized to maintain safety reservoir of air. 2" NPT fittings both ends; 1" drain port.

Inlet Manifolds: Qty. 2 ea.; 18" diameter, CRS, 10 gauge with 2" wide x ¼" thick border flange.

Interior Inlet Diffuser Style Baffle Plates: 1 ea. per inlet, ¼" thick AR steel baffle plate to create a downward flow of incoming particulate and to protect filter bags from abrasive impact due to upward particulate momentum.

Outlet Manifolds: Qty. 2 ea.; 16" x 36", CRS, 12 gauge with 2" wide x ¼" thick border flange.

Hopper Discharge: Qty. 2, 10" square with 1/4" thick flange to mate with an IAC supplied Rotary discharge valve.

Top Deck Perimeter Handrail: with 4" Kickplate.

Caged Access Ladder: to Top Deck.

Hopper Service Doors: Qty. 2; Bolt-on; 16" diameter with handle.

Each Baghouse Section shall have four (4 ea.) lifting lugs.

Surface Preparation and Metal Finish:

Exterior: As per SSPC-SP3; power tool cleaned and solvent wiped.

Metal Finish:

- All Carbon Steel Surfaces shall be primed and finish coated (2-3 mil D.F.T.) with industrial grade IAC 12 L Blue or Cement Gray enamel paint.
- Interior: Plain

NOV.-25.96(MON) 17:43 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.007

Appendix58-000318

Optional Items:

Level Indicator Half Coupling: Qty. 2; 1¼" FNPT, CRS, located in Hopper.

Poke Hole: 4" half Nipple with Pipe Cap, CRS, located at Hopper Discharge.

High Air Entry Inlet: To provide high entry incoming air "push" which creates a downward air flow across the dirty air bag housing. The downward momentum of the incoming air velocity sweeps the particulate laden filter bags and assists in dropping the smaller micron and sub-micron particles. A downward air flow coupled with a low interstitial "can" velocity provides the most efficient design assist when an application calls for collecting non-agglomerating and/or smaller micron particulate.

Winterizing Kit to Protect Compressed Air Manifold and Valving from Freezing Temperatures: Includes insulated enclosure; bolted lid assembly; heat tape; and thermostat to maintain 32 degrees and above inside enclosure.

Differential Pressure Switch Photohelic Kit: 0-15" W.C., to provide **Controlled Initiation Pulse Cleaning:** Photohelic gauge/differential pressure switch to initiate and control cycling time by use of a dual set-point switch and operating logic of control system timer board.

NOV. -25' 96(MON) 17:43 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.008

Appendix58-000319

Item 2.2 - MECHANICAL INSTALLATION - Scope of Work

Mechanical Installation: IAC is pleased to offer a budgetary proposal and pricing schedule to provide Mechanical Installation of the IAC equipment as proposed herein. Please recognize, that since a site visit was not made, we may have inadvertently excluded a cost component for the Mechanical Installation at your location that could measureable increase or decrease the budget prices we have provided in this proposal. In your review of this item we request that you make a note for any item or items that we have excluded or any areas that we might have been remiss in our understanding of your installation.

IAC to provide mechanical labor and disposables to install equipment as referenced herein: Scope of work to include mechanical installation only of dust collection system's equipment; to include the following items:

Baghouse; Fan, Inlet Ductwork; Outlet Ductwork, Support Steel, Valves and Platforming.

Not included specifically: compressed air line; electricals; concrete work; and modifications to existing equipment and structure.
Installation labor has been calculated on the basis that our crews would be provided free and ready access to the "systems area" as outlined herein, location of equipment would be in an easily accessible area (at grade level), and installation personnel would be non-union.

Customer to provide the following items:
.Equipment off loading
.Equipment storage/security
.Permits
.Freight to jobsite
.Compressed air supply for tools
.Electrical supply for tools
.Restroom facilities
.Access to telephone
.Equipment lock-out
.Disposal dumpster and prepaid trash dump
.Seismic Certification if required

NOV. -25' 96(MON) 17:44 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.009

Appendix58-000320

Item 2.3 - Rotary Airlock Valves:

Quantity 2 - Rotary Valves: High efficiency for use with a Baghouse System designed for a gravity discharge Lime Kiln Dust application. Model No. HE-10-8V-1.0

Design Specifications: Maximum duty including .004" to .006 radial clearance tolerance.

Cast Body: Gray iron cast with precision machined interior; stress relieved; full ribbing for structural integrity.

Heavy Duty Steel Rotor: Vanes are adjustable tip machined from alloyed steel.

Extra Heavy Duty Shaft: Feeder shafts have a large diameter for minimum deflection under load; shaft diameter 28 millimeters.

Outboard Oversized Bearings: Bearings are outboard of the end plates and shaft seals. They are kept clean and free of foreign matter by their own seals. Bearings are oversized with respect to the load they are subjected to, and they are factory lubricated for the life of the bearings.

Shaft Seals: These seals are moly impregnated urethane U-caps with O-ring expanders. Three U-cup packings are provided on each end.

Tolerances: Bearings, seals and packing are designed for normal temperature operating conditions, not to exceed 200 degrees F as measured at the interior valve casing.

Motor and Gear Mount: 230/460 volt totally enclosed non-ventilated gearhead drive motor. Included is a fully operational assembled package comprised of gearhead motor, chain drive, enclosed (OSHA) chain guard, motor mounting brackets and hardware.

Motor H.P.: 1.0 H.P., TEFC; 460V/3P/60HZ 1800 RPM.

Valve RPM: 22 RPM to feed up to 20,000 pounds/hour of 50 pcf kiln dust at 70% pocket fill.

Valve Capacity: .4 cfr, sized to feed .28 cu/ft per revolution at 70% pocket fill.

Inlet and Outlet: Inside dimension - 10" x 10"

Optional:

*Airlock Discharge Chute: 10" diameter x 36" OAL, 10 gauge, CRS, flanged transitional discharge chute with stub on discharge end.

NOV. -25' 96(MON) 17:44 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.010

Appendix58-000321

Item 2.4 - Fan and Motor: New York Blower

Quantity 2; Model No. 22; Backwardly Inclined; CL IV.

Each Fan is sized to move 6,300 acfm, at 200 degrees F, at 18" W.G., S.P.; unit is arr 1; Class IV; 3,285 RPM.

Fan design features shall include the following items:

Materials of Construction:

- Housing: Carbon Steel
- Wheel: Carbon Steel

Wheel Type: Backwardly Inclined

Drive: V-belt

Belt Guard.

Shaft and Bearing Guard.

Flanged Inlet:

Flanged Outlet:

Inspection Door: Bolted.

Drain with Plug.

Unitary Base - No Isolation

Motor: 30 HP; 25.3 at 70 degrees F. BHP; TEFC; 1.15 SF; 230/460V/3P/60Hz; 1,800 RPM.

BHP: At 200 degrees F; 20.31 BHP.

BHP: At 32 degrees F. 27.25 BHP.

Paint: Standard factory prime and enamel paint.

NOV. -25' 96(MON) 17:45 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.011

Appendix58-000322

Item 2.5 - Ductwork for Dust Control System

SCOPE OF WORK:

IAC intends to furnish and install all necessary inlet and outlet ductwork and roof beam supports for a complete dust handling system as outlined herein. (Please note without knowing elevations within the rooms we are not able to accurately estimate the supports and hangars. Ashgrove Cement shall be responsible for all electrical, taxes, permits, freight, roofing work, concrete work, compressed air and hoods if required. IAC will supply all transitions and cones for new or existing hoods.

AIR VOLUMES AND LOCATIONS:

A total of six (6) pick-up stations with the CFM capacity as follows:

- Kiln Front (1); 9" diameter @ 2,400 CFM
- Kiln Rear (1); 9" diameter @ 1,600 CFM
- Left Grinder (1); 3" diameter @ 200 CFM
- Right Grinder (1); 4" diameter @ 400 CFM
- Feeder Discharge (1); 6" diameter @ 840 CFM
- COG Discharge (1); 6" diameter @ 700 CFM

Total: 6,140 CFM

Note: CFM calculations allow for a plus 5% to 10% safety factor

GENERAL EQUIPMENT DATE:

BAGHOUSE FILTER: (New)

IAC shall install one (1) IAC baghouse filter Model No. 100BHT-A3-224:60S as purchased from IAC.

FAN: (New)

IAC shall install one (1) new IAC New York Blower Fan and Motor assembly as purchased from IAC by Ashgrove Cement.

NOV. -25' 96(MON) 17:45 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.012

Appendix58-000323

FABRICATION SPECIFICATIONS:

A. General

1. All round duct to be galvanized sheet steel, longitudinal seam fabricated by IAC.

(Optional: Spiral Seam Manufactured from galvanized steel meeting specifications ASTM A 527-71)

2. Ducts shall be sized by the "static pressure balanced" systems method.

3. Ducts shall be tight to prevent air infiltration

4. The inside diameter of ducts shall be sized for a minimum velocity of 4,000 fpm.

B. Branch

1. Branches shall enter sub-mains or mains at expansions and at an angle of not greater than 45 degree, preferably 30 degrees.

2. Branches shall enter main or sub-main at the side or top and shall enter directly opposite each other.

C. Elbows

1. Elbows shall have a minimum centerline radius of two (2) diameters.

2. Elbows shall be constructed of sections in accordance with the following plan:

90 degree Elbows - 7 sections; 45 degree Elbows - 4 sections
60 degree Elbows - 5 sections; 30 degree Elbows - 3 sections

D. Flanges

1. All pipe and fittings shall have angle rings at flange connections at every connection point which can be crimped on (van stone), excepting that elbows 12 gauge and heavier require a welded connection.

2. Flange connections shall have soft rubber caulking or gasket of 1/16 inch minimum thickness.

E. Hoods and Take-Offs

1. All transitions and cones for hoods are to be furnished by IAC based on Ashgrove's final sketches. These cones to fit up to top or back of existing hoods.

NOV. -25. 96(MON) 17:45 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.012

Appendix58-000324

2. All actual hoods (if required) are to be furnished by others.

3. Flanges shall be provided with mounting holes on minimum six inch centers.

4. All cones (transitions) and enclosures shall be free of burrs and sharp edges.

F. Material of Construction

1. Minimum wall thickness and material of construction for welded seam duct and fittings shall be as follows:

	Straight	Elbow
All diameters	14 gauge	12 gauge

2. Rectangular duct shall be constructed of the same basic duct thickness as the round duct.

3. All material shall be galvanized sheet steel except as noted.

4. Inspection doors at 12 ft. centers.

As specified in Item 2.2 Installation labor is priced in a separate section and has been calculated on the basis that out crews would be provided free and ready access to the "systems area" as outlined herein, location of equipment would be in an easily accessible area (single floor level with 20 ft high bays), dust collector would be installed inside the facility, duct lines would be run in most practical and economical directions, and installation personnel would be
non-union.

Customer to provide the following items:
* Equipment of loading
* Equipment storage /security
* Permits
* Freight to jobsite
* Compressed air supply for tools
* Electrical supply for tools
* Restroom facilities
* Access to telephone
* Equipment lock-out
* Disposal dumpster and prepaid trash dump
* Seismic Certification, if required

Note: The above scope of work does not include any of the following:

NOV. -25. 96(MON) 17:46 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.014

Appendix58-000325

A. Freight: All items are F.O.B. point of manufacture, prepay and add to invoice.
B. Compressed air, compressed air fittings and installation
C. Electrical work wiring and/or starters
D. Concrete work
E. Applicable sales taxes and/or permits
F. Roofing work

NOV. -25. 96(MON) 17:46 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.015

Appendix58-000326

SECTION III - PRICING

Item No.	Description	Qty	Unit Price	Total Price
2.1	Baghouse - 12,600 cfm	1	$43,666	$43,666
2.2	Mechanical Installation	1 lot	$37,000	$37,000
2.3	Rotary Valves - 10"	2	$ 1,810	$ 3,620
2.4	New York Blower Fans and Motors, 6,300 cfm	2	$ 4,977	$ 9,954
2.5	Ductwork, Elbows and Cones - Galvanized - Both Kiln systems	1 lot	$42,570	$42,570

Optional Items:

Item No.	Description	Qty	Unit Price	Total Price
OP.1	Level Indicator Half Coupling	2	$ 75	$ 150
OP.2	Poke Hole and Cap	2	$ 82	$ 164
OP.3	High Air Entry Inlet	2 sets	$1,044	$2,088
OP.4	Winterizing Kit	2	$ 977	$1,954
OP.5	Photohelic DP Switch and Gauges Mounted in Nema 4 Timer Control Panel	2	$ 296	$ 592
OP.6	Air Filter and Regulator	1	$ 177	$ 177
OP.7	Airlock Discharge Chutes	2	$ 168	$ 336
OP.8	Upgrade to Premium Efficiency Fan Motor	1	$ 397	$ 397

NOV. -25. 96(MON) 17:46 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.016

Appendix58-000327

These prices as quoted herein shall remain in effect for 120 days from the date of this quotation.

FOB Point: Kansas City, Kansas; **freight not allowed**. Excepting Fans and Motors; which shall be FOB LaPorte, Ind.; **freight not included**.

Delivery:

Approval Drawings: Shall be submitted within 5 to 7 working days of contract award.

Equipment Release: Equipments's release to fabrication shall not occur until after receipt by IAC of "customer approved" equipment drawings.

Equipment Ship Date: 7 to 8 weeks after release to fabrication.

Payment Terms: Net 30 days from date of equipment shipment shall be extended to all credit approved accounts.

NOV. -25. 96(MON) 17:46 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.017

Appendix58-000328

SECTION IV - TERMS AND CONDITIONS

All equipment or installation services not specifically referenced herein, as supplied by IAC shall be considered to be provided by others.

Equipment, parts, and labor, are warranted to be free of defects in materials and workmanship for a period of one (1) year from date of shipment, excepting those items as supplied by IAC, which shall be purchased from other manufacturers, which shall then carry the "manufacturers" stated warranty.

In all cases should a repair or defect in material or workmanship occur on IAC's equipment IAC shall be notified immediately in writing; and at that time IAC shall have the sole and exclusive option of either field repairing or requesting that said item(s) be returned to IAC for factory repair or replacement.

It is understood that all taxes, licenses, and permits required for this project are the responsibility of Ash Grove Cement or your sub-contractors.

Note: Call us anytime you have design or engineering requirements for stand alone equipment all the way up to a "Turnkey" system (new or retrofit) for air pollution control equipment; and pneumatic material conveying and bulk storage systems.

We thank you in advance for your consideration of our equipment proposal and at the same time, we shall look forward to any questions you may have for us.

Sincerely,

Glenn A. Smith, Jr.
IAC Group Companies

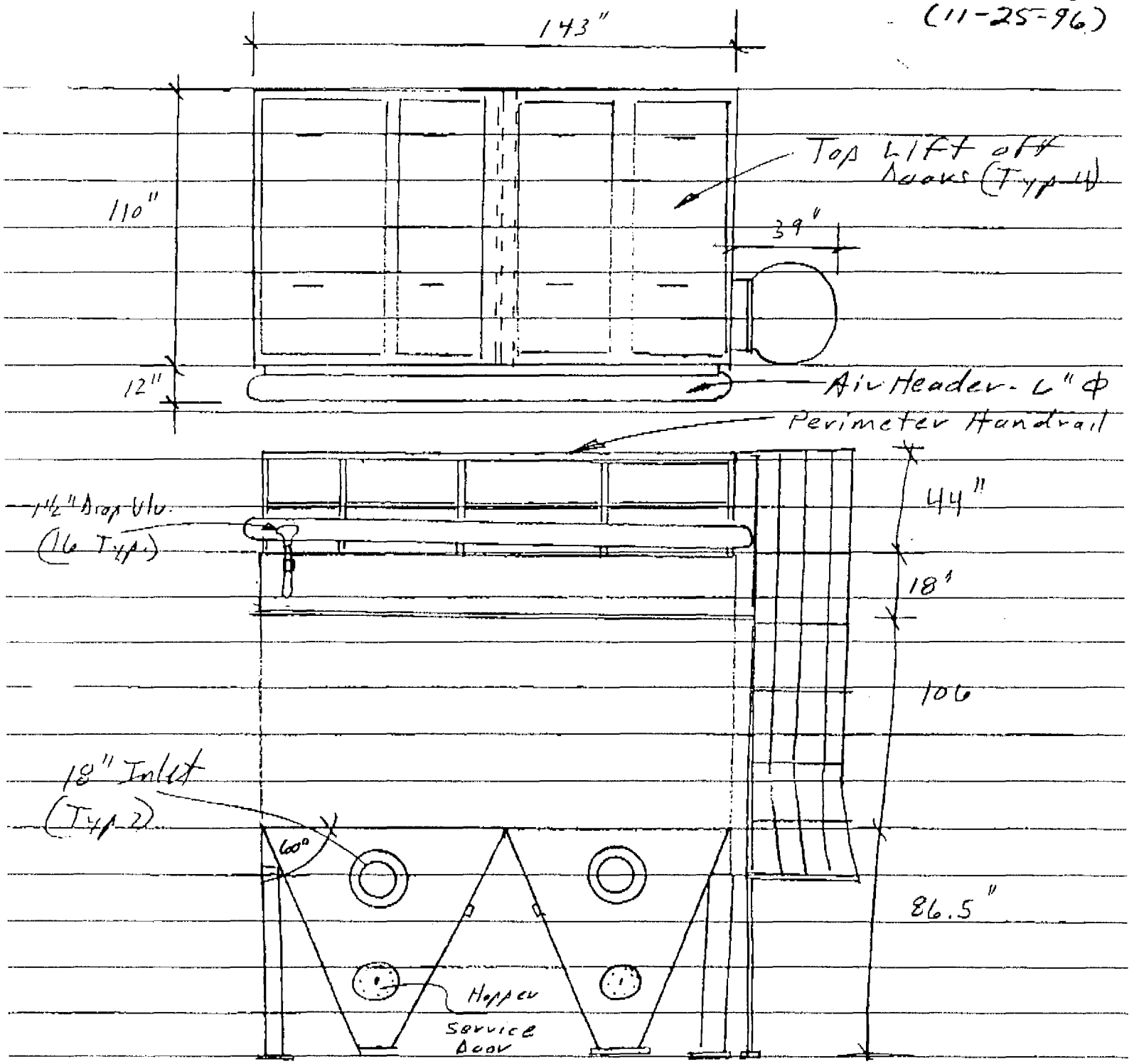
cc: Kae Buff - Industrial Accessories Co.
Bob Frye - IAC Systems, Inc.

Attachments: G.A. Sketches; 312-SK1; 312-SK2

NOV. -25' 96(MON) 17:47 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.018

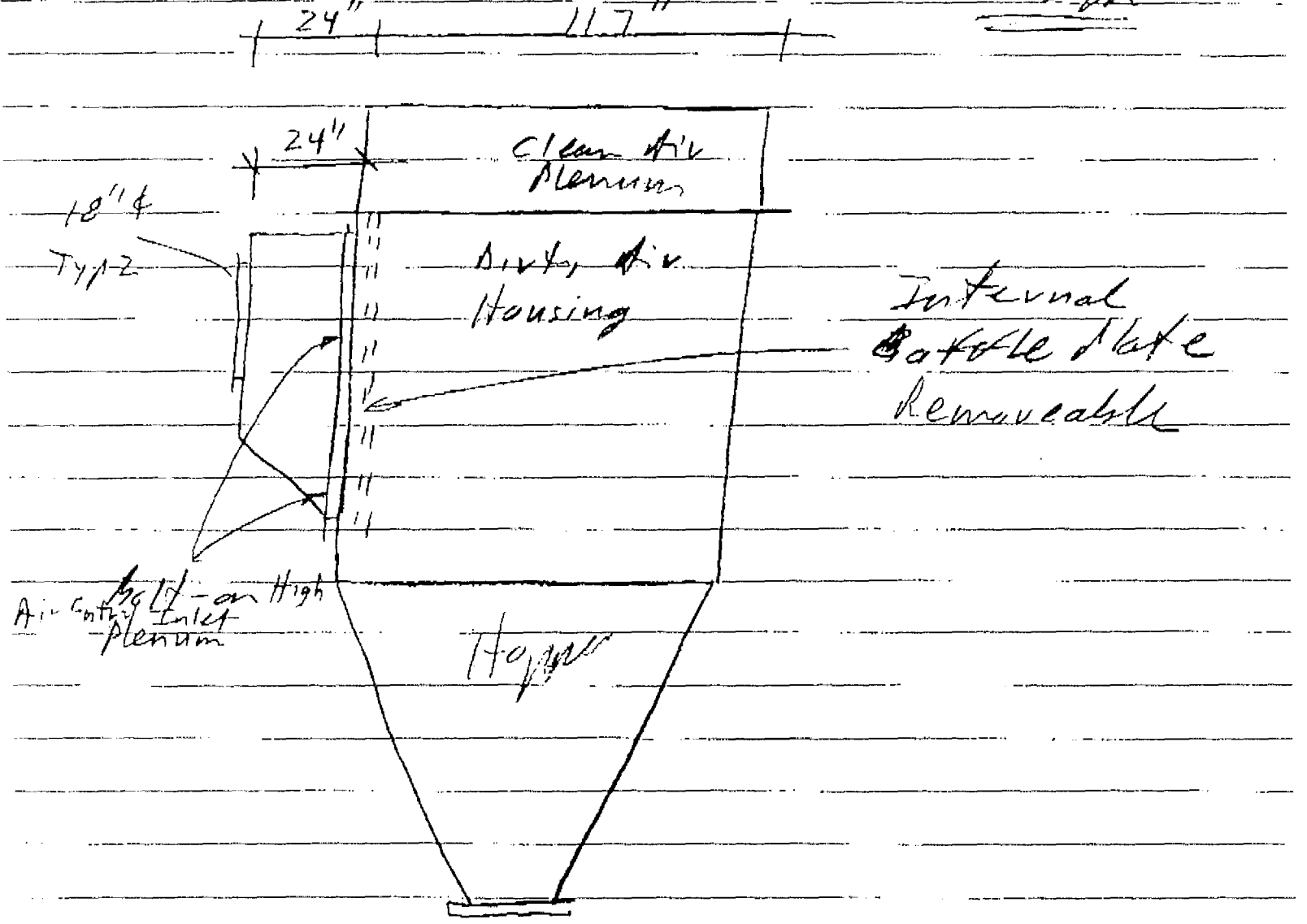
Appendix58-000329

312-SK1
(11-25-96)



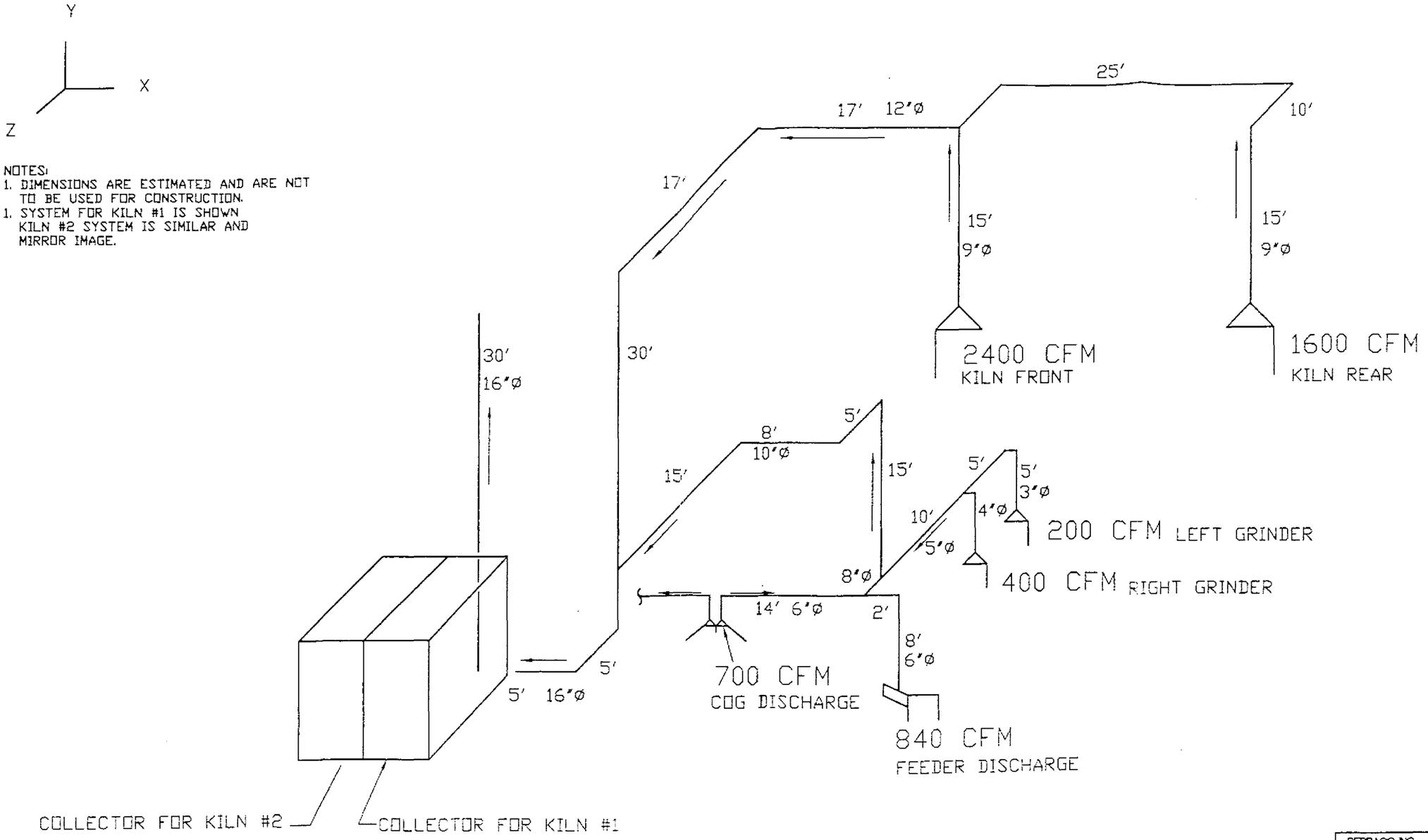
312-SK2
(11-25-96)

AL, suggested High Air Entry Inlet Design



Elevation View

NOV. -25' 96(MON) 17:47 INDUSTRIAL ACCESS CO TEL:913 384 6577 P.020



NOTES:
1. DIMENSIONS ARE ESTIMATED AND ARE NOT TO BE USED FOR CONSTRUCTION.
1. SYSTEM FOR KILN #1 IS SHOWN KILN #2 SYSTEM IS SIMILAR AND MIRROR IMAGE.

SERBACO INC. (503) 255-6655

SUBMITTED FOR
☐ REVIEW
☐ APPROVAL
☐ BID
☐ CONSTRUCTION

RETURNED AS
☐ APPROVED
☐ APPROVED AS NOTED
☐ NOT APPROVED

NO.	DATE	REVISION	DRAWN	APPR	NO.	DATE	REVISION	DRAWN	APPR	MF	REFERENCE	NUMBER
										5		
										5		
										4		
										3		
										2		
										1		
										0		

INFORMATION CONFIDENTIAL

DRAWN DET 9/19/90

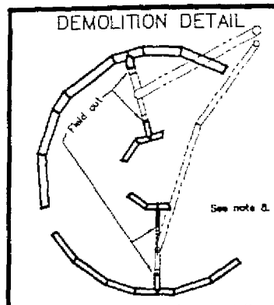
SCALE NONE

SERBACO INC. (503) 255-6655 Portland Oregon

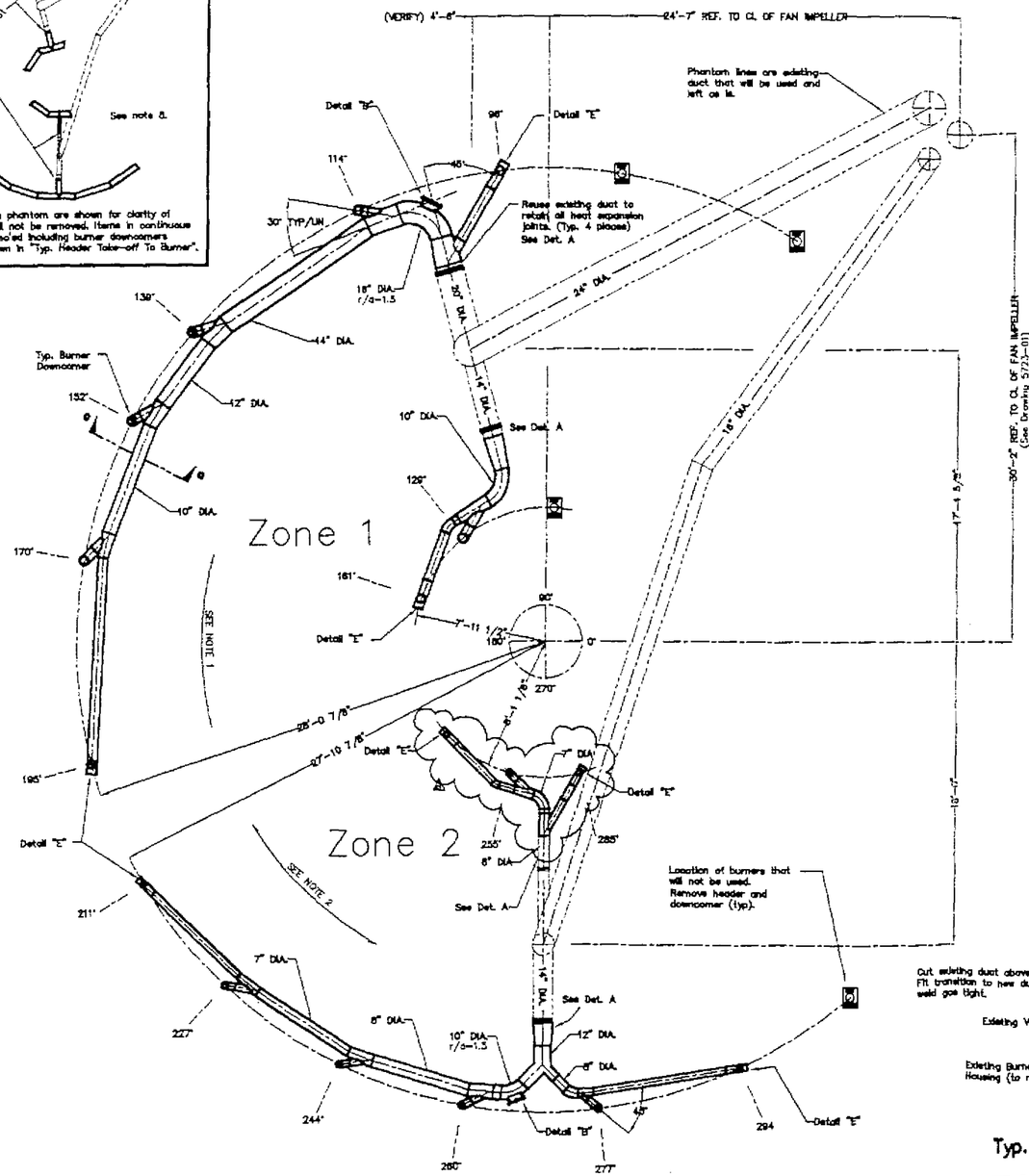
DUST VENTILATION SYSTEM STUDY
FLOW DIAGRAM
ASH GROVE – RIVERGATE PLANT

5723FD REV 0

DEMOLITION DETAIL



Items shown as phantom are shown for clarity of location and will not be removed. Items in continuous lines to be demolished including burner downcomers to cut line shown in "Typ. Header Take-off To Burner".

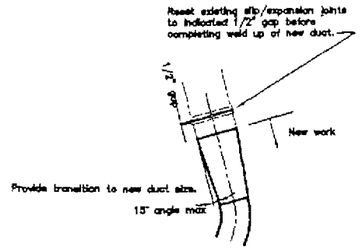


Plan View Combustion Headers

1/4" = 1' — 02

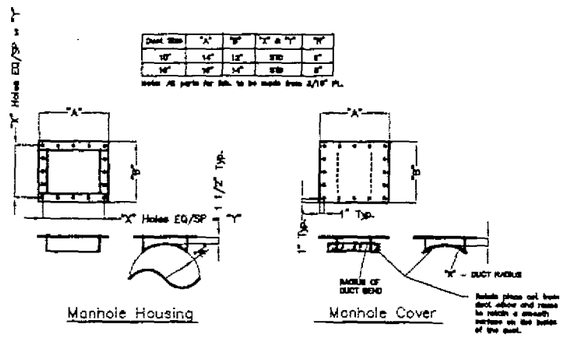
Notes:

1. All duct from angles 0° to 200° (Zone 1) not marked for size will be 7" Dia.
2. All duct from 201° to 359° (Zone 2) not marked for size will be 5" Dia.
3. Drawings are prepared for purpose of defining overall work scope for bids. They are not intended to show every construction detail. Contractor is responsible for providing materials sufficient to complete scope, detail steel for fabrication and perform all tasks required to complete the work. All dimensions to be field verified by contractor before fabrication of any and all parts. This includes existing duct sizes to be reused at tie in points.
4. All branches off main duct to be 30° unless noted.
5. All radial markings obtained from rough measurements off Dwg listed in reference item "0". Engineers note #3 applies.
6. See notes on Dwg 5723-02.
7. All duct diameters shown on this drawing are ID. All pipe walls are 3/16" min. For the 7" duct an alternate for OD duct may be proposed.
8. See Calcimatic Dwg 101-65 for additional details of the existing system.
9. The area around the burner downcomers is congested with gas supply headers, supports and other potential interferences. Contractor is responsible for avoiding damage to structures and piping.
10. Provide 1/8" fiberglass gaskets for all manholes and access ports.



Transition Detail at Start of New Work

NO SCALE — TYP 4 PLACES — A/02

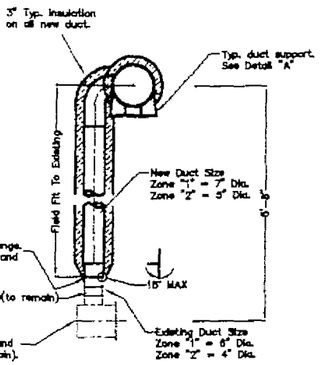


Duct Size	"A"	"B"	"X" & "Y"	"R"
10"	14"	12"	8TH	6"
14"	18"	14"	8TH	8"

Notes: All parts for Mh. to be made from 3/16" PL.

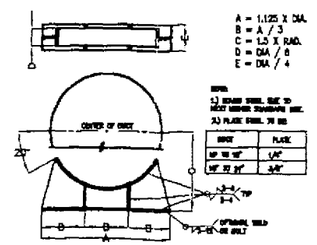
Manhole Assembly For Inspection & Cleanout

NO SCALE — B/02



Typ. Header Take-off To Burner

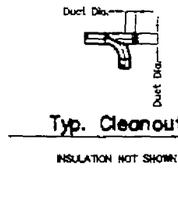
No Scale — C/02



Install one on header near each downcomer and additional to ensure 10' maximum spacing.

Typ. Duct Saddle Support

No Scale — D/02



Typ. Cleanout

INSULATION NOT SHOWN — E/02

SERBACO INC. (503) 255-8655	
SUBMITTED FOR: ☐ REVIEW ☐ APPROVAL ☐ BID ☐ CONSTRUCTION	RETURNED AS: ☐ APPROVED ☐ APPROVED AS NOTED ☐ NOT APPROVED
By: Date:	By: Date:

B	10-24-96	INCORPORATED CLIENT COMMENT	JDB / DET / 0
		Calcimatic International LTD. (Rev. "A" of 8-16-63)	101-65 Rev. "A"
		REFERENCE	NUMBER

INFORMATION CONFIDENTIAL
The material and all information contained therein are and shall remain the property of Serbaco Inc. It shall be held confidential and shall not be reproduced, copied, or otherwise disposed of directly or indirectly. It shall not be used in whole or in part without the full knowledge and prior written consent of Serbaco Inc.

DRAWN	JDB	9-15-96
CHECKED	DET	10-9-96
APPROVED		
APPROVED		
PLOT SCALE	1/4" = 1'	
SCALE	AS	

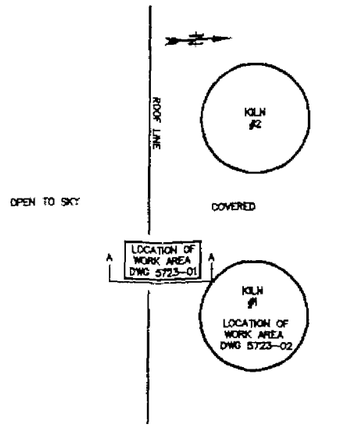
SERBACO INC. (503) 255-8655 Portland Oregon

ASH GROVE CEMENT – LIME DIV
COMBUSTION AIR DUCT MODIFICATION
FOR KILN #1

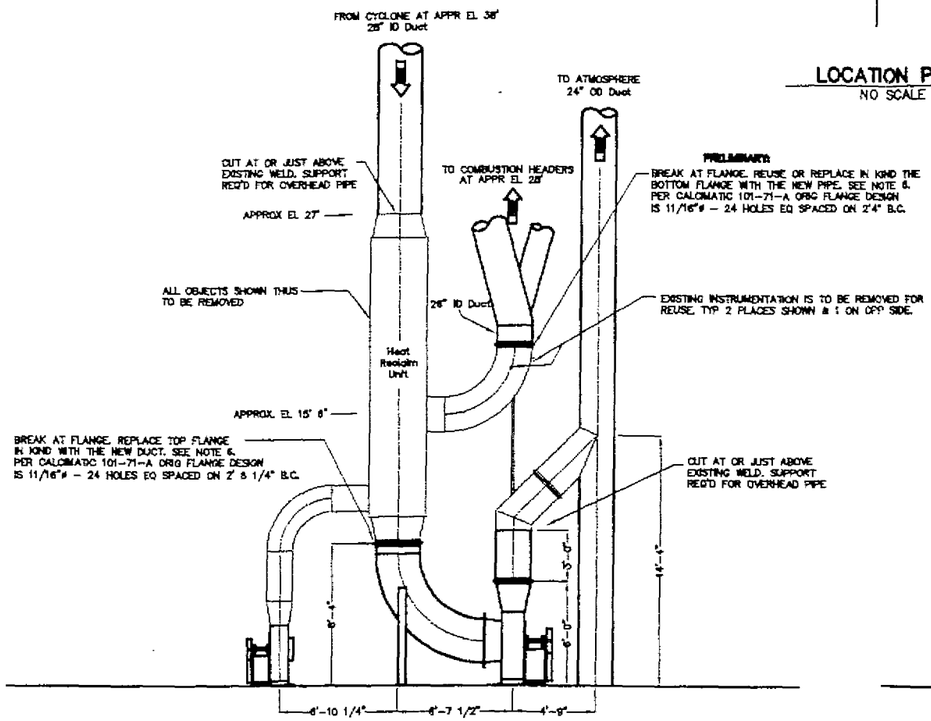
5723-02 REV B

NOTES:

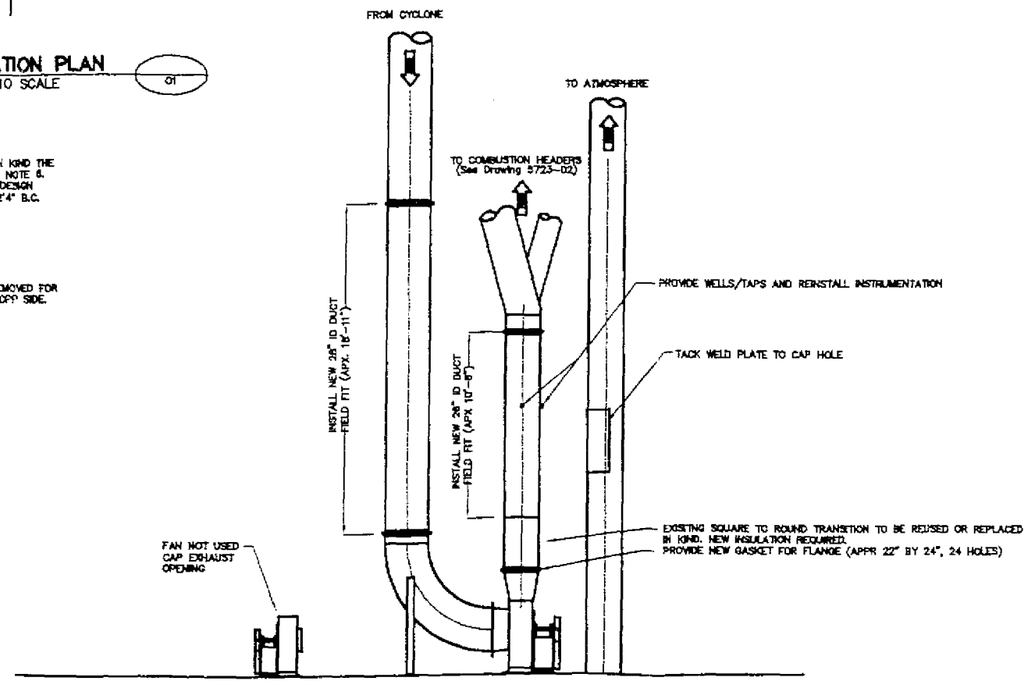
1. All dimensions to be confirmed by contractor.
2. Roof extension over portions of this equipment is at approx. 40 feet.
3. Contractor is responsible for providing support of the ductwork during construction.
4. All existing ductwork is 3/16" unless otherwise noted.
5. All new ductwork is to be 3/16" mild steel unless noted.
6. Existing insulation to be removed by owner in work areas. Contractor to provide and install new insulation over new duct and up to limits of inplace insulation.
7. New insulation to be 6" fiberglass for ducts shown on DWG 5723-01 and 3" for ducts on DWG 5723-02. Insulation to be lagged with weatherproof jacketing. Access ports and manholes are to be provided with reusable insulation pads and required fasteners. All insulation to be suitable for use at 850° F.
8. Weight of the heat reclaim unit is unknown but is expected to be on the order of 3 tons.
9. All welds to be gas tight.
10. Existing gaskets may contain asbestos (to be removed by owner). New fiberglass gasketing is to be provided suitable for 850° F.
11. Also reference notes on DWG 5723-02.
12. Demolished/removed materials to be stockpiled in the vicinity of the work area such that they do not interfere with plant operation. To be removed by owner at his convenience.



LOCATION PLAN
NO SCALE — 01



DEMOLITION OF EXISTING DUCTWORK
ELEVATION — A-A / 01
INSULATION NOT SHOWN



MODIFIED DUCT LAYOUT
ELEVATION — A-A / 01
INSULATION NOT SHOWN

SCALE
4"-0"

SERBACO INC. (503) 255-6655

SUBMITTED FOR:	RETURNED AS:
☐ REVIEW	☐ APPROVED
☐ APPROVAL	☐ APPROVED AS NOTED
☐ BID	☐ NOT APPROVED
☐ CONSTRUCTION	
BY: DATE:	BY: DATE:

NO.	REVISION	DRAWN	APPR.	BY	REFERENCE	NUMBER
6						
5						
4						
3						
2						
1	CALOMATIC INTERNATIONAL 7/30/63					101-74 REV C
0	CALOMATIC INTERNATIONAL 7/29/63					101-71 REV A

INFORMATION CONFIDENTIAL
The material and all information contained therein are and shall remain the property of Serbaco inc.. It shall be held confidential and shall not be reproduced, copied, or otherwise disposed of directly or indirectly. It shall not be used in whole or in part without the full knowledge and prior written consent of Serbaco inc.

		DATE
DRAWN	JDB	8-15-96
CHECKED	DET	10-9-96
APPROVED		
APPROVED		
PLOT SCALE	1/4" = 1'	
SCALE	AS	

SERBACO INC. (503) 255-6655 Portland Oregon

ASH GROVE CEMENT - LIME DIVISION
COMBUSTION AIR DUCT MODIFICATION
FOR KILN #1

5723-01 REV. A

ASH GROVE CEMENT COMPANY

RECEIVED
JAN 09 1997
BY:

WESTERN REGION
6720 S.W. MACADAM AVE., SUITE 300
PORTLAND, OREGON 97219-2312
(503) 293-2333

January 8, 1997

Permit Coordinator
Oregon DEQ, NW Region
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

Re: Notice of Intent to Construct
Roller Mill System to Grind Limestone.

Dear Permit Coordinator:

Attached to this letter is an original and a copy of a Notice of Intent to Construct (NITC). Ash Grove has reviewed OAR 340-28-1750, Table 4 and finds that a NITC is the appropriate document to submit to the Department at this time.

The NITC describes Ash Grove's intent to construct the subject addition. This notice is for the installation only. Emissions of air pollutants will not increase under this NITC. A separate application for modification to ACDP 26-1891 will be filed later to gain permission to operate the new mill.

If you have questions please do not hesitate to call me at 286-1677 or Hans E. Steuch at 293-2333.

Very truly yours,

Albert A. Collinet

Al Collinet
Plant Manager

cc: Hans E. Steuch

q:\operate\rivergate\nitc-01\961017a.wpd

Identification Information

1. Permit No.: 26-1891

2. **Legal Company Name**	3. **Facility Name** *(if different from legal company name)*
Ash Grove Cement Company Company Name 6720 SW Macadam Ave., Suite 300 Mailing Address Portland, OR 97219-2312 City, State, ZIP Code	Ash Grove Cement Co. - Rivergate Plant Facility Name 13939 N. Rivergate Blvd. Location Address Portland, OR 97203 City, State, ZIP Code
4. **Compliance Contact**	5. **Information/Clarification Contact**
Al Collinet, Plant Manager Name and Title 13939 N. Rivergate Blvd., Portland, OR 97203 Mailing Address (503) 286-1677 Area Code and Telephone Number	Al Collinet, Plant Manager Name and Title 13939 N. Rivergate Blvd., Portland, OR 97203 Location Address (502) 286-1677 Area Code and Telephone Number

Facility Information

6. SIC codes: 3274 ____ ____ ____

7. Other Department permits? ☒ Yes ☐ No (If yes, specify type and permit number) NPDES 100865

8. Increased capacity/emissions, new pollutants? ☐ Yes ☒ No

9. If applicable, attach a Land Use Compatibility Statement

10. Attach a Supplemental Information Form

Construction Information

11. Description of proposed construction: Install an additional roller mill with auxiliaries for grinding of limestone. Facility was permitted in 1986 to grind and ship limestone. The limestone is ground in three existing mills. This notice is for the addition of a fourth limestone grinding mill to be housed in a new building. Please see attachments for a more detailed description of project. This notice is for construction only. A separate application will be filed later for modification to permit number 26-1891 to gain permission to operate the roller mill described in this notice.

12. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable

13. Attach Form AQ301, Control Device Description, if applicable

14. Attach a process flow diagram

Emissions Data

15. Pre- and postconstruction emissions summary data:

a. Emissions Point	b. Pollutant	c. Preconstruction Emissions		d. Postconstruction Emissions	
		Short-term (specify unit)	Annual (tons/yr)	Short-term (specify unit)	Annual (tons/yr)
All	All	same as in ACDP 26-1891 of 9/14/95	same as in ACDP 26-1891 of 9/14/95	same as in ACDP 26-1891 of 9/14/95	same as in ACDP 26-1891 of 9/14/95
		changes in emissions resulting from operation of the constructed addition will be addressed in a later application for modification to ACDP 26-1891			

16. Description of waste disposal practices *before* the construction: Process waste materials are recycled. Maintenance wastes are sent to municipal landfill.

17. Description of waste disposal practices *after* the construction: Process waste materials are recycled. Maintenance wastes are sent to municipal landfill.

Construction Data

18. Timing of construction:

    a. Commence date (mm/dd/yy) December 1996

    b. Begin date (mm/dd/yy) March, 1997

    c. Completion date (mm/dd/yy) June, 1997

19. Will tax credits be requested once construction is completed? ☒ Yes ☐ No

Signature

20. Signature:

I hereby certify that I have completed this application to the best of my ability and that the information contained herein and in the attached exhibits is true and correct to the best of my knowledge.

Al Collinet
Name of Authorized Representative

Albert A. Collinet
Signature

Plant Manager
Title

12/2/96
Date (mm/dd/yy)

1. Facility name: Ash Grove Cement Co. - Rivergate Plant	2. Permit No.: 26-1891

Process Information

3. ID number: Emission Unit D

4. Existing or future? Existing and Future

5. Descriptive name for process: Agricultural Limestone Grinding, Storage and Shipping

6. Date commenced (mm/dd/yy): Existing - 1986; Future - December 1996

7. Date installed/completed (mm/dd/yy): Existing - 1986; Future - June 1997

8. Special controls? No

9. Description of process:

For the ground products operation, crushed stockpiled limestone or dolomitic rock is reclaimed by a front-end loader and dumped into a hopper. This material is then placed in feed bins by a series of conveyor belts. Grinding and drying of this material is done in three existing 300 HP Raymond roller mills and one new 450 HP Raymond roller mill. Each existing mill is capable of production rates of 19 TPH to 31 TPH and the new mill is designed for production rates of 27 TPH to 45 TPH, depending upon the grindability of the mill feed. Ground material is then placed in finish bins and shipped by truck. The major uses for this material are as a filler in roofing shingles and in neutralizing agricultural soil acidity, which improves crop yields. These grinding operations do not change the chemical composition of the raw material. Please refer to flow diagram after this form.

Operating Schedule

10. Seasonal or year-round: year-round

11. Process capacity:

a. Design:		b. Projected maximum:	
i. _____	batches/hour	i. _____	batches/hour
ii. _____	batches/year	ii. _____	batches/year
iii. _____	lbs/hour	iii. _____	lbs/hour
iv. See 15. & 16.	other (specify)	iv. See 15. & 16.	other (specify)

12. Projected maximum hours/day: 0

13. Projected maximum days/week: 0

14. Projected maximum weeks/year: 0

Operating Information

15. Raw material usage:

a. Raw material	b. Hourly usage (tons/hr)	c. Annual usage (tons/yr)
Limestone (crushed)	3 x 18	277,800
Dolomitic Rock (crushed)	3 x 18	16,000
Dust from Kilns	0.6	3,500
Tailings from Hydrator	0.5	2,700
TOTAL (same as current; new mill not operating)		300,000

16. Product output:

a. Product	b. Hourly output (tons/hr)	c. Annual output (tons/yr)
Limestone (ground)	3 x 19	300,000
TOTAL (same as current; new mill not operating)		300,000

17. Description of materials handling activities:

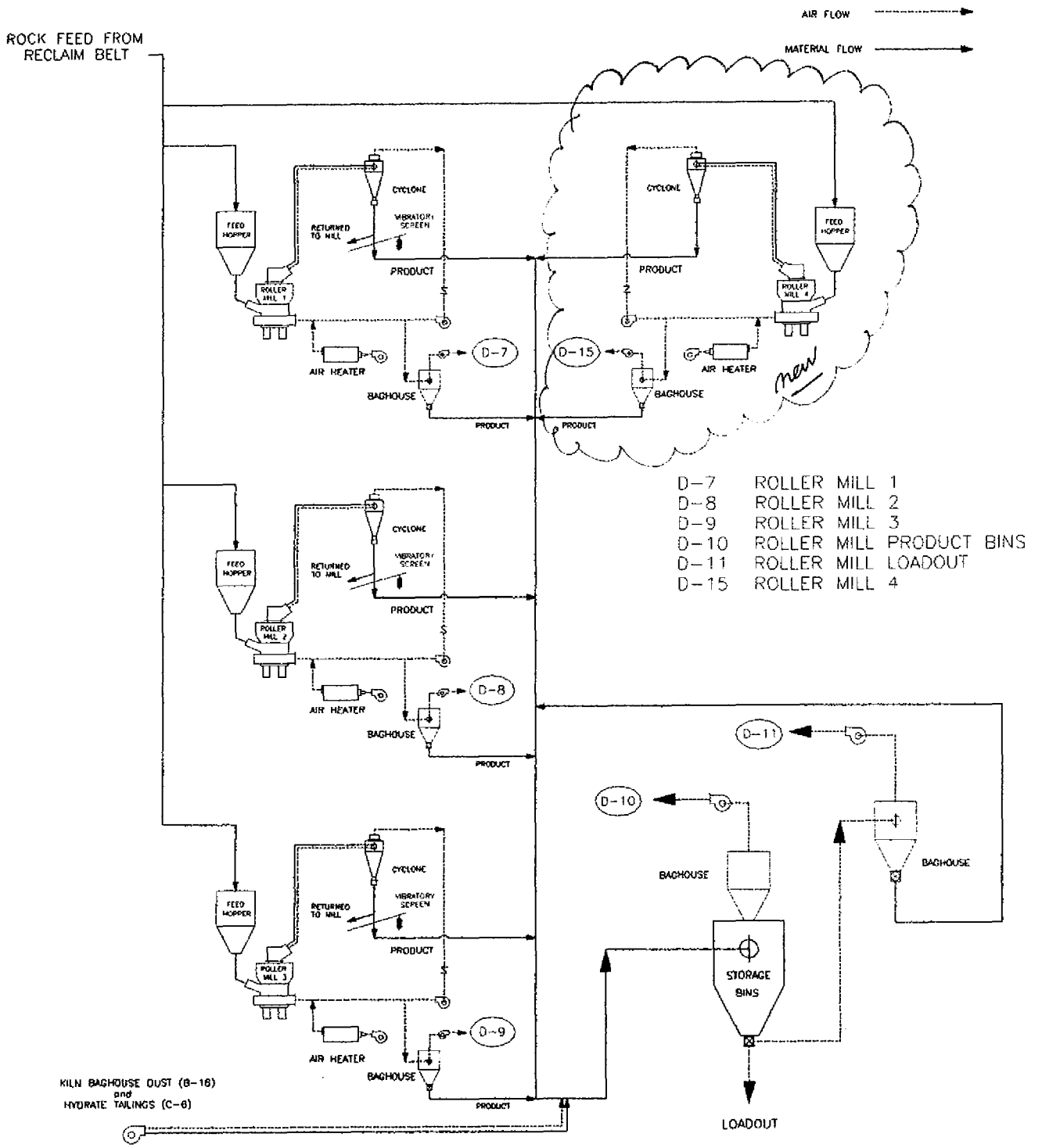
Conveying by belt, air and gravity

18. Control device(s)? ☒ Yes ☐ No (If yes, identification number[s]) Please refer to flow diagram after this form.

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT

EMISSION UNIT D

AGRICULTURAL PRODUCTS – GRINDING, STORAGE, AND SHIPPING



1. Facility name: Ash Grove Cement Co. - Rivergate	2. Permit No.: 26-1891

Fuel Burning Device Information

3. ID number: D
4. Existing or future? Future
5. Date commenced (mm/dd/yy): December 1996
6. Date installed/completed (mm/dd/yy): June 1997
7. Special controls: No
8. Manufacturer: Hauck or equivalent
9. Description of device: Fuel is fired in a vessel to heat air.
10. Firing method: Normal

Operating Schedule

11. Seasonal or year-round? year-round
    a. Months in operation: 0 (12 after approval of application for modification to ACDP 26-1891 to be filed later)
12. Projected maximum hours/day: 0
13. Projected maximum days/week: 0
14. Projected maximum weeks/year: 0

Production Information

15. Rated design capacity (input) - see 19 - (specify units)
16. Projected maximum annual operation - see 19 - (specify units)

Ash Generation and Disposal Information

17. Quantity generated 0 tons/year
18. Description of ash disposal method: N/A

Fuel Usage Information

19. Fuel usage:

	Primary Fuel	Backup A	Backup B	Backup C
a. Type/grade of fuel	Natural Gas			
b. Average sulfur content (% by wt)	0			
c. Design hourly usage (specify units/hr)	12.7 MMBtu/hr			
d. Projected maximum annual usage (units/yr)	0 MMBtu/yr			

Stack Information

20. Stack height: 25 feet

21. Flow rate: 18,300 dscf/minute

Monitoring Information

22. Monitoring equipment:

a. Steam pressure gauge? ☐ Yes ☒ No (If yes, recorder?) ☐ Yes ☐ No

b. Steam flow gauge? ☐ Yes ☒ No (If yes, recorder?) ☐ Yes ☐ No

c. Oxygen analyzer? ☐ Yes ☒ No (If yes, recorder?) ☐ Yes ☐ No

d. Visible emissions monitoring? ☐ Yes ☒ No

e. Sulfur dioxide monitor? ☐ Yes ☒ No

f. Other monitor? ☒ Yes ☐ No (If yes, specify) a) (If yes, recorder?) ☐ Yes ☒ No

Pollution Control Information

23. Control device(s)? ☒ Yes ☐ No (If yes, identification number[s]) D-15 baghouse

a) air heater outlet temperature is monitored, not recorded

1. Facility name: Ash Grove Cement Company - Rivergate Plant	2. Permit No.: 26-1891

3. Electrostatic precipitators:

	ID:	ID:	ID:
a. Type of ESP–wet/dry			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Inlet gas pretreatment			
g. Number of fields			
h. Design primary and secondary voltage			
i. Design primary and secondary current			
j. Design inlet gas flow rate (acf/min)			
k. Estimated efficiency (%)			

4. Wet scrubbers:

	ID:	ID:	ID:
a. Type of scrubber			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design water flow rate (gal/min)			
g. Design water pressure (psig)			
h. Design inlet gas flow rate (acf/min)			
i. Design pressure drop (in. water; specify)			
j. Estimated efficiency (%)			

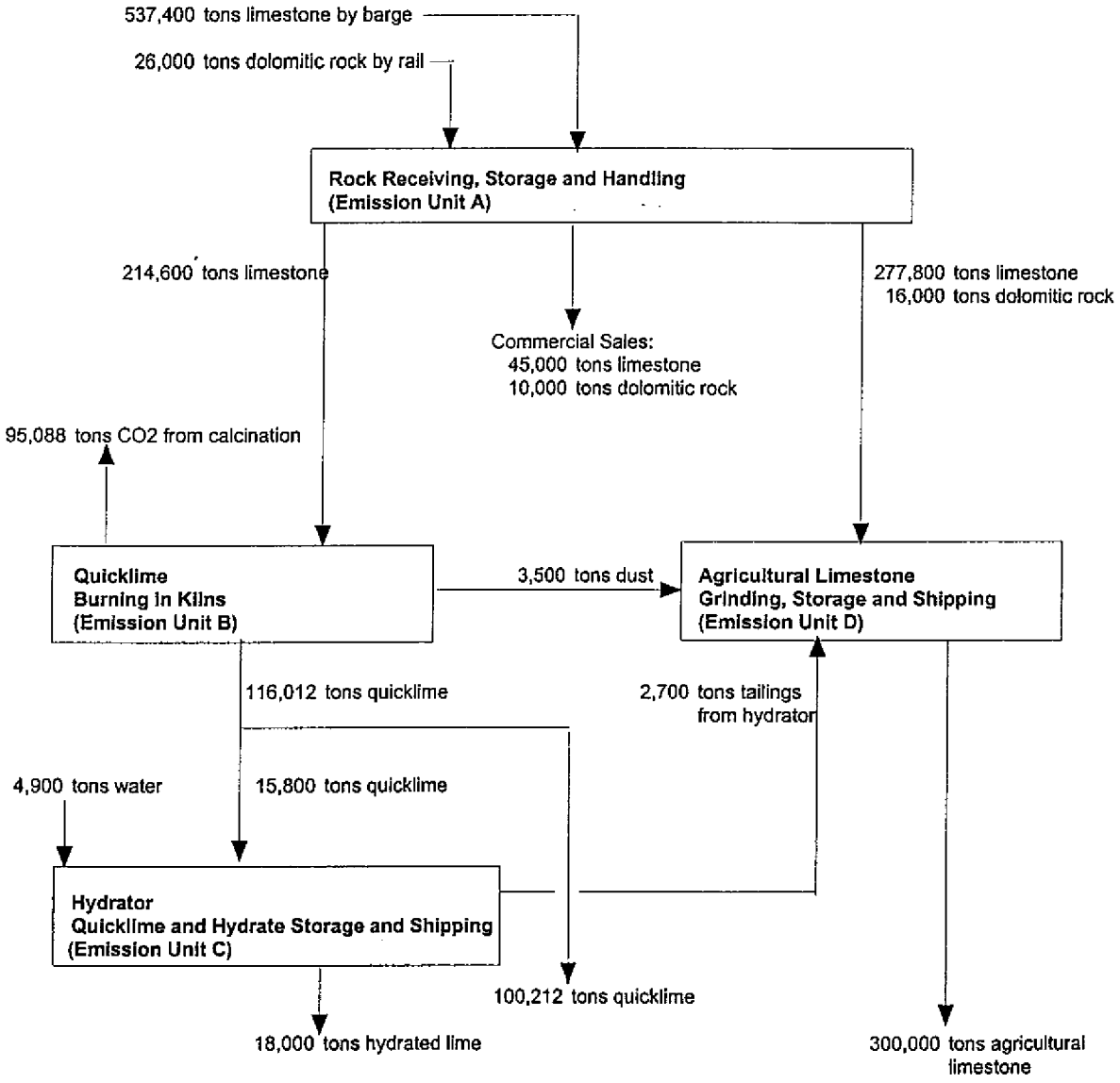
5. Baghouses:

	ID: D-15	ID:	ID:
a. Type of cleaning mechanism and frequency	Pulse Jet		
b. Pollutant(s) controlled	PM		
c. Rated efficiency (%)	99		
d. Year installed	Future - 1997		
e. Manufacturer and model number	Mikropul 361-S-10-17-C		
f. Design inlet gas flow rate (acf/min)	22,500 @ 175 deg. F		
g. Design air-to-cloth ratio; no. of bags (specify)	~4:1		
h. Design pressure drop (in. water; specify)	4-6		

Ash Grove Cement Company, Rivergate Plant
General Process Flow Diagram with Proposed (=Current Allowed) Annual Throughput Rates

In	
tons	Item
537,400	limestone
26,000	dolomitic limestone
4,900	water
568,300	TOTAL

Out	
tons	Item
100,212	quicklime
18,000	hydrated lime
300,000	agricultural limestone
55,000	commercial sales
95,088	carbon dioxide from calcined limestone
568,300	TOTAL



Factors used, based upon plant experience:

kiln feed =	1.85	* kiln production of quicklime
hydrator quicklime feed =	88	% of hydrated lime produced (theoretical is 75.6 %)
Hydrator tailings =	15	% of hydrated lime produced

(Moisture in rock (~3 %) not accounted for; flow sheet is on dry basis)

10/31/96, 10:10 AM, q:\...\nitc-01\ 961031A.WK4

Ash Grove Cement Company, Rivergate Plant
General Process Flow Diagram with Proposed (=Current Allowed) Annual Throughput Rates
Table of Annual Rates in Tons

A. Rock Receiving, Storage and Handling	
15. Raw Material Usage:	
Limestone	537,400
Dolomitic Rock	26,000
Total	563,400
16. Product Output:	
To Three Kilns	214,600
To Four Roller Mills	293,800
Commercial Rock Sales	55,000
Total	563,400

B. Quicklime **Burning in Kilns**	
15. Rated Design Capacity (Input)	
Limestone to Three Kilns	214,600
Total	214,600
16. Product Output (Quicklime):	
For Storage and Shipping	100,212
For Hydrator	15,800
Carbon Dioxide from Calcination	95,088
Dust to Roller Mills	3,500
Total	214,600

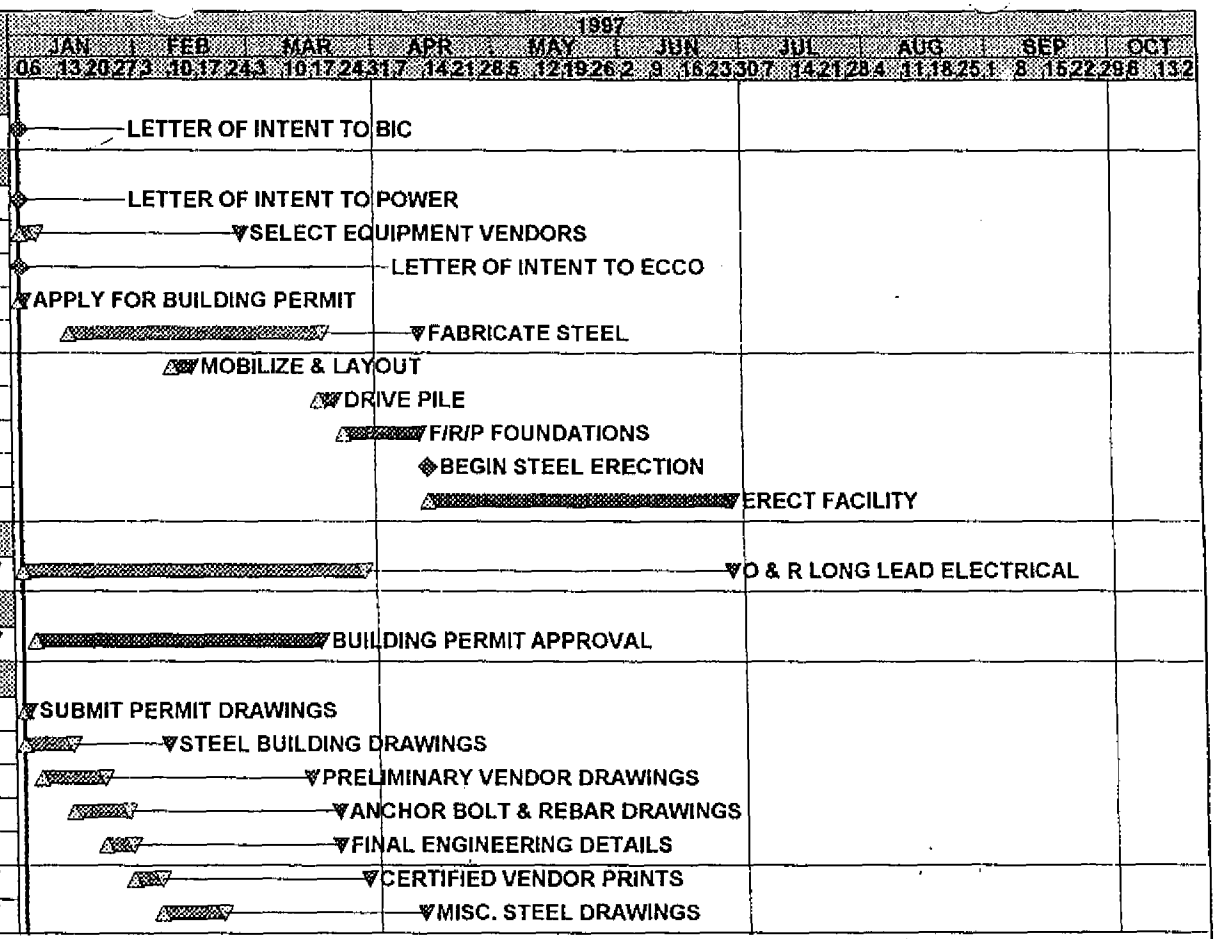
C. Hydrator **Quicklime and Hydrate Storage and Shipping**	
15. Raw Material Usage:	
Quicklime for Storage and Shipping	100,212
Quicklime for Hydrator	15,800
Water	4,900
Total	120,912
16. Product Output	
Quicklime	100,212
Hydrated Lime	18,000
Tailings to Roller Mills	2,700
Total	120,912

D. Agricultural Limestone **Grinding, Storage and Shipping**	
15. Raw Material Usage:	
Limestone (crushed)	277,800
Dolomitic Rock (crushed)	16,000
Dust from Kilns	3,500
Tailings from Hydrator	2,700
Total	300,000
16. Product Output	
Limestone (ground)	300,000
Total	300,000

Attachment A

New roller mill system for grinding of limestone

Activity ID	Activity Description	Orig Dur	Early Start	Early Finish
ASH GROVE				
C100	LETTER OF INTENT TO BIC	0	03JAN97	
BAUGH INDUSTRIAL				
C120	LETTER OF INTENT TO POWER	0	03JAN97	
C150	SELECT EQUIPMENT VENDORS	2	03JAN97	06JAN97
C110	LETTER OF INTENT TO ECCO	0	03JAN97	
C130	APPLY FOR BUILDING PERMIT	1	03JAN97	03JAN97
C155	FABRICATE STEEL	44	15JAN97	18MAR97
C170	MOBILIZE & LAYOUT	5	10FEB97*	14FEB97
C180	DRIVE PILE	4	18MAR97*	21MAR97
C190	F/R/P FOUNDATIONS	15	24MAR97	11APR97
C200	BEGIN STEEL ERECTION	0	14APR97	
C210	ERECT FACILITY	54	14APR97	27JUN97
ELECTRICAL CONSTRUCTION				
C160	O & R LONG LEAD ELECTRICAL	60	03JAN97	28MAR97
CITY OF PORTLAND				
C140	BUILDING PERMIT APPROVAL	50	06JAN97	17MAR97
POWER ENGINEERS				
E100	SUBMIT PERMIT DRAWINGS	1	03JAN97	03JAN97
E150	STEEL BUILDING DRAWINGS	8	03JAN97	14JAN97
E110	PRELIMINARY VENDOR DRAWINGS	12	07JAN97	22JAN97
E160	ANCHOR BOLT & REBAR DRAWINGS	10	15JAN97	28JAN97
E120	FINAL ENGINEERING DETAILS	5	23JAN97	29JAN97
E130	CERTIFIED VENDOR PRINTS	5	30JAN97	05FEB97
E140	MISC. STEEL DRAWINGS	10	06FEB97	20FEB97



Project Start	03JAN97
Project Finish	27JUN97
Data Date	03JAN97
Plot Date	03JAN97

© Primavera Systems, Inc.

Early Bar
Float Bar
Progress Bar
Critical Activity

ASGR

Sheet 1 of 1

ASH GROVE CEMENT RIVERGATE PLANT
AG MILL #4 EXPANSION PROJECT
BASELINE PRECONSTRUCTION ACTIVITIES

Appendix58-000347

ASH GROVE CEMENT COMPANY

"WESTERN REGION"

From: J. Hone
To: Bob Wantuy / Ash Grove
8 pages
If error call 503 285 4621

February 11, 1999

Mr. Johnny D. Baumgartner
Oregon Department of Environmental Quality
2020 SW Fourth Avenue
Suite 400
Portland OR 97201-4987

Dear Mr. Baumgartner:

Please find the enclosed Notice of Intent to Construct for Ash Grove Cement Company's Bulk Terminal at 3535 N. Port Center Way in Portland. This notice represents only an efficiency upgrade of the Truck Loadout process dust collector system. The project will result in only a slight increase in the total calculated emissions of cement dust.

I have discussed this matter with Mr. Jim Broad of the Department. He suggested that I submit this notice to determine permit requirements.

Should you have any questions or require further information, please contact me at (206) 694-6221 or Mr. John Hone, Portland Terminal Manager at (503) 285-9153.

Thank you for your assistance.

Yours truly,

Gerald J. Brown
Manager Safety and Environmental

enclosures

cc: John Hone
Henrik Voldbaek

3801 EAST MARGINAL WAY, SOUTH • SEATTLE, WA 98134 • PLANT OFFICE (206) 623-5596 • FAX: (206) 623-5355

NOTICE OF INTENT TO CONSTRUCT — **FORM AQ104 ANSWER SHEET**

Identification Information

1. Permit Number 26-0005

2. Legal Company Name:	3. Facility Name: *(if different from legal company name)*
Ash Grove Cement Co Company Name	Bulk Cement Terminal Facility Name
6720 SW Macadam, Suite 300 Mailing Address	3535 N. Port Center Way Location Address
Portland, OR 97219 City, State, Zip	Portland, OR 97217 City, State, Zip
4. Compliance Contact:	**5. Information/Clarification Contact:**
John Hone Manager Name & Title	John Hone Manager Name & Title
3535 N. Port Center Way Mailing Address	3535 N. Port Center Way Location Address
503 285-9153 Area Code & Telephone Number	503 285-9153 Area Code & Telephone Number

Facility Information

6. SIC Codes: 5030 5050 ____ ____

7. Other Department permits? (y/n; if y, specify type and permit number) Yes Y No ____

City of Portland Bldg. Permit No 94-101863
Oregon Division of State Lands Permit No 6596

8. Increased capacity/emissions, new pollutants? Yes X No ____

9. If applicable, attach a Land Use Compatibility Statement.

Construction Information

10. Description of proposed construction: See attached description and Drawings.

Appendix58-000349

NOTICE OF INTENT TO CONSTRUCT — FORM AQ104 ANSWER SHEET

Construction Data

17. Timing of construction.

a. Commence date (mm/dd/yy) 3/1/99

b. Begin date (mm/dd/yy) _____

c. Completion date (mm/dd/yy) 4/1/99

18. Will tax credits be requested once construction is completed? Yes Y No ____

Signature

19. Signature

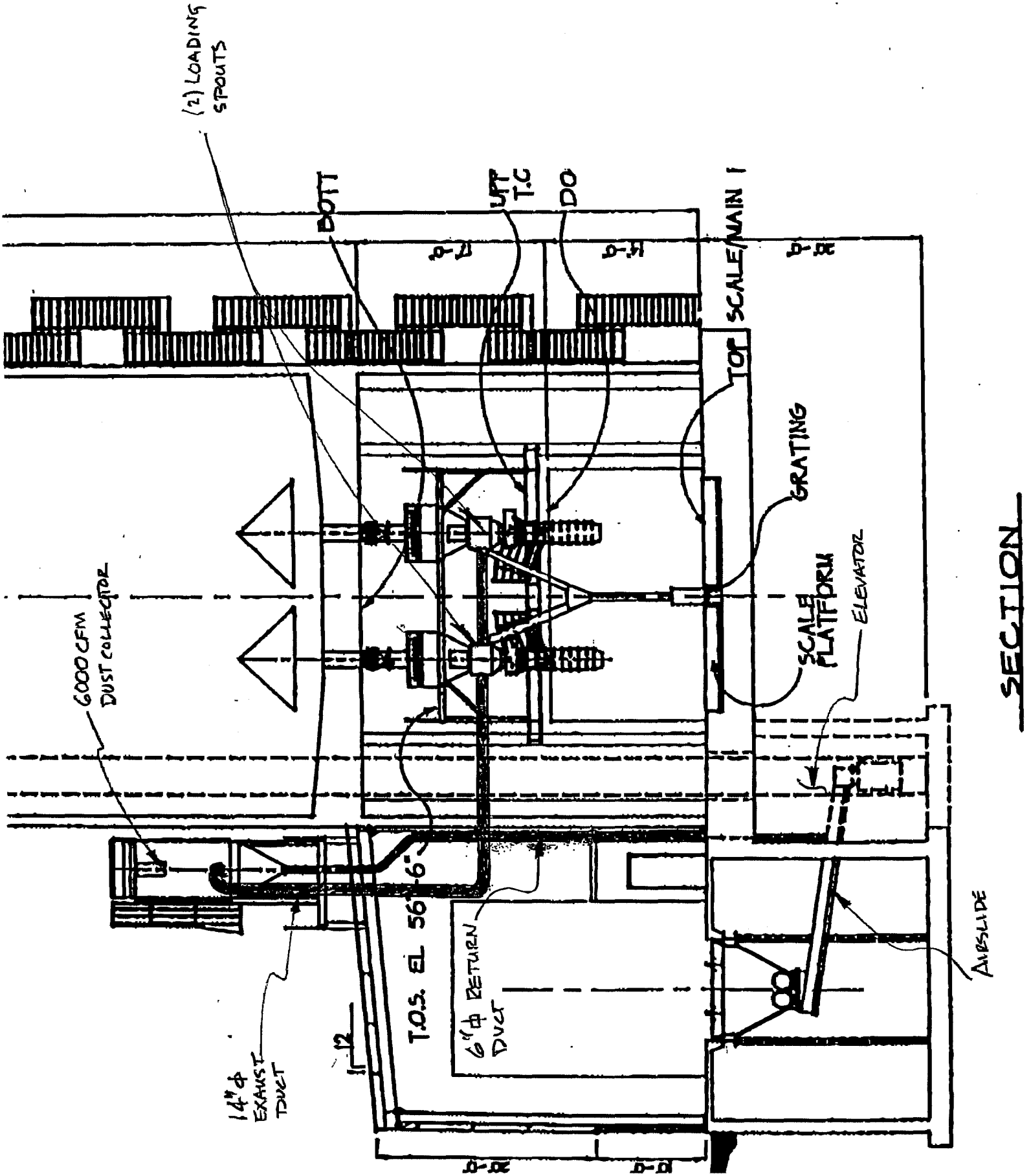
I hereby certify that I have completed this application to the best of my ability and that the information herein and in the attached exhibits is true and correct to the best of my knowledge.

Gerald J Brown — Name of Authorized Representative

Mgr Safety + Env — Title

Signature

2/11/99 — Date (mm/dd/yy)


(2) LOADING SPOUTS
BOTT
UPP T.C
DO
SCALE/MAIN I
TOP
GRATING
SCALE PLATFORM
ELEVATOR
6000 CFM DUST COLLECTOR
T.O.S. EL 56'-6"
6"ϕ RETURN DUCT
14"ϕ EXHAUST DUCT
AIRSLIDE
SECTION

Description of Proposed Construction

The two individual 2000 cfm pulse jet dust collectors located at each truck loading spout will be removed and replaced with an externally mounted 6000 cfm dust collector. The spout manufacturer recommended that at least 3000 cfm per spout be utilized to properly evacuate and control dust in the spout.

The external dust collector is a Fuller 64TA10 with a Chicago 6000 cfm fan and has 840 sq.ft. of replaceable polyester filter media. A 20 cubic foot hopper is attached to the dust collector with an electric rotary valve that evacuates the dust and sends it to the cement bucket elevator.

$\frac{6000}{840} = 7.1$

BULK CEMENT TERMINAL
Ash Grove Cement Co.

Emission Data

Emissions for Dust Collectors

Rate of emission: 0.02 Grains/ ft^3

		Pre Construction Emissions		Post-Construction Emissions		
Emission Point	**Pollutant**	**Short term lb/workday**	**Annual tons/year**	**short term lb/workday**	**Annual tons/year**	
Receiving Building 2000cfm Baghouse	Cement Dust	4.80	0.26	4.80	0.26	Nov. – Mar.
		8.23	0.62	8.23	0.62	Apr.- Oct
			0.88		0.88	Annual
Top of Silos 3800cfm Baghouse	Cement Dust	9.12	0.49	9.12	0.49	Nov. – Mar.
		15.63	1.19	15.63	1.19	Apr.- Oct
			1.68		1.68	Annual
Lane 1 Truck Loadout 2000cfm Baghouse	Cement Dust	4.80	0.26	0	0	Nov. – Mar.
		8.23	0.62	0	0	Apr.- Oct
			0.88	0	0	Annual
Lane 2 Truck Loadout 2000cfm Baghouse	Cement Dust	4.80	0.26	0	0	Nov. – Mar.
		8.23	0.62	0	0	Apr.- Oct.
			0.88	0	0	Annual
Truck Loadout 6000cfm Baghouse	Cement Dust	0	0	24.69	0.79	Nov. – Mar.
		0	0	14.40	1.85	Apr.- Oct.
					2.64	Annual
Total Calculated Annual Emissions			4.33		5.20	**Tons/year**

Ash Grove Cement Company
Ash Grove and Goldendale Alumina Terminal
Estimate of Potential to Emit PM-10

Maximum Cement Throughput:	800,000	short tons per year
Maximum Alumina Throughput:	180,000	short tons per year
TOTAL Throughput	980,000	short tons per year

Equip. No	APCD Description	Flow (scfm)	Annual Thruput (tons)	Equip. rated capacity (stph)	Operating Hours	Grain loading EF (gr/scf)	PM-10 (tons/yr)
614.BF1	Ship Unloader DC (Goldendale)	34,100	980,000	615	3,187	0.01	4.66
614.BF2	Unloader DC, Fuller Pulse Jet (Goldendale)	19,000	980,000	615	3,187	0.01	2.60
614.BF3	Silo # 1 Bin Vent, Plenum Pulse (Goldendale)	2,500	326,667	615	1,062	0.01	0.11
614.BF4	Silo # 2 Bin Vent, Plenum Pulse (Goldendale)	2,500	326,667	615	1,062	0.01	0.11
614.BF5	Silo # 3 Bin Vent, Plenum Pulse (Goldendale)	2,500	326,667	615	1,062	0.01	0.11
611.BF2	Reclaim DC, Fuller Pulse Jet (Goldendale)	12,215	980,000	335	5,851	0.01	3.08
611.BF1	Load Out Area DC, Fuller Pulse Jet (Goldendale)	4,463	980,000	335	3,463	0.01	0.66
621.BF1	Receiving building (AG Terminal)	2,000	400,000	335	2,388	0.01	0.20
621.BF2	Top of silos (AG Terminal)	3,800	400,000	335	2,388	0.01	0.39
621.BF3	Lane 1 truck loadout (AG Terminal)	2,000	200,000	335	1,194	0.01	0.10
621.BF4	Lane 2 truck loadout (AG Terminal)	2,000	200,000	335	1,194	0.01	0.10
	TOTAL						12.1

Truck Loadout 6000 CFM

Appendix58-000354

BAGHOUSE
CONTROL DEVICE INFORMATION

AQ304
ANSWER SHEET

1.	Control Device ID	611.BF1	621.BF1	621.BF2
2.	Process/Device(s) Controlled	Load Out Area DC (Rail side)	Receiving Building (Truck side)	Top of silos
3.	Year installed	1982	1995	1995
4.	Manufacturer/Model No.	Fuller	DCL	DCL
5.	Control Efficiency(%)	99.99	99.99	99.99
6.	Type of cleaning mechanism and frequency	Pulse Jet	Pulse Jet	Pulse Jet
7.	Design inlet gas flow rate (acfm)	4,463 scfm	2000	3800
8.	Number of bags	76	49	49
9.	Design air-to-cloth ratio	4.3:1	5.6:1	6.1:1
10.	Design pressure drop (inches of water)	2-10	2-10	2-10
11.	Inlet gas pretreatment? (yes/no) If yes, list control device ID and complete a separate control device form	No	No	No
1.	Control Device ID	621.BF3	621.BF4	621.BF5
2.	Process/Device(s) Controlled	Truck load-out	Truck load-out	Truck load-out
3.	Year installed	1995	1995	4-1-1999
4.	Manufacturer/Model No.	DCL	DCL	Fuller
5.	Control Efficiency(%)	99.99	99.99	
6.	Type of cleaning mechanism and frequency	Pulse Jet	Pulse Jet	Pulse Jet
7.	Design inlet gas flow rate (acfm)	2000	2000	6000
8.	Number of bags	4 cartridges	4 cartridges	64
9.	Design air-to-cloth ratio	4.5:1	4.5:1	
10.	Design pressure drop (inches of water)	2-10	2-10	
11.	Inlet gas pretreatment? (yes/no) If yes, list control device ID and complete a separate control device form	No	No	NO

Identification Information

1. Permit Number 26-1891

2. Legal Company Name:	3. Facility Name: *(if different from legal company name)*
Ash Grove Cement Company Company Name	Ash Grove Cement Company – Rivergate Plant Facility Name
13939 N. Rivergate Blvd. Mailing Address	13939 N Rivergate Blvd. Location Address
Portland, Oregon 97203 City, State, Zip	Portland, Oregon 97203 City, State, Zip
4. Compliance Contact:	**5. Information/Clarification Contact:**
Glenn F. Dollar Name & Title	Glenn F. Dollar Name & Title
13939 N. Rivergate Blvd. Portland, OR 97203 Mailing Address	13939 N Rivergate Blvd. Portland, OR 97203 Location Address
503-286-1677 Area Code & Telephone Number	503-286-1677 Area Code & Telephone Number

Facility Information

6. SIC Codes: 3274

7. Other Department permits? (y/n; if y, specify type and permit number) Yes X No

NPDES 100865

8. Increased capacity/emissions, new pollutants? Yes X No

9. If applicable, attach a Land Use Compatibility Statement.

Construction Information

10. Description of proposed construction: We are proposing to replace our existing dust collection system for the hydrate truck loading spouts, with a new BHA pleated pulse jet baghouse. The new system will increase the air volume from 295 SCFM to 1800 SCFM, which is recommended by the spout manufacturer. We will also be installing new more efficient ducting from the loadout spouts to the baghouse.

11. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable.

12. Attach Form AQ301, Control Device Description, if applicable.

13. Attach a process flow diagram.

Emissions Data

14. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	Annual (tons/year)
Hydrate Loadout Dust Collector	PM 10	1.667 lbs/month	0.01	5.0 lbs/month	0.03

15. Description of waste disposal practices *before* the construction: Because the baghouse is attached to the top of the hydrate product bin, we are able to discharge directly into the product bin, eliminating any chance for fugitive emissions.

16. Description of waste disposal practices *after* the construction: The new baghouse will also be attached to the top of the hydrate product bin and discharge directly into the product bin.

Construction Data

17. Timing of construction.

    a. Commence date (mm/dd/yy) 09/20/00

    b. Begin date (mm/dd/yy) 11/20/00

    c. Completion date (mm/dd/yy) 12/01/00

18. Will tax credits be requested once construction is completed? Yes X No _____

Signature

19. Signature

I hereby certify that I have completed this application to the best of my ability and that the information herein and in the attached exhibits is true and correct to the best of my knowledge.

Glenn F. Dollar	Environmental, Health and Safety Mngr
Name of Authorized Representative	Title
_____	10/16/00
Signature	Date (mm/dd/yy)

10/17/00

ASH GROVE CEMENT COMPANY

Air - 7

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

October 17, 2000

George Yun, Permit Coordinator
Oregon DEQ, NW Regioin
2020 SW Fourth Ave. Suite 400
Portland, OR 97201 – 4987

Re: Notice of Intent to Construct
Hydrate Loadout Dust Collector
Permit # 26 – 1891

Dear Mr. Yun:

Attached please find a Notice of Intent to Construct for a new baghouse and ductwork for the hydrate loadout dust collection system. I have also enclosed a process flow diagram and basic drawing of the proposed new system. The baghouse being replaced will be identified as baghouse C – 5 on the process flow diagram. If you have any questions please give me a call at 503 – 286 – 1677 and thanks for your help in expediting this process.

Glenn F. Dollar

Glenn F. Dollar

Environmental, Health and Safety Manager

Identification Information

1. Permit Number 26-1891

2. Legal Company Name:	3. Facility Name: *(if different from legal company name)*
Ash Grove Cement Company Company Name	Ash Grove Cement Company – Rivergate Plant Facility Name
13939 N. Rivergate Blvd. Mailing Address	13939 N Rivergate Blvd. Location Address
Portland, Oregon 97203 City, State, Zip	Portland, Oregon 97203 City, State, Zip
4. Compliance Contact:	**5. Information/Clarification Contact:**
Glenn F. Dollar Name & Title	Glenn F. Dollar Name & Title
13939 N. Rivergate Blvd. Portland, OR 97203 Mailing Address	13939 N Rivergate Blvd. Portland, OR 97203 Location Address
503-286-1677 Area Code & Telephone Number	503-286-1677 Area Code & Telephone Number

Facility Information

6. SIC Codes: 3274 _____ _____ _____

7. Other Department permits? (y/n; if y, specify type and permit number) Yes X No ____

NPDES 100865

8. Increased capacity/emissions, new pollutants? Yes X No ____

9. If applicable, attach a Land Use Compatibility Statement.

Construction Information

10. Description of proposed construction: We are proposing to replace our existing dust collection system for the hydrate truck loading spouts, with a new BHA pleated pulse jet baghouse. The new system will increase the air volume from 295 SCFM to 1800 SCFM, which is recommended by the spout manufacturer. We will also be installing new more efficient ducting from the loadout spouts to the baghouse.

11. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable.

Appendix58-000360

12. Attach Form AQ301, Control Device Description, if applicable.

13. Attach a process flow diagram.

Emissions Data

14. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	Annual (tons/year)
Hydrate Loadout Dust Collector	PM 10	1.667 lbs/month	0.01	5.0 lbs/month	0.03

15. Description of waste disposal practices *before* the construction: Because the baghouse is attached to the top of the hydrate product bin, we are able to discharge directly into the product bin, eliminating any chance for fugitive emissions.

16. Description of waste disposal practices *after* the construction: The new baghouse will also be attached to the top of the hydrate product bin and discharge directly into the product bin.

Construction Data

Appendix58-000361

17. Timing of construction.

a. Commence date (mm/dd/yy) 09/20/00

b. Begin date (mm/dd/yy) 11/20/00

c. Completion date (mm/dd/yy) 12/01/00

18. Will tax credits be requested once construction is completed? Yes X No _____

Signature

19. Signature

I hereby certify that I have completed this application to the best of my ability and that the information herein and in the attached exhibits is true and correct to the best of my knowledge.

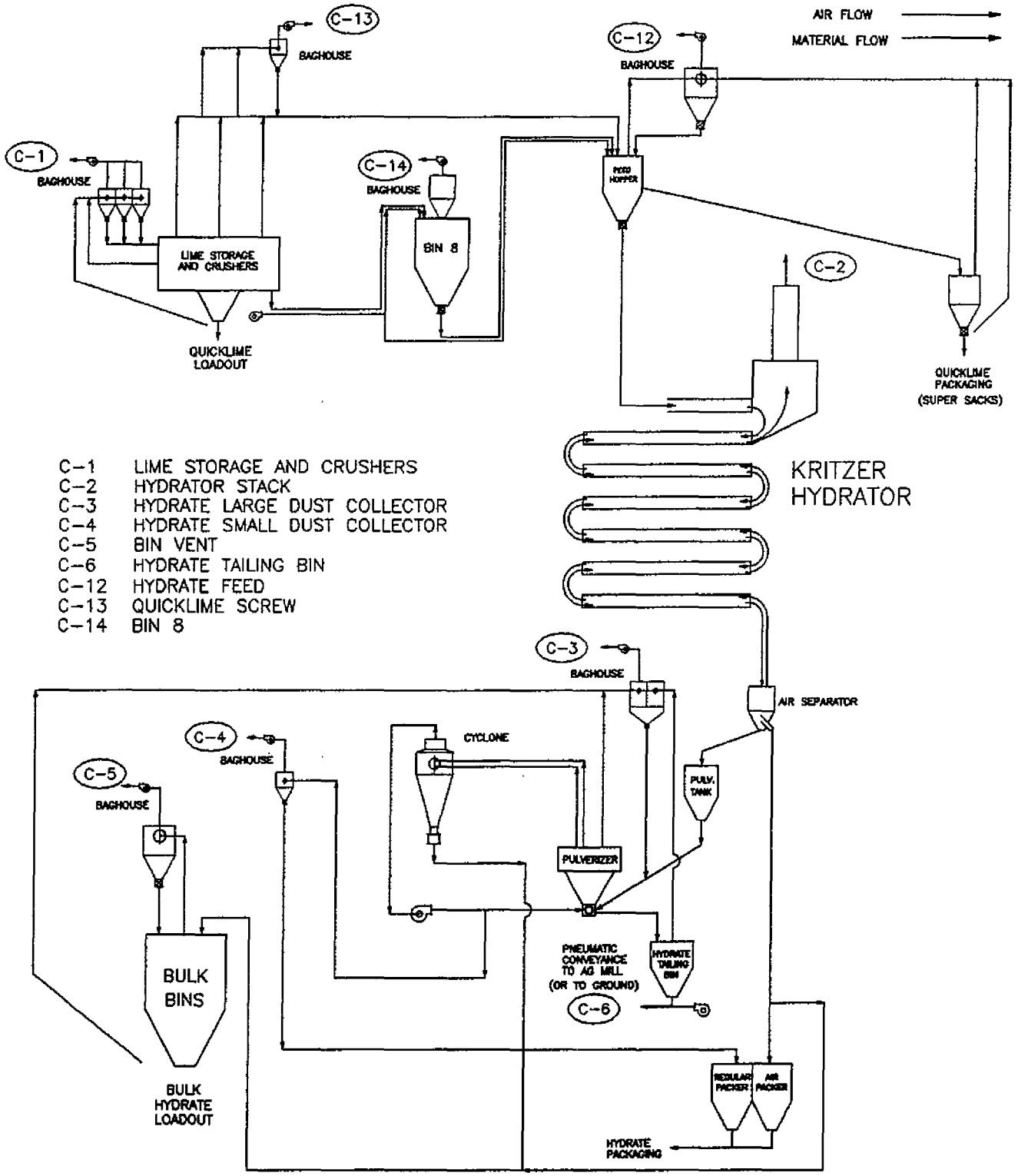
Glenn F. Dollar
Name of Authorized Representative

Environmental, Health and Safety Mngr
Title

Glenn F. Dollar
Signature

10/16/00
Date (mm/dd/yy)

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT
EMISSION UNIT C
HYDRATOR
QUICKLIME AND HYDRATE – STORAGE AND SHIPPING



C-1 LIME STORAGE AND CRUSHERS
C-2 HYDRATOR STACK
C-3 HYDRATE LARGE DUST COLLECTOR
C-4 HYDRATE SMALL DUST COLLECTOR
C-5 BIN VENT
C-6 HYDRATE TAILING BIN
C-12 HYDRATE FEED
C-13 QUICKLIME SCREW
C-14 BIN 8

Identification Information

1. Permit Number 26-1891

2. Legal Company Name:	3. Facility Name: *(if different from legal company name)*
Ash Grove Cement Company Company Name	Ash Grove Cement Company – Rivergate Plant Facility Name
13939 N. Rivergate Blvd. Mailing Address	13939 N Rivergate Blvd Location Address
Portland, Oregon 97203 City, State, Zip	Portland, Oregon 97203 City, State, Zip
4. Compliance Contact:	**5. Information/Clarification Contact:**
Glenn F. Dollar Name & Title	Glenn F.Dollar Name & Title
13939 N. Rivergate Blvd. Portland, OR 97203 Mailing Address	13939 N Rivergate Blvd. Portland, OR 97203 Location Address
503-286-1677 Area Code & Telephone Number	503-286-1677 Area Code & Telephone Number

Facility Information

6. SIC Codes: 3274 _____ _____ _____

7. Other Department permits? (y/n; if y, specify type and permit number) Yes X No _____

NPDES 100865

8. Increased capacity/emissions, new pollutants? Yes X No _____

9. If applicable, attach a Land Use Compatibility Statement.

Construction Information

10. Description of proposed construction: Please see the attached document (Attachment 1) for a **Description of Proposed Construction.** This document also contains the Emission Calculations for the new Pulse Jet Baghouse. Figure's 1 and 2 represent existing and proposed layouts.

11. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable.

12. Attach Form AQ301, Control Device Description, if applicable.

13. Attach a process flow diagram.

Emissions Data

14. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	Annual (tons/year)
C-2 Hydrator Stack	PM10	2.97lbs/day	0.54	0	0
C-2A Pulse Jet Baghouse	PM10	0	0	0.61lbs/day	0.11
		Based on	**1999**	**Production**	**Figures**
C-2 Hydrator Stack	PM10	5.74 lbs/day	1.05	0	0
C-2A Pulse Jet Baghouse	PM10	0	0	1.18 lbs/day	0.22
		Based on	**"Potential to Emit"**	**1995 Permit**	**Application**

15. Description of waste disposal practices *before* the construction: _____

_____

_____

_____

_____

16. Description of waste disposal practices *after* the construction: _____

_____

_____

_____

_____

Construction Data

17. Timing of construction.

a. Commence date (mm/dd/yy) __12/06/00____

b. Begin date (mm/dd/yy) __02/01/01____

c. Completion date (mm/dd/yy) __06/01/01____

18. Will tax credits be requested once construction is completed? Yes __X__ No _____

Signature

19. Signature

I hereby certify that I have completed this application to the best of my ability and that the information herein and in the attached exhibits is true and correct to the best of my knowledge.

____Glenn F. Dollar__	_Environmental, Health and Safety Manager
Name of Authorized Representative	Title
_____	_____
Signature	Date (mm/dd/yy)

ASH GROVE CEMENT COMPANY

FILE COPY

RIVERGATE

Air - 7

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

December 14, 2000

George Yun, Permit Coordinator
Oregon DEQ, NW Region
2020 SW Fourth Ave. Suite 400
Portland, OR 97201-4987

Re: Notice of Intent to Construct
Hydrator Upgrade
Permit # 26-1891

Dear Mr. Yun:

Attached please find a Notice of Intent to Construct for a modification to our existing hydrated lime manufacturing process. This project will entail the replacement of the existing wet scrubber with a new, more efficient, pulse jet baghouse. I have enclosed a description of the proposed construction with emission calculations for the new Pulse Jet Baghouse. Also find attached new and existing process flow diagrams. If you have any questions please give me a call at 503-286-1677 and thanks for your help in expediting this process.

Glenn F. Dollar

Environmental, Health and Safety Manager

Identification Information

1. Permit Number 26-1891

2. Legal Company Name:	3. Facility Name: *(if different from legal company name)*
Ash Grove Cement Company Company Name	Ash Grove Cement Company – Rivergate Plant Facility Name
13939 N. Rivergate Blvd. Mailing Address	13939 N Rivergate Blvd Location Address
Portland, Oregon 97203 City, State, Zip	Portland, Oregon 97203 City, State, Zip
4. Compliance Contact:	**5. Information/Clarification Contact:**
Glenn F. Dollar Name & Title	Glenn F.Dollar Name & Title
13939 N. Rivergate Blvd. Portland, OR 97203 Mailing Address	13939 N Rivergate Blvd. Portland, OR 97203 Location Address
503-286-1677 Area Code & Telephone Number	503-286-1677 Area Code & Telephone Number

Facility Information

6. SIC Codes: 3274 _____ _____ _____

7. Other Department permits? (y/n; if y, specify type and permit number) Yes X No _____

NPDES 100865

8. Increased capacity/emissions, new pollutants? Yes X No _____

9. If applicable, attach a Land Use Compatibility Statement.

Construction Information

10. Description of proposed construction: Please see the attached document (Attachment 1) for a **Description of Proposed Construction.** This document also contains the Emission Calculations for the new Pulse Jet Baghouse. Figure's 1 and 2 represent existing and proposed layouts.

11. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable.

12. Attach Form AQ301, Control Device Description, if applicable.

13. Attach a process flow diagram.

Emissions Data

14. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	Annual (tons/year)
C-2 Hydrator Stack	PM10	2.97lbs/day	0.54	0	0
C-2A Pulse Jet Baghouse	PM10	0	0	0.61lbs/day	0.11
		Based on	**1999**	**Production**	**Figures**
C-2 Hydrator Stack	PM10	5.74 lbs/day	1.05	0	0
C-2A Pulse Jet Baghouse	PM10	0	0	1.18 lbs/day	0.22
		Based on	**"Potential to Emit"**	**1995 Permit**	**Application**

15. Description of waste disposal practices *before* the construction: _____

16. Description of waste disposal practices *after* the construction: _____

Construction Data

17. Timing of construction.

    a. Commence date (mm/dd/yy) 12/06/00

    b. Begin date (mm/dd/yy) 02/01/01

    c. Completion date (mm/dd/yy) 06/01/01

18. Will tax credits be requested once construction is completed? Yes X No _____

Signature

19. Signature

I hereby certify that I have completed this application to the best of my ability and that the information herein and in the attached exhibits is true and correct to the best of my knowledge.

Glenn F. Dollar	Environmental, Health and Safety Manager
Name of Authorized Representative	Title
_____	_____
Signature	Date (mm/dd/yy)

Appendix58-000370

Attachment 1. Ash Grove Cement Company, Rivergate Lime Plant **26-1891**

Description of Proposed Construction:

Remove 4 stph Kritzer hydrator and install new 12 stph Cimprogetti hydrator. Existing material conveyance system (ie. Screw conveyor, bucket elevators) will be upgraded to accommodate the additional throughput. Mechanical air separator will also be upgraded to handle additional throughput. The existing impact hammermill (pulverizor) will be removed and replaced with a 50" roller mill. The hydrator mill circuit will remain closed loop, with no additional emission points. Reference Fig. 1 and Fig. 2 for existing and proposed layouts. **NOTE:** As part of the modification, the existing wet scrubber, emission point C-2, will be removed and replaced with a new, more efficient pulse jet baghouse. Although production throughput will triple, from 4 stph to 12 stph, net emissions from the hydrator will be reduced by replacing the existing wet scrubber (emission factor of 0.08 lbs./ton) with a pulse jet baghouse (emission factor of 0.0165 lbs./ton).

Emission Calculations for Pulse Jet Baghouse

Design inlet gas flow rate: 2,650 actual ft^3/min (acfm)

Emission Factor: 20 mg/m^3

Conversions Used:
- 1 lb = 7,000 grains
- 1 ft^3 = 0.02832 m^3
- 1 lb. = 453592 mg

$$\frac{20\ mg}{m^3} \times \frac{lb}{453592\ mg} \times \frac{0.02832\ m^3}{ft^3} \times \frac{2650\ ft^3}{min} \times \frac{60\ min}{hr} \times \frac{hr}{12\ tons} = 0.0165\ lbs./ton$$

- OR -

$$\frac{20\ mg}{m^3} \times \frac{lb}{453592\ mg} \times \frac{7000\ grains}{lb} \times \frac{0.02832\ m^3}{ft^3} = 0.0087\ gr/acf$$

1. Facility Name: Ash Grove Cement Company 2. Permit No.: 26-1891

3. Electrostatic precipitators

	ID:	ID:	ID:
a. Type of ESP - wet/dry			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Inlet gas pretreatment			
g. Number of fields			
h. Design primary and secondary voltage			
i. Design primary and secondary current			
j. Design inlet gas flow rate (acf/min)			
k. Estimated efficiency (%)			

4 Wet scrubbers

	ID:	ID:	ID:
a. Type of scrubber			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design water flow rate (gal/min)			
g. Design water pressure (psig)			
h. Design inlet gas flow rate (acf/min)			
i. Design pressure drop (in. Water; specify)			
j. Estimated efficiency (%)			

5. Baghouses

	ID: C-2A	ID:	ID:
a. Type of cleaning mechanism and frequency	Pulse Jet/On Demand		
b. Pollutant(s) controlled	PM 10		
c. Rated efficiency (%)	99.94		
d. Year installed	2001		
e. Manufacturer and model number	Cimprogetti/Cim Zeropol 800		
f. Design inlet gas flow rate (acf/min)	2650 acfm		
g. Design air-to-cloth ratio; number of bags (specify)	1.53:1/ 91Bags		
h. Design pressure drop (in. Water)	2"		
i. Estimated efficiency (%)	99.97		

6. Fume oxidizers

	ID:	ID:	ID:
a. Type of system			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Design temperature (°F) of chamber			
h. Design residence tiem			
i. Estimated efficiency (%)			

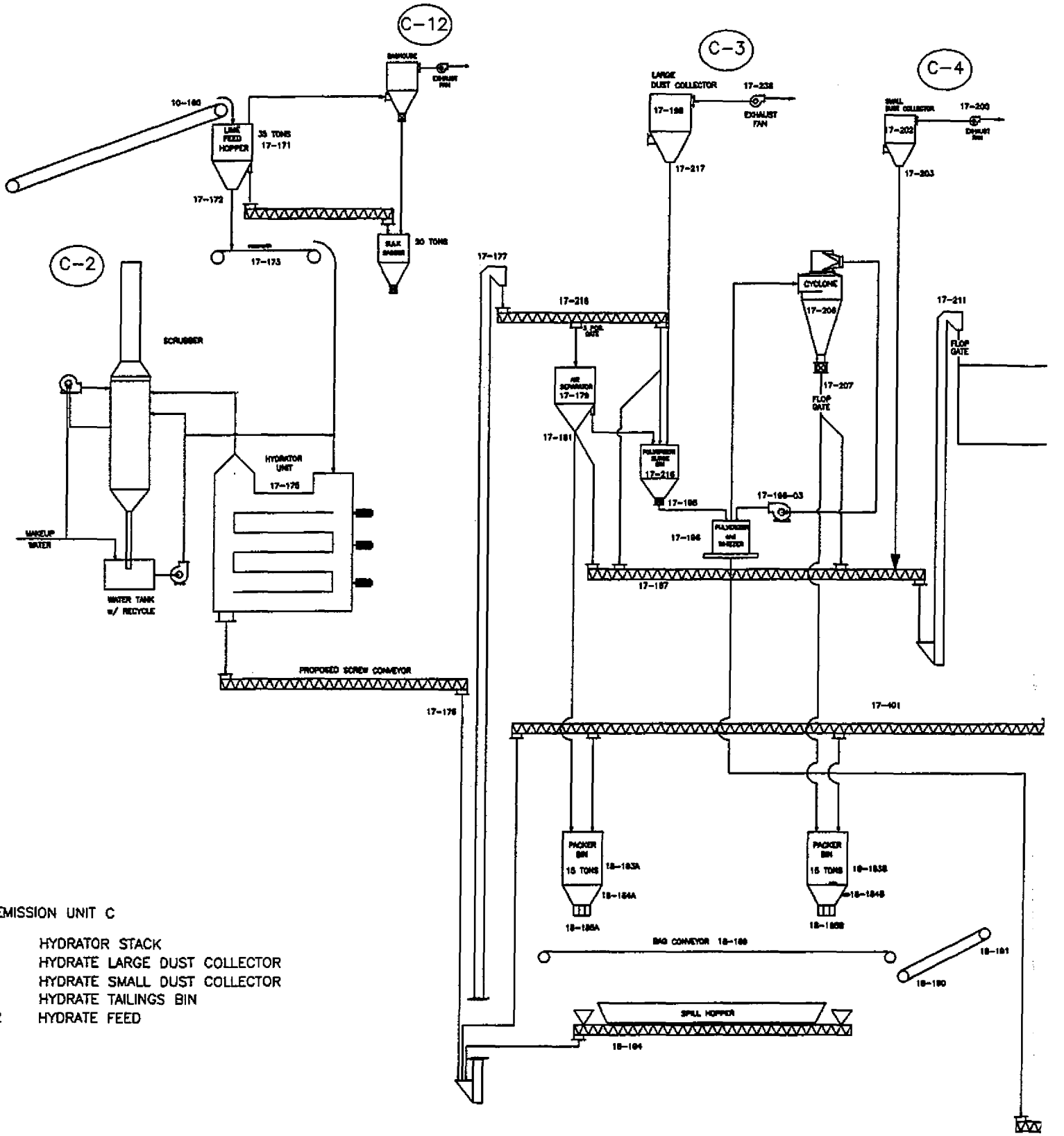
7. Cyclones/Multiclones

	ID:	ID:	ID:
a. Rate efficiency (%)			
b. Pollutant(s) controlled			
c. Year installed			
d. Manufacturer and model number			
e. Cyclone/Multiclone diameter (inches)			
f. Cyclone/Multiclone length (specify inches or feet)			
g. Design inlet gas flow rate (acf/min)			
h. Design pressure drop (in. Water)			
i. Estimated efficiency (%)			

8. Other

	ID:	ID:	ID:
a. Attach a description of the control device and give the design parameters.			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Estimated efficiency (%)			

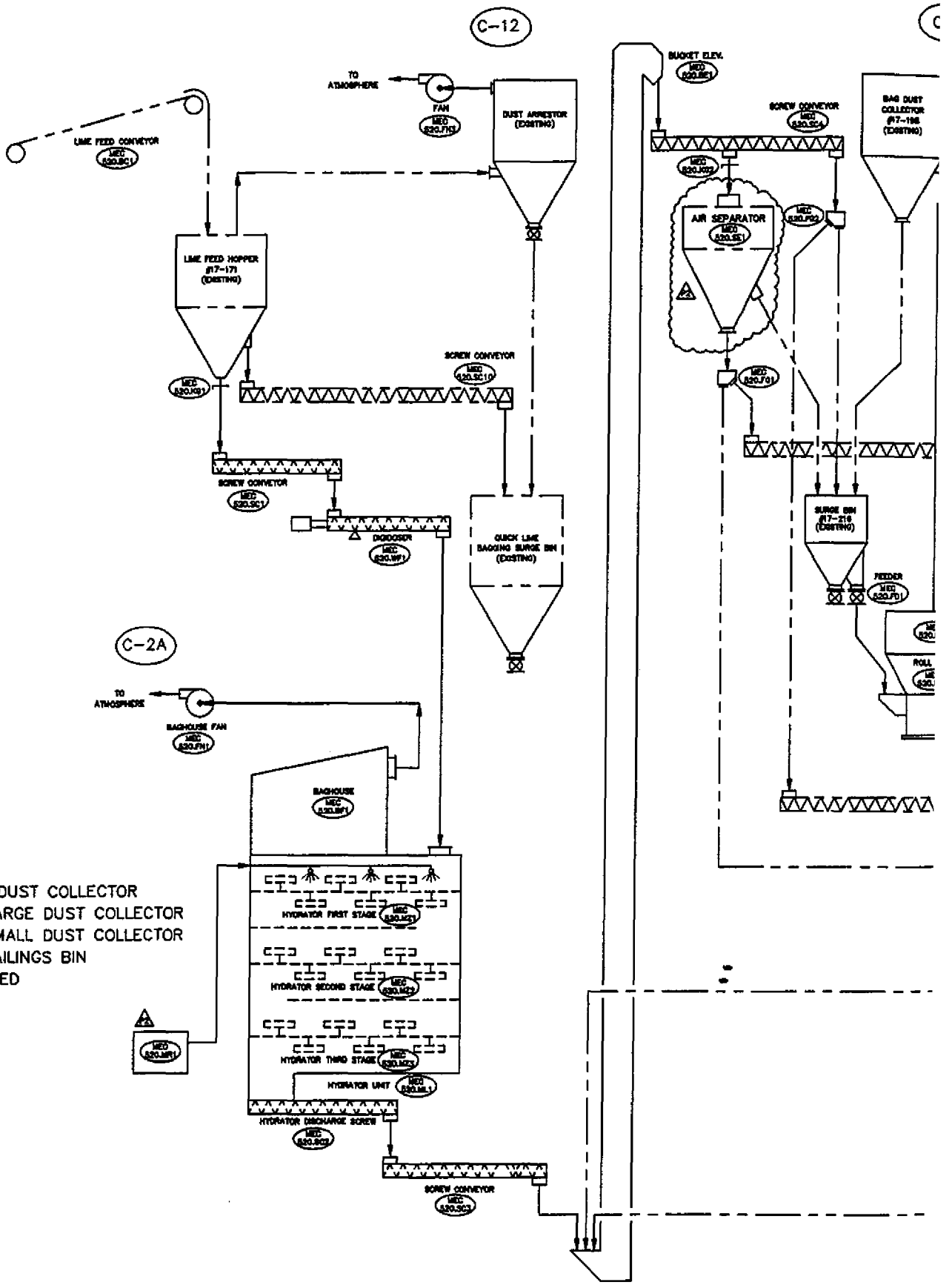
FIGURE 1: EXISTING HYDRATOR MILL CIRCUIT – ASH G



EMISSION UNIT C

C-2	HYDRATOR STACK
C-3	HYDRATE LARGE DUST COLLECTOR
C-4	HYDRATE SMALL DUST COLLECTOR
C-6	HYDRATE TAILINGS BIN
C-12	HYDRATE FEED

FIGURE 2. PROPOSED HYDRATOR MILL CIRCUIT – ASH



EMISSION UNIT C

C-2A	HYDRATOR DUST COLLECTOR
C-3	HYDRATE LARGE DUST COLLECTOR
C-4	HYDRATE SMALL DUST COLLECTOR
C-6	HYDRATE TAILINGS BIN
C-12	HYDRATE FEED

No.	DRAWING	REFERENCE	No.	DRAWING	REFERENCE	No.	DRAWING	REFERENCE	No.	DATE	REVISION	BY	CH.	AP.	No.	DATE
															P2	24NOV.00
															P1	17NOV.00

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 15, 2001

Daphne Bussey
Oregon DEQ, NW Region
2020 SW Fourth Ave. Suite 400
Portland, OR 97201-4987

Re: Notice of Intent to Construct
Hydrator Upgrade
Permit # 26-1891

Dear Ms. Bussey

Attached please find a Notice of Intent to Construct for a modification to our existing hydrated lime manufacturing process. This project will entail the replacement of the existing wet scrubber with a new, more efficient, pulse jet baghouse. I have enclosed a description of the proposed construction with emission calculations for the new Pulse Jet Baghouse. Also find attached new and existing process flow diagrams. If you have any questions please give me a call at 503-286-1677 and thanks for your help in expediting this process.

Glenn F. Dollar

Glenn F. Dollar

Environmental, Health and Safety Manager

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

December 14, 2000

George Yun, Permit Coordinator
Oregon DEQ, NW Region
2020 SW Fourth Ave. Suite 400
Portland, OR 97201-4987

Re: Notice of Intent to Construct
Hydrator Upgrade
Permit # 26-1891

Dear Mr. Yun:

Attached please find a Notice of Intent to Construct for a modification to our existing hydrated lime manufacturing process. This project will entail the replacement of the existing wet scrubber with a new, more efficient, pulse jet baghouse. I have enclosed a description of the proposed construction with emission calculations for the new Pulse Jet Baghouse. Also find attached new and existing process flow diagrams. If you have any questions please give me a call at 503-286-1677 and thanks for your help in expediting this process.

Glenn F. Dollar

Glenn F. Dollar

Environmental, Health and Safety Manager

Identification Information

Permit Number 26-1891

2. **Legal Company Name:**	3. **Facility Name:** *(if different from legal company name)*
Ash Grove Cement Company Company Name	Ash Grove Cement Company – Rivergate Plant Facility Name
13939 N. Rivergate Blvd. Mailing Address	13939 N Rivergate Blvd Location Address
Portland, Oregon 97203 City, State, Zip	Portland, Oregon 97203 City, State, Zip
4. Compliance Contact:	**5. Information/Clarification Contact:**
Glenn F. Dollar Name & Title	Glenn F.Dollar Name & Title
13939 N. Rivergate Blvd. Portland, OR 97203 Mailing Address	13939 N Rivergate Blvd. Portland, OR 97203 Location Address
503-286-1677 Area Code & Telephone Number	503-286-1677 Area Code & Telephone Number

Facility Information

6. SIC Codes: 3274 _____ _____ _____

7. Other Department permits? (y/n; if y, specify type and permit number) Yes X No _____

NPDES 100865

8. Increased capacity/emissions, new pollutants? Yes X No _____

9. If applicable, attach a Land Use Compatibility Statement.

Construction Information

10. Description of proposed construction: Please see the attached document (Attachment 1) for a **Description of Proposed Construction.** This document also contains the Emission Calculations for the new Pulse Jet Baghouse. Figure's 1 and 2 represent existing and proposed layouts.

11. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable.

12. Attach Form AQ301, Control Device Description, if applicable.

13. Attach a process flow diagram.

Emissions Data

14. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	Annual (tons/year)
C-2 Hydrator Stack	PM~~10~~	2.97lbs/day	0.54	0	0
C-2A Pulse Jet Baghouse	PM~~10~~	0	0	0.61lbs/day	0.11
		Based on	**1999**	**Production**	**Figures**
C-2 Hydrator Stack	PM~~10~~	5.74 lbs/day	1.05	0	0
C-2A Pulse Jet Baghouse	PM~~10~~	0	0	1.18 lbs/day	0.22
		Based on	**"Potential to Emit"**	**1995 Permit**	**Application**

15. Description of waste disposal practices *before* the construction: _____

_____

_____

_____

_____

16. Description of waste disposal practices *after* the construction: _____

_____

_____

_____

_____

Construction Data

17. Timing of construction.

    a. Commence date (mm/dd/yy) 12/06/00

    b. Begin date (mm/dd/yy) 02/01/01

    c. Completion date (mm/dd/yy) 06/01/01

18. Will tax credits be requested once construction is completed? Yes X No _____

Signature

19. Signature

I hereby certify that I have completed this application to the best of my ability and that the information herein and in the attached exhibits is true and correct to the best of my knowledge.

Glenn F. Dollar
Name of Authorized Representative

Environmental, Health and Safety Manager
Title

Glenn F. Dollar
Signature

12/22/00
Date (mm/dd/yy)

Baghouses

	ID: C-2A	ID:	ID:
a. Type of cleaning mechanism and frequency	Pulse Jet/On Demand		
b. Pollutant(s) controlled	PM 10		
c. Rated efficiency (%)	99.94		
d. Year installed	2001		
e. Manufacturer and model number	Cimprogetti/Cim Zeropol 800		
f. Design inlet gas flow rate (acf/min)	2650 acfm		
g. Design air-to-cloth ratio; number of bags (specify)	1.53:1/ 91Bags		
h. Design pressure drop (in. Water)	2"		
i. Estimated efficiency (%)	99.97		

Fume oxidizers

	ID:	ID:	ID:
a. Type of system			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Design temperature (°F) of chamber			
h. Design residence tiem			
i. Estimated efficiency (%)			

1. Facility Name: Ash Grove Cement Company 2. Permit No.: 26-1891

3. Electrostatic precipitators

	ID:	ID:	ID:
a. Type of ESP - wet/dry			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Inlet gas pretreatment			
g. Number of fields			
h. Design primary and secondary voltage			
i. Design primary and secondary current			
j. Design inlet gas flow rate (acf/min)			
k. Estimated efficiency (%)			

4 Wet scrubbers

	ID:	ID:	ID:
a. Type of scrubber			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design water flow rate (gal/min)			
g. Design water pressure (psig)			
h. Design inlet gas flow rate (acf/min)			
i. Design pressure drop (in. Water; specify)			
j. Estimated efficiency (%)			

Description of Proposed Construction:

Remove 4 stph Kritzer hydrator and install new 12 stph Cimprogetti hydrator. Existing material conveyance system (ie. Screw conveyor, bucket elevators) will be upgraded to accommodate the additional throughput. Mechanical air separator will also be upgraded to handle additional throughput. The existing impact hammermill (pulverizor) will be removed and replaced with a 50" roller mill. The hydrator mill circuit will remain closed loop, with no additional emission points. Reference Fig. 1 and Fig. 2 for existing and proposed layouts. **NOTE:** As part of the modification, the existing wet scrubber, emission point C-2, will be removed and replaced with a new, more efficient pulse jet baghouse. Although production throughput will triple, from 4 stph to 12 stph, net emissions from the hydrator will be reduced by replacing the existing wet scrubber (emission factor of 0.08 lbs./ton) with a pulse jet baghouse (emission factor of 0.0165 lbs./ton).

Emission Calculations for Pulse Jet Baghouse

Design inlet gas flow rate	2,650 actual ft^3/min (acfm)	
Emission Factor	20 mg/m^3	
Conversions Used	1 lb	= 7,000 grains
	1 ft^3	= 0.02832 m^3
	1 lb.	= 453592 mg

$$\frac{20\ mg}{m^3} \times \frac{lb}{453592\ mg} \times \frac{0.02832\ m^3}{ft^3} \times \frac{2650\ ft^3}{min} \times \frac{60\ min}{hr} \times \frac{hr}{12\ tons} = 0.0165\ lbs./ton$$

- OR -

$$\frac{20\ mg}{m^3} \times \frac{lb}{453592\ mg} \times \frac{7000\ grains}{lb} \times \frac{0.02832\ m^3}{ft^3} = 0.0087\ gr/acf$$

Cyclones/Multiclones

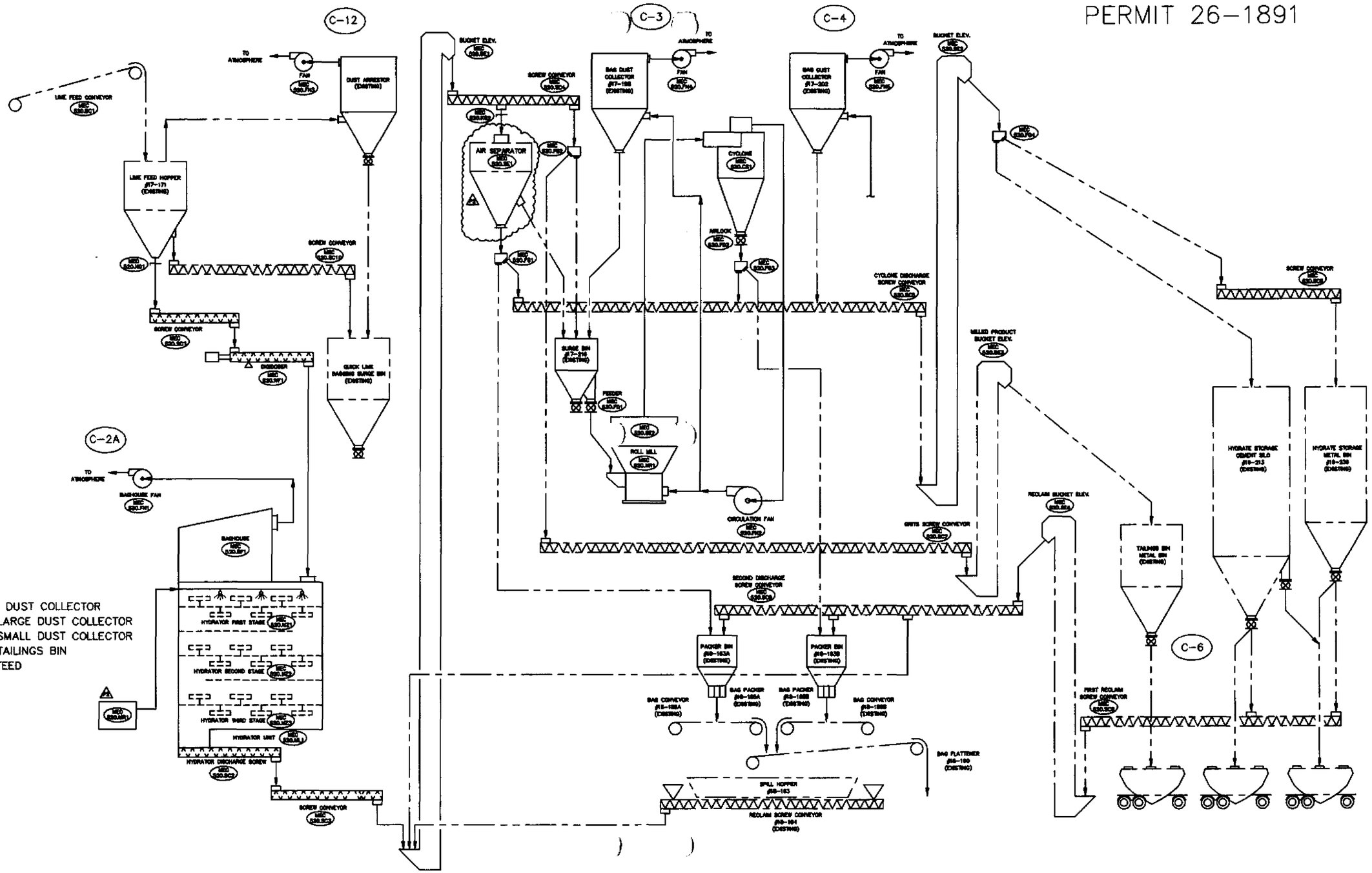
	ID:	ID:	ID:
a. Rate efficiency (%)			
b. Pollutant(s) controlled			
c. Year installed			
d. Manufacturer and model number			
e. Cyclone/Multiclone diameter (inches)			
f. Cyclone/Multiclone length (specify inches or feet)			
g. Design inlet gas flow rate (acf/min)			
h. Design pressure drop (in. Water)			
i. Estimated efficiency (%)			

Other

	ID:	ID:	ID:
a. Attach a description of the control device and give the design parameters.			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Estimated efficiency (%)			

FIGURE 2. PROPOSED HYDRATOR MILL CIRCUIT – ASH GROVE CEMENT COMPANY, RIVERGATE LIME PLANT

PERMIT 26–1891



EMISSION UNIT C

C–2A	HYDRATOR DUST COLLECTOR
C–3	HYDRATE LARGE DUST COLLECTOR
C–4	HYDRATE SMALL DUST COLLECTOR
C–6	HYDRATE TAILINGS BIN
C–12	HYDRATE FEED

No.	DATE	REVISION	DR.	CH.	AP.
P2	2-NOV.00	MISC. AIR SEPARATOR & EQUIPMENT ADDED, EL. NO. REVISED	CW	RH	
P1	17NOV.00	ISSUED FOR REVIEW	CW	RH	

ASH GROVE CEMENT CO.
RIVERGATE LIME PLANT
PORTLAND OREGON

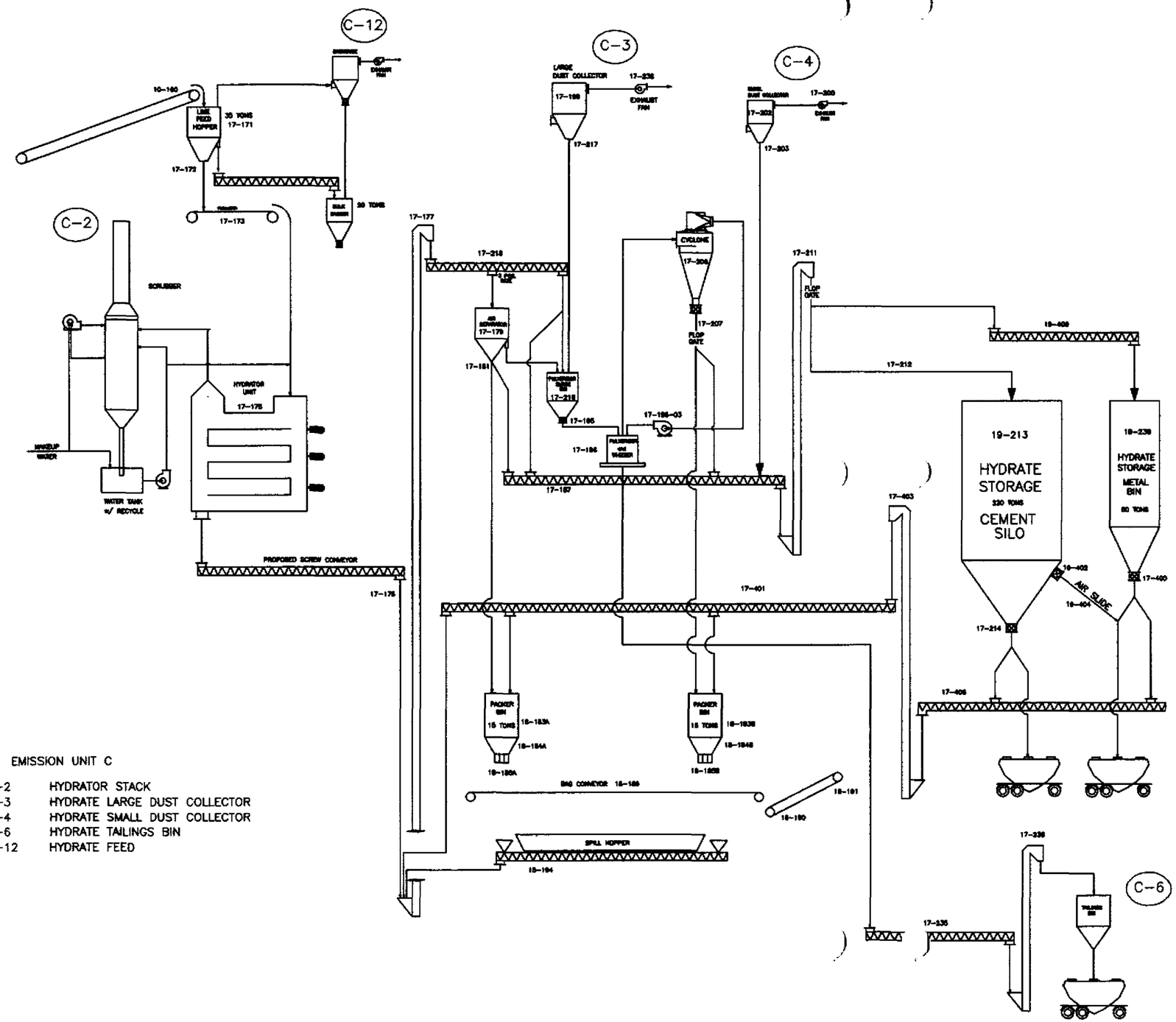
HYDRATE PLANT
12 STPH UPGRADE
FLOW SHEET

DRAWN: D.WONG | SCALE: N.T.S. | DWG. No. 51-D-101 | REV. P2
CHECKED: R.H. | APPROVED: | DATE: 26 OCT. 2000

Appendix58-000386

FIGURE 1: EXISTING HYDRATOR MILL CIRCUIT – ASH GROVE CEMENT COMPANY, RIVERGATE LIME PLANT

PERMIT 26–1891



EMISSION UNIT C

C–2	HYDRATOR STACK
C–3	HYDRATE LARGE DUST COLLECTOR
C–4	HYDRATE SMALL DUST COLLECTOR
C–6	HYDRATE TAILINGS BIN
C–12	HYDRATE FEED

10–160	LIME FEED CONVEYOR
17–171	FEED BIN
17–172	MANUAL KNIFE GATE
17–173	POIDOMETER WEIGH BELT
17–175	KRITZER HYDRATOR
17–176	DICHARGE CHUTE
17–178	BUCKET ELEVATOR
17–218	SCREW CONVEYOR
17–171	AIR SEPARATOR
17–181	MANUAL FLOP GATE
17–216	PULVERIZER SURGE BIN
17–195	ROTARY FEEDER
17–196	PULVERIZER AND WHIZZER (AIR SEPARATOR)
17–196–03	CIRCULATION FAN
17–206	CYCLONE
17–207	MOTORIZED DOUBLE FLAP VALVE
17–187	SCREW CONVEYOR (TO OUTSIDE STORAGE)
17–211	BUCKET ELEVATOR (TO STORAGE)
17–212	DISCHARGE CHUTE
19–409	SCREW CONVEYOR TO METAL SILO
19–213	STORAGE SILO (CEMENT BIN)
19–239	STORAGE SILO (METAL BIN)
17–400	ROTARY VALVE
17–214	ROTARY VALVE
19–402	ROTARY VALVE
19–404	AIR SLIDE
17–406	FIRST RECLAIM SCREW CONVEYOR
17–403	RECLAIM BUCKET ELEVATOR
17–401	SECOND RECLAIM SCREW CONVEYOR
17–198	REES DUST COLLECTOR (LARGE)
17–238	EXHAUST FAN
17–217	MANUAL FLAP GATES (2)
17–202	REES DUST COLLECTOR (SMALL)
17–200	EXHAUST FAN
17–203	MANUAL FLAP GATES (2)
18–194	RECLAIM SCREW CONVEYOR (FROM SPILL HOPPER)
17–235	TAILINGS SCREW CONVEYOR
17–236	TAILINGS BUCKET ELEVATOR

Appendix58-000387

Oregon
John A. Kitzhaber, M.D., Governor

Department of Environmental Quality
Northwest Region Portland Office
Air Quality Program
2020 SW 4th Avenue, Suite 400
Portland, OR 97201-4987
(503) 229-5554
FAX (503) 229-5265
TTY (503) 229-5471

February 26, 2001

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company
13939 N. Rivergate Blvd.
Portland, OR 97203

Re: Notice of Intent To Construct
File/Permit 26-1981
NC # 018568

The Department received the application for Notice of Intent to Construct (NC) on February 16, 2001. Processing of NC application # 018568 is assigned to George Yun at (503) 229-6093.

Unless the Department requests addition information with thirty (30) days of the date of this letter, you will be notified of approval or disapproval within sixty (60) days.

In addition to meeting the air quality standards, your facility is also obligated to operate in compliance with the daytime and nighttime noise standards set forth in Oregon Administrative Rule (OAR) 340-35-035(1). For a copy of the noise regulations, please call me at (503) 229-5582.

Sincerely,

Daphne L. Bussey
Permit Coordinator
Air Quality Program
Northwest Region

Cc: George Yun/DEQ

Oregon
John A. Kitzhaber, M.D., Governor

Department of Environmental Quality
Northwest Region
2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

March 15, 2001

Mr. Glenn F. Dollar
Ash Grove Cement Company
13939 N. Rivergate Blvd.
Portland, OR 97203

Re: AQ-Multnomah County
File: ACDP 26-1891
NC No. 018568

Dear Mr. Dollar:

The Department received a referenced Notice of Construction (NC, 018568) to modify the existing hydrated lime manufacturing process. The proposed project entails replacing the existing 4 short-tons per hour (stph) Kritzer hydrator with a new 12 stph Cimprogetti hydrator, upgrading the existing material conveyance system and mechanical air separator to handle additional throughput, and replacing the existing hammer-mill (pulverizor) with a 50-inch roller mill. The proposed NC project also includes the replacement of the existing wet scrubber with a new pulse jet baghouse that is about five times more efficient than the existing scrubber. The NC application indicates the hydrator mill circuit will remain closed loop with no additional emission points, and almost all PM generated from the process would be emitted via a new baghouse. The NC application estimated the annual PM emissions from the hydrator mill is projected to decrease from the current level of 0.54 tons/yr to 0.22 tons/yr.

According to the estimates provided in the NC application, there is no increase in emissions of regulated air pollutants and Ash Grove facility can continue to operate under the existing PSEL of ACDP 28-1891. The Department hereby grants approval to proceed with the construction and installation of the proposed project subject to the attached conditions. Please be advised that this approval does not relieve Ash Grove from having to comply with the nuisance conditions incorporated in the existing permit. Ash Grove also has an obligation to obtain a modification to the existing Air Contaminant Discharge Permit (ACDP) if deemed necessary in later date.

We wish you a successful project. Please contact Mr. Jack Herbert at (503) 229-5579 if there are any questions in regard to source test protocols of approval condition 10. Please call me at (503) 229-6093 if there are any questions.

Sincerely,

George Yun
Northwest Region, DEQ

cc: Jack Herbert, NWR

Appendix58-000389

PLANS AND SPECIFICATIONS AND CONSTRUCTION APPROVAL CONDITIONS

1. The construction of the project shall be in conformance to approved plans and specifications identified in referenced NC application above. No changes or deviations, which would significantly alter the quantity or character of emissions, shall be made without prior written approval from the Department of Environmental Quality.

2. Granting approval does not relieve Ash Grove Cement Company (AG) of the obligation to obtain required local, state and other permits, and to comply with the appropriate statutes, Administrative Rules, Standards, if applicable, to demonstrate compliance.

3. This construction approval does not guarantee the adequacy of the proposed construction. Compliance with all applicable regulations, including applicable federal regulations (e.g., New Source Performance Standard, Subpart Dc), and permit conditions remains the total responsibility of AG.

4. Emission limits and conditions of operation are set forth in your existing synthetic minor Air Contaminant Discharge Permit 26-1891.

5. Granting approval of the Notice of Construction (NC) does not relieve AG of the obligation to obtain a modification to the existing Air Contaminant Discharge Permit (ACDP) if deemed necessary in later date. Granting approval is no guarantee that such permit modification will be issued nor limits the conditions of operation which the Department may find necessary to include in such modification.

6. The permittee shall evaluate all of the existing PM emission factors and the monitoring conditions incorporated in ACDP 28-1891, and identify any changes required. As required in approval condition 5, the permittee shall submit an application to modify the permit if deemed necessary.

7. All processes and control equipment shall be operated as required to prevent emission of odorous matter and creation of a nuisance condition(s) off the plant site. If a nuisance condition is verified by Department personnel, process modifications and/or control equipment may be required.

8. AG shall operate and maintain all processes and emission control equipment at the highest reasonable efficiency and effectiveness to minimize emissions of air pollutants.

9. Whenever a new waste is generated, it is the responsibility of the generator to determine whether the waste meets the definition of "hazardous waste". This determination can be made according to OAR 340-102-011 using appropriate test methods or by applying knowledge of the materials and/or processes which generate the waste. If it is determined that the waste is hazardous, the generator must notify the Department of the type and amount of the waste generated. The generator must also meet the other generator requirements of OAR 340-102 and 40 CFR 262 which dictate proper labeling, storage, manifesting, reporting as well as other requirements.

10. The source test shall be conducted on a new baghouse for PM/PM_{10} by no later than 6 months after the installation. The permittee shall submit the source test plan to the Department's source test coordinator for an approval at least 2 months prior to conducting the source test.

11. Please fill out and return the enclosed Notice of Construction Completion form within 30 days of completion of this approved project.

DEPARTMENT OF ENVIRONMENTAL QUALITY
Northwest Region
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

NOTICE OF APPROVED CONSTRUCTION COMPLETION

(Return this form within 30 days of completion of approved construction)

Applicant: Supply all information requested in this block.

Company Ash Grove Cement Company Phone 503-286-1677

Address 13939 N. Rivergate Blvd

City, State, Zip Portland, OR 97203 Contact Person Glenn F. Dollar

DEQ File No. ACDP26-1891 NC No. 018568

Description of installed facility/equipment:

A modification to our existing hydrated lime manufacturing process with the installation of a new hydrator and more efficient, pulse jet baghouse.

Construction completed on: 12/21/01 Placed in operation on: 12/27/01

Tax Credits

Do you wish to apply for tax credit? Yes ____ No ✓

Glenn F. Dollar — Signature

Enviro, Health & Safety Mgr — Title

1-14-02 — Date

For DEQ Use Only

Assigned to ____ Date ____ Inspection report by ____ Date ____

Summary of Inspection:

NC.2
(9/93)

FOR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received :

1. Permit Number: 26-1891	
2. Company:	**3. Facility Location:**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company
Mailing Address: 13939 N Rivergate Blvd.	Street Address: 13939 N Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Multnomah, 97203
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 3274
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	

6. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Gary Wright	Plant Manager 503-286-1677
Name of official (Printed or Typed)	Title of official and phone number
Signature of official	Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

7. Description of proposed construction:

The proposed construction would take place in the Agricultural Milling Department. In this department limestone and dolomite rock are reclaimed, pulverized and sold for agricultural and industrial usage. The pulverization of this material is done in three 66 inch Raymond Roller Mills and one 73 inch Raymond Roller Mill. The material is then transferred to one of three storage silos, and from there loaded for shipment from one of two load spouts. The load spouts are connected to an Ultra Jet Wheelabrator baghouse for dust collection purposes. We are proposing to install two new load spouts with each having it's own baghouse.

8. Will the construction increase the capacity of the facility? If yes, how much?
The construction will not increase the capacity of the facility.

9. Will the construction increase pollutant emissions? If yes, how much (see question 17)?
The construction will not increase pollutant emissions.

10. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
The construction will not cause new pollutant emissions.

11. Estimated timing of construction.

a. Commence date: **September 1, 2001**
b. Begin date: **June 1, 2002**
c. Completion date: **September 1, 2002**

12. Will tax credits be requested once construction is completed?
Yes, we will request tax credits once construction is completed.

13. Attach relevant forms from Form Series AQ200, Device/Process Forms.

14. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.

15. Attach process flow diagram.

16. Attach a city map or drawing showing the facility location.

17. If applicable, attach a Land Use Compatibility Statement.

Emissions Data

18. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	annual (tons/year)
D 11 – Roller Mill Loadout	**PM**	**1.63 Lbs/Hour**	**1.95**	**.08 Lbs/Hour**	**.09**

Appendix58-000394

FOR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received :

1. Permit Number: 26-1891	
2. Company	**3. Facility Location**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company – Rivergate Plant
Mailing Address: 13939 N. Rivergate Blvd.	Street Address: 13939 N. Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Oregon 97203
Number of Employees: 46	
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 3274
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	**6. Type of construction/modification change:** (see instructions) Type 1 change
Fax number: 503-289-2272	
e-mail address: glenn.dollar@ashgrove.com	

7. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Gary Wright
Name of official (Printed or Typed)

Plant Manager
Title of official and phone number

_____
Signature of official

_____
Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

8. Description of proposed construction:

The Ash Grove Cement Company's Rivergate Lime Plant proposes to install a new 500 ton storage silo. The silo would be installed North of the kiln area and is presently intended for the storage of quicklime.

9. Will the construction increase the capacity of the facility? If yes, how much?
   No
10. Will the construction increase pollutant emissions? If yes, how much (see question 18)?
   No
11. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
   No
12. Estimated timing of construction.

   a. Commence date: January 2002
   b. Begin date: February 2003
   c. Completion date: April 2003

13. Will tax credits be requested once construction is completed?
   No
14. Attach relevant forms from Form Series AQ200, Device/Process Forms.

15. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.

16. Attach process flow diagram.

17. Attach a city map or drawing showing the facility location.

18. If applicable, attach a Land Use Compatibility Statement.

Emissions Data

19. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	Annual (tons/year)	short-term (specify unit)	Annual (tons/year)
C-15	PM	0	0	0.13 lbs/hr	0.55

Appendix58-000398

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-3270

April 29, 2002

Kathy Amidon
Oregon DEQ, NW Region
2020 SW Fourth Ave. Suite 400
Portland, OR 97201-4987

Re: Notice of Intent to Construct
Installation of new agricultural mill load spouts and dust collectors
Permit #26-1891

Dear Ms. Amidon

Attached please find a Notice of Intent to Construct application to install two new load spouts and dust collectors. We are proposing to install the new units in our agricultural milling department. I have enclosed a brief description of the proposed project with emission calculations for the new dust collectors. If you have any questions please give me a call at 503-286-1677 and thanks for your help with this process.

Glenn F. Dollar

Environmental, Health and Safety Manager
Ash Grove Cement Company
Portland Lime Plant

FOR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received :

1. Permit Number: 26-1891	
2. Company:	**3. Facility Location:**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company
Mailing Address: 13939 N Rivergate Blvd.	Street Address: 13939 N Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Multnomah, 97203
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 3274
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	

6. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Gary Wright	Plant Manager 503-286-1677
Name of official (Printed or Typed)	Title of official and phone number
Signature of official	Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

7. Description of proposed construction:

The proposed construction would take place in the Agricultural Milling Department. In this department limestone and dolomite rock are reclaimed, pulverized and sold for agricultural and industrial usage. The pulverization of this material is done in three 66 inch Raymond Roller Mills and one 73 inch Raymond Roller Mill. The material is then transferred to one of three storage silos, and from there loaded for shipment from one of two load spouts. The load spouts are connected to an Ultra Jet Wheelabrator baghouse for dust collection purposes. We are proposing to install two new load spouts with each having it's own baghouse.

8. Will the construction increase the capacity of the facility? If yes, how much?
The construction will not increase the capacity of the facility.

9. Will the construction increase pollutant emissions? If yes, how much (see question 17)?
The construction will not increase pollutant emissions.

10. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
The construction will not cause new pollutant emissions.

11. Estimated timing of construction.

a. Commence date: **September 1, 2001**
b. Begin date: **June 1, 2002**
c. Completion date: **September 1, 2002**

12. Will tax credits be requested once construction is completed?
Yes, we will request tax credits once construction is completed.

13. Attach relevant forms from Form Series AQ200, Device/Process Forms.

14. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.

15. Attach process flow diagram.

16. Attach a city map or drawing showing the facility location.

17. If applicable, attach a Land Use Compatibility Statement.

Emissions Data

18. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	annual (tons/year)
D 11 – Roller Mill Loadout	**PM**	**1.63 Lbs/Hour**	**1.95**	**.08 Lbs/Hour**	**.09**

1. Facility Name: Ash Grove Cement Company Rivergate Lime Plant 2. Permit No.: 26-1891

3. Electrostatic precipitators

	ID:	ID:	ID:
a. Type of ESP - wet/dry			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Inlet gas pretreatment			
g. Number of fields			
h. Design primary and secondary voltage			
i. Design primary and secondary current			
j. Design inlet gas flow rate (acf/min)			
k. Estimated efficiency (%)			

4 Wet scrubbers

	ID:	ID:	ID:
a. Type of scrubber			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design water flow rate (gal/min)			
g. Design water pressure (psig)			
h. Design inlet gas flow rate (acf/min)			
i. Design pressure drop (in. Water; specify)			
j. Estimated efficiency (%)			

5. Baghouses

	ID: D11N	ID: D11S	ID:
a. Type of cleaning mechanism and frequency	Pulse Jet – On Demand	Pulse Jet – On Demand	
b. Pollutant(s) controlled	PM	PM	
c. Rated efficiency (%)	99.9 Above 10 Microns	99.9 Above 10 Microns	
d. Year installed	2002	2002	
e. Manufacturer and model number	Industrial Accessories Co. 42PE-BHI-16:S6	Industrial Accessories Co. 84TB-BHI-25:S6	
f. Design inlet gas flow rate (acf/min)	900	900	
g. Design air-to-cloth ratio; number of bags (specify)	2.85 to 1 16 Filter Bags	3.18 to 1 25 Filter Bags	
h. Design pressure drop (in. Water)	2"	2"	
i. Estimated efficiency (%)	99.9	99.9	

6. Fume oxidizers

	ID:	ID:	ID:
a. Type of system			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Design temperature (°F) of chamber			
h. Design residence tiem			
i. Estimated efficiency (%)			

7. Cyclones/Multiclones

	ID:	ID:	ID:
a. Rate efficiency (%)			
b. Pollutant(s) controlled			
c. Year installed			
d. Manufacturer and model number			
e. Cyclone/Multiclone diameter (inches)			
f. Cyclone/Multiclone length (specify inches or feet)			
g. Design inlet gas flow rate (acf/min)			
h. Design pressure drop (in. Water)			
i. Estimated efficiency (%)			

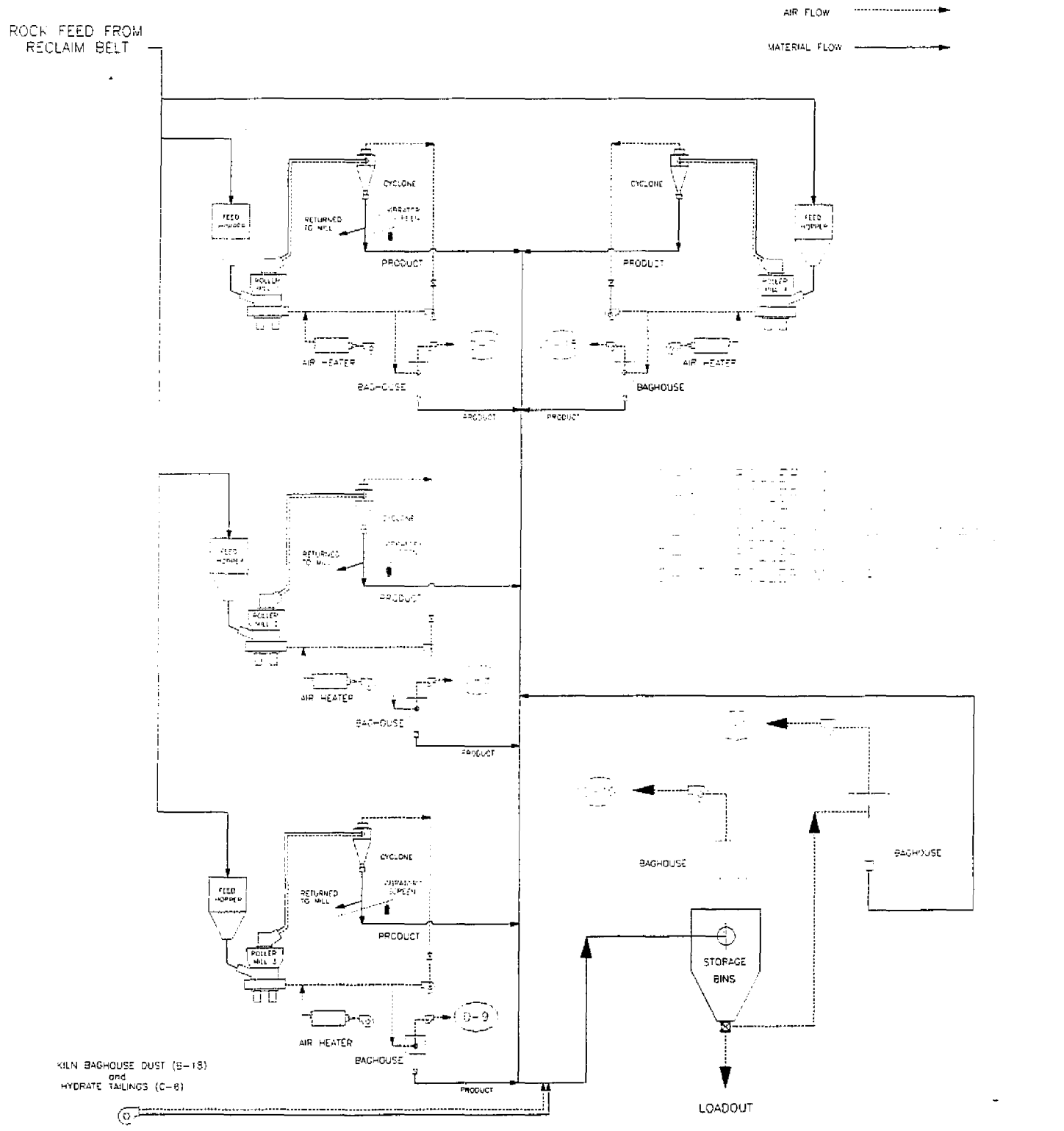
8. Other

	ID:	ID:	ID:
a. Attach a description of the control device and give the design parameters.			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Estimated efficiency (%)			

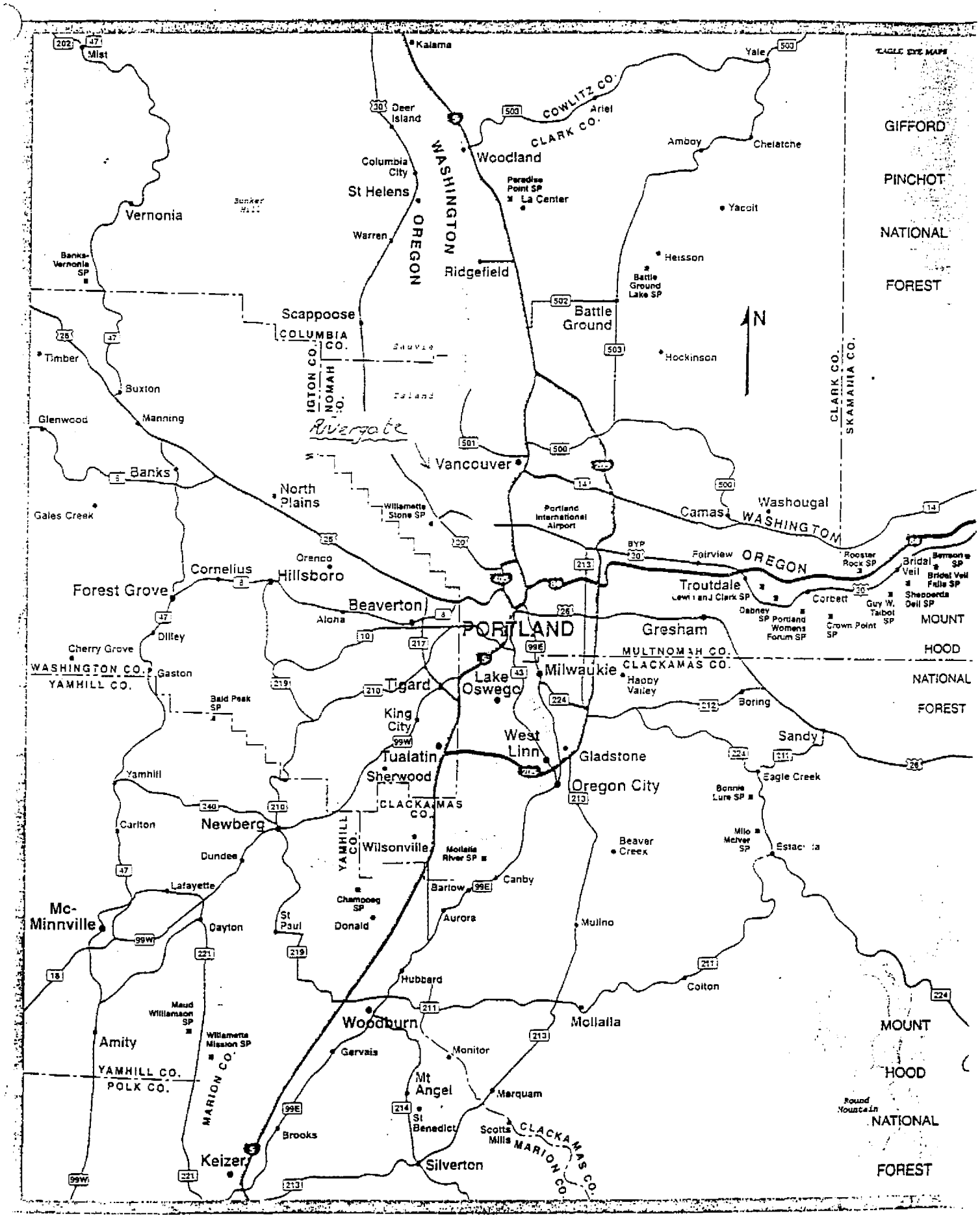
ASH GROVE CEMENT COMPANY, RIVERGATE PLANT

EMISSION UNIT D

AGRICULTURAL PRODUCTS – GRINDING, STORAGE, AND SHIPPING

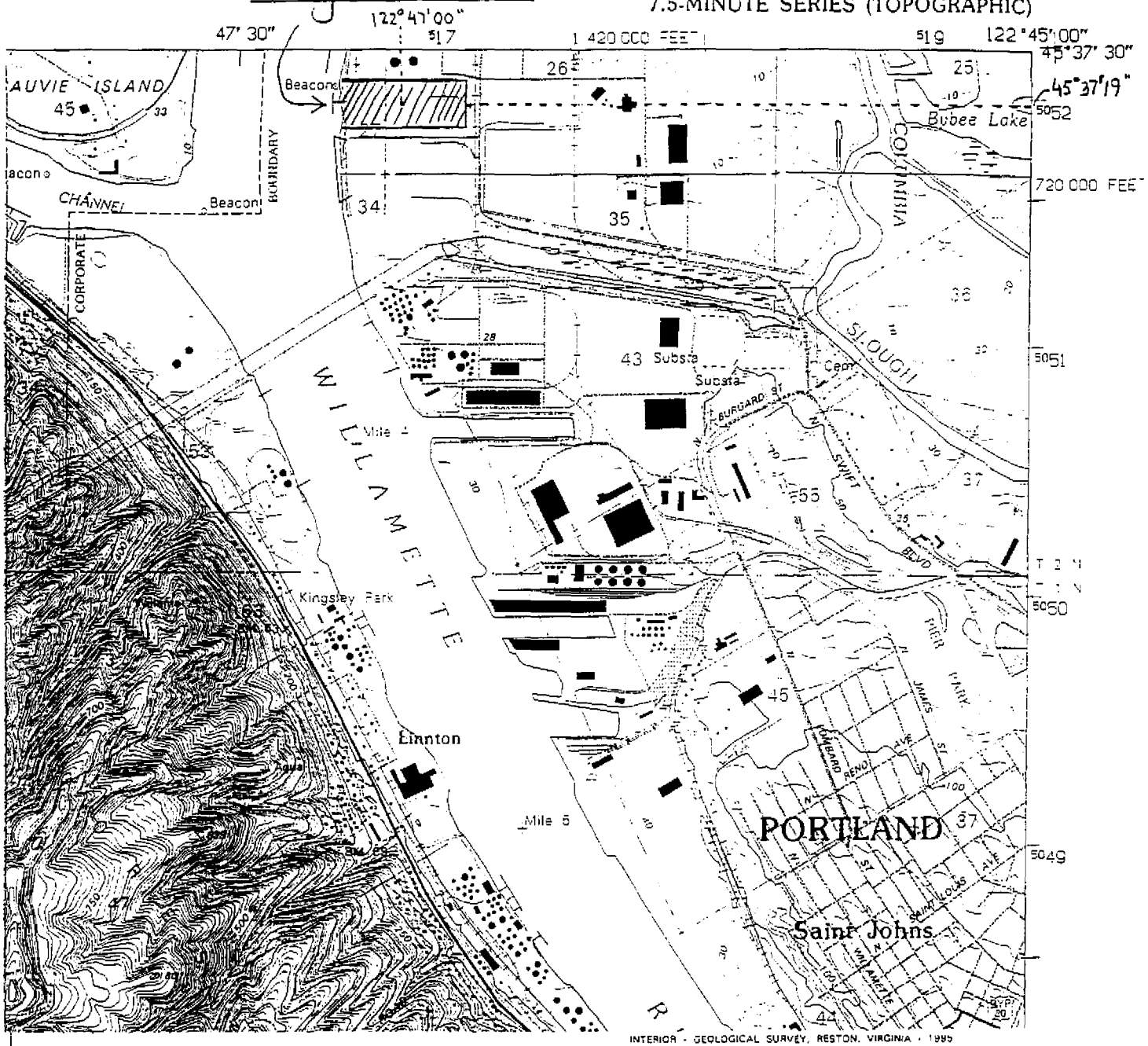


Portland Vicinity Map



Ash Grove Cement Co.
Rivergate Plant

LINNTON QUADRANGLE
OREGON
7.5-MINUTE SERIES (TOPOGRAPHIC)



INTERIOR - GEOLOGICAL SURVEY, RESTON, VIRGINIA - 1990

ROAD CLASSIFICATION

Primary highway hard surface
Secondary highway hard surface
Light-duty road, hard or improved surface
Unimproved road
Interstate Route
U.S. Route
State Route

2000
7000 8000 9000 10000

OREGON

QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

1 Dixie Mountain
2 Sauvie Island
3 Vancouver
4 Hillsboro
5 Portland
6 Scholls
7 Beaverton
8 Lake Oswego

ADJOINING 7.5' QUADRANGLE NAMES

9
N HIGH WATER
T

IDARDS
/
IIA 22092
BLE ON REQUEST

LINNTON, OR
45122-E7-TF-024

1990

DMA 1475 III SE-SERIES V892

Notice of Intent to Construct Review Sheet

Permit No. 26-1891 Application # 020177

Source name: Ash Grove Cement Company

Assigned to: Kathy Amidon

Date Received: 05/06/02 Date Assigned: 05/08/02

Permit writer check the appropriate box

OAR 340-210-0225
Types of Construction/Modification Changes

☑ **Type 1**: You may proceed with construction/modification 10 days after the Department receives the notice unless the Department notifies you in writing that the proposed construction/modification is not a Type 1 change.

☐ **Type 2**: You may proceed with the construction/modification 60 days after the Department receives the notice or on the date that the Department approves the proposed construction/modification in writing, whichever is sooner.

☐ **Type 3**: You must obtain either a Construction Air Contaminant Discharge Permit or a new or modified Standard Air Contaminant Discharge Permit in accordance with OAR Chapter 340 Division 216 before proceeding with the construction/modification.

☐ **Type 4**: You must obtain a new or modified Standard Air Contaminant Discharge Permit before proceeding with the construction/modification.

Oregon
John A. Kitzhaber, M.D., Governor

Department of Environmental Quality
Northwest Region Portland Office
Air Quality Program
2020 SW 4th Avenue, Suite 400
Portland, OR 97201-4987
(503) 229-5554
FAX (503) 229-5265
TTY (503) 229-5471

May 8, 2002

Ash Grove Cement Company
Glenn Dollar
13939 N. Rivergate Blvd.
Portland, Oregon 97203

Re: Notice of Intent to Construct
File/Permit 26-1891
NC # 020177

The Department received the application for Notice of Intent to Construct (NC) on May 6, 2002. Processing of NC application # 020177 is assigned to Kathy Amidon at (503) 229-5568.

Unless the Department requests addition information with thirty (30) days of the date of this letter, you will be notified of approval or disapproval within sixty (60) days.

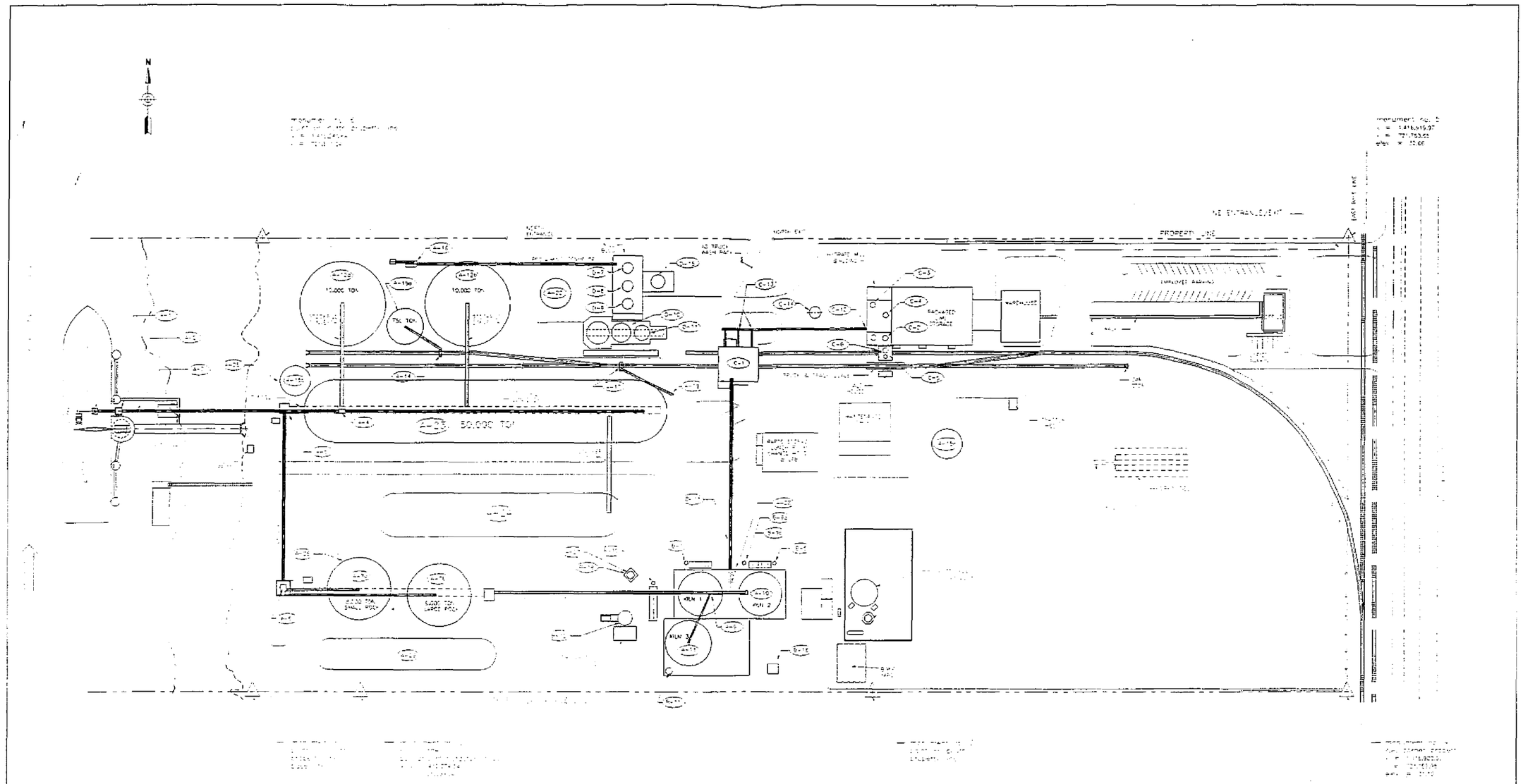
In addition to meeting the air quality standards, your facility is also obligated to operate in compliance with the daytime and nighttime noise standards set forth in Oregon Administrative Rule (OAR) 340-35-035(1). For a copy of the noise regulations, please Linda Wishart at (503) 229-5388.

Sincerely,

Catherine Blaine

Catherine Blaine
Permit Coordinator
Air Quality Program
Northwest Region

Cc: KA/DEQ



A-1 BARGE HOPPER
A-2 HINGED CONVEYOR TRANSFER
A-3 STOCKPILE TRANSFER
A-4 TRIPPER TRANSFER
A-5 SCREEN FEED TRANSFER
A-6 TRIPLE DECK SCREEN
A-7a ROCK STOCKPILES (SMALL STONE)
A-7b ROCK STOCKPILES (LARGE STONE)
A-9 TURNHEAD
A-10 KILN 2 FEED
A-11 KILN 3 FEED
A-12a AG ROCK STOCKPILES (WEST)
A-12b AG ROCK STOCKPILES (EAST)
A-14 DOLOMITE ROCK UNLOADER
A-15a DOLOMITE ROCK STOCKPILE
A-15b AUXILIARY DOLOMITE ROCK STOCKPILE
A-15c AUXILIARY DOLOMITE ROCK STOCKPILE
A-16 AG RECLAIM HOPPER
A-17 COKE AND LIME RAIL UNLOADER
A-19 COKE AND LIME TRUCK LOADING
A-22 AUXILIARY AG ROCK STOCKPILE
A-23 CHEMICAL ROCK STOCKPILE
A-24 MISCELLANEOUS STOCKPILE
A-25 LIMESTONE TRUCK LOADING
A-26 DOLOMITIC ROCK TRUCK LOADING
A-27 KILN D.C. DUST BIN
A-28 KILN WASTE LOADING
A-29 AUXILIARY SIZED CHEMICAL ROCK STOCKPILE

B-1 KILN 1 MAIN EXHAUST
B-5 KILN 2 MAIN STACK
B-9a KILN 1 SCRAPER HOOD
B-9b KILN 2 SCRAPER HOOD
B-10 KILN 3 MAIN EXHAUST
B-11 KILN 3 SCRAPER HOOD
B-12 COAL/LIME, BIN 7
B-13 LIME HANDLING
B-16 MOBILE VACUUM SYSTEM
B-18 DUST TANK BIN VENT

C-1 LIME STORAGE AND CRUSHERS
C-2 HYDRATOR STACK
C-3 HYDRATE LARGE DUST COLLECTOR
C-4 HYDRATE SMALL DUST COLLECTOR
C-5 BIN VENT
C-6 HYDRATE TAILINGS BIN
C-12 HYDRATE FEED
C-13 QUICKLIME SCREW
C-14 BIN 8

D-7 ROLLER MILL 1
D-8 ROLLER MILL 2
D-9 ROLLER MILL 3
D-10 ROLLER MILL PRODUCTS BIN
D-11 ROLLER MILL LOADOUT
D-15 ROLLER MILL 4

ASH GROVE CEMENT CO.

RIVERGATE PLANT
SITE PLAN

DRAWING NUMBER: Y 600
REV.: 4
SHEET: 1 of 1

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

April 29, 2002

Kathy Amidon
Oregon DEQ, NW Region
2020 SW Fourth Ave. Suite 400
Portland, OR 97201-4987

Re: Notice of Intent to Construct
Installation of new agricultural mill load spouts and dust collectors
Permit #26-1891

Dear Ms. Amidon

Attached please find a Notice of Intent to Construct application to install two new load spouts and dust collectors. We are proposing to install the new units in our agricultural milling department. I have enclosed a brief description of the proposed project with emission calculations for the new dust collectors. If you have any questions please give me a call at 503-286-1677 and thanks for your help with this process.

Glenn F. Dollar

Environmental, Health and Safety Manager
Ash Grove Cement Company
Portland Lime Plant

FOR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received :

1. Permit Number: 26-1891	
2. Company:	**3. Facility Location:**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company
Mailing Address: 13939 N Rivergate Blvd.	Street Address: 13939 N Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Multnomah, 97203
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 3274
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	

6. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Gary Wright	Plant Manager 503-286-1677
Name of official (Printed or Typed)	Title of official and phone number
Signature of official	Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

7. Description of proposed construction:

The proposed construction would take place in the Agricultural Milling Department. In this department limestone and dolomite rock are reclaimed, pulverized and sold for agricultural and industrial usage. The pulverization of this material is done in three 66 inch Raymond Roller Mills and one 73 inch Raymond Roller Mill. The material is then transferred to one of three storage silos, and from there loaded for shipment from one of two load spouts. The load spouts are connected to an Ultra Jet Wheelabrator baghouse for dust collection purposes. We are proposing to install two new load spouts with each having it's own baghouse.

8. Will the construction increase the capacity of the facility? If yes, how much?
The construction will not increase the capacity of the facility.

9. Will the construction increase pollutant emissions? If yes, how much (see question 17)?
The construction will not increase pollutant emissions.

10. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
The construction will not cause new pollutant emissions.

11. Estimated timing of construction.

a. Commence date: **September 1, 2001**
b. Begin date: **June 1, 2002**
c. Completion date: **September 1, 2002**

12. Will tax credits be requested once construction is completed?
Yes, we will request tax credits once construction is completed.

13. Attach relevant forms from Form Series AQ200, Device/Process Forms.

14. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.

15. Attach process flow diagram.

16. Attach a city map or drawing showing the facility location.

17. If applicable, attach a Land Use Compatibility Statement.

Appendix58-000414

Emissions Data

18. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	annual (tons/year)
D 11 – Roller Mill Loadout	**PM**	**1.63 Lbs/Hour**	**1.95**	**.08 Lbs/Hour**	**.09**

Appendix58-000415

1. Facility Name: Ash Grove Cement Company Rivergate Lime Plant 2. Permit No.: 26-1891

3. Electrostatic precipitators

	ID:	ID:	ID:
a. Type of ESP - wet/dry			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Inlet gas pretreatment			
g. Number of fields			
h. Design primary and secondary voltage			
i. Design primary and secondary current			
j. Design inlet gas flow rate (acf/min)			
k. Estimated efficiency (%)			

4 Wet scrubbers

	ID:	ID:	ID:
a. Type of scrubber			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design water flow rate (gal/min)			
g. Design water pressure (psig)			
h. Design inlet gas flow rate (acf/min)			
i. Design pressure drop (in. Water; specify)			
j. Estimated efficiency (%)			

Baghouses

Ag Flour

	ID: D11N	ID: D11S	ID:
a. Type of cleaning mechanism and frequency	Pulse Jet – On Demand	Pulse Jet – On Demand	
b. Pollutant(s) controlled	PM	PM	
c. Rated efficiency (%)	99.9 Above 10 Microns	99.9 Above 10 Microns	
d. Year installed	2002	2002	
e. Manufacturer and model number	Industrial Accessories Co. 42PE-BHI-16:S6	Industrial Accessories Co. 84TB-BHI-25:S6	
f. Design inlet gas flow rate (acf/min)	900	900	
g. Design air-to-cloth ratio; number of bags (specify)	2.85 to 1 16 Filter Bags	3.18 to 1 25 Filter Bags	
h. Design pressure drop (in. Water)	2"	2"	
i. Estimated efficiency (%)	99.9	99.9	

Flume oxidizers

	ID:	ID:	ID:
a. Type of system			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Design temperature (°F) of chamber			
h. Design residence tiem			
i. Estimated efficiency (%)			

Cyclones/Multiclones

	ID:	ID:	ID:
a. Rate efficiency (%)			
b. Pollutant(s) controlled			
c. Year installed			
d. Manufacturer and model number			
e. Cyclone/Multiclone diameter (inches)			
f. Cyclone/Multiclone length (specify inches or feet)			
g. Design inlet gas flow rate (acf/min)			
h. Design pressure drop (in. Water)			
i. Estimated efficiency (%)			

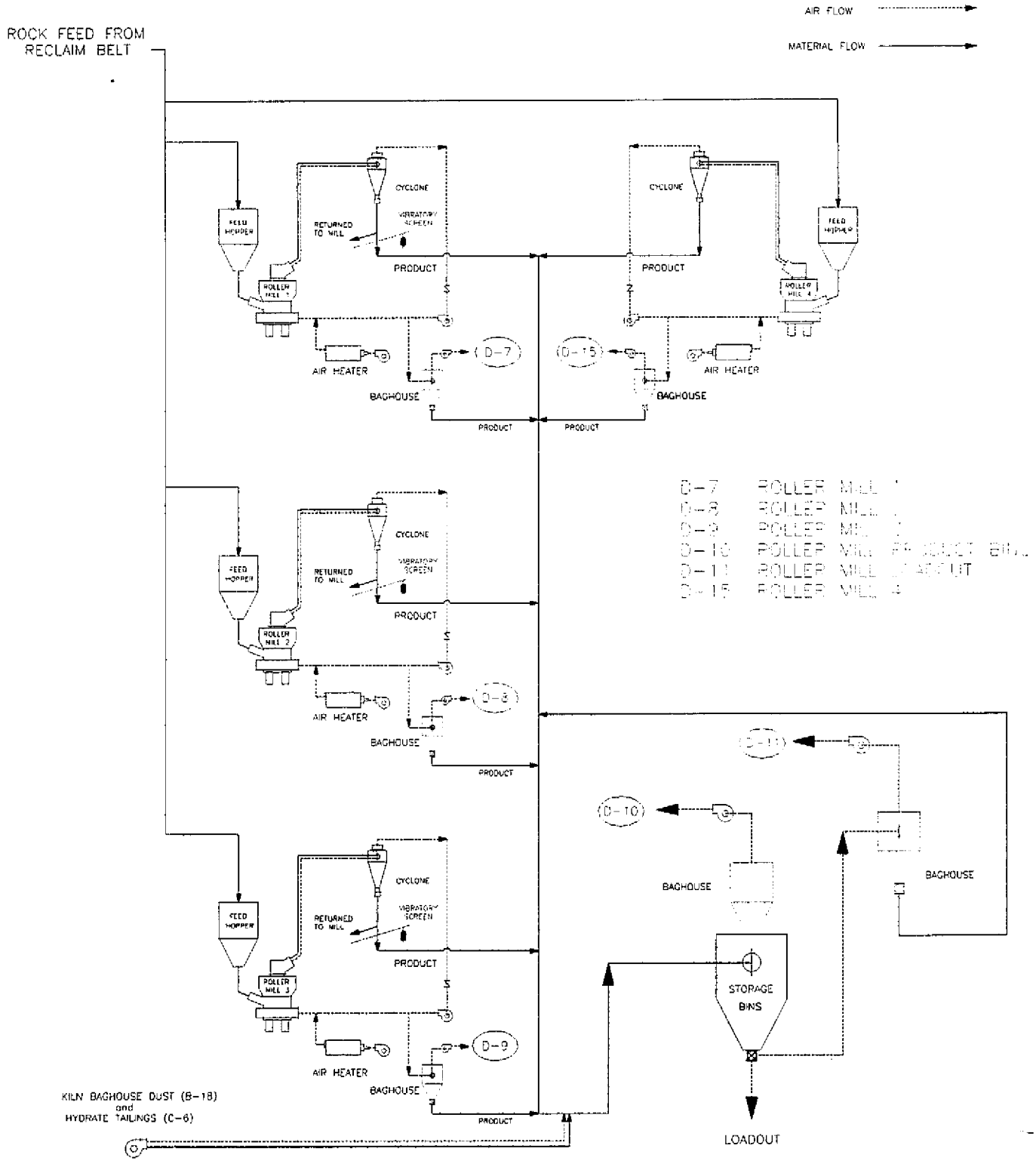
Other

	ID:	ID:	ID:
a. Attach a description of the control device and give the design parameters.			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Estimated efficiency (%)			

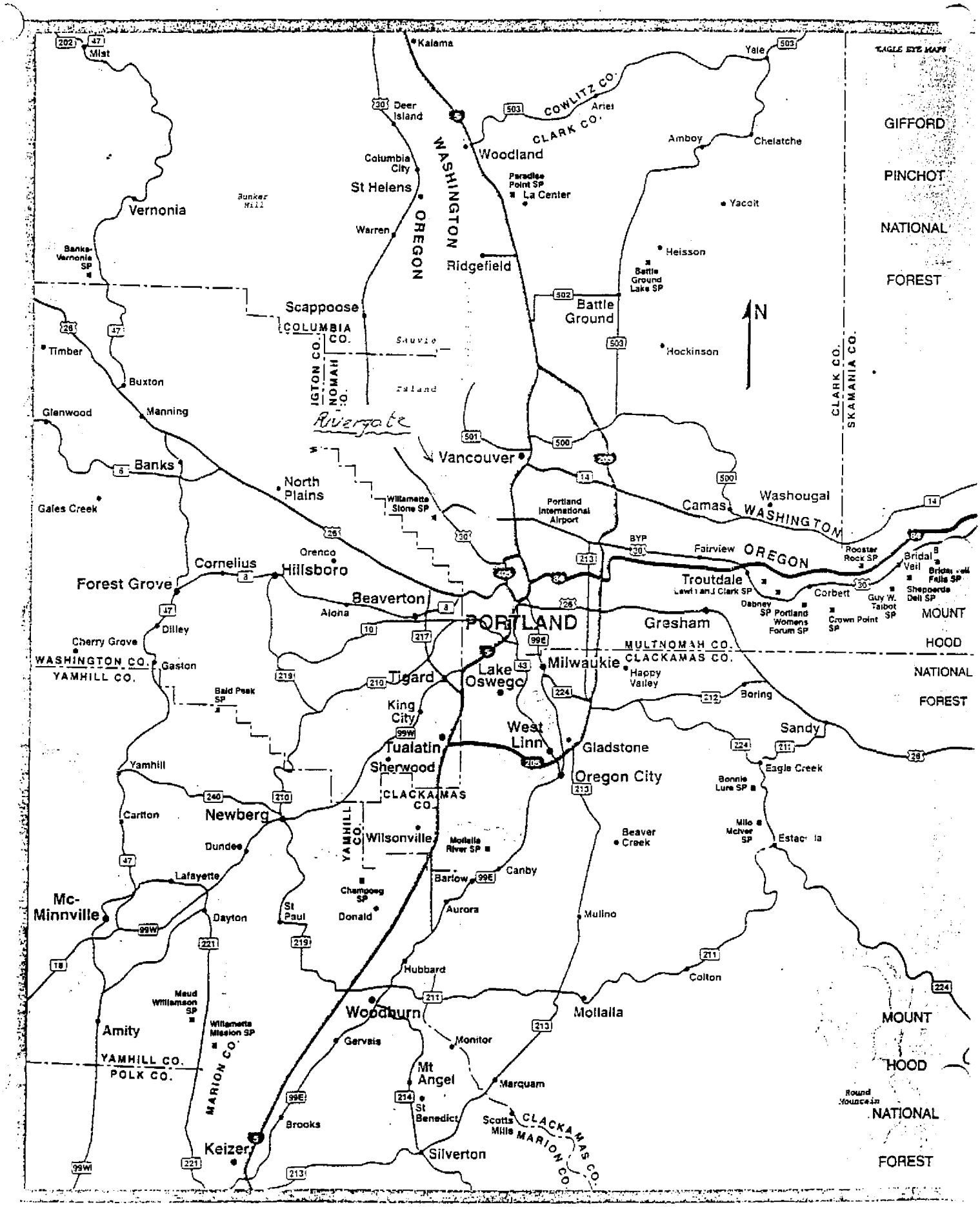
ASH GROVE CEMENT COMPANY, RIVERGATE PLANT

EMISSION UNIT D

AGRICULTURAL PRODUCTS – GRINDING, STORAGE, AND SHIPPING

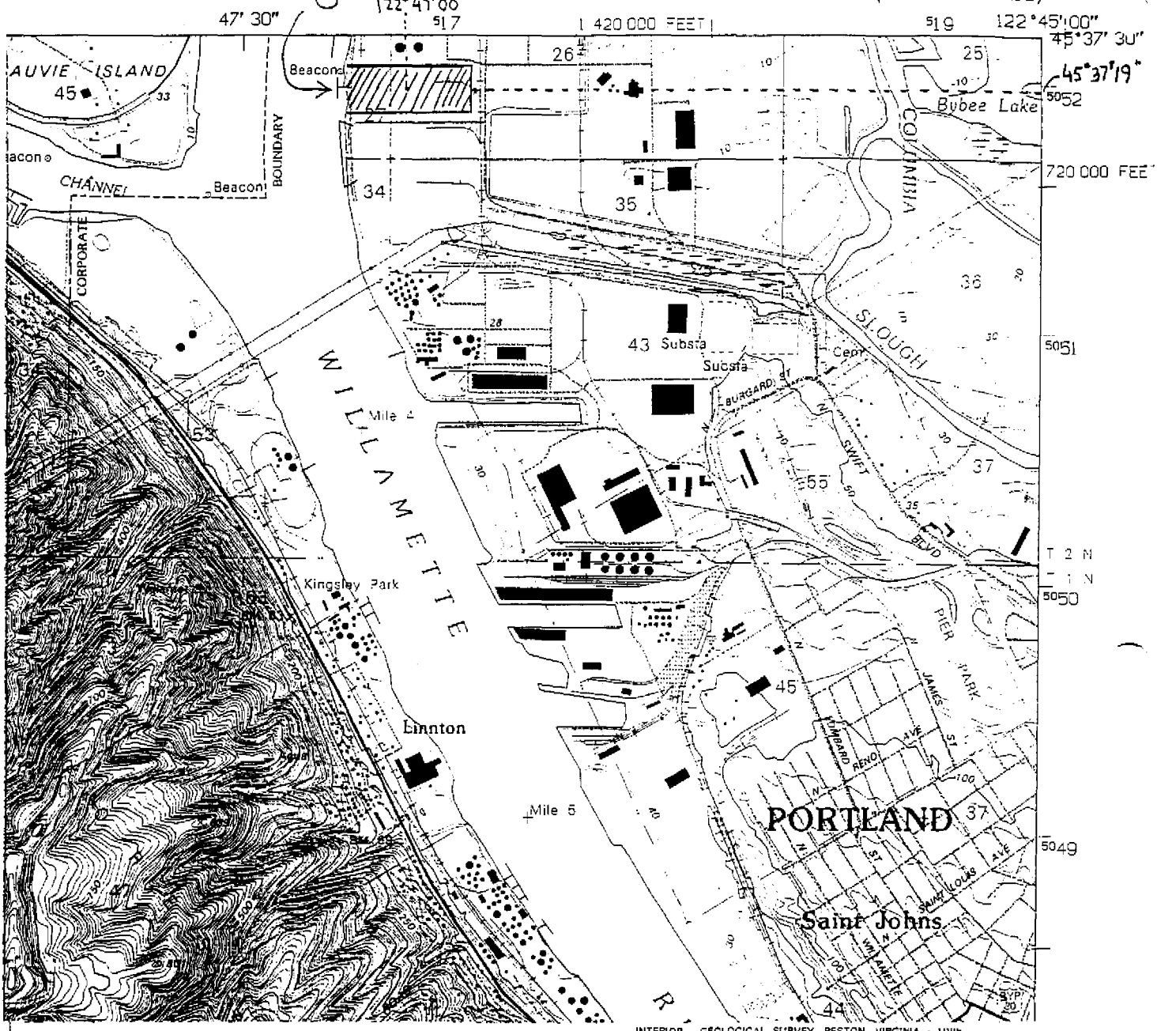


Portland Vicinity Map



Ash Grove Cement Co.
Rivergate Plant

LINNTON QUADRANGLE
OREGON
7.5-MINUTE SERIES (TOPOGRAPHIC)



INTERIOR - GEOLOGICAL SURVEY, RESTON, VIRGINIA - 1990

ROAD CLASSIFICATION

Primary highway hard surface	Light-duty road, hard or improved surface
Secondary highway hard surface	Unimproved road

Interstate Route — U.S. Route — State Route

OREGON

QUADRANGLE LOCATION

1	2	3
4		5
6	7	8

1 Dixie Mountain
2 Sauvie Island
3 Vancouver
4 Hillsboro
5 Portland
6 Scholls
7 Beaverton,
8 Lake Oswego

ADJOINING 7.5' QUADRANGLE NAMES

HIGH WATER

IDARDS

IIA 22092

BLE ON REQUEST

LINNTON, OR
45122-E7-TF-024

1990

DMA 1475 III SE-SERIES V892

Oregon
John A. Kitzhaber, M.D., Governor

Department of Environmental Quality
Northwest Region Portland Office
Air Quality Program
2020 SW 4th Avenue, Suite 400
Portland, OR 97201-4987
(503) 229-5554
FAX (503) 229-5265
TTY (503) 229-5471

May 8, 2002

Ash Grove Cement Company
Glenn Dollar
13939 N. Rivergate Blvd.
Portland, Oregon 97203

Re: Notice of Intent to Construct
File/Permit 26-1891
NC # 020177

The Department received the application for Notice of Intent to Construct (NC) on May 6, 2002. Processing of NC application # 020177 is assigned to Kathy Amidon at (503) 229-5568.

Unless the Department requests addition information with thirty (30) days of the date of this letter, you will be notified of approval or disapproval within sixty (60) days.

In addition to meeting the air quality standards, your facility is also obligated to operate in compliance with the daytime and nighttime noise standards set forth in Oregon Administrative Rule (OAR) 340-35-035(1). For a copy of the noise regulations, please Linda Wishart at (503) 229-5388.

Sincerely,

Catherine Blaine

Catherine Blaine
Permit Coordinator
Air Quality Program
Northwest Region

Cc: KA/DEQ

Notice of Intent to Construct Review Sheet

Permit No. 26-1891 Application # 020177

Source name: Ash Grove Cement Company

Assigned to: Kathy Amidon

Date Received: 05/06/02 Date Assigned: 05/08/02

Permit writer check the appropriate box

OAR 340-210-0225
Types of Construction/Modification Changes

☑ **Type 1**: You may proceed with construction/modification 10 days after the Department receives the notice unless the Department notifies you in writing that the proposed construction/modification is not a Type 1 change.

☐ **Type 2**: You may proceed with the construction/modification 60 days after the Department receives the notice or on the date that the Department approves the proposed construction/modification in writing, whichever is sooner.

☐ **Type 3**: You must obtain either a Construction Air Contaminant Discharge Permit or a new or modified Standard Air Contaminant Discharge Permit in accordance with OAR Chapter 340 Division 216 before proceeding with the construction/modification.

☐ **Type 4**: You must obtain a new or modified Standard Air Contaminant Discharge Permit before proceeding with the construction/modification.

DEPARTMENT OF ENVIRONMENTAL QUALITY
Northwest Region
2020 SW Fourth Ave., Suite 400
Portland, OR 97201-4987

NOTICE OF APPROVED CONSTRUCTION COMPLETION

(Return this form within 30 days of completion of approved construction)

Applicant: Supply all information requested in this block.

Company Ash Grove Cement Company Phone 503-286-1677

Address 13939 N. Rivergate Blvd.

City, State, Zip Portland, OR 97203 Contact Person Glenn F. Dollar

DEQ File No. 26-1891 NC No. 020177

Description of installed facility/equipment:

The installed equipment consisted of two new pulse-jet dust collectors for each load-spout in the milling department.

Construction completed on: 10/02 Placed in operation on: 10/02

Tax Credits

Do you wish to apply for tax credit? Yes ____ No ✓

Glenn F. Dollar — Signature
EH&S Manager — Title
07/09/03 — Date

For DEQ Use Only

Assigned to ____ Date ____ Inspection report by ____ Date ____

Summary of Inspection:

ASH GROVE CEMENT COMPANY

October 6, 2002

Daphne Bussey
Oregon DEQ, NW Region
2020 SW Fourth Ave. Suite 400
Portland, OR 97201-4987

Re: Notice of Intent to Construct
Storage Department Dust Collection System Upgrade
Permit # 26-1891

Dear Ms. Bussey,

Attached please find a Notice of Intent to Construct for an upgrade to our existing dust collection system in the storage department. The upgrade will consist of a new dust collector, and fan. The ductwork and pick-up points throughout the storage department will also be upgraded. If you have any questions please give me a call at 503-286-1677 and thanks for expediting this process.

Glenn F. Dollar

Glenn F. Dollar

Environmental, Health and Safety Manager
Ash Grove Cement Company

OR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received:

1. Permit Number: 26-1891	
2. Company	**3. Facility Location**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company – Rivergate Plant
Mailing Address: 13939 N. Rivergate Blvd.	Street Address: 13939 N. Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Multnomah, 97203
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 3274
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	

6. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Gary Wright — Name of official (Printed or Typed)

Plant Manager 503 286 1677 — Title of official and phone number

Gary Wright — Signature of official

9/9/02 — Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

7. Description of proposed construction:

Remove 1963 Rees baghouse and replace with new MikroPul baghouse. Existing ducting and pickup points will also be replaced with new. Throughput rates will increase from 10,000 scfm to 18,700 scfm. Please see attached drawings which further indicate ducting, baghouse, and pickup points to be replaced.

8. Will the construction increase the capacity of the facility? If yes, how much?
No

9. Will the construction increase pollutant emissions? If yes, how much (see question 17)?
No

10. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
No

11. Estimated timing of construction.

d. Commence date: September, 2000
d. Begin date: October, 2002
d. Completion date: January, 2003

12. Will tax credits be requested once construction is completed?
Yes

13. Attach relevant forms from Form Series AQ200, Device/Process Forms.

14. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.

15. Attach process flow diagram.

Appendix58-000428

16. Attach a city map or drawing showing the facility location.

17. If applicable, attach a Land Use Compatibility Statement.

Appendix58-000429

Emissions Data

18. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	annual (tons/year)
C – 1	PM	41.15lbs/day	7.51	0	0
C – 1A	PM	0	0	38.48 lbs/day	7.02

Appendix58-000430

1. Facility Name: Ash Grove Cement Company 2. Permit No.: 26-1891

3. Electrostatic precipitators

	ID:	ID:	ID:
a. Type of ESP - wet/dry			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Inlet gas pretreatment			
g. Number of fields			
h. Design primary and secondary voltage			
i. Design primary and secondary current			
j. Design inlet gas flow rate (acf/min)			
k. Estimated efficiency (%)			

4 Wet scrubbers

	ID:	ID:	ID:
a. Type of scrubber			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design water flow rate (gal/min)			
g. Design water pressure (psig)			
h. Design inlet gas flow rate (acf/min)			
i. Design pressure drop (in. Water; specify)			
j. Estimated efficiency (%)			

5. Baghouses

	ID: C-1A	ID:	ID:
a. Type of cleaning mechanism and frequency	Pulse Jet/On Demand		
b. Pollutant(s) controlled	PM		
c. Rated efficiency (%)	99.96		
d. Year installed	2002		
e. Manufacturer and model number	MikroPul 256S(6)-12-20 TR "C"		
f. Design inlet gas flow rate (acf/min)	18,707		
g. Design air-to-cloth ratio; number of bags (specify)	3.9:1/256 Bags		
h. Design pressure drop (in. Water)	6"		
i. Estimated efficiency (%)	99.98		

6. Fume oxidizers

	ID:	ID:	ID:
a. Type of system			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Design temperature (°F) of chamber			
h. Design residence tiem			
i. Estimated efficiency (%)			

7. Cyclones/Multiclones

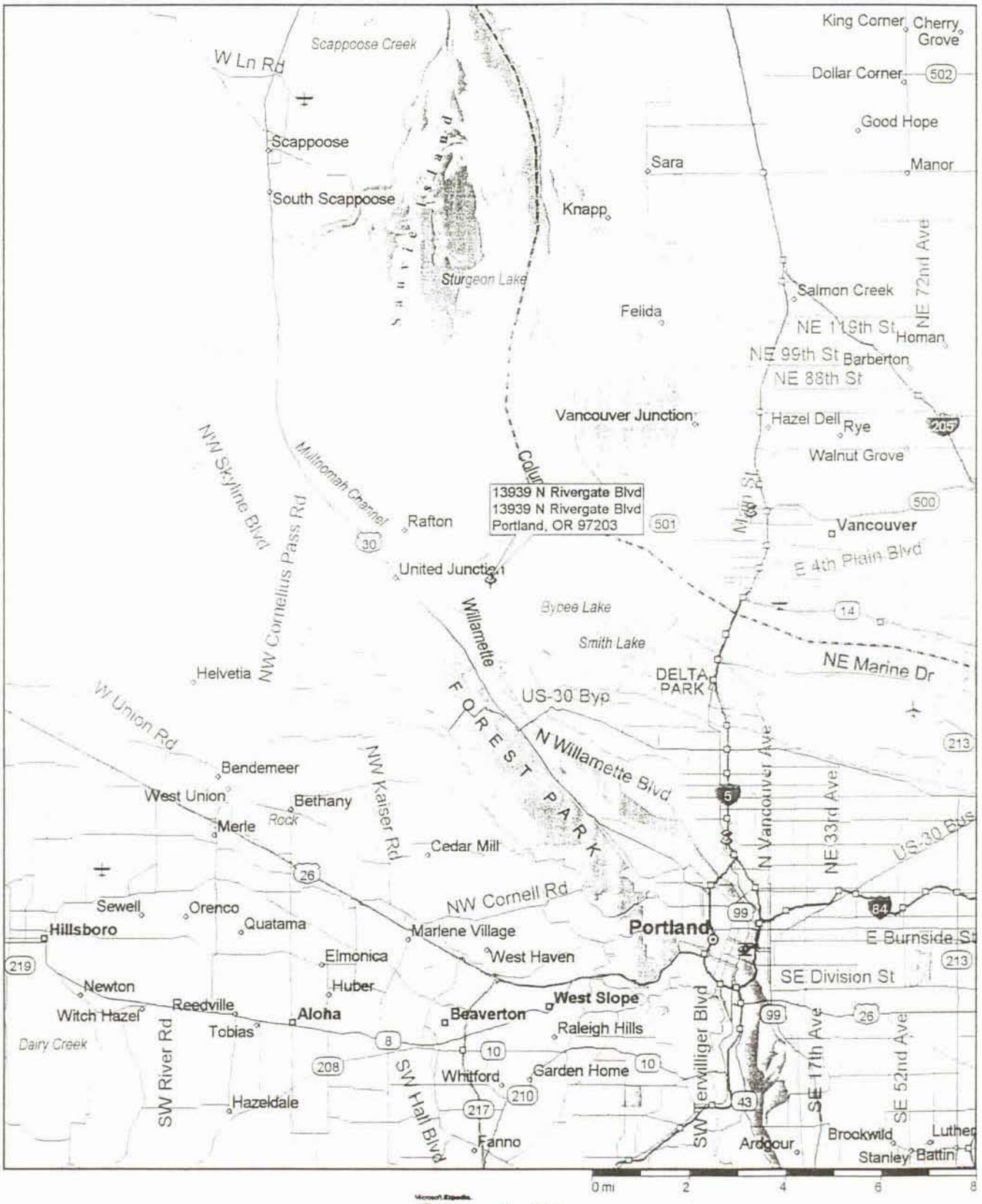
	ID:	ID:	ID:
a. Rate efficiency (%)			
b. Pollutant(s) controlled			
c. Year installed			
d. Manufacturer and model number			
e. Cyclone/Multiclone diameter (inches)			
f. Cyclone/Multiclone length (specify inches or feet)			
g. Design inlet gas flow rate (acf/min)			
h. Design pressure drop (in. Water)			
i. Estimated efficiency (%)			

8. Other

	ID:	ID:	ID:
a. Attach a description of the control device and give the design parameters.			
b. Pollutant(s) controlled			
c. Rated efficiency (%)			
d. Year installed			
e. Manufacturer and model number			
f. Design inlet gas flow rate (acf/min)			
g. Estimated efficiency (%)			

Ash Grove Cement Company

Rivergate Lime Plant



Streets98

Copyright © 1988-1997, Microsoft Corporation and/or its suppliers. All rights reserved. Please visit our web site at http://maps.expedia.com.

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 6, 2003

Daphne Bussey
Oregon DEQ, NW Region
2020 SW Fourth Ave. Suite 400
Portland, Or 97201-4987

Re: Notice of Intent to Construct
Installation of New Storage Silo
Permit # 26-1891

Dear Ms. Bussey,

Attached please find a Notice of Intent to Construct for the installation of a new silo. If you have any questions please give me a call at 503-286-1677 and thanks for expediting this process.

Glenn F. Dollar

Glenn F. Dollar

Environmental, Health and Safety Manager
Ash Grove Cement Company

FOR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received :
1. Permit Number: 26-1891	
2. Company	**3. Facility Location**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company – Rivergate Plant
Mailing Address: 13939 N. Rivergate Blvd.	Street Address: 13939 N. Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Oregon 97203
Number of Employees: 46	
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 3274
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	**6. Type of construction/modification change:** (see instructions) Type 1 change
Fax number: 503-289-2272	
e-mail address: glenn.dollar@ashgrove.com	

7. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Gary Wright
Name of official (Printed or Typed)

Plant Manager
Title of official and phone number

Signature of official

1/6/03
Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

8. Description of proposed construction:

The Ash Grove Cement Company's Rivergate Lime Plant proposes to install a new 500 ton storage silo. The silo would be installed North of the kiln area and is presently intended for the storage of quicklime.

9. Will the construction increase the capacity of the facility? If yes, how much?
No

10. Will the construction increase pollutant emissions? If yes, how much (see question 18)?
No

11. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
No

12. Estimated timing of construction.

a. Commence date: January 2002
b. Begin date: February 2003
c. Completion date: April 2003

13. Will tax credits be requested once construction is completed?
No

14. Attach relevant forms from Form Series AQ200, Device/Process Forms.

15. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.

16. Attach process flow diagram.

17. Attach a city map or drawing showing the facility location.

Appendix58-000437

18. If applicable, attach a Land Use Compatibility Statement.

Appendix58-000438

Emissions Data

19. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	Annual (tons/year)	short-term (specify unit)	Annual (tons/year)
~~C-15~~ C-17	PM	0	0	0.13 lbs/hr	0.55

Appendix58-000439

Facility Name: Ash Grove Cement Company Rivergate Lime Plant Permit Number: 26-1891

1.	Control Device ID	~~C-15~~ B-17		
2.	Process/Device(s) Controlled	Bin Vent		
3.	Year installed	2003		
4.	Manufacturer/Model No.	Torit 16PJD8		
5.	Control Efficiency(%)	Unknown		
6.	Type of cleaning mechanism and frequency	Pulse Jet 10 Seconds		
7.	Design inlet gas flow rate (acfm)	1000 CFM		
8.	Number of bags	16 Bags		
9.	Design air-to-cloth ratio	Unknown		
10.	Design pressure drop (inches of water)	1 to 6"		
11.	Inlet gas pretreatment? (yes/no) If yes, list control device ID and complete a separate control device form	No		

FOR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received :

1. Permit Number: 26-1891	
2. Company	**3. Facility Location**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company
Mailing Address: 13939 N Rivergate Blvd.	Street Address: 13939 N Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Multnomah, 97203
Number of Employees: 46	
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 327410
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	**6. Type of construction/modification change:** (see instructions) Type 1
Fax number: 503-289-2272	
e-mail address: glenn.dollar@ashgrove.com	

7. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Gary Wright Name of official (Printed or Typed)	Plant Manager 503- 286-1677 Title of official and phone number
_____ Signature of official	_____ Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

8. Description of proposed construction:

The proposed project would consist of converting the kiln #3 baghouse from a plenum pulse to a pulse jet. This project includes replacing all warped tube sheets and raising the tube sheets 2' to replace the present 8' bags with 10' bags. Fan capacity will remain unchanged.

9. Will the construction increase the capacity of the facility? If yes, how much?
   The construction will not increase the capacity of the facility.
10. Will the construction increase pollutant emissions? If yes, how much (see question 18)?
    The construction will not increase pollutant emissions.
11. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
    The construction will not cause new pollutant emissions.
12. Estimated timing of construction.

    a. Commence date: January 1, 2004
    b. Begin date: April 1, 2004
    c. Completion date: April 15, 2004

13. Will tax credits be requested once construction is completed?
    Yes, we will request tax credits once construction is completed.
14. Attach relevant forms from Form Series AQ200, Device/Process Forms.

15. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.

16. Attach process flow diagram.

17. Attach a city map or drawing showing the facility location.

18. If applicable, attach a Land Use Compatibility Statement.

Emissions Data

19. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	Annual (tons/year)	short-term (specify unit)	Annual (tons/year)
Not Applicable					

FOR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received:

1. Permit Number: 26-1891	
2. Company	**3. Facility Location**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company
Mailing Address: 13939 N Rivergate Blvd.	Street Address: 13939 N Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Multnomah, 97203
Number of Employees: 47	
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 327410
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	**6. Type of construction/modification change:** Type 1
Fax number: 503-289-2272	
e-mail address: glenn.dollar@ashgrove.com	

7. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Name of official (Printed or Typed) Gary Wright	Title of official and phone number Plant Manager 503-286-1677
Signature of official	Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

8. Description of proposed construction:

The proposed construction will consist of upgrading the dust collection system in the Hydrate/Warehouse Department. The project will consist of installing two new pulse jet baghouses and replacing the ducting. A 13,000 acfm pulse jet baghouse will replace the 12,500 acfm baghouse and the 2,000 acfm baghouse. We will also replace the 1,000 acfm baghouse with a 2,500 acfm pulse jet baghouse. The new ducting includes pickup points at the packers, bucket elevators, storage silo vents, roll mill, hydrate feed bin, mill feed bin, mechanical air separator, hydrate super sak, spill hoppers, packer fill bins, quick lime conveyor head chute, super sak feed hopper, and the super sack load out spout.

9. Will the construction increase the capacity of the facility? If yes, how much?
   No, the construction will not increase the capacity of the facility.
10. Will the construction increase pollutant emissions? If yes, how much (see question 18)?
    No, the construction will not increase the pollutant emissions.
11. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
    No, the construction will not cause new pollutant emissions.
12. Estimated timing of construction.

    a. Commence date: January 1, 2004
    b. Begin date: October 25, 2004
    c. Completion date: November 19, 2004

13. Will tax credits be requested once construction is completed?
    Yes, tax credits will be requested once construction is completed.
14. Attach relevant forms from Form Series AQ200, Device/Process Forms.
15. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.
16. Attach process flow diagram.
17. Attach a city map or drawing showing the facility location.
18. If applicable, attach a Land Use Compatibility Statement.

Emissions Data

19. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	Annual (tons/year)	short-term (specify unit)	Annual (tons/year)
C-4	PM	0.34 Lbs/Hour	0.82		
C-3	PM	2.14 Lbs/Hour	5.15		
C-12	PM	0.17 Lbs/Hour	0.16		
C-3a	PM			2.23 Lbs/Hour	5.36
C-12a	PM			0.43 Lbs/Hour	0.41

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

September 22, 2004,

Permit Coordinator
Oregon DEQ, NW Region
2020 SW Fourth Ave. Suite 400
Portland, OR 97201-4987

Re: Notice of Intent to Construct
Hydrate/Warehouse Dust Collection System Upgrade
Permit # 26-1891

Permit Coordinator,

Attached please find a Notice of Intent to Construct for the Hydrate/Warehouse dust collection system upgrade. If you have any questions please give me a call at 503-286-1677.

Glenn F. Dollar

Glenn F. Dollar

Environmental, Health and Safety Manager
Ash Grove Cement Company

FOR DEQ USE ONLY	
Permit Number:	Regional Office:
Application No:	Date Received:

1. Permit Number: 26-1891	
2. Company	**3. Facility Location**
Legal Name: Ash Grove Cement Company	Name: Ash Grove Cement Company
Mailing Address: 13939 N Rivergate Blvd.	Street Address: 13939 N Rivergate Blvd.
City, State, Zip Code: Portland, Oregon 97203	City, County, Zip Code: Portland, Multnomah, 97203
Number of Employees: 47	
4. Site Contact Person	**5. Standard Industrial Classification Code(s)**
Name: Glenn F. Dollar	Primary: 327410
Title: Environmental, Health and Safety Manager	Secondary:
Phone number: 503-286-1677	**6. Type of construction/modification change:** Type 1
Fax number: 503-289-2272	
e-mail address: glenn.dollar@ashgrove.com	

7. Signature

I certify that the information contained in this notice, including any schedules and exhibits attached to the notice, are true and correct to the best of my knowledge and belief.

Gary Wright
Name of official (Printed or Typed)
Gary Wright

Title of official and phone number
Plant Manager 503-286-1677

Signature of official

9/27/04
Date

SUBMIT TWO COPIES OF THE COMPLETED NOTICE OF INTENT TO CONSTRUCT TO THE DEPARTMENT REGIONAL OFFICE SHOWN BELOW:

Oregon Department of Environmental Quality
Northwest Region
2020 SW 4th St, #400
Portland, OR 97201

Construction Information

8. Description of proposed construction:

The proposed construction will consist of upgrading the dust collection system in the Hydrate/Warehouse Department. The project will consist of installing two new pulse jet baghouses and replacing the ducting. A 13,000 acfm pulse jet baghouse will replace the 12,500 acfm baghouse and the 2,000 acfm baghouse. We will also replace the 1,000 acfm baghouse with a 2,500 acfm pulse jet baghouse. The new ducting includes pickup points at the packers, bucket elevators, storage silo vents, roll mill, hydrate feed bin, mill feed bin, mechanical air separator, hydrate super sak, spill hoppers, packer fill bins, quick lime conveyor head chute, super sak feed hopper, and the super sack load out spout.

9. Will the construction increase the capacity of the facility? If yes, how much?
   No, the construction will not increase the capacity of the facility.
10. Will the construction increase pollutant emissions? If yes, how much (see question 18)?
   No, the construction will not increase the pollutant emissions.
11. Will the construction cause new pollutant emissions? If yes, which pollutants and how much?
   No, the construction will not cause new pollutant emissions.
12. Estimated timing of construction.

   a. Commence date: January 1, 2004
   b. Begin date: October 25, 2004
   c. Completion date: November 19, 2004

13. Will tax credits be requested once construction is completed?
   Yes, tax credits will be requested once construction is completed.
14. Attach relevant forms from Form Series AQ200, Device/Process Forms.
15. Attach relevant forms from Form Series AQ300, Control Device Description Forms, if applicable.
16. Attach process flow diagram.
17. Attach a city map or drawing showing the facility location.
18. If applicable, attach a Land Use Compatibility Statement.

Appendix58-000449

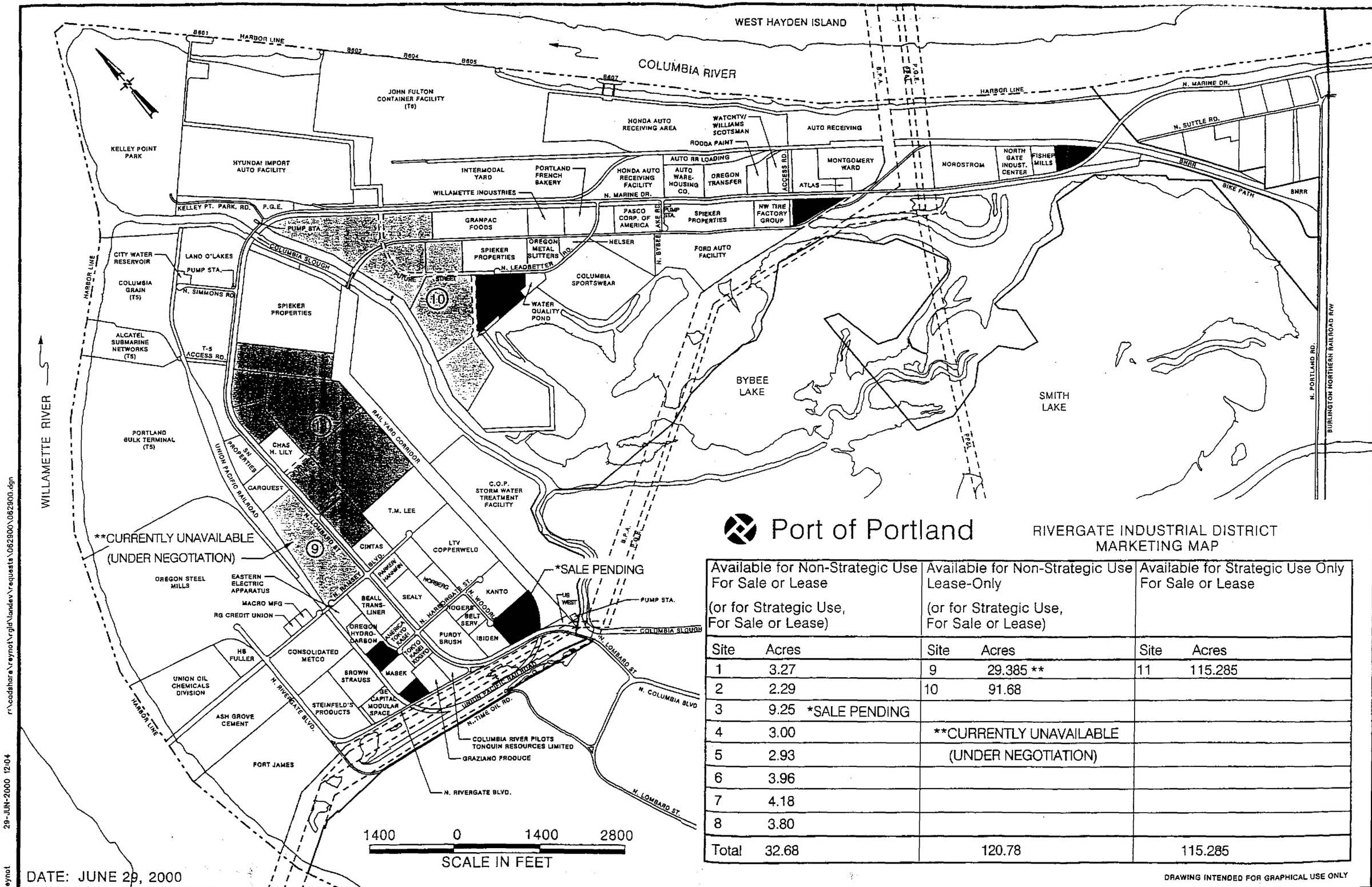
Emissions Data

19. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	Annual (tons/year)	short-term (specify unit)	Annual (tons/year)
C-4	PM	0.34 Lbs/Hour	0.82		
C-3	PM	2.14 Lbs/Hour	5.15		
C-12	PM	0.17 Lbs/Hour	0.16		
C-3a	PM			2.23 Lbs/Hour	5.36
C-12a	PM			0.43 Lbs/Hour	0.41

Facility Name: Ash Grove Cement Company Permit Number: 26-1891

1.	Control Device ID	C-4a	C-3a	
2.	Process/Device(s) Controlled	PM	PM	
3.	Year installed	2004	2004	
4.	Manufacturer/Model No.	Cyclonaire 36DC36	Torit Donaldson 162MBT10	
5.	Control Efficiency(%)	99%	99%	
6.	Type of cleaning mechanism and frequency	Pulse Jet/On Demand	Pulse Jet/On Demand	
7.	Design inlet gas flow rate (acfm)	2,500 acfm	13,000 acfm	
8.	Number of bags	36 Bags	162 Bags	
9.	Design air-to-cloth ratio	3.2 : 1	5.00 : 1	
10.	Design pressure drop (inches of water)	5 to 7	5 to 7	
11.	Inlet gas pretreatment? (yes/no) If yes, list control device ID and complete a separate control device form	No	No	



Port of Portland

RIVERGATE INDUSTRIAL DISTRICT
MARKETING MAP

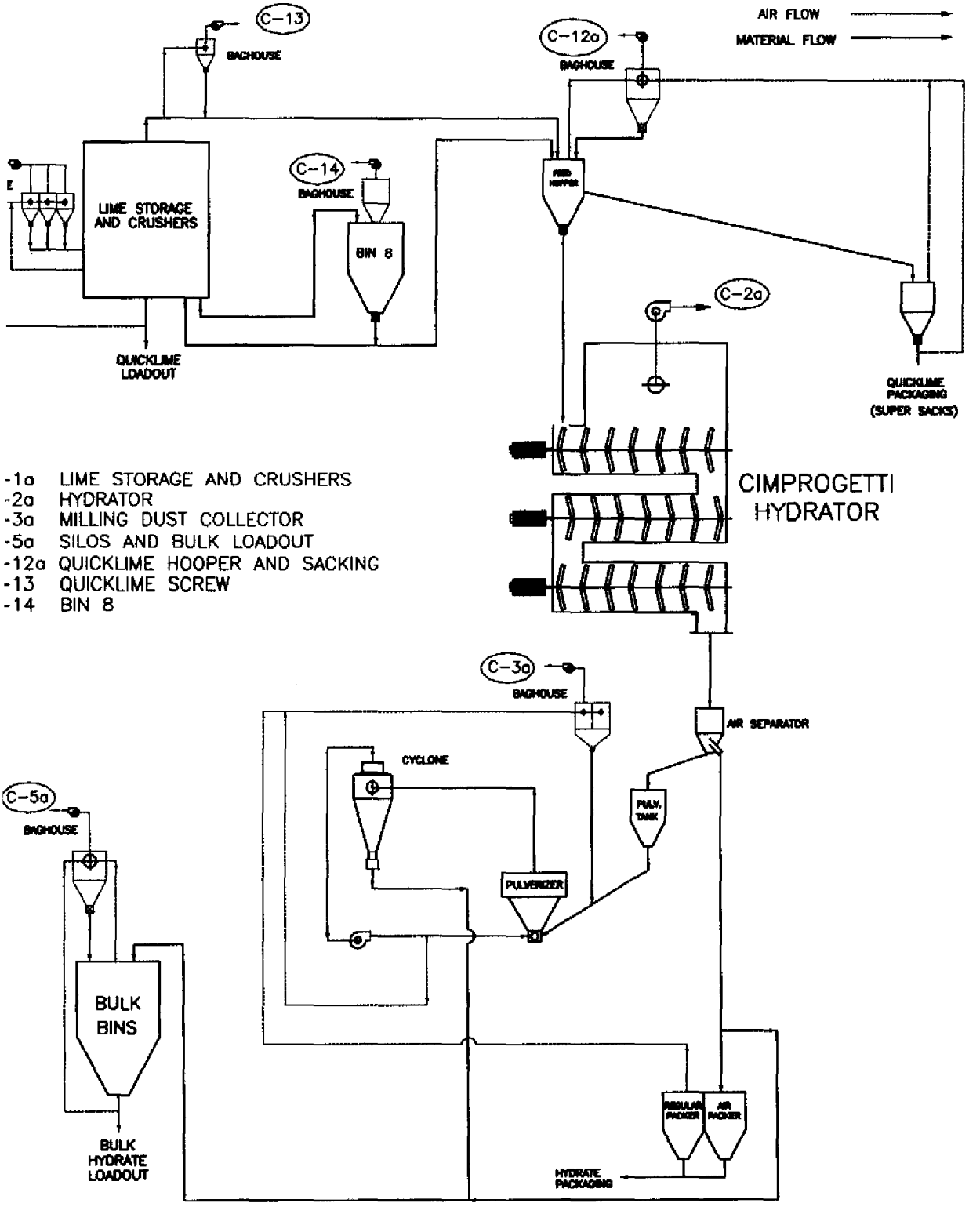
Available for Non-Strategic Use For Sale or Lease (or for Strategic Use, For Sale or Lease)		Available for Non-Strategic Use Lease-Only (or for Strategic Use, For Sale or Lease)		Available for Strategic Use Only For Sale or Lease	
Site	Acres	Site	Acres	Site	Acres
1	3.27	9	29.385 **	11	115.285
2	2.29	10	91.68		
3	9.25 *SALE PENDING				
4	3.00	**CURRENTLY UNAVAILABLE			
5	2.93	(UNDER NEGOTIATION)			
6	3.96				
7	4.18				
8	3.80				
Total	32.68		120.78		115.285

DRAWING INTENDED FOR GRAPHICAL USE ONLY

reynot 29-JUN-2000 12:04 r:\cadshare\reynot\rgld\landev\requests\062900\062900.dgn

Appendix58-000452

ASH GROVE CEMENT COMPANY, RIVERGATE PLANT
EMISSION UNIT C
HYDRATOR
QUICKLIME AND HYDRATE – STORAGE AND SHIPPING



Identification Information

1. Permit Number 26-1891

2. Legal Company Name:	3. Facility Name: *(if different from legal company name)*
Ash Grove Cement Company Company Name	Ash Grove Cement Company – Rivergate Plant Facility Name
13939 N. Rivergate Blvd. Mailing Address	13939 N Rivergate Blvd Location Address
Portland, Oregon 97203 City, State, Zip	Portland, Oregon 97203 City, State, Zip
4. Compliance Contact:	**5. Information/Clarification Contact:**
Glenn F. Dollar Name & Title	Glenn F. Dollar Name & Title
13939 N. Rivergate Blvd. Portland, OR 97203 Mailing Address	13939 N Rivergate Blvd. Portland, OR 97203 Location Address
503-286-1677 Area Code & Telephone Number	503-286-1677 Area Code & Telephone Number

Facility Information

6. SIC Codes: 3274

7. Other Department permits? (y/n; if y, specify type and permit number) Yes X No

NPDES 100865

8. Increased capacity/emissions, new pollutants? Yes No X

9. If applicable, attach a Land Use Compatibility Statement.

Construction Information

10. Description of proposed construction: The new construction will consist of the installation of a truck scale, bucket elevator, and drag chain (railcar unloader) conveyor. The construction will take place in the bulk quicklime storage department.

11. Attach relevant forms from Form Series AQ200, Device/Process Forms, if applicable.

12. Attach Form AQ301, Control Device Description, if applicable.

13. Attach a process flow diagram.

Emissions Data

14. Pre-and Post-Construction emissions summary data

a. Emissions Point	b. Pollutant	c. Pre-Construction Emissions		d. Post-Construction Emissions	
		short-term (specify unit)	annual (tons/year)	short-term (specify unit)	Annual (tons/year)
C – 1A	PM	1.60 lbs/hr	7.02	1.60 lbs/hr	7.02

15. Description of waste disposal practices *before* the construction: _____

_____

_____

_____

_____

_____

16. Description of waste disposal practices *after* the construction: _____

_____

_____

_____

Construction Data

17. Timing of construction.

    a. Commence date (mm/dd/yy) 07/01/06

    b. Begin date (mm/dd/yy) 09/01/06

    c. Completion date (mm/dd/yy) 03/31/07

18. Will tax credits be requested once construction is completed? Yes _____ No X

Signature

19. Signature

I hereby certify that I have completed this application to the best of my ability and that the information herein and in the attached exhibits is true and correct to the best of my knowledge.

Name of Authorized Representative	Title
Signature	Date (mm/dd/yy)

April 18, 2007

Department of Environmental Quality
Attention: Kathy Amidon
1550 NW Eastman Parkway Suite 290
Gresham, OR 97030

Re: Startup Notice
Startup Emission Notification

Dear Miss Amidon,

I wanted to send to you a Notice of Startup for the Ash Grove Cement Company Terminal located at 3737 N Port Center Way Portland Oregon. The ACDP permit number for this location is 26-0146.

In addition to the startup notice I wanted to send a note to you explaining the release of cement dust during the initial startup of the terminal, which I reported to you by phone on the day of occurrence. A valve was not in the open position and as a result an air slide ruptured causing cement dust to spill out onto the ground. The closed valve was opened and the ruptured air slide repaired and the equipment has performed admirably since. The area affected by the spill was cleaned. This release report will be mentioned in the annual report to DEQ.

If you have any questions or concerns, please feel free to call me at (503) 286-1677 ext. 423.

Sincerely,

Glenn F. Dollar
EHS Manager
Ash Grove Cement Company

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

April 18, 2007

Department of Environmental Quality
Attention: Kathy Amidon
1550 NW Eastman Parkway Suite 290
Gresham, OR 97030

Re: Startup Notice
Startup Emission Notification

Dear Miss Amidon,

I wanted to send to you a Notice of Startup for the Ash Grove Cement Company Terminal located at 3737 N Port Center Way Portland Oregon. The ACDP permit number for this location is 26-0146.

In addition to the startup notice I wanted to send a note to you explaining the release of cement dust during the initial startup of the terminal, which I reported to you by phone on the day of occurrence. A valve was not in the open position and as a result an air slide ruptured causing cement dust to spill out onto the ground. The closed valve was opened and the ruptured air slide repaired and the equipment has performed admirably since. The area affected by the spill was cleaned. This release report will be mentioned in the annual report to DEQ.

If you have any questions or concerns, please feel free to call me at (503) 286-1677 ext. 423.

Sincerely,

Glenn F. Dollar
EHS Manager
Ash Grove Cement Company

ASH GROVE CEMENT COMPANY

RIVERGATE LIME PLANT — WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE 503-286-1677
FAX 503-289-2272

ALBERT A. COLLINET
PLANT MANAGER

To: Department of Environmental Quality
Northwest Region
2020 SW Fourth Avenue Suite 400
Portland, OR 97201-4987

Re: Permit No. 26-1891

The Rivergate Plant is in compliance with our permit conditions for the first six months of the year. See attached spreadsheet.

Sincerely,

Richard A. Gabel

Dick Gabel for
Albert A. Collinet

Ash Grove Cement Company

Rivergate Lime Plant 1996 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	47,825	11,304	37,554	62,297	47,905	38,538							245,423
Tons of Quicklime Produced	7,513	8,711	9,415	11,427	8,936	8,383							54,385
Tons Of Hydrate Produced	791	875	1,012	958	1,130	1,479							6,245
Tons of Hydrate Tailings	142	130	185	138	161	220							976
Tons of Ground Products	17,391	13,887	28,134	24,210	31,209	26,667							141,498
TSP	6.37	5.91	7.61	8.95	7.82	7.22	0.57	0.57	0.57	0.57	0.57	0.57	41.04
SO2	2.08	2.22	2.80	3.09	2.80	2.55	0.00	0.00	0.00	0.00	0.00	0.00	15.54
NOX	2.46	2.55	3.39	3.63	3.43	3.10	0.00	0.00	0.00	0.00	0.00	0.00	18.56
CO	4.84	5.14	6.54	7.19	6.54	5.94	0.00	0.00	0.00	0.00	0.00	0.00	36.17
VOC	0.21	0.21	0.29	0.30	0.29	0.26	0.00	0.00	0.00	0.00	0.00	0.00	1.56

PSEL

	Month Max	Month Avg	Yr Max
TSP	16.21	7.95	95.4
SO2	13.2	2.76	33.1
NOX	7.5	3.29	39.5
CO	29	6.42	77
VOC	0.33	0.28	3.3

7/8/96 Today

Appendix58-000460

ASH GROVE CEMENT COMPANY

RIVERGATE LIME PLANT — WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE 503-286-1677
FAX 503-289-2272

ALBERT A. COLLINET
PLANT MANAGER

July 8, 1997

To: Department of Environmental Quality
Northwest Region
2020 SW Fourth Avenue Suite 400
Portland, OR 97201-4987

Re: Permit No. 26-1891

The Rivergate Plant is in compliance with our permit conditions for the first six months of the year. See attached spreadsheet.

Sincerely,

Albert A. Collinet

Albert A. Collinet

Ash Grove Cement Company

Rivergate Lime Plant 1997 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul*	Aug*	Sep*	Oct*	Nov*	Dec*	Year Total
Limestone Received by Barge	73,418	23,171	35,296	37,014	49,196	48,127							266,222
Dolomitic rock Received	2,871	1,881	2,428	3,751	3,947	2,891							17,769
Kiln #1 Production	2,361	2,755	1,111	2,801	1,182	-							10,210
Kiln #2 Production	-	1,712	2,690	604	1,117	2,993							9,316
Kiln #3 Production	5,027	5,799	6,194	5,889	6,475	6,191							35,575
Tons of Quicklime Produced	7,388	10,266	10,195	9,294	8,774	9,184							55,101
Tons Of Hydrate Produced	851	635	1,042	1,162	1,193	1,466							6,349
Tons of Tailings	76	65	105	116	114	106							582
Tons of Ag	3,242	2,035	3,389	7,755	18,205	7,523							42,149
Tons of Flour	9,200	12,044	16,083	15,533	12,068	11,044							75,972
Tons of Dolomite	604	2,118	1,685	2,338	1,015	670							8,430
Tons of Ground Products	13,046	16,197	21,157	25,626	31,288	19,237							126,551
Existing permit													
TSP	6.72	6.97	7.59	7.46	7.80	7.46	0.00	0.00	0.00	0.00	0.00	0.00	44.01
SO2	1.92	2.61	2.75	2.70	2.77	2.48	0.00	0.00	0.00	0.00	0.00	0.00	15.22
NOX	2.22	2.99	3.22	3.24	3.40	2.91	0.00	0.00	0.00	0.00	0.00	0.00	17.98
CO	4.45	6.04	6.38	6.29	6.47	5.76	0.00	0.00	0.00	0.00	0.00	0.00	35.39
VOC	0.18	0.25	0.27	0.27	0.29	0.24	0.00	0.00	0.00	0.00	0.00	0.00	1.51

*Estimates

PSEL

	Month Max	Month Avg	Yr Max
TSP	16.21	7.95	95.4
SO2	13.2	2.76	33.1
NOX	7.5	3.29	39.5
CO	29	6.42	77
VOC	0.33	0.28	3.3

7/8/97 Today

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2271

July 9, 1998

To: Department of Environmental Quality
2020 SW 4th Ave, #400
Portland, OR 97201-5884

Re: Semiannual Report for Permit No. 26-1891

The Rivergate Plant is in compliance with our permit conditions for the first six months of the year. See attached spreadsheet.

Sincerely,

Glenn Dollar

Glenn F. Dollar
Safety/Environmental Manager

Ash Grove Cement Company

Rivergate Lime Plant 1998 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	49,492	36,510	47,700	47,286	52,029	34,803							267,820
Dolomitic rock Received	2,165	2,674	1,939	2,993	2,069	2,607							14,447
Kiln #1 Production	2,534	3,827	3,682	3,234	1,300	3,119							17,696
Kiln #2 Production	3,001	3,065	2,995	2,797	721	2,709							15,288
Kiln #3 Production	4,163	3,931	6,153	5,202	6,011	5,395							30,855
Tons of Quicklime Produced	9,698	10,823	12,830	11,233	8,032	11,223	-	-	-	-	-	-	63,839
Tons Of Hydrate Produced	1,174	890	1,139	1,307	1,193	1,775							7,478
Tons of Tailings	171	110	117	156	193	221							968
Tons of Ag	2,200	2,397	3,996	10,290	14,579	9,311							42,773
Tons of Flour	10,841	9,788	15,574	14,657	12,977	11,339							75,176
Tons of Dolomite	250	688	1,331	2,349	1,454	1,818							7,890
Tons of Ground Products	13,291	12,873	20,901	27,296	29,010	22,468	-	-	-	-	-	-	125,839
Permit													
TSP Fugitive	1.61	1.20	1.55	1.55	1.69	1.14	0.00	0.00	0.00	0.00	0.00	0.00	8.74
TSP Non Fugitive	4.11	4.04	5.22	5.16	4.42	5.32	0.00	0.00	0.00	0.00	0.00	0.00	28.26
TSP Total	5.72	5.24	6.77	6.70	6.11	6.46	0.00	0.00	0.00	0.00	0.00	0.00	37.00
SO2	4.34	4.84	5.75	5.06	3.64	5.04	0.00	0.00	0.00	0.00	0.00	0.00	28.67
NOX	3.72	4.46	5.12	4.55	3.12	4.47	0.00	0.00	0.00	0.00	0.00	0.00	25.43
CO	3.45	3.67	4.75	4.21	3.63	4.20	0.00	0.00	0.00	0.00	0.00	0.00	23.92
VOC	0.10	0.10	0.14	0.15	0.15	0.14	0.00	0.00	0.00	0.00	0.00	0.00	0.77

PSEL

	Month Max	Month Avg	Yr Max
TSP Fug	-	2.17	26
TSP nonFU	15.1	5.33	64
TSP Total		7.50	90
SO2	13	6.33	76
NOX	5.8	4.17	50
CO	21	5.25	63
VOC	0.9	0.42	5

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

July 7, 1999

To: Department of Environmental Quality
2020 SW 4th Ave. #400
Portland, Oregon 97201 – 5884

Re: Semiannual Report for Permit No. 26-1891

The Rivergate plant is in Compliance with our permit conditions for the first six months of the year. See attached spreadsheet.

Sincerely,

Glenn F. Dollar

Glenn F. Dollar
Safety/Environmental Manager

Ash Grove Cement Company

Rivergate Lime Plant 1998 Emissions Summary

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	49,492	36,510	47,700	47,286	52,029	34,803	36,474	61,644	60,753	57,947	38,145	12,318	535,101
Dolomitic rock Received	2,165	2,674	1,939	2,993	2,069	2,607	2,459	2,986	3,022	3,113	3,122	2,011	31,160
Kiln #1 Production	2,534	3,827	3,682	3,234	1,300	3,119	2,905	938	1,835	3,104	887	2,691	30,056
Kiln #2 Production	3,001	3,065	2,995	2,797	721	2,709	2,474	1,862	1,245	1,078	811	46	22,804
Kiln #3 Production	4,163	3,931	6,153	5,202	6,011	5,395	5,379	6,540	5,121	5,601	5,429	4,922	63,847
Tons of Quicklime Produced	9,698	10,823	12,830	11,233	8,032	11,223	10,758	9,340	8,201	9,783	7,127	7,659	116,707
Tons Of Hydrate Produced	1,174	890	1,139	1,307	1,193	1,775	1,661	2,341	1,836	1,831	827	653	16,627
Tons of Tailings	171	110	117	156	193	221	203	123	186	204	69	65	1,818
Tons of Ag	2,200	2,397	3,996	10,290	14,579	9,311	6,367	25,525	43,948	24,198	4,823	1,065	148,699
Tons of Flour	10,841	9,788	15,574	14,657	12,977	11,339	11,698	11,950	11,362	13,340	10,967	12,311	146,804
Tons of Dolomite	250	688	1,331	2,349	1,454	1,818	740	1,531	3,827	3,689	1,201	172	19,050
Tons of Ground Products	13,291	12,873	20,901	27,296	29,010	22,468	18,805	39,006	59,137	41,227	16,991	13,548	314,553
Permit													
TSP Fugitive	1.61	1.20	1.55	1.55	1.69	1.14	1.20	2.01	1.98	1.89	1.26	0.42	17.48
TSP Non Fugitive	2.96	2.91	3.74	3.87	3.34	4.01	3.71	4.79	5.06	4.58	2.44	2.26	43.67
TSP Total	4.57	4.11	5.29	5.42	5.03	5.16	4.90	6.80	7.03	6.47	3.70	2.68	61.15
SO2	4.34	4.84	5.75	5.06	3.64	5.04	4.83	4.24	3.77	4.44	3.21	3.44	52.60
NOX	2.75	3.00	3.72	3.32	2.63	3.29	3.15	3.06	2.85	3.12	2.26	2.32	35.47
CO	3.45	3.67	4.75	4.21	3.63	4.20	4.05	4.18	3.79	4.10	3.15	3.13	46.31
VOC	0.22	0.25	0.29	0.28	0.20	0.27	0.24	0.25	0.31	0.28	0.15	0.16	2.90

PSEL

	Month Max	Month Avg	Yr Max
TSP Fug	-	2.17	26
TSP nonFU	15.1	5.33	64
TSP Total		7.50	90
SO2	13	6.33	76
NOX	5.8	4.17	50
CO	21	5.25	63
VOC	0.9	0.42	5

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

July 6, 2000

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Re: Semiannual Report for Permit No. 26-1891

The Rivergate plant is in compliance with our permit conditions for the first six months of the year. See attached spreadsheet.

Sincerely,

Glenn F. Dollar

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company

Ash Grove Cement Company
2000

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	23,590	58,631	23,918	36,537	71,338	25,406	47,589	35,092	59,712	23,479	37,597	24,867	467,756
Dolomitic rock Received	2,416	1,900	3,306	1,729	2,687	2,258	3,277	3,548	2,971	3,315	2,874	1,009	31,290
Kiln #1 Production	1,426	2,227	2,540	2,795	2,833	2,497	2,524	318	1,640	2,827	2,635	2,203	26,465
Kiln #2 Production	-	715	2,362	2,583	2,618	2,599	2,307	2,025	-	881	2,535	2,406	21,031
Kiln #3 Production	5,390	4,538	4,740	4,445	4,505	5,019	3,981	4,714	5,250	6,067	4,169	872	53,690
Tons of Quicklime Produced	6,816	7,480	9,642	9,823	9,956	10,115	8,812	7,057	6,890	9,775	9,339	5,481	101,186
Tons Of Hydrate Produced	748	721	674	983	1,135	1,371	1,544	1,127	1,629	1,064	846	627	12,469
Tons of Tailings	99	86	53	76	91	131	175	122	179	159	91	55	1,317
Tons of Ag	2,227	2,119	3,695	13,002	11,841	7,331	4,521	15,649	24,682	18,163	5,481	1,683	110,394
Tons of Flour	15,729	18,393	12,900	12,086	15,401	13,536	12,487	14,800	12,162	14,915	11,562	7,298	161,269
Tons of Dolomite	133	11	2,961	3,501	3,204	1,808	289	2,873	4,433	3,347	2,439	526	25,525
Tons of Ground Products	18,089	20,523	19,556	28,589	30,446	22,675	17,297	33,322	41,277	36,425	19,482	9,507	297,188
Permit													
TSP Fugitive	0.78	1.90	0.80	1.19	2.31	0.84	1.56	1.16	1.94	0.79	1.24	0.81	15.33
TSP Non Fugitive	2.38	2.56	3.98	4.59	4.81	4.77	4.26	4.39	4.82	4.94	3.99	2.25	47.75
TSP Total	3.16	4.46	4.78	5.78	7.13	5.61	5.82	5.56	6.76	5.73	5.23	3.06	63.07
SO2	3.07	3.37	4.33	4.43	4.49	4.55	3.96	3.21	3.15	4.43	4.20	2.46	45.65
NOX	2.19	2.31	3.80	4.00	4.06	3.95	3.52	2.45	3.02	4.18	3.72	2.30	39.51
CO	3.08	3.07	3.64	3.71	3.78	3.85	3.24	3.14	3.31	4.15	3.43	1.64	40.04
VOC	0.14	0.18	0.12	0.14	0.15	0.13	0.10	0.15	0.18	0.18	0.11	0.05	1.65
Kiln #1 Production	21%	30%	26%	28%	28%	25%	29%	5%	24%	29%	28%	40%	26%
Kiln #2 Production	0%	10%	24%	26%	26%	26%	26%	29%	0%	9%	27%	44%	21%
Kiln #3 Production	79%	61%	49%	45%	45%	50%	45%	67%	76%	62%	45%	16%	53%
Kiln #1													
TSP Fugitive	0.16	0.57	0.21	0.34	0.66	0.21	0.45	0.05	0.46	0.23	0.35	0.32	4.01
TSP Non Fugitive	0.50	0.76	1.05	1.31	1.37	1.18	1.22	0.20	1.15	1.43	1.13	0.91	12.19
TSP Total	0.66	1.33	1.26	1.64	2.03	1.39	1.67	0.25	1.61	1.66	1.47	1.23	16.19
SO2	0.64	1.00	1.14	1.26	1.28	1.12	1.13	0.14	0.75	1.28	1.18	0.99	11.93
NOX	0.46	0.69	1.00	1.14	1.16	0.97	1.01	0.11	0.72	1.21	1.05	0.92	10.44
CO	0.64	0.91	0.96	1.06	1.07	0.95	0.93	0.14	0.79	1.20	0.97	0.66	10.28
VOC	0.03	0.05	0.03	0.04	0.04	0.03	0.03	0.01	0.04	0.05	0.03	0.02	0.41
Kiln #2													
TSP Fugitive	0.00	0.18	0.20	0.31	0.61	0.22	0.41	0.33	0.00	0.07	0.34	0.35	3.02
TSP Non Fugitive	0.00	0.24	0.97	1.21	1.27	1.23	1.11	1.26	0.00	0.45	1.08	0.99	9.81
TSP Total	0.00	0.43	1.17	1.52	1.87	1.44	1.52	1.59	0.00	0.52	1.42	1.34	12.83
SO2	0.00	0.32	1.06	1.17	1.18	1.17	1.04	0.92	0.00	0.40	1.14	1.08	9.47
NOX	0.00	0.22	0.93	1.05	1.07	1.01	0.92	0.70	0.00	0.38	1.01	1.01	8.31
CO	0.00	0.29	0.89	0.98	0.99	0.99	0.85	0.90	0.00	0.37	0.93	0.72	7.92
VOC	0.00	0.02	0.03	0.04	0.04	0.03	0.03	0.04	0.00	0.02	0.03	0.02	0.30
Kiln #3													
TSP Fugitive	0.62	1.15	0.39	0.54	1.05	0.42	0.71	0.78	1.48	0.49	0.55	0.13	8.30
TSP Non Fugitive	1.88	1.55	1.96	2.08	2.18	2.37	1.92	2.93	3.67	3.07	1.78	0.36	25.75
TSP Total	2.50	2.71	2.35	2.61	3.22	2.79	2.63	3.71	5.15	3.56	2.33	0.49	34.05
SO2	2.43	2.05	2.13	2.01	2.03	2.26	1.79	2.14	2.40	2.75	1.87	0.39	24.25
NOX	1.73	1.40	1.87	1.81	1.84	1.96	1.59	1.64	2.30	2.60	1.66	0.37	20.76
CO	2.43	1.86	1.79	1.68	1.71	1.91	1.46	2.10	2.52	2.57	1.53	0.26	21.84
VOC	0.11	0.11	0.06	0.07	0.07	0.06	0.05	0.10	0.14	0.11	0.05	0.01	0.94

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

July 10, 2001

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Re: Semiannual Report for Permit No. 26-1891

The Rivergate plant is in compliance with our permit conditions for the first six months of the year. See attached spreadsheet.

Sincerely,

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company

Ash Grove Cement Company
2001

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Limestone Received by Barge	36,364	36,108	25,307	36,142	50,400	37,696							222,017
Dolomitic rock Received	1,002	1,597	3,429	4,736	5,365	3,809							19,938
Kiln #1 Production	3,446	2,118	2,564	2,481	948	2,535							14,092
Kiln #2 Production	3,446	2,744	2,369	2,008	2,016	2,549							15,132
Kiln #3 Production	-	4,204	5,365	5,290	1,637	3,632							20,128
Tons of Quicklime Produced	6,892	9,045	10,298	9,779	4,601	8,716	-	-	-	-	-	-	49,331
Tons Of Hydrate Produced	510	618	655	616	507	971							3,877
Tons of Tailings	43	73	73	58	97	129							473
Tons of Ag	1,489	3,545	9,152	9,947	10,008	4,621							38,762
Tons of Flour	9,397	13,027	10,276	14,975	14,765	16,363							78,803
Tons of Dolomite, Ground	279	1,597	2,852	3,052	3,172	910							11,862
Tons of Ground Product	11,165	18,169	22,280	27,974	27,945	21,894	-	-	-	-	-	-	129,427
Permit													
TSP Fugitive	1.18	1.17	0.85	1.21	1.67	1.25	0.00	0.00	0.00	0.00	0.00	0.00	7.33
TSP Non Fugitive	1.93	2.64	4.28	4.33	2.83	3.99	0.00	0.00	0.00	0.00	0.00	0.00	20.02
TSP Total	3.11	3.82	5.13	5.54	4.51	5.24	0.00	0.00	0.00	0.00	0.00	0.00	27.35
SO2	3.09	4.07	4.63	4.41	2.11	3.92	0.00	0.00	0.00	0.00	0.00	0.00	22.23
NOX	1.75	2.65	4.04	3.92	1.82	3.51	0.00	0.00	0.00	0.00	0.00	0.00	17.69
CO	1.81	3.36	3.97	3.88	1.79	3.19	0.00	0.00	0.00	0.00	0.00	0.00	18.00
VOC	0.21	0.22	0.13	0.15	0.11	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.93

	Month Max	Month Avg	Yr Max
TSP Fug	-	2.17	26
TSP nonFU	15.1	5.33	64
TSP Total		7.50	90
SO2	13	6.33	76
NOX	5.8	4.17	50
CO	21	5.25	63
VOC	0.9	0.42	5

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

July 8, 2002

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Re: Semiannual Report for Permit No. 26-1891

The Rivergate plant is in compliance with our permit conditions for the first six months of the year. See attached spreadsheet.

Sincerely,

Glenn F. Dollar

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company

Production	Jul-01	Aug-01	Sep-01	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02	12 Month Rolling Average
Limestone Received by Barge	36,149	25,491	34,494	50,716	36,287	34,258	12,533	34,533	23,643	22,233	48,633	23,411	382,381
Dolomitic Rock Received	3,521	3,419	2,537	4,163	1,737	2,530	2,538	2,060	1,592	2,942	2,496	3,336	32,871
Kiln #1 Production	528	-	-	775	1,245	945	1,264	1,040	1,360	1,849	2,306	988	12,300
Kiln #2 Production	422	228	2,091	1,115	-	-	-	1,176	697	660	2,325	2,520	11,234
Kiln #3 Production	4,935	5,216	3,861	4,914	3,168	4,877	2,912	4,285	3,280	3,452	19	4,444	45,363
Tons of Quicklime Produced	5,885	5,507	5,952	6,804	4,413	5,822	4,175	6,501	5,337	5,961	4,651	7,952	68,960
Tons Of Hydrate Produced	1,303	1,638	1,635	540	-	48	552	450	549	1,044	839	2,944	11,742
Tons of Tailings (Ag Special)	184	146	117	34	-	-	-	-					481
Tons of Ag	3,825	7,524	26,575	17,039	3,326	1,837	3,176	2,599	3,012	6,958	9,767	3,536	89,174
Tons of Flour	16,348	17,907	13,599	19,052	13,550	9,796	8,583	10,482	17,151	17,787	18,758	17,737	180,750
Tons of Dolomite, Ground	497	1,829	5,535	4,396	1,211	6	655	1,291	2,613	3,782	3,656	669	26,140
Tons of Ground Product	20,670	27,260	45,709	40,487	18,087	11,639	12,414	14,372	22,776	28,527	32,181	21,942	296,064

Permit													Actual Plant Emissions	Monthly Maximum	Annual Maximum
TSP Fugitive	1.20	0.86	1.13	1.67	1.18	1.13	0.43	1.13	0.77	0.75	1.58	0.79	12.61	-	26
TSP Non Fugitive	3.74	4.06	4.96	4.10	1.95	2.23	1.58	1.96	2.82	3.54	3.04	5.44	39.43	15.1	64
TSP Total	4.94	4.92	6.09	5.77	3.13	3.35	2.01	3.09	3.60	4.28	4.63	6.23	52.04		90
SO2	2.66	2.48	2.74	3.11	2.00	2.62	1.88	2.92	2.42	2.71	2.14	3.58	31.28	13	76
NOX	2.16	1.93	2.11	2.64	1.92	2.22	1.33	2.00	2.24	2.63	2.27	2.80	26.25	5.8	50
CO	2.77	2.80	2.81	3.20	1.99	2.65	1.81	2.71	2.29	2.54	1.49	3.18	30.24	21	63
VOC	0.11	0.13	0.18	0.18	0.09	0.09	0.10	0.14	0.11	0.13	0.11	0.12	1.48	0.9	5
Kiln #1 Production (% of total)	9%	0%	0%	11%	28%	16%	30%	16%	25%	31%	50%	12%	18%		
Kiln #2 Production (% of total)	7%	4%	35%	16%	0%	0%	0%	18%	13%	11%	50%	32%	16%		
Kiln #3 Production (% of total)	84%	95%	65%	72%	72%	84%	70%	66%	61%	58%	0%	56%	66%		
Kiln #1 Emissions															
TSP Fugitive	0.11	0.00	0.00	0.19	0.33	0.18	0.13	0.18	0.20	0.23	0.79	0.10	2.44		
TSP Non Fugitive	0.34	0.00	0.00	0.47	0.55	0.36	0.48	0.31	0.72	1.10	1.51	0.68	6.51		
TSP Total	0.44	0.00	0.00	0.66	0.88	0.54	0.61	0.49	0.92	1.33	2.29	0.77	8.94		
SO2	0.24	0.00	0.00	0.35	0.56	0.42	0.57	0.47	0.62	0.84	1.06	0.45	5.58		
NOX	0.19	0.00	0.00	0.30	0.54	0.36	0.40	0.32	0.57	0.82	1.12	0.35	4.98		
CO	0.25	0.00	0.00	0.36	0.56	0.43	0.55	0.43	0.58	0.79	0.74	0.40	5.09		
VOC	0.01	0.00	0.00	0.02	0.03	0.01	0.03	0.02	0.03	0.04	0.05	0.01	0.26		
Kiln #2 Emissions															
TSP Fugitive	0.09	0.04	0.40	0.27	0.00	0.00	0.00	0.20	0.10	0.08	0.79	0.25	2.22		
TSP Non Fugitive	0.27	0.17	1.74	0.67	0.00	0.00	0.00	0.35	0.37	0.39	1.52	1.72	7.21		
TSP Total	0.35	0.20	2.14	0.95	0.00	0.00	0.00	0.56	0.47	0.47	2.31	1.97	9.43		
SO2	0.19	0.10	0.96	0.51	0.00	0.00	0.00	0.53	0.32	0.30	1.07	1.14	5.12		
NOX	0.15	0.08	0.74	0.43	0.00	0.00	0.00	0.36	0.29	0.29	1.13	0.89	4.38		
CO	0.20	0.12	0.99	0.53	0.00	0.00	0.00	0.49	0.30	0.28	0.74	1.01	4.65		
VOC	0.01	0.01	0.06	0.03	0.00	0.00	0.00	0.03	0.01	0.01	0.05	0.04	0.25		
Kiln #3 Emissions															
TSP Fugitive	1.00	0.81	0.73	1.21	0.85	0.94	0.30	0.74	0.48	0.43	0.01	0.44	7.94		
TSP Non Fugitive	3.14	3.85	3.22	2.96	1.40	1.87	1.10	1.29	1.73	2.05	0.01	3.04	25.66		
TSP Total	4.14	4.66	3.95	4.17	2.25	2.81	1.40	2.03	2.21	2.48	0.02	3.48	33.61		
SO2	2.23	2.35	1.78	2.25	1.44	2.19	1.31	1.93	1.49	1.57	0.01	2.00	20.55		
NOX	1.81	1.83	1.37	1.91	1.38	1.86	0.92	1.32	1.37	1.53	0.01	1.57	16.88		
CO	2.32	2.65	1.83	2.31	1.43	2.22	1.26	1.79	1.41	1.47	0.01	1.78	20.47		
VOC	0.10	0.13	0.12	0.13	0.06	0.07	0.07	0.09	0.07	0.07	0.00	0.07	0.97		

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

July 7, 2003

Department of Environmental Quality
Air Quality Division, Northwest Region
2020 SW Fourth Ave. Ste. 400
Portland, Oregon 97201-4987

Re: Semiannual Report for Permit No. 26-1891

The Rivergate Lime Plant is in compliance with the permit conditions for the first six months of this year.

Sincerely,

Glenn F. Dollar
Environmental, Health and Safety Manager
Ash Grove Cement Company

DEPARTMENT OF ENVIRONMENTAL QUALITY

SOURCE INSPECTION FORM

AL COLLINET
503 286 1677

☐ WQ ☐ SW ☒ AQ ☐ NC

COUNTY: MULTNOMAH NWR-P

SOURCE NAME: ASH GROVE CEMENT COMPANY

SOURCE ADDRESS: 13939 N RIVERGATE BLVD PORTLAND 97203

OFFICIAL CONTACTED: TIM MFG

PERMIT NUMBER CO.	PERMIT NUMBER SOURCE	POINT	ACTION NO.	ACTION	ACTION TYPE	DATE SCHEDULED MO.	DATE SCHEDULED DAY	DATE SCHEDULED YR.	DATE ACHIEVED MO.	DATE ACHIEVED DAY	DATE ACHIEVED YR.	RESULT	INSPEC. NO.
26	1891	000	51	7	07	06	01	94	09	09	94	X	B-47

TABLE A PARA	PREP. TIME	TRANS TIME	INSPECTION TIME	PAPER TIME
	4.0	1.0	3.5	4.0

8.1
8.2
8.3
8.4

COMPLIANCE STATUS *(RESULT CODE)*

	IN COMP.	NOT IN COMPLIANCE	ON SCHEDULE
All permit conditions	X		
Permit emission limits	X	A	I
Emission standards	S	B	J
Performance reqts.	T	C	K
Monitoring & Reporting	U	D	L
Open burning limits	V	E	M
Procedural Reqts.	W	F	N
Fugitive emissions	X	G	O
Other	Y	H	P

TREATMENT/PROCESS EQUIPMENT – ADDITIONAL REMARKS – OPERATING CONDITIONS

SEE ATTACHED REPORT

SOURCES IN VIOLATION & LIMITS VIOLATED

Elizabeth A Moore
SIGNATURE OF INSPECTOR AND DATE

SIGNATURE OF PERSON INTERVIEWED AND DATE

DEQ/RQ-101 (1-88)

SOURCE COPY

Appendix58-000474

ACTION TYPE

01	NESHAPS Inspection - Point Source
02	NESHAPS Inspection - Demolition
03	NSPS Inspection
05	Verification of Equipment Operation For Tax Credit
06	Response to Complaint
07	Comprehensive Compliance Status Inspection
08	Informational Inspection
09	Perform Source Test
10	Follow-up On Violation
11	EPA Audit Inspection
12	Maintenance of Compliance Inspection
20	Issued Civil Penalty
21	Issued Notice of Violation
22	Issued 5 Day Warning Letter
23	Variance Requested By Company
30	Application Mailed to Company
51	NSPS Start Up
52	NSPS Source Test
53	NSPS Final Compliance
80	Submit Final Control Plans
81	Issue Purchase Orders for Control Equipment
82	Begin Construction of Control Equipment or Process Change
83	Complete Construction of Control Equipment or Process Change
84	Submit Source Test Results
85	Verify Compliance with Opacity Limits
86	Quarterly Report Due
87	113 Notice of Violation
88	113 Consent Order
89	113 Compliance Order
90	114 Request for Information
91	113 Consent Agreement
92	Report Due From Company
93	Achieve Final Compliance

POINT NUMBERS

WOOD FIRED BOILERS
010, 011, 012, 013, 014

OIL OR GAS BOILERS
020, 021

INCINERATORS
030

WIGWAM WASTE BURNER
035

MATERIAL HANDLING CYCLONE
070 THRU 099

VENEER DRYER
036, 037, 038, 039, 040

PARTICLE DRYER
041, 042, 043, 044, 045

RAW MATERIAL STORAGE
050

TABLE A PARAGRAPH NUMBER

01	Seed Cleaning
03A	Flour Mill -- Large
03B	Flour Mill -- Small
04	Cereal Preparation
05A	Prepared Flour -- Large
05B	Prepared Flour -- Small
06A	Animal Feeds -- Large
06B	Animal Feeds -- Small
07	Beet Sugar Mfg.
08A	Rendering Plant -- Large
08B	Rendering Plant -- Small
09	Coffee Roasting
10A	Sawmill -- Large
13	Millwork -- Large
14A	Plywood Mill -- Large
14B	Plywood Mill -- Medium
14C	Plywood Mill -- Small
16	Wood Preserving
17A	Particleboard -- Large
17B	Particleboard -- Small
18A	Hardboard -- Large
18B	Hardboard -- Small
19	Battery Separator Mfg.
20A	Furniture -- Large
21	Pulp and Paper Mills
22	Building Board Mills
23	Alkalies and Chlorine
24	Calcium Carbide Mfg.
25	Nitric Acid Mfg.
26	Ammonia Mfg.
27	Other Chemical Mfg.
28	Synthetic Resin Mfg.
29	Charcoal Mfg.
30	Herbicide Mfg.
31	Petroleum Refining
32	Asphalt Distillation
33	Asphalt Blowing
34A	Asphalt Plant -- Stationary
34B	Asphalt Plant -- Portable
35	Asphalts Felts and Coatings
36	Oil Re-Refining
37	Glass Mfg.
38	Cement Mfg.
39	Ready-Mix Concrete
40	Lime Mfg.
41	Gypsum Products
42A	Rock Crusher -- Stationary
42B	Rock Crusher -- Portable
43	Steel Mill
44A	Incinerator -- Large
44B	Incinerator -- Medium
44C	Incinerator -- Small
44D	Incinerator -- Pathological
44E	Incinerator -- Hazardous
45A	Foundry -- Large
45B	Foundry -- Small
46	Primary Aluminum
47	Zirconium or Hafnium
48A	Primary Metals -- Large
48B	Primary Metals -- Small
49	Secondary Smelting of Metals
50	Non-ferrous Metals Foundry
52	Galvanizing
53	Battery Mfg.
54A	Storage Elevator -- Large
54B	Storage Elevator -- Small
55A	Power Generation -- Wood/Coal
55C	Power Generation -- Oil
56	Gas Production
57A	Terminal Elevator -- Large
57B	Terminal Elevator -- Small
58A	Boiler, in AQMA -- Oil, Large
58B	Boiler, in AQMA -- Oil, Small
59A	Boiler, in AQMA -- Wood, Large
59B	Boiler, in AQMA -- Wood, Small
60	Boiler -- Outside AQMA
61A	New Source -- 10 Tpy or more -- Small
61B	New Source -- 10 Tpy or more -- Medium
61C	New Source -- 10 Tpy or more -- Large
62A	Odor Source -- Small
62B	Odor Source -- Medium
62C	Odor Source -- Large
63A	Air Quality Problem Source -- Small
63B	Air Quality Problem Source -- Medium
63C	Air Quality Problem Source -- Large
64	Bulk Gasoline Plants
65	Bulk Gasoline Terminals
66	Liquid Storage Tanks
67A	Can Coating -- Large
67B	Can Coating -- Small
68	Paper Coating
69	Coating Flat Wood
70A	Surface Coating -- Small
70B	Surface Coating -- Medium
70C	Surface Coating -- Large
71	Flex. or Rotogravure Printing
73	NESHAPS Sources
74	Toxic Air Pollutants

State of Oregon
Department of Environmental Quality **Memorandum**

Date: August 18, 1994

To: File

From: Beth Moore

Subject: AQ-Multnomah Co.
Ash Grove Cement West, Inc.
File No. 26-1891

Location
Rivergate Lime Plant
13939 N. Rivergate Blvd.
Portland, OR 97203

Mailing Address
Ash Grove Cement West, Inc.
6720 SW Macadam Ave., #300
Portland, OR 97219

INSPECTION DATE: August 8, 1994

CONTACT: Albert A. Collinet, Plt. Mgr.
Doug Hale, Safety and Environmental Mgr.

1. Odor survey: There were no noticeable odors detected beyond the property line.

2. Visible emissions: Both Ag lime and Chemical lime truck loading operations were observed at the time of inspection, there were fugitive emissions from the truck loading operations. There were no visible emissions from the storage/loading baghouse.

White visual emissions were apparent from No. 1 cooler cyclone. The opacity was not determined due to the background. Ash Grove has is requesting a permit modification for the installation of baghouses on cooler Nos. 1 & 2. The baghouses will replace the cyclone which currently serves these two coolers.

Black smoke was emitted from No. 1 kiln and No. 3 kiln. The emission lasted longer than thirty (30) seconds, but not longer than one (1) minute. I was not in a position to make a valid visual emissions reading. According to Mr. Collinet, Kiln No. 1 was smoking due to its start up and Kiln No. 3 was smoking due to the fluctuation in the oil pressure to the burners. He explained that the on-spec waste oil has different viscosities, which causes a difference in oil pressure at the burners. There are plans

to install a mixer on the waste oil feed tank.

3. FUEL BURNING EQUIPMENT: The three kilns have the capability to burn natural gas and oil. The roller mills burn only natural gas. Ash Grove is requesting a permit modification for burning on-spec and off-spec oil in both the kilns and roller mills (Application No.13248). Kilns No. 1 and No. 3 were in operation at the time of inspection. Off-spec oil was fired in the kilns.

4. PROCESSES: No. 1 and No. 3 roller mills were in operation. Tramp air in the roller mills is being reduced by creating a tighter seal at the inlet of the roller mill with the installation of a vibratory feeder. No. 3 roller mill has the new feed mechanism installed and operating. No 2. roller mill was not in operation because the vibratory feeder was being installed. No. 1 roller mill has the old conveyor belt feed mechanism, which allows tramp air in with the combustion air. Reducing tramp air will increase combustion efficiency.

The hydrator was in operation at the time of inspection. There were no visual emissions from the hydrate bag dust collector, hydrate dust collector or the hydrate loading collector.

The facility has not used coal for the last three (3) years.

5. MONITORING REPORT:
   a. Emission Fees Report form was received on January 27, 1993.
   b. The annual report was received on January 14, 1993. The annual report is a record of production, quantities and types of fuel usage, and a description of any maintenance to the air contaminant control system.

5. File review and company records indicates compliance with the following permit conditions:

1) The annual report indicates that there was less production in 1993 than in 1992. Particulate and Sulfur emissions appear to be in compliance.

2) There were problems with the opacity from the No. 1 cooler cyclone. There are plans to install a baghouse. Kiln No. 3 emitted black smoke for greater than thirty (30) seconds, but a valid opacity reading could not be made. The problem may be solved with the addition of a mixer.

4) The roads were wetted for control of dust emissions from vehicular traffic.

7) The monitoring and reporting requirements were met.

6. Debriefed with Albert Collinet

7. The inspection and file review indicate that Ash Grove is requesting a permit modification. The facility may file for a synthetic minor permit. I told Mr. Collinet that I would recommend a stack test to show compliance with a synthetic minor permit.

cc: Air Quality Division: DEQ

INSPECTN.RPT

5/29/98

Oregon
John A. Kitzhaber, M.D., Governor

Department of Environmental Quality
Northwest Region
2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice
TTY (503) 229-5471

May 29, 1998

GLEN DOLLAR
ASH GROVE CEMENT
13939 N RIVERGATE
PORTLAND OR 97203

RE: Source Test on Roller Mill 4
Multnomah Co. File 26-1891

The Department has reviewed the results of the source test on Roller Mill No. 4 conducted April 28, 1998. The test was to ascertain emission levels resulting from the use of a mixture of natural gas and landfill gas to produce heat for the roller mill.

The test results showed an emission factor for carbon monoxide (CO) higher than that allowed in the current permit. The current emission factor for CO is 0.0213 lb/ton ag lime. The test results show an emission factor for CO would be 0.030 lb/ton ag lime if landfill gas is to be used in the roller mill/dryer process.

The volatile organic compounds (VOC) were measured as total carbons, which included a large quantity of methane. Methane is not defined as a VOC by the Department. You may wish to document a more refined emission factor than the test showed, or accept the higher emission factor from the test (0.0132 lb/ton of ag lime) in order to use the landfill gas. The VOC emission factor in the current permit is 0.006 lb/ton of ag lime.

The source test evaluation and an application to modify the current permit is enclosed for your convenience. Please call me with any questions or concerns you may regarding this issue.

Kathy Amidon
Natural Resource Specialist
Air Quality Section

Enclosures:
1) Source test evaluation report
2) Permit mod. Application

DEQ-1

Total Organic Compounds:	measured	0.0132 lb as propane/ton agricultural lime
Volatile Organic Compounds:	measured	0 to 0.0132 lb as propane/ton agricultural lime
	permit factor	0.0042 lb/ton agricultural lime
Nitrogen Oxides:	measured	0.0011 lb/ton agricultural lime
	permit factor	0.017 lb/ton agricultural lime
Sulfur Dioxide:	measured	< 0.0005 lb/ton agricultural lime
	permit factor	0.0042 lb/ton agricultural lime

The relative uncertainties are large because the concentrations are very low compared to the lowest non-zero calibration concentrations. The uncertainties should not affect compliance determination much on a plant-site basis, except perhaps for VOCs.

Total Organics: Revised, VOCs less than Total by Unknown Amount

I revised the organic emissions to units of mass as propane, the usual convention for analyzer measurements. The reported mass is only the carbon fraction. The regulated mass is the total mass unless the permit or regulations specify otherwise.

To prevent misunderstanding, the results should include their molecular-weight basis, e.g., carbon or propane. Previously, I recommended reporting the mass as carbon. This avoids uncertainty in the total mass from ignorance of the total-mass-to-carbon-mass ratio. It is convenient for calculating with any basis. However, reporting the result that will determine compliance will probably be most useful to most people.

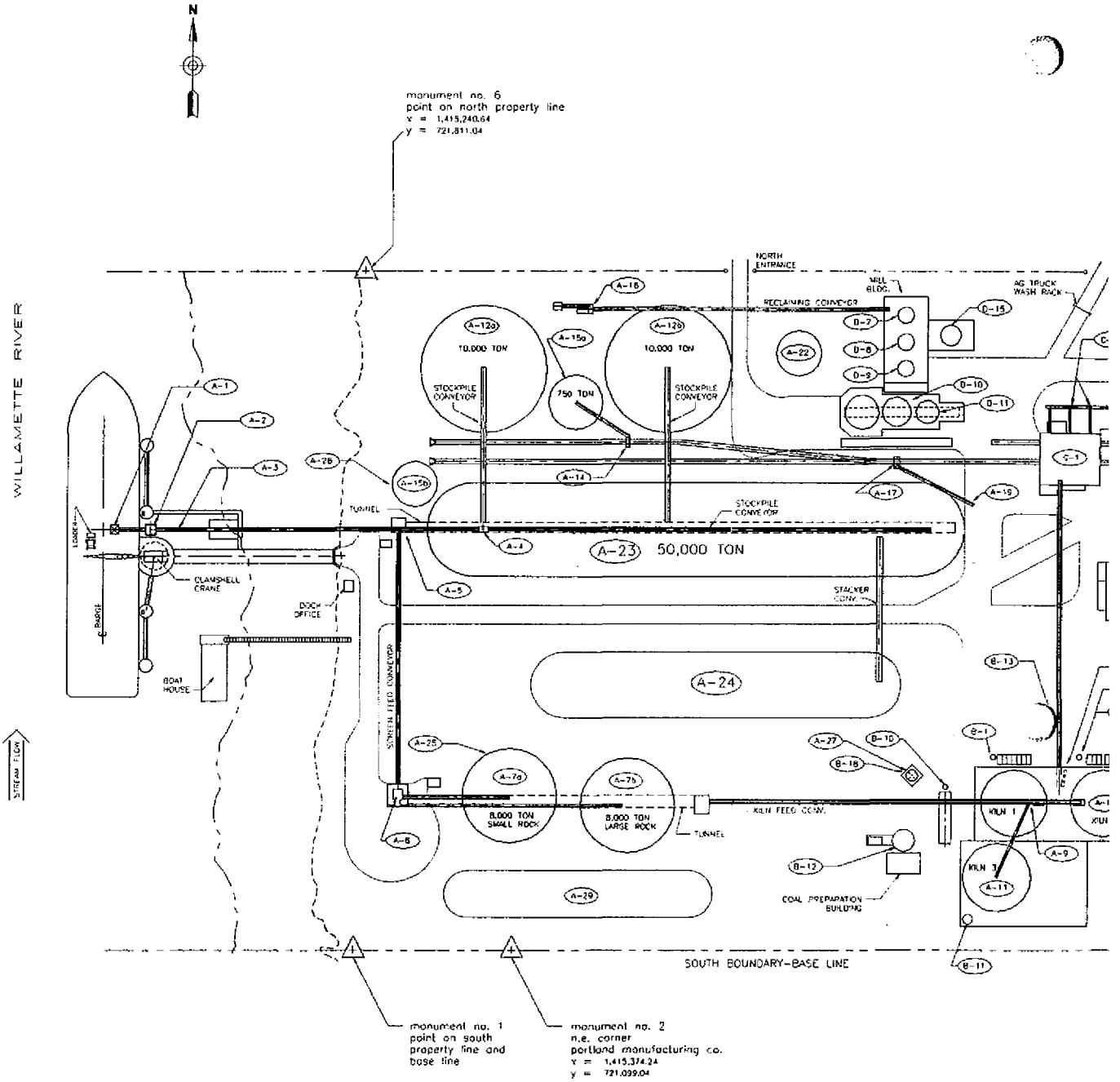
The test measured total organic emissions, not just VOCs. Probably these are mostly methane. The fuel is half methane and less than 0.1 percent other hydrocarbons.

Process Conditions

Product (raw material mass = product mass)	agricultural lime (flour)
Average production rate	30.5 tons agricultural lime/hr
Fuel	landfill gas from St Johns Landfill
Average fuel feed rate	6,144 scf/hr
Assumed heat content	530 Btu/cf
Average heating rate	3.26 10^6 Btu/hr
Burner temperature	630, 615, 535 °F

Stack Conditions	
Stack height (ft)	not reported
Stack diameter (in)	35.75
Avg stack gas flow rate (dscfm)	7917
Avg stack temperature (°F)	175

SC\STR\98\05AshGro



A-1 BARGE HOPPER
A-2 HINGED CONVEYOR TRANSFER
A-3 STOCKPILE TRANSFER
A-4 TRIPPER TRANSFER
A-5 SCREEN FEED TRANSFER
A-6 TRIPLE DECK SCREEN
A-7a ROCK STOCKPILES (SMALL STONE)
A-7b ROCK STOCKPILES (LARGE STONE)
A-9 TURNHEAD
A-10 KILN 2 FEED
A-11 KILN 3 FEED
A-12a AG ROCK STOCKPILES (WEST)
A-12b AG ROCK STOCKPILES (EAST)
A-14 DOLOMITE ROCK UNLOADER
A-15a DOLOMITE ROCK STOCKPILE
A-15b AUXILIARY DOLOMITE ROCK STOCKPILE
A-15c AUXILIARY DOLOMITE ROCK STOCKPILE
A-16 AG RECLAIM HOPPER
A-17 COKE AND LIME RAIL UNLOADER
A-19 COKE AND LIME TRUCK LOADING
A-22 AUXILIARY AG ROCK STOCKPILE
A-23 CHEMICAL ROCK STOCKPILE
A-24 MISCELLANEOUS STOCKPILE
A-25 LIMESTONE TRUCK LOADING
A-26 DOLOMITIC ROCK TRUCK LOADING
A-27 KILN D.C. DUST BIN
A-28 KILN WASTE LOADING
A-29 AUXILIARY SIZED CHEMICAL ROCK STOCKPILE

B-1 KILN 1 MAIN
B-5 KILN 2 MAIN
B-9a KILN 1 SCR
B-9b KILN 2 SCR
B-10 KILN 3 MAIN
B-11 KILN 3 SCR
B-12 COAL/LIME,
B-13 LIME HANDLI
B-16 MOBILE VACU
B-18 DUST TANK

C-1 LIME STORAG
C-2 HYDRATOR S
C-3 HYDRATE LA
C-4 HYDRATE SM
C-5 BIN VENT
C-6 HYDRATE TA
C-13 DRATE FE
C-14 KILN 8

D-7 ROLLER MILL
D-8 ROLLER MILL
D-9 ROLLER MILL
D-10 ROLLER MILL
D-11 ROLLER MILL
D-15 ROLLER MILL

Table 1

No. 4 Roller Mill/Dryer Test Results

Test Date: April 28, 1998 Fuel: Landfill Gas

Sampling Results	Units	Run 3	Run 4	Run 5	Average	Emission Factor (lb/ton ag lime) measured	permit
Sample time	minutes	60	60	60	60		
CO	ppmv	18.7	27.5	32.8	26.3		
	lb/hr	0.65	1.0	1.07	0.91	0.030	0.0213
NO_x	ppmv	1.3	0.4	0.0	0.6		
	lb/hr	0.07	0.03	0.0	0.03	0.0011	0.017
TGOC (total organic compounds)	ppmvC	19.2	21.9	24.2	21.8		
	lbC/hr	0.3	0.3	0.3	0.3		
	lb as propane/hr				0.4	0.0132	0.006 VOCs only
SO_2	ppmv	0.0	0.0	0.0	0.0		
	lb/hr	0.0	0.0	0.0	0.0(0.2)	0.0005	0.0042
O_2	%	19.5	19.4	19.6	19.5		
CO_2	%	1.1	1.2	1.2	1.2		
Source Parameters							
Flow rate, (actual)	acf/min	10,300	10,800	9,700	10,300		
Flow rate, (standard)	dscf/min	7,960	8,300	7,490	7,920		
Velocity	ft/min	1,480	1,550	1,390	1,470		
Stack Temperature	°F	174	175	175	175		
Moisture	%	6.7	7.1	6.9	6.9		
Process Parameters							
Production Rate (tons/hr)					30.5		
Landfill Gas Feed Rate (scf/hr)		6133	6000	6300	6144		
Assumed Heat Content (Btu/cf)					530		
Heating Rate (10^6 Btu/hr)		3.25	3.18	3.34	3.26		
Burner Temperature (°F)		630before	615	535after			

ADMINISTRATIVE INFORMATION

FORM AQ101
ANSWER SHEET

Type of Business (OAR 340-28-1750 Table 4 catagories)

40. Lime Mfg

FEE INFORMATION

SIC Code	Application Processing	Compliance Determination	SIC-Subtotal
3274	$3,054	—	$3,054

Standard Filing Fee: $98.00

Fee: _____

Fee: _____

Fee: _____

Fee: _____

TOTAL FEES: $3,152

RIVERGATE 8896

Checked CT [illegible]

V# 663761 Due Date 9.21.99

PO# 899 LDCC Date Rec'd 9.15.99

G. [illegible] Amount 3152.00

Discount Ø

Net Amount 3152.00

G/L# 08.73.6696.0000 $3152.00

FOR DEQ USE ONLY

Permit No. 26-1891

Application No.

Date Received

Type of Application:

EXT NEW RNW (MOD) SM

Ash Grove Cement Company

Legal Name as registered with Secretary of States office

13939 N Rivergate Blvd.

Mailing Address

Portland, OR 97203

City, State, Zip Code

503-286-1677

Area Code and Telephone Number

2. Facility Name (If different from 1.)

Ash Grove Cement Co. Rivergate Plant

Facility Name

13939 N Rivergate Blvd.

Mailing Address

Portland, OR. 97203

City, State, Zip Code

503-286-1677

Area Code and Telephone Number

3. Facility Location

Street Address (If different from Mailing Address)

City, Zip Code

County

4. Site Contact

Glenn Dollar Safety/Enviro Mngr

Name and Title of Contact Person at Site

503-286-1677

Area Code and Telephone Number

5. Government Facility Indicator

N/A

6. Other DEQ Permits

NPDES 100865

Signature

I hereby apply for permission to discharge air contaminants in the State of Oregon, as stated or described in this application, and certify that the information contained in this application, and the schedules and exhibits appended hereto, are true and correct to the best of my knowledge and belief.

Gary L. Wright

Name of official (Printed or Typed)

Plant Manager

Title of official

Gary Wright

Signature of official

09/16/99

Date (mm/dd/yy)

APPLICATION FEE INFORMATION ON REVERSE. TWO COPIES OF THE COMPLETED APPLICATION MUST BE SUBMITTED, WITH ALL FEES REQUIRED, TO THE DEPARTMENT BUSINESS OFFICE: 811 SW SIXTH AVENUE, PORTLAND, OREGON 97204

CONTINUED . . .

State of Oregon
Department of Environmental Quality

Emission Fees Report FORM 93-0
Total Assessable Emissions: Regulated Pollutant Summary

(1) FACILITY NAME: ASH GROVE CEMENT COMPANY - RIVERGATE LIME PLANT

(2) ACDP #: 26-1891

(3) MAILING ADDRESS: P.O. BOX 83007

PORTLAND, OREGON 97203

(4) CONTACT PERSON: AL COLLINET

TELEPHONE: 503-286-1677

(5) SOURCE LOCATION: 13939 N. RIVERGATE BLVD. PORTLAND, OREGON 97283

(6) REGULATED POLLUTANT	(7) TOTAL ASSESSABLE EMISSION, TON/YR
PM_{10}	96.54
TSP	-----
SO_2	15.27
NO_X (as NO_2)	96.62
TRS (as H_2S)	
F	
Pb	
VOC	1.25
VOC-C_3H_8 (Propane)	
VOC-other	
Other	
TOTAL ASSESSABLE EMISSIONS	TONS/YEAR 209.68

(8)

I herby certify that the information contained in these forms and data appended hereto are true and correct to the best of my knowledge and belief.

ALBERT A. COLLINET — Name of owner or legally authorized representative

PLANT MANAGER — (Title)

Albert A. Collinet 1/19/94

(Signature) (Date)

rev 12/10/93

ASH GROVE CEMENT COMPANY
RIVERGATE LIME PLANT
PERMIT #26-1
Form 93-1

(1) ASSESSABLE EMISSION NUMBER	(2) EMISSION POINT/AREA	(3) REGULATED POLLUTANT	(4) TOTAL ASSESSABLE EMISSIONS, TON/YEAR	(5) METHOD ELECTED	(6) REFERENCE
3-C-5	Hyd. Loading Baghouse	PM 10	.05	1	See attached Permit - Page 2 Dated 7/1/93
3-C-4	Hyd.Bag Dust Collector	PM 10	6.95	1	Same
3-C-3	Hyd. Dust Collector	PM 10	1.22	1	Same
3-C-2	Hydrator	PM 10	.50	1	Same
3-B-2, 3-B-6	#1 & 2 Cooler Cyclones	PM 10	29.18	1	Same
3-C-1	Crusher Bldg. Baghouse	PM 10	6.68	1	Same
3-B-1, 3-B-3, 3-B-4, 3-B-5, 3-B-7, 3-B-8	#1 and #2 Kilns	PM 10	18.00	1	Same
3-B-10	#3 Kiln	PM 10	25.54	1	Same
3-B-11	Coal Pulv. Baghouse	PM 10	2.67	1	Same
3-B-12	Coal Bin Baghouse	PM 10	.03	1	Same
3-C-7, 3-C-8, 3-C-9	#1, 2, & 3, Roller Mill	PM 10	5.25	1	Same
3-C-10, 3-C-11	Storage/Loading Baghouse	PM 10	.47	1	Same
TOTAL		PM 10	96.54		
3-B-1, 3-B-5	#1 & 2 Kiln	SO2	7.35	1	Same
3-B-10	#3 Kiln	SO2	7.92	1	Same
TOTAL		SO2	15.27		Same

ASH GROVE CEMENT COMPANY
RIVERGATE LIME PLANT
PERMIT #26-1891
Form 93-1

(1) ASSESSABLE EMISSION NUMBER	(2) EMISSION POINT/AREA	(3) REGULATED POLLUTANT	(4) TOTAL ASSEMBLE EMISSIONS, TON/YEAR	(5) METHOD ELECTED	(6) REFERENCE
3-B-1	Kiln #1	NOX	21.83	1	See Attached Permit Application Pages 25 & 26 as Amended Dec. 8, 1993.
3-B-5	Kiln #2	NOX	16.92	1	Same
3-B-10	Kiln #3	NOX	45.85	1	Same
3-C-7, 3-C-8, 3-C-9	Ag Mills	NOX	12.02	1	Same
TOTAL		NOX	96.62		Same
3-B-1, 3-B-5, 3-B-10	Kilns	VOC	1.00		Same
3-C-7, 3-C-8, 3-C-9	Ag Mills	VOC	.25		Same
TOTAL		VOC	1.25		Same

Performance Standards and Emission Limits

1. Particulate and sulfur dioxide emissions from the sources listed shall not exceed any of the following:

Source	Opacity (1)	Loading (2)	Particulate T/yr (3)	Sulfur Dioxide #/hr (4)	Sulfur Dioxide T/yr (5)
Hydrate loading baghouse	10%	0.02	0.05	---	---
Hydrate bag dust collector	10%	0.02	6.95	---	---
Hydrate dust collector	10%	0.02	1.22	---	---
Hydrator	20%	0.1	0.50	---	---
No. 1 & 2 Cooler cyclones	20%	0.1	29.18	---	---
Crusher building baghouse	10%	0.02	6.68	---	---
No. 1 & 2 kiln	10%	0.03	18.00	1.86	7.35
No. 3 kiln	10%	0.03	25.54	2.25	7.92
Coal pulverizer baghouse	10%	0.02	2.67	---	---
Coal bin baghouse	10%	0.02	0.03	---	---
No. 1, 2, & 3 roller mill Baghouses	10%	0.02	5.25	---	---
Storage/loading baghouse	10%	0.02	0.47	---	---

(1) Opacity which shall not be equalled or exceeded for a period aggregating more than thirty (30) seconds in any one (1) hour.
(2) Loading means grains per standard cubic foot.
(3) T/yr means tons particulate per year.
(4) #/hr means pounds SO_2 per hour.
(5) T/yr means tons SO_2 per year.

2. The permittee shall at all times maintain and operate all air contaminant generating processes and all contaminant control equipment at full efficiency and effectiveness, such that the emissions of air contaminants are kept at the lowest practicable levels.

3. Particulate matter which is larger than 250 microns and which may be deposited upon the real property of another person shall not be emitted.

4. The permittee shall minimize fugitive dust emissions by:

   a. Paving or otherwise treating vehicular traffic areas of the plant site under the control of the permittee.
   b. Storing collected material from air pollution control equipment in a covered container or other method equally effective in preventing the material from becoming airborne during storage and transfer.

Plant Site Emission Limit (PSEL)

5a. Emissions of particulate on a plant site basis shall not exceed 26.43 pounds per hour or 96.54 tons per year.

5b. Emissions of sulfur dioxide on a plant site basis shall not exceed 4.11 pounds per hour or 15.27 tons per year.

Emission Reduction Plan

6. The permittee shall implement the following emission reduction plan when so notified by the Department:

Emission Points	ANTICIPATED Production Rates	Contaminants Emitted	Emission Factors Rate	Reference	Emissions lbs/hr	Emissions tons/y
KILN #1 (09-165) 3-B-1 GAS	169,586 MCF/YEAR	NOx	140 LB/10^6 CU. FT.	DEQ EMISSION FACTOR BOILERS	VARIES DEPENDS ON FUEL COMBUSTION USED.	11.87
OIL	362,354 GAL/YEAR	"	55 LBS/10^3 GAL	"	"	9.96
COAL	-0-	"	NA	"	"	NA
KILN #2 (09-265) 3-B-5 GAS	141,200 MCF/YEAR	"	140 LB/10^6 CU. FT.	"	"	9.89
OIL	255,744 GAL/YEAR	"	55 LBS/10^3 GAL	"	"	7.03
KILN #3 (09-565) 3-B-10 GAS	234,313 MCF/YEAR	"	140 LBS/10^6 CU. FT.	"	"	16.40
OIL	1,071,015 GAL/YEAR	"	55 LBS/10^3 GAL	"	"	29.45
COAL	-0-	"	NA	"	"	NA
**** ROLLER MILLS GAS 3-C-7 & 3-C-8 & 3-C-9	6,441 MCF/YEAR	"	100 LB/10^6 CU. FT.	"	"	.32
*** OIL	425,424 GAL/YEAR	"	55 LBS/10^3 GAL.	"	"	11.7
	TOTAL NOx					96.62 TONS/YEAR
KILN #1 (09-165) 3-B-1 GAS	169,586 MCF/YEAR	CO	35 LBS/10^6 CU. FT.	"	VARIES DEPENDS ON FUEL CONSUMPTION USED	2.96
OIL	362,354 GAL/YEAR	"	5 LBS/10^3 GAL	"	"	.90
KILN #2 (09-265) 3-B-5 GAS	141,200 MCF/YEAR	"	35 LBS/10^6 CU. FT.	"	"	2.47
OIL	255,744 GAL/YEAR	"	5 LBS/10^3 GAL	"	"	.63
KILN #3 (09-565) 3-B-10	234,313 MCF/YEAR	"	35 LBS/10^6 CU, FT.	"	"	4.10
OIL	1,071,015 GAL/YEAR	"	5 LBS/10^3 GAL	"	"	2.68
*** ROLLER MILLS GAS 3-C-7 & 3-C-8 & 3-C-9	6,441 MCF/GAS	"	20 LBS/10^6 CU. FT.	"	"	.06
*** OIL	425,424 GAL/YEAR		5 LBS/10^3 GAL		"	1.06
** TOTAL CO						14.86

(Please make additional copies of this form as needed and/or attach supporting materials.)

MISC\FORM 1

Appendix58-000489

Emission Points	ANTICIPATED Production Rates	Contaminants Emitted	Emission Factors		Emissions	
			Rate	Reference	lbs/hr	tons/yr
KILN #1 (09-165) 3-B-1 GAS	169,586 MCF/YEAR	VOC	2.8 LBS/ 10^6 CU. FT.	DEQ EMISSION FACTOR BOILERS	VARIES DEPENDS ON FUEL COMBUSTION USED	.24
OIL	362,354 GAL/YEAR	"	.28 LBS/10^3 GAL	"	"	.05
KILN #2 (09-265) 3-B-5 GAS	141,200 MCF/YEAR	"	2.8 LBS/10^6 CU. FT.	"	"	.19
OIL	255,744 GAL/YEAR	"	.28 LBS/10^3 GAL	"	"	.04
KILN #3 (09-565) 3-B-10 GAS	234,313 MCF/YEAR	"	2.8 LBS/10^6 CU. FT.	"	"	.33
OIL	1,071,015 GAL/YEAR	"	.28 LBS/10^3 GAL	"	"	.15
*** ROLLER MILLS GAS 3-C-7 & 3-C-8 & 3-C-9 (61-111 & 64-211 & 64-311)	6,441 MCF/YEAR	"	5.3 LBS/10^6 CU. FT.	"	"	.19
*** OIL	923,424 GAL/YEAR	"	.28 LBS/10^3 GAL.	"	"	.06
*** TOTAL VOC						1.25 TONS/YEAR

(Please make additional copies of this form as needed and/or attach supporting materials.)

MISC/FORM 1

Appendix58-000490

Notice: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $1,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $200,000 as provided in 49 USC 1678.

Form Approved
OMB No. 2137-0522

U.S. Department of Transportation
Research and Special Programs Administration

ANNUAL REPORT FOR CALENDAR YEAR 2001
GAS TRANSMISSION & GATHERING SYSTEMS

3-12-02

INITIAL REPORT ☒
SUPPLEMENTAL REPORT ☐

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office of Pipeline Safety Web Page at* http://ops.dot.gov.

20021179.1293

PART A - OPERATOR INFORMATION | **DOT USE ONLY**

1. NAME AND COMPANY OR ESTABLISHMENT
Ash Grove Cement Company

4. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER
(When Known) 3 1 6 2 4 X

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED
6720 S.W. Macadam Avenue #300
Number & Street
Portland, Multnomah
City & County
Oregon 97219-2312
State & Zip Code

5. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT
8900 Indian Creek Parkway, Suite 600
P.O. Box 25900
Number & Street
Overland Park, Johnson
City & County
Kansas 66225
State & Zip Code

3. STATE IN WHICH SYSTEM OPERATES: / O/R / *(provide a separate report for each state in which system operates)*

PART B - SYSTEM DESCRIPTION Report miles of pipeline in system at end of year.

1. GENERAL - MILES OF PIPELINE IN THE SYSTEM AT END OF YEAR THAT ARE JURISDICTIONAL TO OPS

	STEEL				CAST IRON WROUGHT IRON PIPE	PLASTIC PIPE	OTHER PIPE
	CATHODICALLY PROTECTED		UNPROTECTED				
	BARE	COATED	BARE	COATED			
TRANSMISSION ONSHORE						1	
OFFSHORE							
GATHERING ONSHORE							
OFFSHORE							
SYSTEM TOTALS						1	

2. MILES OF PIPE BY NOMINAL SIZE

	UNKNOWN	4" OR LESS	OVER 4" THRU 10"	OVER 10" THRU 20"	OVER 20" THRU 28"	OVER 28"
TRANSMISSION ONSHORE			1			
OFFSHORE						
GATHERING ONSHORE						
OFFSHORE						
SYSTEM TOTALS			1			

3. MILES OF PIPE BY DECADE OF INSTALLATION

	UN-KNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	TOTAL
TRANSMISSION ONSHORE								1		
OFFSHORE										
GATHERING ONSHORE										
OFFSHORE										
SYSTEM TOTALS								1		

4. MILES OF PIPE BY CLASS LOCATION

	CLASS 1	CLASS 2	CLASS 3	CLASS 4	TOTAL
TRANSMISSION ONSHORE	1				
OFFSHORE		N/A	N/A	N/A	
GATHERING ONSHORE					
OFFSHORE		N/A	N/A	N/A	
SYSTEM TOTALS	1				

Form RSPA F 7100.2-1 (01-2002)

Continue on Reverse Side

Reproduction of this form is permitted.

Notice: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $1,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $200,000 as provided in 49 USC 1678. Form Approved OMB No. 2137-0522

U.S. Department of Transportation
Research and Special Programs Administration

ANNUAL REPORT FOR CALENDAR YEAR 20 02
GAS TRANSMISSION & GATHERING SYSTEMS

INITIAL REPORT ☑
SUPPLEMENTAL REPORT ☐

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office of Pipeline Safety Web Page at* http://ops.dot.gov.

PART A - OPERATOR INFORMATION

DOT USE ONLY

1. NAME AND COMPANY OR ESTABLISHMENT
Ash Grove Cement Company

4. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER
(When Known) 3 1 6 2 4

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED
13939 N. Rivergate Blvd
Number & Street
Portland, Multnomah
City & County
OR 97203
State & Zip Code

5. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT
8900 Indian Creek Parkway Suite 600, PO Box 25900
Number & Street
Overland Park, Johnson
City & County
Kansas 66225
State & Zip Code

3. STATE IN WHICH SYSTEM OPERATES: OR *(provide a **separate** report for each state in which system operates)*

PART B - SYSTEM DESCRIPTION

Report miles of pipeline in system at end of year.

1. GENERAL - MILES OF PIPELINE IN THE SYSTEM AT END OF YEAR THAT ARE JURISDICTIONAL TO OPS

	STEEL				CAST IRON WROUGHT IRON PIPE	PLASTIC PIPE	OTHER PIPE
	CATHODICALLY PROTECTED -		UNPROTECTED				
	BARE	COATED	BARE	COATED			
TRANSMISSION ONSHORE						1	
TRANSMISSION OFFSHORE							
GATHERING ONSHORE							
GATHERING OFFSHORE							
SYSTEM TOTALS						1	

2. MILES OF PIPE BY NOMINAL SIZE

	UNKNOWN	4" OR LESS	OVER 4" THRU 10"	OVER 10" THRU 20"	OVER 20" THRU 28"	OVER 28"
TRANSMISSION ONSHORE			1			
TRANSMISSION OFFSHORE						
GATHERING ONSHORE						
GATHERING OFFSHORE						
SYSTEM TOTALS			1			

3. MILES OF PIPE BY DECADE OF INSTALLATION

	UN-KNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	TOTAL
TRANSMISSION ONSHORE								1		
TRANSMISSION OFFSHORE										
GATHERING ONSHORE										
GATHERING OFFSHORE										
SYSTEM TOTALS								1		

4. MILES OF PIPE BY CLASS LOCATION

	CLASS 1	CLASS 2	CLASS 3	CLASS 4	TOTAL
TRANSMISSION ONSHORE	1				
TRANSMISSION OFFSHORE		N/A	N/A	N/A	
GATHERING ONSHORE					
GATHERING OFFSHORE		N/A	N/A	N/A	
SYSTEM TOTALS	1				

Continue on Reverse Side

Reproduction of this form is permitted.

PART C – TOTAL LEAKS ELIMINATED/REPAIRED DURING YEAR

CAUSE OF LEAK	TRANSMISSION		GATHERING	
	ONSHORE	OFFSHORE	ONSHORE	OFFSHORE
CORROSION	0		0	
NATURAL FORCES	0		0	
EXCAVATION	0		0	
OTHER OUTSIDE FORCE DAMAGE	0		0	
MATERIAL AND WELDS	0		0	
EQUIPMENT AND OPERATIONS	0		0	
OTHER	0		0	

PART D - TOTAL NUMBER OF LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

1. TRANSMISSION
   - ONSHORE 0
   - OFFSHORE
   - OUTER CONTINENTAL SHELF
2. GATHERING
   - ONSHORE 0
   - OFFSHORE
   - OUTER CONTINENTAL SHELF

PART E - NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

1. TRANSMISSION 0
2. GATHERING 0

PART F - PREPARER AND AUTHORIZED SIGNATURE

Gary Wright Plant Manager
(type or print) Preparer's Name and Title

503-286-1677
Area Code and Telephone Number

gary.wright@ashgrove.com
Preparer's E-mail Address

503-289-2272
Area Code and Facsimile Number

Gary Wright
Authorized Signature

(type or print) Name and Title

1/14/03
Date

Area Code and Telephone Number

Form RSPA F 7100.2-1 (01-2002)

otice: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $1,000 for each violation r each day that such violation persists except that the maximum civil penalty shall not exceed $200,000 as provided in 49 USC 1678. Form Approved OMB No. 2137-0522

U.S. Department of Transportation
Research and Special Programs Administration

ANNUAL REPORT FOR CALENDAR YEAR 20 03
GAS TRANSMISSION & GATHERING SYSTEMS

INITIAL REPORT ☑
SUPPLEMENTAL REPORT ☐

NSTRUCTIONS

nportant: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office of Pipeline Safety Web Page at* http://ops.dot.gov.

RT A - OPERATOR INFORMATION

DOT USE ONLY

1. NAME AND COMPANY OR ESTABLISHMENT
Ash Grove Cement Company

4. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER
(When Known) 13162 14

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED
13939 N Rivergate Blvd
Number & Street
Portland, Multnomah
City & County
OR 97203
State & Zip Code

5. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT
11011 Cody Street
P.O. Box 25900
Number & Street
Overland Park, Johnson
City & County
KS 66225
State & Zip Code

3. STATE IN WHICH SYSTEM OPERATES: OR *(provide a **separate** report for each state in which system operates)*

PART B - SYSTEM DESCRIPTION Report miles of pipeline in system at end of year.

1. GENERAL - MILES OF PIPELINE IN THE SYSTEM AT END OF YEAR THAT ARE JURISDICTIONAL TO OPS

	STEEL				CAST IRON WROUGHT IRON PIPE	PLASTIC PIPE	OTHER PIPE
	CATHODICALLY PROTECTED		UNPROTECTED				
	BARE	COATED	BARE	COATED			
TRANSMISSION ONSHORE						1	
OFFSHORE							
GATHERING ONSHORE							
OFFSHORE							
SYSTEM TOTALS						1	

2. MILES OF PIPE BY NOMINAL SIZE

	UNKNOWN	4" OR LESS	OVER 4" THRU 10"	OVER 10" THRU 20"	OVER 20" THRU 28"	OVER 28"
TRANSMISSION ONSHORE			1			
OFFSHORE						
GATHERING ONSHORE						
OFFSHORE						
SYSTEM TOTALS			1			

3. MILES OF PIPE BY DECADE OF INSTALLATION

	UNKNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	TOTAL
TRANSMISSION ONSHORE								1		
OFFSHORE										
GATHERING ONSHORE										
OFFSHORE										
SYSTEM TOTALS								1		

4. MILES OF PIPE BY CLASS LOCATION

	CLASS 1	CLASS 2	CLASS 3	CLASS 4	TOTAL
TRANSMISSION ONSHORE	1				
OFFSHORE		N/A	N/A	N/A	
GATHERING ONSHORE					
OFFSHORE		N/A	N/A	N/A	
SYSTEM TOTALS	1				

Continue on Next Page

Reproduction of this form is permitted.

PART C – TOTAL LEAKS ELIMINATED/REPAIRED DURING YEAR

CAUSE OF LEAK	TRANSMISSION		GATHERING	
	ONSHORE	OFFSHORE	ONSHORE	OFFSHORE
CORROSION	0		0	
NATURAL FORCES	0		0	
EXCAVATION	0		0	
OTHER OUTSIDE FORCE DAMAGE	0		0	
MATERIAL AND WELDS	0		0	
EQUIPMENT AND OPERATIONS	0		0	
OTHER	0		0	

PART D - TOTAL NUMBER OF LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

1. TRANSMISSION
   - ONSHORE 0
   - OFFSHORE
   - OUTER CONTINENTAL SHELF
2. GATHERING
   - ONSHORE 0
   - OFFSHORE
   - OUTER CONTINENTAL SHELF

PART E - NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

1. TRANSMISSION 0
2. GATHERING 0

PART F - PREPARER AND AUTHORIZED SIGNATURE

Gary Wright Plant Manager
(type or print) Preparer's Name and Title

503-286-1677
Area Code and Telephone Number

gary.wright@ashgrove.com
Preparer's E-mail Address

503-289-2272
Area Code and Facsimile Number

Gary Wright
Name and Title of Person Signing

503-286-1677
Area Code and Telephone Number

Gary Wright
Authorized Signature

(type or print) Name and Title

4/19/04
Date

Form RSPA F 7100.2-1 (12/03)

Notice: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed $1,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $200,000 as provided in 49 USC 1678. Form Approved OMB No. 2137-0522

U.S. Department of Transportation
Research and Special Programs Administration

ANNUAL REPORT FOR CALENDAR YEAR 2004
GAS TRANSMISSION & GATHERING SYSTEMS

INITIAL REPORT ☑
SUPPLEMENTAL REPORT ☐

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office of Pipeline Safety Web Page at* http://ops.dot.gov.

PART A - OPERATOR INFORMATION

DOT USE ONLY

1. NAME AND COMPANY OR ESTABLISHMENT
Ash Grove Cement Company

4. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER
(When Known) 31624

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED
13939 N Rivergate Blvd
Number & Street
Portland, Multnomah
City & County
Portland, OR 97203
State & Zip Code

5. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT
11011 Cody Street P.O 25900
Number & Street
Overland Park, Johnson
City & County
KS 66225
State & Zip Code

3. STATE IN WHICH SYSTEM OPERATES: OR *(provide a **separate** report for each state in which system operates)*

PART B - SYSTEM DESCRIPTION

Report miles of pipeline in system at end of year.

1. GENERAL - MILES OF PIPELINE IN THE SYSTEM AT END OF YEAR THAT ARE JURISDICTIONAL TO OPS

	STEEL				CAST IRON WROUGHT IRON PIPE	PLASTIC PIPE	OTHER PIPE
	CATHODICALLY PROTECTED		UNPROTECTED				
	BARE	COATED	BARE	COATED			
TRANSMISSION ONSHORE						1	
OFFSHORE							
GATHERING ONSHORE							
OFFSHORE							
SYSTEM TOTALS						1	

2. MILES OF PIPE BY NOMINAL SIZE

	UNKNOWN	4" OR LESS	OVER 4" THRU 10"	OVER 10" THRU 20"	OVER 20" THRU 28"	OVER 28"
TRANSMISSION ONSHORE			1			
OFFSHORE						
GATHERING ONSHORE						
OFFSHORE						
SYSTEM TOTALS			1			

3. MILES OF PIPE BY DECADE OF INSTALLATION

	UNKNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	TOTAL
TRANSMISSION ONSHORE								1		
OFFSHORE										
GATHERING ONSHORE										
OFFSHORE										
SYSTEM TOTALS								1		

4. MILES OF PIPE BY CLASS LOCATION

	CLASS 1	CLASS 2	CLASS 3	CLASS 4	TOTAL
TRANSMISSION ONSHORE	1				
OFFSHORE		N/A	N/A	N/A	
GATHERING ONSHORE					
OFFSHORE		N/A	N/A	N/A	
SYSTEM TOTALS	1				

Continue on Next Page

Reproduction of this form is permitted.

PART C – TOTAL LEAKS ELIMINATED/REPAIRED DURING YEAR

CAUSE OF LEAK	TRANSMISSION		GATHERING	
	ONSHORE	OFFSHORE	ONSHORE	OFFSHORE
CORROSION	0		0	
NATURAL FORCES	0		0	
EXCAVATION	0		0	
OTHER OUTSIDE FORCE DAMAGE	0		0	
MATERIAL AND WELDS	0		0	
EQUIPMENT AND OPERATIONS	0		0	
OTHER	0		0	

PART D - TOTAL NUMBER OF LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

1. TRANSMISSION
   - ONSHORE 0
   - OFFSHORE
   - OUTER CONTINENTAL SHELF
2. GATHERING
   - ONSHORE 0
   - OFFSHORE
   - OUTER CONTINENTAL SHELF

PART E - NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

1. TRANSMISSION 0
2. GATHERING 0

PART F - PREPARER AND AUTHORIZED SIGNATURE

Gary Wright Plant Manager
(type or print) Preparer's Name and Title

503 286 1677
Area Code and Telephone Number

gary.wright@ashgrove.com
Preparer's E-mail Address

503 289 2272
Area Code and Facsimile Number

Gary Wright
Name and Title of Person Signing

503 286 1677
Area Code and Telephone Number

Gary Wright
Authorized Signature

(type or print) Name and Title

1/13/05
Date

Form RSPA F 7100.2-1 (12/03)

BUSINESS CONFIDENTIAL
OP-65-3
(REV. 9/93)

EMISSION NOTIFICATION AND COMPLAINT REPORT
ASH GROVE CEMENT - PORTLAND TERMINAL

If additional space is needed, use back of this form.

NOTIFICATION REPORT

DATE: 3-1-95 EMISSION-TYPE: DUST TIME STARTED: 2:55 PM STOPPED: 3:01 PM
SOURCE: RECEIVING PIT DUST FILTER
REPORTED TO: JIM BROAD, D.E.Q. TIME REPORTED: 3:05 PM
IMMEDIATE ACTION TAKEN TO STOP EMISSION: SHUT DOWN DUST FILTER, WAIT FOR DUST TO SETTLE INSIDE BEFORE OPENING TO INSPECT

EXTEND BEYOND PLANT BOUNDARIES? NO DIRECTION: NORTH TO SOUTH
DETAIL CAUSE OF EMISSION: DUST COLLECTOR BAG CAME OFF FRAME DUE TO SLIPPED BAG CLAMP.

ACTION TAKEN TO PREVENT A REOCCURRENCE: REPLACED BAG CLAMP WITH A NEW CLAMP

LIST OTHERS NOTIFIED: NATE FERNOW

EMISSION COMPLAINT RECEIVED

DATE: _____ TIME: _____
NAME: _____ TELEPHONE: _____
ADDRESS: _____ TELEPHONE: _____
CITY: _____ ZIP: _____ PRESENT LOCATION: _____
DESCRIPTION OF COMPLAINT: _____

OBSERVED FROM: _____
INFORMATION REQUESTED: _____
INFORMATION PROVIDED: _____
CALL BACK REQUESTED: _____ CALL
DESCRIBE CALLER'S ATTITUDE: _____
COMMENTS: _____

Post-It™ brand fax transmittal memo 7671 | # of pages ▸

To	From
JERRY BROWN	STAN WEBB
Co. AGC SEA	Co. AGC PORT
Dept. ENVIRONMENT	Phone # 503-285-9153
Fax # 206-623-5355	Fax #

PLANT OPERATIONAL STATUS: _____

WEATHER DATA

PRIOR 24 HOUR PERIOD
TEMP: MAX 50°F MIN 30°F PRECIPITATION 0
AT TIME OF COMPLAINT/NOTIFICATION
WEATHER CONDITION: CLEAR WIND DIRECTION: NORTH TO SOUTH

REPORT PREPARED BY: Stanley A. Webb
TITLE: TERMINAL MANAGER

BUSINESS CONFIDENTIAL **EMISSION**

OP-65-3 **NOTIFICATION AND COMPLAINT REPORT**

(REV. 9/93) **ASH GROVE CEMENT - PORTLAND TERMINAL** If additional space is needed, use back of this form.

NOTIFICATION REPORT

DATE: 9-3-96 EMISSION-TYPE: DUST TIME STARTED: 7:35PM STOPPED: 7:40PM

SOURCE: PRODUCT DISCHARGE LINE OF PNEUMATIC BULK TRUCK TANK

REPORTED TO: DAVE NORDBERG D.E.Q. NW DIV. TIME REPORTED: 12:00 PM 9-4-96

IMMEDIATE ACTION TAKEN TO STOP EMISSION: INSTRUCTED TRUCK DRIVER TO SHUT DOWN UNLOADING EQUIPMENT AND CORRECT THE PROBLEM.

EXTEND BEYOND PLANT BOUNDARIES? UNKNOWN DIRECTION: SOUTH

DETAIL CAUSE OF EMISSION: GRESHAM TRANSFER PNEUMATIC UNLOADING EQUIPMENT NOT OPERATING PROPERLY.

ACTION TAKEN TO PREVENT A REOCCURRENCE: LETTER WAS WRITTEN TO GRESHAM TRANSFER ADVISING, IF SIMILAR CONDITIONS RECUR, THE DRIVER WILL BE INFORMED HE CANNOT UNLOAD HERE UNTIL THE CONDITION IS CORRECTED.

LIST OTHERS NOTIFIED: HENRIK VOLDBAEK, ROGER WEBER

EMISSION COMPLAINT RECEIVED

DATE: _____ TIME: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ ZIP: _____ PRESENT LOCATION: _____

DESCRIPTION OF COMPLAINT: _____

OBSERVED FROM: _____ ME: _____

INFORMATION REQU _____

INFORMATION PROV _____

CALL BACK REQUES _____ REFUSED _____

DESCRIBE CALLER'S ATTITUDE: _____

COMMENTS: _____

PLANT OPERATIONAL STATUS: _____

Post-it™ brand fax transmittal memo 7671 # of pages ▸

To JERRY BROWN	From STAN WEBB
Co. AGC SEA	Co. AGC PDX
Dept. SAFETY	Phone # 503-285-9153
Fax # 206-623-5355	Fax # 503-285-7814

WEATHER DATA

PRIOR 24 HOUR PERIOD

TEMP: MAX 72°F MIN 56°F PRECIPITATION 0

AT TIME OF COMPLAINT/NOTIFICATION

WEATHER CONDITION: CLOUDY WIND DIRECTION: NORTH TO SOUTH

REPORT PREPARED BY: Stanley D. Webb

TITLE: TERMINAL MANAGER

BUSINESS CONFIDENTIAL
OP-65-3
(REV. 9/93)

EMISSION
NOTIFICATION AND COMPLAINT REPORT
ASH GROVE CEMENT - PORTLAND TERMINAL

If additional space is needed, use back of this form.

NOTIFICATION REPORT

DATE: 10-8-96 EMISSION-TYPE: DUST TIME STARTED: 1550 HRS STOPPED: 1551 HRS
SOURCE: DISCHARGE HOSE ON GRESHAM TRANSFER TRUCK
REPORTED TO: STANLEY WEBB TIME REPORTED: 1551 HRS.
IMMEDIATE ACTION TAKEN TO STOP EMISSION: INSTRUCTED DRIVER OF GRESHAM TRANSFER TRUCK TO DISCONTINUE DISCHARGE, UNTIL REPAIR WAS COMPLETED.

EXTEND BEYOND PLANT BOUNDARIES? UNKNOWN DIRECTION: FROM NORTH TO SOUTH
DETAIL CAUSE OF EMISSION: PRESSURE HOSE TO DISCHARGE POD OF PNEUMATIC BULK DELIVERY TANK DEVELOPED A LEAK AND THE DRIVER COULD NOT COMPLETE DISCHARGE OF THE PRODUCT. HE DISCONNECTED THE PRODUCT HOSE FROM THE SILO CEMENT CONVEY PIPE LINE, ALLOWING AIR PRESSURE IN THE BULK DELIVERY TANK TO BLOW CEMENT OUT OF THE TANK, POD AND HOSE.
ACTION TAKEN TO PREVENT A REOCCURRENCE: ORDERED DRIVER TO STOP DISCHARGE AND TAKE HIS EQUIPMENT TO HIS SHOP FOR REPAIR.

LIST OTHERS NOTIFIED: DAVE WALL, AIR QUALITY DUTY OFFICER AT D.E.Q.

EMISSION COMPLAINT RECEIVED

DATE: N/A TIME: N/A
NAME: NONE TELEPHONE:
ADDRESS: TELEPHONE:
CITY: ZIP: PRESENT LOCATION:
DESCRIPTION OF COMPLAINT:

OBSERVED FROM: TIME:
INFORMATION REQUESTED:

INFORMATION PROVIDED:

CALL BACK REQUESTED: CALL BACK OFFERED: ACCEPTED REFUSED
DESCRIBE CALLER'S ATTITUDE:
COMMENTS:

PLANT OPERATIONAL STATUS:

WEATHER DATA

PRIOR 24 HOUR PERIOD
TEMP: MAX 83°F MIN 58°F PRECIPITATION 0
AT TIME OF COMPLAINT/NOTIFICATION
WEATHER CONDITION: CLEAR SUNNY WIND DIRECTION: NORTH TO SOUTH

REPORT PREPARED BY: Stanley R Webb
TITLE: TERMINAL MANAGER

Figure 2C. EPCRA Section 313 Reporting Threshold Worksheet for PBT Chemicals with 10 Pound Thresholds

Facility Name: Ash Grove Cement Company
EPCRA Section 313 Chemical or Chemical Category: Mercury Compounds
CAS Registry Number: N 458
Reporting Year: 2001

Date Worksheet Prepared: _____
Prepared By: Glenn Dollar

Amounts of the EPCRA Section 313 chemical or chemical category manufactured, processed, or otherwise used.

Mixture Name or Other Identifier	Information Source	Total Weight (lb)	Percent EPCRA Section 313 Chemical by Weight	EPCRA Section 313 Chemical Weight (lb)	Amount of the EPCRA Section 313 Chemical or Chemical Category by Activity (lb.): Manufactured	Processed	Otherwise Used
1. Limestone by Barge-received	year end report to DEQ	954,514,000	0.041 ppm	39.1 lbs			
2. Waste Oil	year end report to DEQ	5,680,359	0.608 ppm	3.5 lbs			
3.							
4.							
Subtotal:					(A)_____ lb	(B)_____ lb	(C)_____ lb

Exempt quantity of the EPCRA Section 313 chemical or chemical category that should be excluded.

Mixture Name as Listed Above	Applicable Exemption (articles, facility, activity)[1]	Fraction or Percent Exempt (if Applicable)	Amount of the EPCRA Section 313 Chemical Exempt from Above (lb): Manufactured	Processed	Otherwise Used
1.					
2.					
3.					
4.					
Subtotal:			(A_1)_____ lb	(B_1)_____ lb	(C_1)_____ lb

Amount subject to threshold: (A-A_1)_____ lb (B-B_1)_____ lb (C-C_1)_____ lb

Compare to threshold for EPCRA section 313 reporting. 10 lb 10 lb 10 lb

If any threshold is exceeded, reporting is required for all activities. Do not submit this worksheet with Form R; retain it for your records.

[1] Note: Chemicals listed as PBT are not eligible for the *de minimis* exemption.

Limestone by Barge Gf Dollar 2002 Report For Reporting year 2001

~~Default~~ Joshuaadl

439,412
37,845 + dolomite
477,257 x 2000 = 954,514,000
x0.041
39,135,074.0 / 1,000,000 = 39.1 lbs Hg

Waste Oil

765,547 gal x 7.42 lbs/gal = 5,680,359 lbs x 0.608 ppm Hg =

3,453,658 / 1,000,000 = 3.5 lbs Hg

Emissions:

Stack Kiln:

85,287 x 1.50E-05 Hg emitted / ton lime

1.2793 lbs

1.3 lbs

Fugitive Emissions:

55.56 tons x 2000 = 111,120 lbs x 0.041 = 4556 / 1,000,000 =

.0046 lbs = 0

EPA FORM R

United States Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]
For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright	Gary Wright	6/26/01

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: New Facility

Facility or Establishment Name: Ash Grove Cement Company

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 13939 N. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland/Multnomah/Oregon/97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable)
a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	Gary Wright	Telephone Number (include area code): 503-286-1677
4.4	Public Contact Name	Gary Wright	Telephone Number (include area code): 503-286-1677

4.5 SIC Code (s) (4 digits)

Primary					
a. 3274	b.	c.	d.	e.	f.

4.6 Latitude / Longitude

Latitude Degrees	Latitude Minutes	Latitude Seconds	Longitude Degrees	Longitude Minutes	Longitude Seconds
47	37	19	122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 00-902-4415	a. ORD027707256	a. OR0001601	a.
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	00-902-4415

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A.1c	7A.1d %	7A.1e Yes ☐ No ☐
7A.2a	7A.2b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A.2c	7A.2d %	7A.2e Yes ☐ No ☐
7A.3a	7A.3b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A.3c	7A.3d %	7A.3e Yes ☐ No ☐
7A.4a	7A.4b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A.4c	7A.4d %	7A.4e Yes ☐ No ☐
7A.5a	7A.5b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A.5c	7A.5d %	7A.5e Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box : ☐ **(example: 1,2,3, etc)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ] 4 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ]

6. [ ] 7. [ ] 8. [ ] 9. [ ] 10. [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***		5.191		
8.2	Quantity used for energy recovery onsite		0		
8.3	Quantity used for energy recovery offsite		0		
8.4	Quantity recycled onsite		0		
8.5	Quantity recycled offsite		0		
8.6	Quantity treated onsite		0		
8.7	Quantity treated offsite		0		
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		0		
8.9	Production ratio or activity index				

8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES ☐ NO ☒

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

EPA FORM R

United States Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms)
[X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright		

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: New Facility

Facility or Establishment Name: Ash Grove Cement Company

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 13939 N. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland, Multnomah, Oregon, 97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable)
a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	Gary Wright	Telephone Number (include area code): 503-286-1677
4.4	Public Contact Name	Gary Wright	Telephone Number (include area code): 503-286-1677

4.5 SIC Code (s) (4 digits): Primary a. 3274 b. c. d. e. f.

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		47	37	19		122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 00-902-4415	a. ORD027707256	a. OR0001160-1	a.
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	00-902-4415

01/14/02 MON 17:21 [TX/RX NO 8670] 003

Appendix58-000506

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.): N458

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.): Mercury

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.):

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA [X]																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.):

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:
- a. [ ] Produce
- b. [X] Import

If produce or import:
- c. [ ] For on-site use/processing
- d. [ ] For sale/distribution
- e. [ ] As a byproduct
- f. [X] As an impurity

3.2 Process the toxic chemical:
- a. [ ] As a reactant
- b. [ ] As a formulation component
- c. [ ] As an article component
- d. [ ] Repackaging
- e. [ ] As an impurity

3.3 Otherwise use the toxic chemical:
- a. [ ] As a chemical processing aid
- b. [ ] As a manufacturing aid
- c. [ ] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 01 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA [X]			
5.2	Stack or point air emissions	NA [ ]	1.5	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box) NA				
	Stream or Water Body Name		NA		
5.3.1					
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 5.3 page number in this box. [ ] (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11 - 499 pounds; C= 500 - 999 pounds

01/14/02 MON 17:21 [TX/RX NO 8670] 004

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground injection onsite to Class I Wells	☒		
5.4.2	Underground injection onsite to Class II-V Wells	☒		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	☒		
5.5.1B	Other landfills	☒		
5.5.2	Land treatment/application farming	☒		
5.5.3	Surface Impoundment	☒		
5.5.4	Other disposal	☒		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B. __	POTW Name						
POTW Address							
City		State		County		Zip	
6.1.B. __	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.1 page number in this box ☐ (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA

6.2. __ Off-Site EPA Identification Number (RCRA ID No.)									
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

01/14/02 MON 17:21 [TX/RX NO 8670] ☑005

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 2 3 4 5 6 7 8	7A.1c	7A.1d %	7A.1e Yes ☐ No ☐
7A.2a	7A.2b: 1 2 3 4 5 6 7 8	7A.2c	7A.2d %	7A.2e Yes ☐ No ☐
7A.3a	7A.3b: 1 2 3 4 5 6 7 8	7A.3c	7A.3d %	7A.3e Yes ☐ No ☐
7A.4a	7A.4b: 1 2 3 4 5 6 7 8	7A.4c	7A.4d %	7A.4e Yes ☐ No ☐
7A.5a	7A.5b: 1 2 3 4 5 6 7 8	7A.5c	7A.5d %	7A.5e Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.2/7A page number in this box : ☐ (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

01/14/02 MON 17:21 [TX/RX NO 8670] 006

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods (enter 3-character code(s))

1 [ ] 2 [ ] 3 [ ] 4 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods (enter 3-character code(s))

1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ]

6. [ ] 7. [ ] 8. [ ] 9. [ ] 10. [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	1.4	1.5	1.3	1.4
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			1.05	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities (enter code(s))	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box) YES [ ] NO [☒]

EPA Form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2003

(IMPORTANT: Type or print; read instructions before completing form)

EPA FORM R

United States Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: ☐

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? ☐ Yes (Answer question 2.2; Attach substantiation forms) ☒ No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy ☐ Sanitized ☐ Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright	Gary Wright	6/26/01

SECTION 4. FACILITY IDENTIFICATION

4.1 Facility or Establishment Name: Ash Grove Cement Company

TRI Facility ID Number: New Facility

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 13939 N. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland/Multnomah/Oregon/97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important : check a or b; check c or d if applicable) a. ☒ An entire facility b. ☐ Part of a facility c. ☐ A Federal facility d. ☐ GOCO

4.3	Technical Contact Name	Gary Wright					Telephone Number (include area code)	503-286-1677
4.4	Public Contact Name	Gary Wright					Telephone Number (include area code)	503-286-1677
4.5	SIC Code (s) (4 digits)	Primary a. 3274	b.	c.	d.	e.	f.	

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		~~47~~ 45	37	19		122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 00-902-4415	a. ORD027707256	a. OR0001601	a.
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA ☐	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA ☐	00-902-4415

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.): N150

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.): Dioxin and Dioxin-Like Compounds

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.):

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA ☒																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.):

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:
- a. ☒ Produce b. ☐ Import

If produce or import:
- c. ☐ For on-site use/processing
- d. ☐ For sale/distribution
- e. ☒ As a byproduct
- f. ☐ As an impurity

3.2 Process the toxic chemical:
- a. ☐ As a reactant
- b. ☐ As a formulation component
- c. ☐ As an article component
- d. ☐ Repackaging
- e. ☐ As an impurity

3.3 Otherwise use the toxic chemical:
- a. ☐ As a chemical processing aid
- b. ☐ As a manufacturing aid
- c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 ☐ (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☒			
5.2	Stack or point air emissions	NA ☐	5.191	E	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1					
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐
and indicate the Part II, Section 5.3 page number in this box. ☐ (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	☒		
5.4.2	Underground Injection onsite to Class II-V Wells	☒		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	☒		
5.5.1B	Other landfills	☒		
5.5.2	Land treatment/application farming	☒		
5.5.3	Surface Impoundment	☒		
5.5.4	Other disposal	☒		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
0	0

6.1.B.__	POTW Name						
POTW Address							
City		State		County		Zip	
6.1.B.__	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box ☐ **and indicate the Part II, Section 6.1 page number in this box** ☐ **(example: 1,2,3, etc.)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)									
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 2 3 4 5 6 7 8	7A.1c	7A.1d %	7A.1e Yes ☐ No ☐
7A.2a	7A.2b: 1 2 3 4 5 6 7 8	7A.2c	7A.2d %	7A.2e Yes ☐ No ☐
7A.3a	7A.3b: 1 2 3 4 5 6 7 8	7A.3c	7A.3d %	7A.3e Yes ☐ No ☐
7A.4a	7A.4b: 1 2 3 4 5 6 7 8	7A.4c	7A.4d %	7A.4e Yes ☐ No ☐
7A.5a	7A.5b: 1 2 3 4 5 6 7 8	7A.5c	7A.5d %	7A.5e Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box : ☐ **(example: 1,2,3, etc)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ] 4 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ]

6. [ ] 7. [ ] 8. [ ] 9. [ ] 10. [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***		5.191		
8.2	Quantity used for energy recovery onsite		0		
8.3	Quantity used for energy recovery offsite		0		
8.4	Quantity recycled onsite		0		
8.5	Quantity recycled offsite		0		
8.6	Quantity treated onsite		0		
8.7	Quantity treated offsite		0		
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)		0		
8.9	Production ratio or activity index				

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box) YES [ ] NO [☒]

A Form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

U.S. ENVIRONMENTAL PROTECTION AGENCY
TRI PROGRAM DIVISION
WASHINGTON, DC 20460

97203SHGRV13939
GARY WRIGHT
OR CURRENT ENVIRONMENTAL MANAGER
ASH GROVE CEMENT CO.
13939 N. RIVERGATE BLVD.
PORTLAND, OR 97203

ASH GROVE CEMENT CO.
13939 N. RIVERGATE BLVD.
PORTLAND, OR 97203

TOXICS RELEASE INVENTORY
FACILITY DATA PROFILE

This notice is in regards to information submitted in your facility's most recent Form R or Form A submission(s), or corrections included in a response to a previous Facility Data Profile (FDP) that we have entered into the Toxics Release Inventory database. FDPs are sent in response to any new information that you send us. Hence, if you returned a marked-up FDP with corrections, you will receive a new FDP reflecting those changes for your review.

EPA wishes to accurately represent the data reported by your facility. We believe our data capture process is of high quality. However, as a final quality measure, please verify the data presented in the enclosed FDP. This FDP serves two primary purposes. First, we want to give you the opportunity to confirm that we have entered your data correctly into our national computer system. If we have not, please advise us so we can make corrections. Second, if we identify potential errors in the submission(s) you have submitted, we indicate what these errors are and request that you provide us with corrections.

Within this FDP notice there may be up to three different types of errors identified:

(1) A Non-Technical Data Change (NDC) notifies you of simple, clerical errors that EPA has corrected for you. It is not necessary to respond to a NDC.

(2) A Notice of Technical Error (NOTE) highlights to you inconsistencies or miscalculations that may distort your facility's information in EPA's public data products or skew analyses. You should respond to NOTE level errors as soon as possible. Depending upon when your changes are received, there may or may not be sufficient time to incorporate them into our database in time for public data release.

(3) A Notice of Significant Error (NOSE) identifies errors that prevent your submission from being entered into our database or identify missing critical information such as a chemical identifier or submission certification. You will find NOSE-level errors on a separate page to highlight their importance. **Please respond within 21 days of receipt of this notice. Failure to correct NOSE level errors will result in the issuance of a formal Notice of Noncompliance (NON) by EPA.**

INSTRUCTIONS FOR RESPONDING TO TRI FACILITY DATA PROFILE

1. This Facility Data Profile (FDP) presents the information you have submitted on the Form R and/or Form A submissions that EPA has entered into the Toxics Release Inventory database. The specific chemicals covered by this FDP are shown in the Chemical Summary section.

2. Please review this FDP to make sure that EPA has accurately entered your submitted information. If any of the data are incorrect, or you have discovered an error in your submitted data, please circle the incorrect information and indicate the correct information next to it. If you believe that an error we have identified is really not an error, please provide a brief explanation where we have identified the error. Please print clearly and use blue ink.

3. If you are making any corrections pursuant to the instruction in step 2 above, you must sign the certification statement below. Mail this signed page plus all pages on which you have marked corrections. Please do not return pages on which you have neither marked changes nor provided explanations.

4. For NOSE level errors, **please mail your response within 21 days of receipt of this FDP.** For NOTE level errors, please respond as soon as possible so any necessary changes may be incorporated into the database.

5. All corrections should be mailed to the address indicated at the bottom of this page. Also, send a duplicate copy to the same State organization to which you sent a copy of your original submission. EPA recommends that Government-Owned-Contractor-Operated (GOCO) facilities also send copies of their responses to their associated Federal facilities.

6. If you identify no errors in the data presented here and we have identified no errors, no response is necessary.

7. The FDP does not serve as a means to withdraw a Form R and/or Form A. Withdrawal requests should be mailed to the EPCRA Reporting Center. For additional information regarding withdrawal procedures, go to www.epa.gov/tri.

CERTIFICATION STATEMENT
I hereby certify that I have reviewed the attached pages from the Facility Data Profile, and to the best of my knowledge and belief, the submitted information and any corrections I have made to it are true and complete and that the amounts and values presented are accurate based on reasonable estimates using data available to the preparers of this response.

_____
Name and official Title of Owner/Operator or Senior Management Official (Print)

_____ _____
Signature Date

RESPONSE ADDRESSES

Regular Mail:	**Certified Mail, Overnight Delivery, Hand Delivery:**
The EPCRA Reporting Center Attn: Facility Data Profile Response P.O. Box 3348 Merrifield, VA 22116-3348	EPCRA Reporting Center (Tel: 703-816-4445*) Attn: Facility Data Profile Response C/O Computer Based Systems Inc. 4600 North Fairfax Drive Suite 300 Arlington, VA 22203 * for delivery purposes only

Remember: Send a copy to your State.

SUMMARY OF NOTICES OF SIGNIFICANT ERRORS (NOSEs)

There are no NOSE level errors contained in this FDP. However, there may be other potential errors identified (i.e., a Notice of Technical Errors (NOTE) or a Notice of Data Change (NDC)) at the end of each chemical report.

FACILITY INFORMATION:

TRI Facility Identification No: 97203SHGRV13939

Facility No: 119065

Primary Facility Name and Address:

ASH GROVE CEMENT CO.
13939 N. RIVERGATE BLVD.
PORTLAND (COUNTY: MULTNOMAH) OR 97203

Mailing Address:

ASH GROVE CEMENT CO.
13939 N. RIVERGATE BLVD.
PORTLAND, OR 97203

Technical Contact Name: GARY WRIGHT

Telephone No: 503-286-1677

Public Contact Name: GARY WRIGHT

Telephone No: 503-286-1677

Latitude: 047-37-19

Longitude: 122-47-00

Facility Type (Federal/GOCO/Commercial): COMMERCIAL

Name of Parent Company: ASH GROVE CEMENT CO.

Parent Company Dun & Bradstreet No: 009024415

SIC Code	Facility Dun & Bradstreet No.	EPA ID No. (RCRA No.)	Facility NPDES No.	Underground Injection Well Code(ID No.)
3274	009024415	ORD027707256	OR0001601	

Reporting Year: 2000
Chemical Name: DIOXIN AND DIOXIN-LIKE COMPOUNDS
Document Control Number: 13-00-145-15323-5
File Number: SU-01-00019497-3
Postmark Date: 07-12-2001
Received Date: 07-17-2001

CHEMICAL REPORT FOR THIS FACILITY OR ESTABLISHMENT:

PART I:

1.0 Reporting Year: 2000

2.0 Trade Secret Information: **2.1 Trade Secret:** NO **2.2 Sanitized:** NO

3.0 Certification: **Official Name:** GARY WRIGHT **Title:**

Date Signed: 06-26-2001

4.2 This Report Contains Information for: **4.5 SIC Code(s):** 3274 - Primary SIC

a. An entire facility: YES
b. Part of a facility: NO
c. A Federal Facility: NO **GOCO:**

PART II:

1.0. Toxic Chemical Identity:

1.1 CAS Number or Chemical Category Code: N150

1.2. Toxic Chemical or Chemical Category Name: DIOXIN AND DIOXIN-LIKE COMPOUNDS

1.3 Generic Chemical Name: NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category: NA
1: 2: 3: 4: 5: 6: 7: 8: 9: 10:
11: 12: 13: 14: 15: 16: 17:

2.0 Mixture Component Identity:

2.1 Generic Chemical Name Provided By Supplier: NA

3.0 Activities and Uses of the Toxic Chemical at the Facility:

3.1 Manufacture the toxic chemical:
- A. Produce: YES
- B. Import: NO

If Produce or Import:
- C. For on-site use/processing: NO
- D. For sale/distribution: NO
- E. As a byproduct: YES
- F. As an impurity: NO

3.2 Process the toxic chemical:
- A. As a reactant: NO
- B. As a formulation component: NO
- C. As an article component: NO
- D. Repackaging: NO
- E. As an impurity: NO

3.3 Otherwise use the toxic chemical:
- A. As a chemical processing aid: NO
- B. As a manufacture aid: NO
- C. Ancillary or other use: NO

4.1 Maximum Amount of the Toxic Chemical On-Site at any Time During the Year: Range from To (lb)

5.0 Quantity of the Toxic Chemical Entering Each Environmental Medium On-site

Air Emissions	A. Total Release	B. Basis of Estimate
5.1 Fugitive Or Non-Point Air Emissions	NA	
5.2 Stack Or Point Air Emissions	5.191 Grams	E-PUBLISHED EMISSION FACTORS

Reporting Year: 2000
Chemical Name: DIOXIN AND DIOXIN-LIKE COMPOUNDS
Document Control Number: 13-00-145-15323-5
File Number: SU-01-00019497-3
Postmark Date: 07-12-2001
Received Date: 07-17-2001

8.0 Source Reduction & Recycling Activities *

*Note: All values are in Grams

		Col. A Prior Year	Col. B Current Year	Col. C Following Year	Col. D Second Following Year
8.1	Quantity Released		5.191		
8.2	Quantity Used For Energy Recovery On-Site		0		
8.3	Quantity Used For Energy Recovery Off-Site		0		
8.4	Quantity Recycled On-Site		0		
8.5	Quantity Recycled Off-Site		0		
8.6	Quantity Treated On-Site		0		
8.7	Quantity Treated Off-Site		0		

8.8 Quantity Released as a Result of Remedial, Catastrophic, or One Time Events: 0

8.9 Production Ratio or Activity Index

8.10 Source Reduction Activities: Method A Method B Method C

8.10.1 NA

8.11 Additional Information Included: NO

Reporting Year: 2000
Chemical Name: DIOXIN AND DIOXIN-LIKE COMPOUNDS
Document Control Number: 13-00-145-15323-5
File Number: SU-01-00019497-3
Postmark Date: 07-12-2001
Received Date: 07-17-2001

ERROR: You did not complete part II, section 6.2, "Transfers to Other Off- site Locations." If you did not transfer the waste containing the section 313 chemical to other off-site locations, enter "NA" (Not Applicable), otherwise please provide Offsite EPA ID, Name, Location, Transfer amount or range code, Basis of Estimate, and type of Waste Management code.

NA

PARAGRAPH: II.7B, 8.2B MULTI PARAGRAPH

ERROR: You reported an estimate in Part II, Section 8.2, column B, "Quantity Used for Energy Recovery On-site," but did not provide an on-site energy recovery code in Part II, Section 7B. Please provide an on-site energy recovery code for Part II, Section 7B.

NA The amount I reported was 0. I should have left the column blank.

PARAGRAPH: II.8.1A SOURCE REDUCTION AND RECYCLING ACTIVITIES. QUANTITY RELEASED COLUMN A PRIOR YEAR

ERROR: There are missing data for Part II, Section 8.1 - 8.7. Please provide an estimate or "NA" (Not Applicable) in each box for section 8.1 - 8.7, columns A, B, C, and D. You may only use "NA" (Not Applicable) when there is no possibility a release or transfer occurred. You may enter zero if the release or transfer was equal to or less than half a pound.

NA

PARAGRAPH: II.8.2A SOURCE REDUCTION AND RECYCLING ACTIVITIES. QUANTITY USED FOR ENERGY RECOVERY ON-SITE COLUMN A PRIOR YEAR

ERROR: There are missing data for Part II, Section 8.1 - 8.7. Please provide an estimate or "NA" (Not Applicable) in each box for section 8.1 - 8.7, columns A, B, C, and D. You may only use "NA" (Not Applicable) when there is no possibility a release or transfer occurred. You may enter zero if the release or transfer was equal to or less than half a pound.

NA

PARAGRAPH: II.8.3A SOURCE REDUCTION AND RECYCLING ACTIVITIES. QUANTITY USED FOR ENERGY RECOVERY OFF-SITE COLUMN A PRIOR YEAR

ERROR: There are missing data for Part II, Section 8.1 - 8.7. Please provide an estimate or "NA" (Not Applicable) in each box for section 8.1 - 8.7, columns A, B, C, and D. You may only use "NA" (Not Applicable) when there is no possibility a release or transfer occurred. You may enter zero if the release or transfer was equal to or less than half a pound.

NA

PARAGRAPH: II.8.4A SOURCE REDUCTION AND RECYCLING ACTIVITIES. QUANTITY RECYCLED ON-SITE COLUMN A PRIOR YEAR

ERROR: There are missing data for Part II, Section 8.1 - 8.7. Please provide an estimate or "NA" (Not Applicable) in each box for section 8.1 - 8.7, columns A, B, C, and D. You may only use "NA" (Not Applicable) when there is no possibility a release or transfer occurred. You may enter zero if the release or transfer was equal to or less than half a pound.

NA

PARAGRAPH: II.8.5A SOURCE REDUCTION AND RECYCLING ACTIVITIES. QUANTITY RECYCLED OFF-SITE COLUMN A PRIOR YEAR

ERROR: There are missing data for Part II, Section 8.1 - 8.7. Please provide an estimate or "NA" (Not Applicable) in each box for section 8.1 - 8.7, columns A, B, C, and D. You may only use "NA" (Not Applicable) when there is no possibility a release or transfer occurred. You may enter zero if the release or transfer was equal to or less than half a pound.

NA

PARAGRAPH: II.8.6A SOURCE REDUCTION AND RECYCLING ACTIVITIES. QUANTITY TREATED ON-SITE COLUMN A PRIOR YEAR

ERROR: There are missing data for Part II, Section 8.1 - 8.7. Please provide an estimate or "NA" (Not Applicable) in each box for section 8.1 - 8.7, columns A, B, C, and D. You may only use "NA" (Not Applicable) when there is no possibility a release or transfer occurred. You may enter zero if the release or transfer was equal to or less than half a pound. NA

PARAGRAPH: II.8.7A SOURCE REDUCTION AND RECYCLING ACTIVITIES. QUANTITY TREATED OFF-SITE COLUMN A PRIOR YEAR

ERROR: There are missing data for Part II, Section 8.1 - 8.7. Please provide an estimate or "NA" (Not Applicable) in each box for section 8.1 - 8.7, columns A, B, C, and D. You may only use "NA" (Not Applicable) when there is no possibility a release or transfer occurred. You may enter zero if the release or transfer was equal to or less than half a pound. NA

PARAGRAPH: II.8.9 SOURCE REDUCTION AND RECYCLING ACTIVITIES. PRODUCTION RATIO OR ACTIVITY INDEX

ERROR: There are no data in Part II, Section 8.9. Please provide a production ratio, an activity index, or "NA" (Not Applicable) if the chemical manufacture or use began during the current reporting year. 1.05

NON-TECHNICAL DATA CHANGES (NDCs)

There are no NDC level errors identified in this submission.

Reporting Year: 2000
Chemical Name: DIOXIN AND DIOXIN-LIKE COMPOUNDS
Document Control Number: 13-00-145-15323-5
File Number: SU-01-00019497-3

Postmark Date: 07-12-2001
Received Date: 07-17-2001

NDC AND NOTE Level Errors Identified In This Report

In this section we identify any Non-Technical Data Changes (NDC) that we have made, and/or any Notice of Technical Error (NOTE) level errors that we have identified. If your submissions had any Notice of Significant Error (NOSE) level errors, they are reported on a separate page following the Instruction and Signature page of this FDP.

NOTEs identify, for example, missing required data or erroneous data, such as an invalid code, or obvious errors such as an incorrect facility identification number. These errors can distort your facility's information in EPA's public data products or skew analyses. We encourage you to respond to these types of errors as soon as possible so these changes may be incorporated into our database in time for the public data release.

NDCs notify you of a simple, clerical change that EPA has corrected for you. For example, transposition of characters within a CAS number. It is not necessary to respond to a NDC unless you believe we have made an error in our change.

If we indicate NOTE level errors in this section, or if you discover that we omitted or inaccurately altered your submitted data, please mark through the erroneous value in the Facility Information or Chemical Report section of this FDP and write the correct value next to it.

TECHNICAL ERRORS (NOTEs)

PARAGRAPH: II.4 MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE. MAXIMUM AMOUNT ON-SITE AT ANY TIME

ERROR: You did not complete part II, section 4.1. Please provide a valid two digit code for the "maximum amount of chemical on-site at any time during the calendar year".

01

PARAGRAPH: II.5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES.

ERROR: You did not complete part II, section 5.3. If you have discharged to water, please provide the Stream/Water Body name, the Release estimate or range code, Basis of Estimate and % from Stormwater; otherwise indicate "NA" (Not Applicable).

NA

PARAGRAPH: II.6.1 DISCHARGES TO POTWS.

ERROR: You reported a Total Transfer amount or range code and Basis of Estimate in Part II Section 6.1 but did not indicate a POTW name and location in Section 6.1.B. Please provide the POTW Name and Location.

NA We did not transfer any amount to a POTW.

PARAGRAPH: II.6.2.0 TRANSFERS TO OTHER OFF-SITE LOCATIONS

Reporting Year: 2000
Chemical Name: DIOXIN AND DIOXIN-LIKE COMPOUNDS
Document Control Number: 13-00-145-15323-5
File Number: SU-01-00019497-3
Postmark Date: 07-12-2001
Received Date: 07-17-2001

5.3 Discharges to Receiving Streams or Water Bodies Stream or water body name:	A. Total Release	B. Basis of Estimate	C. % from Stormwater
5.3.1			

Underground Injection/Land Disposal		A. Total Release	B. Basis of Estimate
5.4.1	Underground Injection On-Site To Class I Wells	NA	
5.4.2	Underground Injection On-Site To Class II-V Wells	NA	
5.5.1A	RCRA Subtitle C Landfills	NA	
5.5.1B	Other Landfills	NA	
5.5.2	Land Treatment / Application Farming	NA	
5.5.3	Surface Impoundment	NA	
5.5.4	Other Disposal	NA	

6.0 Transfers of the Toxic Chemical in Waste to Off-site Locations
6.1 Discharges to Publicly Owned Treatment Works (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers: 0 Grams **6.1.A.2** Basis of Estimate: 0-OTHER APPROACHES

6.1.B.1 POTW NAME:
POTW Address:
City: County: State: Zip:

6.2 Transfers to Other Off-site Locations

6.2.1 Off-Site EPA Identification Number (RCRA ID No.):
Off-Site Location Name:
Off-site Address:
City: State: County: Province: Zip: Country:
Location under control of reporting facility or parent company:

	A. Total Transfers	B. Basis of Estimate	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery
1			

7A On-Site Waste Treatment Methods & Efficiency

7A.1 a. General Waste Stream: NA
c. Range of Influent Concentration:
d. Waste Treatment Efficiency Estimate(%):
e. Based on Operating Data:
b. Waste Treatment Method Sequence:

7B On-site Energy Recovery Processes

1. NA

7C On-site Recycling Processes

1. NA

CHEMICAL REPORT SUMMARY:

* Data for this chemical report (Form R or A) included in the Chemical Reports section of this FDP

File Number	Document Control Number	CAS No./ Category Code	Chemical/Generic/ Mixture Name	Original Postmark Date	Postmark Date	Received Date
Reporting Year :	**2000**					
SU-01-00019497-3	13-00-145-15323-5	N150 *	DIOXIN AND DIOXIN-LIKE COMPOUNDS	07-12-2001	07-12-2001	07-17-2001

This page intentionally left blank

This page intentionally left blank

The enclosed FDP is comprised of the following sections:

INSTRUCTIONS FOR RESPONDING TO TRI FACILITY DATA PROFILE – This first page provides instructions for how to review and respond to this FDP.

SUMMARY OF NOTICES OF SIGNIFICANT ERRORS (NOSEs) – This page lists all significant errors (NOSE level errors) for your facility's submission(s) organized by chemical submission. If you have no significant errors, this page will indicate so.

FACILITY INFORMATION (Primary) - This section displays all facility specific data that you provided, inclusive of TRI Facility Identification, facility name, facility address, facility mailing address, relevant permits (e.g., RCRA, NPDES, and UIC), Standard Industrial Classification code (SIC), and other facility data.

FACILITY INFORMATION (Establishment) - If you have reported as a multi-establishment facility, we are providing these subordinate facility data.

CHEMICAL REPORT SUMMARY - This section lists all chemicals reported by your facility for each reporting year affected by this FDP. For example, if this FDP is responding to five original chemical submissions for reporting year 1999 and revisions to one chemical for reporting year 1998, a list of all chemicals for both years will appear.

CHEMICAL REPORT FOR THIS FACILITY - All recently processed Form R or Form A submission data (i.e., chemical specific data) are displayed here under the appropriate facility or subordinate facility names. This FDP prints chemical reports for a recent submission(s), revision(s) or responses to a FDP only. Hence there may be fewer chemical reports than chemicals listed in the Chemical Summary section. If only facility level changes have occurred (i.e., Part I of the Form R or A), this section is not provided. NOTE level errors and NDCs are notated at the end of each chemical report.

The enclosed FDP only covers those Form R and/or Form A submission(s) which have completed our internal data quality checks. If any new Form R and/or A submission(s) submitted by your facility are not covered by the enclosed FDP, an additional FDP that reflects these new reports and/or revisions will be sent to you as soon as they complete all data entry and quality review checks.

Please read and follow the instructions on the first page of the enclosed FDP. If you have any questions concerning this notice, please contact the EPCRA Reporting Center User Support at: 703-816-4434 (ask for TRI Mailouts) or e-mail at: tri_mailouts@epcra.org. You may also wish to check EPA's TRI website for TRI information and updates at http://www.epa.gov/tri/ .

Thank you for your cooperation in this matter.

Sincerely,

/S/ *Wendy Timm*, acting Chief
TRI Information and Outreach Branch (MS-2844)

RIVSARA-1

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2003

(IMPORTANT: Type or print; read instructions before completing form)

EPA FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

United States Environmental Protection Agency

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY; 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2001

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright		

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 97203SHGRV13939

Facility or Establishment Name: Ash Grove Cement Company

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 13939 N. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland, Multnomah, OR 97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	Glenn F. Dollar				Telephone Number (include area code)	503-286-1677
4.4	Public Contact Name	Gary Wright				Telephone Number (include area code)	503-286-1677
4.5	SIC Code (s) (4 digits)	Primary a. 3274	b.	c.	d.	e.	f.

		Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
4.6	Latitude	45	37	19	Longitude	122	47	00

	4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a.	009024415	ORD027707256	OR0001601	NA
b.				

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	009024415

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Mercury

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
N458

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
Mercury

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
☐																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:
- a. ☐ Produce b. ☐ Import

If produce or import:
- c. ☐ For on-site use/processing
- d. ☐ For sale/distribution
- e. ☐ As a byproduct
- f. ☐ As an impurity

3.2 Process the toxic chemical:
- a. ☐ As a reactant
- b. ☐ As a formulation component
- c. ☐ As an article component
- d. ☐ Repackaging
- e. ☒ As an impurity

3.3 Otherwise use the toxic chemical:
- a. ☐ As a chemical processing aid
- b. ☐ As a manufacturing aid
- c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 01 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☐	0	M	
5.2	Stack or point air emissions	NA ☐	1.3	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	Willamette River		0	0	0 %
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 5.3 page number in this box. ☐ (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Mecury

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X		
5.5.1B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3	Surface Impoundment	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B.__ POTW Name	NA						
POTW Address							
City		State		County		Zip	
6.1.B.__ POTW Name							
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] **and indicate the Part II, Section 6.1 page number in this box** [ ] **(example: 1,2,3, etc.)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)	NA								
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip		Country (Non-US)	
Is location under control of reporting facility or parent company?	[ ] Yes	[ ] No							

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Mercury

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.) NA

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A. 1b: 1 2 3 4 5 6 7 8	7A. 1c	7A. 1d	7A. 1e
			%	Yes ☐ No ☐
7A.2a	7A. 2b: 1 2 3 4 5 6 7 8	7A. 2c	7A. 2d	7A. 2e
			%	Yes ☐ No ☐
7A.3a	7A. 3b: 1 2 3 4 5 6 7 8	7A. 3c	7A. 3d	7A. 3e
			%	Yes ☐ No ☐
7A.4a	7A. 4b: 1 2 3 4 5 6 7 8	7A. 4c	7A. 4d	7A. 4e
			%	Yes ☐ No ☐
7A.5a	7A. 5b: 1 2 3 4 5 6 7 8	7A. 5c	7A. 5d	7A. 5e
			%	Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.2/7A page number in this box : ☐ (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Mercury

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 | 2 | 3 | 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. | 2. | 3. | 4. | 5.

6. | 7. | 8. | 9. | 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	1.5	1.3	1.4	1.5
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0.84	

8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES ☐ NO ☒

EPA Form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2003

(IMPORTANT: Type or print; read instructions before completing form)

EPA FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

United States Environmental Protection Agency

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2001

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright		

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 97203SHGRV13939

Facility or Establishment Name: Ash Grove Cement Company

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 13939 N. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland, Multnomah, OR 97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important : check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	Glenn F. Dollar				Telephone Number (include area code)	503-286-1677
4.4	Public Contact Name	Gary Wright				Telephone Number (include area code)	503-286-1677
4.5	SIC Code (s) (4 digits)	Primary a. 3274	b.	c.	d.	e.	f.

		Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
4.6	Latitude	45	37	19	Longitude	122	47	00

	4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a.	009024415	ORD027707256	OR0001601	NA
b.				

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	009024415

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Lead compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) N420
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Lead Compounds
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
☐																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:

- a. ☐ Produce
- b. ☐ Import

If produce or import:

- c. ☐ For on-site use/processing
- d. ☐ For sale/distribution
- e. ☐ As a byproduct
- f. ☐ As an impurity

3.2 Process the toxic chemical:

- a. ☐ As a reactant
- b. ☐ As a formulation component
- c. ☐ As an article component
- d. ☐ Repackaging
- e. ☒ As an impurity

3.3 Otherwise use the toxic chemical:

- a. ☐ As a chemical processing aid
- b. ☐ As a manufacturing aid
- c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	02 (Enter two-digit code from instruction package.)	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☐	.1705	M	
5.2	Stack or point air emissions	NA ☐	5.3940	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	Willemette River		0	0	0 %
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 5.3 page number in this box. ☐ (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Lead Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	☒		
5.4.2	Underground Injection onsite to Class II-V Wells	☒		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	☒		
5.5.1B	Other landfills	☒		
5.5.2	Land treatment/application farming	☒		
5.5.3	Surface Impoundment	☒		
5.5.4	Other disposal	☒		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B.__ POTW Name							
POTW Address							
City		State		County		Zip	
6.1.B.__ POTW Name	NA						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box ☐ **and indicate the Part II, Section 6.1 page number in this box** ☐ **(example: 1,2,3, etc.)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. __ Off-Site EPA Identification Number (RCRA ID No.)	NA								
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Lead Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.) NA

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A. 1b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A. 1c	7A. 1d: %	7A. 1e: Yes ☐ No ☐
7A.2a	7A. 2b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A. 2c	7A. 2d: %	7A. 2e: Yes ☐ No ☐
7A.3a	7A. 3b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A. 3c	7A. 3d: %	7A. 3e: Yes ☐ No ☐
7A.4a	7A. 4b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A. 4c	7A. 4d: %	7A. 4e: Yes ☐ No ☐
7A.5a	7A. 5b: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___	7A. 5c	7A. 5d: %	7A. 5e: Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box : ☐ **(example: 1,2,3, etc)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Lead Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 | 2 | 3 | 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. | 2. | 3. | 4. | 5.

6. | 7. | 8. | 9. | 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	6.5756	5.5645	6.1210	6.7331
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0.84	

8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)			YES ☐ NO ☒

EPA Form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

EPA
United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]
For EPA use only:

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2001

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright		

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 97203SHGRV13939

Facility or Establishment Name: Ash Grove Cement Company

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 13939 N. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland, Multnomah, OR 97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name: Glenn F. Dollar	Telephone Number (include area code): 503-286-1677
4.4	Public Contact Name: Gary Wright	Telephone Number (include area code): 503-286-1677

4.5 SIC Code (s) (4 digits)

Primary					
a. 3274	b.	c.	d.	e.	f.

4.6

	Degrees	Minutes	Seconds		Degrees	Minutes	Seconds
Latitude	45	37	19	Longitude	122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 009024415	a. ORD027707256	a. OR0001601	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	009024415

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.): N150

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.): Dioxin and Dioxin-Like Compounds

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.):

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA ☐	19.42	1.49	5.19	4.12	1.23	7.74	1.03	1.85	1.25	15.13	5.67	21.01	1.19	6.85	1.72	3.47	1.64

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.):

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:
- a. ☒ Produce b. ☐ Import

If produce or import:
- c. ☐ For on-site use/processing
- d. ☐ For sale/distribution
- e. ☒ As a byproduct
- f. ☐ As an impurity

3.2 Process the toxic chemical:
- a. ☐ As a reactant
- b. ☐ As a formulation component
- c. ☐ As an article component
- d. ☐ Repackaging
- e. ☐ As an impurity

3.3 Otherwise use the toxic chemical:
- a. ☐ As a chemical processing aid
- b. ☐ As a manufacturing aid
- c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 01 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☒			[redacted]
5.2	Stack or point air emissions	NA ☐	0.066	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)		[redacted]		
	Stream or Water Body Name				
5.3.1	Willemette River		0	0	0 %
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 5.3 page number in this box. ☐ (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	☒		
5.4.2	Underground Injection onsite to Class II-V Wells	☒		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	☒		
5.5.1B	Other landfills	☒		
5.5.2	Land treatment/application farming	☒		
5.5.3	Surface Impoundment	☒		
5.5.4	Other disposal	☒		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B.__	POTW Name	NA					
POTW Address							
City		State		County		Zip	
6.1.B.__	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.1 page number in this box ☐ (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)	NA						
Off-Site Location Name							
Off-Site Address							
City		State		County		Zip	Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.): NA

Off-Site location Name:

Off-Site Address:

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A. 1b: 1 2 3 4 5 6 7 8	7A. 1c	7A. 1d: %	7A. 1e: Yes ☐ No ☐
7A.2a	7A. 2b: 1 2 3 4 5 6 7 8	7A. 2c	7A. 2d: %	7A. 2e: Yes ☐ No ☐
7A.3a	7A. 3b: 1 2 3 4 5 6 7 8	7A. 3c	7A. 3d: %	7A. 3e: Yes ☐ No ☐
7A.4a	7A. 4b: 1 2 3 4 5 6 7 8	7A. 4c	7A. 4d: %	7A. 4e: Yes ☐ No ☐
7A.5a	7A. 5b: 1 2 3 4 5 6 7 8	7A. 5c	7A. 5d: %	7A. 5e: Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.2/7A page number in this box : ☐ (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number:

Toxic Chemical, Category or Generic Name:

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1: | 2: | 3: | 4:

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. | 2. | 3. | 4. | 5.

6. | 7. | 8. | 9. | 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	0.078	0.066	0.073	0.080
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0.84	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)

YES ☐ NO ☒

EPA Form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 11, 2002

EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348

Attn: TRI Report Revision

To whom it may concern:

Ash Grove Cement Company, Rivergate Lime Plant is requesting a revision for the following submission filed under EPCRA Section 313 from EPA's database (i.e., the Toxics Release Inventory System (TRIS)):

Chemical Name Reported:	Dioxin and Dioxin-like Compounds
CAS Number/Category Code:	N150
Report Type:	**Form R**

The facility is located at 13939 N. Rivergate Blvd. Portland, Oregon 97203

Sincerely,

Glenn F. Dollar

Glenn F. Dollar

cc: Mr. Bob Albers
Oregon Emergency Response Commission
Office of State Fire Marshall
4760 Portland Road, Northeast
Salem, OR 97305-1760

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2003

(IMPORTANT: Type or print; read instructions before completing form)

EPA
United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]
For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright	Gary Wright	1-11-02

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: New Facility

Facility or Establishment Name: Ash Grove Cement Company

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 12939 W. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland/Multnomah/Oregon/97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name: Gary Wright	Telephone Number (include area code): 503-286-1677
4.4	Public Contact Name: Gary Wright	Telephone Number (include area code): 503-286-1677

4.5 SIC Code (s) (4 digits)

Primary					
a. 3274	b.	c.	d.	e.	f.

4.6

Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
	47	37	19		122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 00-902-4415	a. ORD027707256	a. OR0001160-1	a.
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	00-902-4415

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.): N150

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.): Dioxin and Dioxin-Like Compounds

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.):

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA [X]	19.42	1.49	5.19	4.12	1.23	7.74	1.03	1.85	1.25	15.13	5.67	21.01	1.19	6.85	1.72	3.47	1.64

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.):

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:

a. [X] Produce b. [ ] Import

If produce or import:

c. [ ] For on-site use/processing
d. [ ] For sale/distribution
e. [X] As a byproduct
f. [ ] As an impurity

3.2 Process the toxic chemical:

a. [ ] As a reactant
b. [ ] As a formulation component
c. [ ] As an article component
d. [ ] Repackaging
e. [ ] As an impurity

3.3 Otherwise use the toxic chemical:

a. [ ] As a chemical processing aid
b. [ ] As a manufacturing aid
c. [ ] Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 01 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA [X]			
5.2	Stack or point air emissions	NA [ ]	~~5.191~~ 0.078	E	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	Willamette River		0	0	0
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 5.3 page number in this box. [ ] (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	☒		
5.4.2	Underground Injection onsite to Class II-V Wells	☒		
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	☒		
5.5.1B	Other landfills	☒		
5.5.2	Land treatment/application farming	☒		
5.5.3	Surface Impoundment	☒		
5.5.4	Other disposal	☒		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
0	0

6.1.B.__ POTW Name							
POTW Address							
City		State		County		Zip	
6.1.B.__ POTW Name							
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA

6.2. __ Off-Site EPA Identification Number (RCRA ID No.)									
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 2 3 4 5 6 7 8	7A.1c	7A.1d %	7A.1e Yes ☐ No ☐
7A.2a	7A.2b: 1 2 3 4 5 6 7 8	7A.2c	7A.2d %	7A.2e Yes ☐ No ☐
7A.3a	7A.3b: 1 2 3 4 5 6 7 8	7A.3c	7A.3d %	7A.3e Yes ☐ No ☐
7A.4a	7A.4b: 1 2 3 4 5 6 7 8	7A.4c	7A.4d %	7A.4e Yes ☐ No ☐
7A.5a	7A.5b: 1 2 3 4 5 6 7 8	7A.5c	7A.5d %	7A.5e Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box : ☐ **(example: 1,2,3, etc)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Dioxin

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1	2	3	4
U01			

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1.	2.	3.	4.	5.

6.	7.	8.	9.	10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

Should have figures in these boxes

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	~~NA~~	5.19 0.078	~~NA~~	~~NA~~
8.2	Quantity used for energy recovery onsite	NA	0	NA	NA
8.3	Quantity used for energy recovery offsite	NA	0	NA	NA
8.4	Quantity recycled onsite	NA	0	NA	NA
8.5	Quantity recycled offsite	NA	0	NA	NA
8.6	Quantity treated onsite	NA	0	NA	NA
8.7	Quantity treated offsite	NA	0	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	~~NA~~		0	
8.9	Production ratio or activity index			1.05	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one box)

YES ☐ NO ☒

EPA Form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

JD - file

ASH GROVE CEMENT COMPANY

RIVERGATE LIME DIVISION - WESTERN REGION
13939 N. RIVERGATE BLVD.
PORTLAND, OREGON 97203
PHONE (503) 286-1677
FAX (503) 289-2272

January 15, 2002

EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348

Attn: TRI Report

To whom it may concern:

Ash Grove Cement Company, Rivergate Lime Plant has reviewed TRI file documentation and has realized a report should have been submitted for mercury and is hereby attached to this report.

The facility is located at 13939 N. Rivergate Blvd. Portland, Oregon 97203.

Sincerely,

Glenn F. Dollar

Glenn F. Dollar

EPA FORM R

United States Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY
2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]
For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright	Gary Wright	1/16/02

SECTION 4. FACILITY IDENTIFICATION

4.1 Facility or Establishment Name: Ash Grove Cement Company

TRI Facility ID Number: New Facility

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 13939 N. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland, Multnomah, Oregon, 97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	Gary Wright	Telephone Number (include area code): 503-286-1677
4.4	Public Contact Name	Gary Wright	Telephone Number (include area code): 503-286-1677

4.5 SIC Code (s) (4 digits)

Primary a.	b.	c.	d.	e.	f.
3274					

4.6	Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
		47	37	19		122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 00-902-4415	a. ORD027707256	a. OR000160-1	a.
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	00-902-4415

01/16/02 WED 16:30 [TX/RX NO 8705] 003

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) N 458
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Mercury
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
X																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:

a. ☐ Produce b. ☐ Import

If produce or import:

c. ☐ For on-site use/processing
d. ☐ For sale/distribution
e. ☐ As a byproduct
f. ☐ As an impurity

3.2 Process the toxic chemical:

a. ☐ As a reactant
b. ☐ As a formulation component
c. ☐ As an article component
d. ☐ Repackaging
e. ☒ As an impurity

3.3 Otherwise use the toxic chemical:

a. ☐ As a chemical processing aid
b. ☐ As a manufacturing aid
c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	☐ (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☐	0	M	
5.2	Stack or point air emissions	NA ☐	1.5	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name		0		
5.3.1					
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 5.3 page number in this box. ☐ (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1 - 10 pounds; B= 11 - 499 pounds; C= 500 - 999 pounds

01/16/02 WED 16:30 [TX/RX NO 8705] 004

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground injection onsite to Class I Wells	X	0	
5.4.2	Underground injection onsite to Class II-V Wells	X	0	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X	0	
5.5.1B	Other landfills		0	- fluorescent tubes
5.5.2	Land treatment/application farming	X	0	
5.5.3	Surface impoundment	X	0	
5.5.4	Other disposal	X	0	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B. POTW Name							
POTW Address							
City		State		County		Zip	
6.1.B. POTW Name							
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.1 page number in this box ☐ (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)							
Off-Site Location Name							
Off-Site Address							
City		State		County		Zip	Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

01/16/02 WED 16:30 [TX/RX NO 8705] 005

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 2 3 4 5 6 7 8	7A.1c	7A.1d %	7A.1e Yes ☐ No ☐
7A.2a	7A.2b: 1 2 3 4 5 6 7 8	7A.2c	7A.2d %	7A.2e Yes ☐ No ☐
7A.3a	7A.3b: 1 2 3 4 5 6 7 8	7A.3c	7A.3d %	7A.3e Yes ☐ No ☐
7A.4a	7A.4b: 1 2 3 4 5 6 7 8	7A.4c	7A.4d %	7A.4e Yes ☐ No ☐
7A.5a	7A.5b: 1 2 3 4 5 6 7 8	7A.5c	7A.5d %	7A.5e Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 6.2/7A page number in this box : ☐ (example: 1,2,3, etc)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

01/16/02 WED 16:30 [TX/RX NO 8705] ☑006

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) – Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods (enter 3-character code(s))

1 | 2 | 3 | 4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) – Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods (enter 3-character code(s))

1. | 2. | 3. | 4. | 5.

6. | 7. | 8. | 9. | 10.

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	1.4	1.5	1.3	1.4
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			1.05	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities (enter code(s))	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box) YES ☐ NO ☒

EPA Form 9350-1 (Rev. 01/2001) – Previous editions are obsolete.

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

Form Approved OMB Number: 2070-0093
Approval Expires: 01/31/2003

(IMPORTANT: Type or print; read instructions before completing form)

EPA
United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2000

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [X] No (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright	Gary Wright	1/16/02

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: New Facility

Facility or Establishment Name: Ash Grove Cement Company

Facility or Establishment Name or Mailing Address (if different from street address):

Street: 13959 N. Rivergate Blvd.

Mailing Address:

City/County/State/Zip Code: Portland, Multnomah, Oregon, 97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important : check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name: Gary Wright	Telephone Number (include area code): 503-286-1677
4.4	Public Contact Name: Gary Wright	Telephone Number (include area code): 503-286-1677

4.5 SIC Code (s) (4 digits)

Primary					
a. 3274	b.	c.	d.	e.	f.

4.6

Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
	47	37	19		122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 00-902-4415	a. ORD027707256	a. OR0001601	a.
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	00-902-4415

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) N 458
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Mercury
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "yes". Generic Name must be structurally descriptive.)

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
☒																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. ☐ Produce b. ☐ Import		
If produce or import:		
c. ☐ For on-site use/processing	a. ☐ As a reactant	a. ☐ As a chemical processing aid
d. ☐ For sale/distribution	b. ☐ As a formulation component	b. ☐ As a manufacturing aid
e. ☐ As a byproduct	c. ☐ As an article component	c. ☐ Ancillary or other use
f. ☐ As an impurity	d. ☐ Repackaging	
	e. ☒ As an impurity	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	01 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☐	0	M	
5.2	Stack or point air emissions	NA ☐	1.5	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	Willemette River		0	0	0 %
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐ **and indicate the Part II, Section 5.3 page number in this box.** ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/yea

** Range Codes: A= 1 - 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		NA	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X	0 NA	
5.4.2	Underground Injection onsite to Class II-V Wells	X	0 NA	
5.5	Disposal to land onsite			
5.5.1A	RCRA Subtitle C landfills	X	0 NA	
5.5.1B	Other landfills	X	0	
5.5.2	Land treatment/application farming	X	0 NA	
5.5.3	Surface Impoundment	X	0 NA	
5.5.4	Other disposal	X	0 NA	

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)

6.1.B.__	POTW Name						
POTW Address							
City		State		County		Zip	
6.1.B.__	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] **and indicate the Part II, Section 6.1 page number in this box** [ ] **(example: 1,2,3, etc.)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)									
Off-Site Location Name									
Off-Site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

6.2. ___ Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-Site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A. 1b: 1 2 3 4 5 6 7 8	7A. 1c	7A. 1d: %	7A. 1e: Yes ☐ No ☐
7A.2a	7A. 2b: 1 2 3 4 5 6 7 8	7A. 2c	7A. 2d: %	7A. 2e: Yes ☐ No ☐
7A.3a	7A. 3b: 1 2 3 4 5 6 7 8	7A. 3c	7A. 3d: %	7A. 3e: Yes ☐ No ☐
7A.4a	7A. 4b: 1 2 3 4 5 6 7 8	7A. 4c	7A. 4d: %	7A. 4e: Yes ☐ No ☐
7A.5a	7A. 5b: 1 2 3 4 5 6 7 8	7A. 5c	7A. 5d: %	7A. 5e: Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box : ☐ **(example: 1,2,3, etc)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A = 1 - 10 pounds; B = 11 - 499 pounds; C = 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: New Facility

Toxic Chemical, Category or Generic Name: Mercury

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ] 4 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1. [ ] 2. [ ] 3. [ ] 4. [ ] 5. [ ]

6. [ ] 7. [ ] 8. [ ] 9. [ ] 10. [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1	Quantity released ***	1.4	1.5	1.3	1.4
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			1.05	

8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES ☐ NO ☒

EPA Form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

* For Dioxin or Dioxin-like compounds, report in grams/year

*** Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

INSTRUCTIONS FOR RESPONDING TO TRI FACILITY DATA PROFILE

1. This Facility Data Profile (FDP) presents the information you have submitted on the Form R and/or Form A submissions that EPA has entered into the Toxics Release Inventory database. The specific chemicals covered by this FDP are shown in the Chemical Summary section.

2. Please review this FDP to make sure that EPA has accurately entered your submitted information. If any of the data are incorrect, or you have discovered an error in your submitted data, please circle the incorrect information and indicate the correct information next to it. If you believe that an error we have identified is really not an error, please provide a brief explanation where we have identified the error. Please print clearly and use blue ink.

3. If you are making any corrections pursuant to the instruction in step 2 above, you must sign the certification statement below. Mail this signed page plus all pages on which you have marked corrections. Please do not return pages on which you have neither marked changes nor provided explanations.

4. For NOSE level errors, **please mail your response within 21 days of receipt of this FDP.** For NOTE level errors, please respond as soon as possible so any necessary chang database.

5. All corrections should be mailed to the address indicated at the bottom copy to the same State organization to which you sent a copy of your recommends that Government-Owned-Contractor-Operated (GOCO) responses to their associated Federal facilities.

6. If you identify no errors in the data presented here and we have identif necessary.

7. The FDP does not serve as a means to withdraw a Form R and/or Form mailed to the EPCRA Reporting Center. For additional information re to www.epa.gov/tri.

ASH GROVE

Last Corrections Merc & Diox 01/30/02

CERTIFICATION STATEMENT

I hereby certify that I have reviewed the attached pages from the Facility Data I knowledge and belief, the submitted information and any corrections I have ma that the amounts and values presented are accurate based on reasonable estimat preparers of this response.

Gary Wright Plant Manager

Name and official Title of Owner/Operator or Senior Management Official (Print)

Signature

1/30/02

Date

RESPONSE ADDRESSES	
Regular Mail: The EPCRA Reporting Center Attn: Facility Data Profile Response P.O. Box 3348 Merrifield, VA 22116-3348	**Certified Mail, Overnight Delivery, Hand Delivery:** EPCRA Reporting Center (Tel: 703-816-4445*) Attn: Facility Data Profile Response C/O Computer Based Systems Inc. 4600 North Fairfax Drive Suite 300 Arlington, VA 22203 * for delivery purposes only
Remember: Send a copy to your State.	

FACILITY INFORMATION:

TRI Facility Identification No: 97203SHGRV13939

Facility No: 119065

Primary Facility Name and Address:

ASH GROVE CEMENT CO.
13939 N. RIVERGATE BLVD.
PORTLAND (COUNTY: MULTNOMAH) OR 97203

Mailing Address:

ASH GROVE CEMENT CO.
13939 N. RIVERGATE BLVD.
PORTLAND, OR 97203

Technical Contact Name: GARY WRIGHT

Telephone No: 503-286-1677

Public Contact Name: GARY WRIGHT

Telephone No: 503-286-1677

Latitude: 047-37-19

Longitude: 122-47-00

Facility Type (Federal/GOCO/Commercial): COMMERCIAL

Name of Parent Company: ASH GROVE CEMENT CO.

Parent Company Dun & Bradstreet No: 009024415

SIC Code	Facility Dun & Bradstreet No.	EPA ID No. (RCRA No.)	Facility NPDES No.	Underground Injection Well Code(ID No.)
3274	009024415	ORD027707256	OR0001601	

CHEMICAL REPORT SUMMARY:

* Data for this chemical report (Form R or A) included in the Chemical Reports section of this FDP

File Number	Document Control Number	CAS No./ Category Code	Chemical/Generic/ Mixture Name	Original Postmark Date	Postmark Date	Received Date
Reporting Year : 2000						
SU-02-00000186-3	13-00-145-18274-3	N150 *	DIOXIN AND DIOXIN-LIKE COMPOUNDS	07-12-2001	01-14-2002	01-14-2002
SU-02-00000395-6	13-00-145-18410-3	N458 *	MERCURY COMPOUNDS	01-17-2002	01-17-2002	01-17-2002

CHEMICAL REPORT FOR THIS FACILITY OR ESTABLISHMENT:

PART I:

1.0 Reporting Year: 2000

2.0 Trade Secret Information: **2.1 Trade Secret:** NO **2.2 Sanitized:** NO

3.0 Certification: **Official Name:** GARY WRIGHT **Title:**

Date Signed: 01-11-2002

4.2 This Report Contains Information for: **4.5 SIC Code(s):** 3274 - Primary SIC

a. An entire facility: YES
b. Part of a facility: NO
c. A Federal Facility: NO **GOCO:**

PART II:

1.0. Toxic Chemical Identity:

1.1 CAS Number or Chemical Category Code: N150

1.2. Toxic Chemical or Chemical Category Name: DIOXIN AND DIOXIN-LIKE COMPOUNDS

1.3 Generic Chemical Name: NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category:
1: 19.42 2: 1.49 3: 5.19 4: 4.12 5: 1.23 6: 7.74 7: 1.03 8: 1.85 9: 1.25 10: 15.13
11: 5.67 12: 21.01 13: 1.19 14: 6.85 15: 1.72 16: 3.47 17: 1.64

2.0 Mixture Component Identity:

2.1 Generic Chemical Name Provided By Supplier: NA

3.0 Activities and Uses of the Toxic Chemical at the Facility:

3.1 Manufacture the toxic chemical:
- A. Produce: YES
- B. Import: NO

If Produce or Import:
- C. For on-site use/processing: NO
- D. For sale/distribution: NO
- E. As a byproduct: YES
- F. As an impurity: NO

3.2 Process the toxic chemical:
- A. As a reactant: NO
- B. As a formulation component: NO
- C. As an article component: NO
- D. Repackaging: NO
- E. As an impurity: NO

3.3 Otherwise use the toxic chemical:
- A. As a chemical processing aid: NO
- B. As a manufacture aid: NO
- C. Ancillary or other use: NO

4.1 Maximum Amount of the Toxic Chemical On-Site at any Time During the Year: 01 Range from 0 To 99 (lb)

5.0 Quantity of the Toxic Chemical Entering Each Environmental Medium On-site

Air Emissions	A. Total Release	B. Basis of Estimate
5.1 Fugitive Or Non-Point Air Emissions	NA	
5.2 Stack Or Point Air Emissions	.078 Grams	E-PUBLISHED EMISSION FACTORS

5.3 Discharges to Receiving Streams or Water Bodies Stream or water body name:	A. Total Release	B. Basis of Estimate	C. % from Stormwater
5.3.1 NA			

	Underground Injection/Land Disposal	A. Total Release	B. Basis of Estimate
5.4.1	Underground Injection On-Site To Class I Wells	NA	
5.4.2	Underground Injection On-Site To Class II-V Wells	NA	
5.5.1A	RCRA Subtitle C Landfills	NA	
5.5.1B	Other Landfills	NA	
5.5.2	Land Treatment / Application Farming	NA	
5.5.3	Surface Impoundment	NA	
5.5.4	Other Disposal	NA	

6.0 Transfers of the Toxic Chemical in Waste to Off-site Locations
6.1 Discharges to Publicly Owned Treatment Works (POTWs) NA There were no discharges

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers: INVALID **6.1.A.2** Basis of Estimate: 0-OTHER APPROACHES

NA

6.1.B.1 POTW NAME:
POTW Address:
City: County: State: Zip:

6.2 Transfers to Other Off-site Locations

6.2.1 Off-Site EPA Identification Number (RCRA ID No.) : NA

Off-Site Location Name: NA

Off-site Address:

City: State: County: Province: Zip: Country:

Location under control of reporting facility or parent company:

A. Total Transfers	B. Basis of Estimate	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery
1		

7A On-Site Waste Treatment Methods & Efficiency

7A.1 a. General Waste Stream: NA
c. Range of Influent Concentration:
d. Waste Treatment Efficiency Estimate(%):
e. Based on Operating Data:
b. Waste Treatment Method Sequence:

7B On-site Energy Recovery Processes

1 (NA) 401

7C On-site Recycling Processes

1. NA

8.0 Source Reduction & Recycling Activities * *Note: All values are in Grams	Col. A Prior Year	Col. B Current Year	Col. C Following Year	Col. D Second Following Year
8.1 Quantity Released	NA	.078	NA	NA
8.2 Quantity Used For Energy Recovery On-Site	NA	0	NA	NA
8.3 Quantity Used For Energy Recovery Off-Site	NA	0	NA	NA
8.4 Quantity Recycled On-Site	NA	0.UA	NA	NA
8.5 Quantity Recycled Off-Site	NA	0	NA	NA
8.6 Quantity Treated On-Site	NA	0	NA	NA
8.7 Quantity Treated Off-Site	NA	0	NA	NA

8.8 Quantity Released as a Result of Remedial, Catastrophic, or One Time Events: 0

8.9 Production Ratio or Activity Index: 1.05

8.10 Source Reduction Activities: Method A | Method B | Method C

8.10.1 NA

8.11 Additional Information Included: NO

TECHNICAL ERRORS (NOTEs)

PARAGRAPH: II.6.1 DISCHARGES TO POTWS.

ERROR: You reported a Total Transfer amount or range code and Basis of Estimate in Part II Section 6.1 but did not indicate a POTW name and location in Section 6.1.B. Please provide the POTW Name and Location.

NA There were no discharges

PARAGRAPH: II.6.1.A.1 POTW TOTAL TRANSFERS

ERROR: You submitted an invalid code. To correct this, consult the instructions for the proper table value and provide a valid code value.

SUBMITTED VALUE(S): ~~0~~ NA

PARAGRAPH: II.7B, 8.2B MULTI PARAGRAPH

ERROR: You reported an estimate in Part II, Section 8.2, column B, "Quantity Used for Energy Recovery On-site," but did not provide an on-site energy recovery code in Part II, Section 7B. Please provide an on-site energy recovery code for Part II, Section 7B.

UC1

PARAGRAPH: II.7C, 8.4B MULTI PARAGRAPH

ERROR: You reported an estimate in Part II, Section 8.4, column B "Quantity Recycled On-site" but did not provide an on-site recycling code in Part II, Section 7C. Please provide an on-site recycling code for Part II, Section 7C.

W.4

PARAGRAPH: II.8.9 SOURCE REDUCTION AND RECYCLING ACTIVITIES. PRODUCTION RATIO OR ACTIVITY INDEX

ERROR: There are no data in Part II, Section 8.9. Please provide a production ratio, an activity index, or "NA" (Not Applicable) if the chemical manufacture or use began during the current reporting year.

1.05

NON-TECHNICAL DATA CHANGES (NDCs)

There are no NDC level errors identified in this submission.

CHEMICAL REPORT FOR THIS FACILITY OR ESTABLISHMENT:

PART I:

1.0 Reporting Year: 2000

2.0 Trade Secret Information: **2.1 Trade Secret:** NO **2.2 Sanitized:** NO

3.0 Certification: **Official Name:** GARY WRIGHT **Title:**

Date Signed: 01-16-2002

4.2 This Report Contains Information for: **4.5 SIC Code(s):** 3274 - Primary SIC

a. An entire facility: YES
b. Part of a facility: NO
c. A Federal Facility: NO **GOCO:**

PART II:

1.0. Toxic Chemical Identity:

1.1 CAS Number or Chemical Category Code: N458

1.2. Toxic Chemical or Chemical Category Name: MERCURY COMPOUNDS

1.3 Generic Chemical Name: NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category: NA

1: 2: 3: 4: 5: 6: 7: 8: 9: 10:

11: 12: 13: 14: 15: 16: 17:

2.0 Mixture Component Identity:

2.1 Generic Chemical Name Provided By Supplier: NA

3.0 Activities and Uses of the Toxic Chemical at the Facility:

3.1 Manufacture the toxic chemical:

A. Produce: NO

B. Import: NO

If Produce or Import:

C. For on-site use/processing: NO
D. For sale/distribution: NO
E. As a byproduct: NO
F. As an impurity: NO

3.2 Process the toxic chemical:

A. As a reactant: NO
B. As a formulation component: NO
C. As an article component: NO
D. Repackaging: NO
E. As an impurity: YES

3.3 Otherwise use the toxic chemical:

A. As a chemical processing aid: NO
B. As a manufacture aid: NO
C. Ancillary or other use: NO

4.1 Maximum Amount of the Toxic Chemical On-Site at any Time During the Year: Range from To (lb)

01

5.0 Quantity of the Toxic Chemical Entering Each Environmental Medium On-site

Air Emissions	A. Total Release	B. Basis of Estimate
5.1 Fugitive Or Non-Point Air Emissions	0 Pounds	
5.2 Stack Or Point Air Emissions	1.5 Pounds	O-OTHER APPROACHES

5.3 Discharges to Receiving Streams or Water Bodies Stream or water body name:	A. Total Release	B. Basis of Estimate	C. % from Stormwater
5.3.1 Willamette River	0	0	0

Underground Injection/Land Disposal		A. Total Release	B. Basis of Estimate
5.4.1	Underground Injection On-Site To Class I Wells	NA	
5.4.2	Underground Injection On-Site To Class II-V Wells	NA	
5.5.1A	RCRA Subtitle C Landfills	NA	
5.5.1B	Other Landfills	NA	
5.5.2	Land Treatment / Application Farming	NA	
5.5.3	Surface Impoundment	NA	
5.5.4	Other Disposal	INVALID NA	

6.0 Transfers of the Toxic Chemical in Waste to Off-site Locations
6.1 Discharges to Publicly Owned Treatment Works (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers: NA

6.1.A.2 Basis of Estimate:

6.1.B.1 POTW NAME:
POTW Address:
City: County: State: Zip:

6.2 Transfers to Other Off-site Locations

6.2.1 Off-Site EPA Identification Number (RCRA ID No.) : NA

Off-Site Location Name: NA

Off-site Address:

City: State: County: Province: Zip: Country:

Location under control of reporting facility or parent company:

A. Total Transfers	B. Basis of Estimate	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery
1		

7A On-Site Waste Treatment Methods & Efficiency

7A.1 a. General Waste Stream: NA

c. Range of Influent Concentration:

d. Waste Treatment Efficiency Estimate(%):

e. Based on Operating Data:

b. Waste Treatment Method Sequence:

7B On-site Energy Recovery Processes

1. NA

7C On-site Recycling Processes

1. NA

8.0 Source Reduction & Recycling Activities * *Note: All values are in Pounds	Col. A Prior Year	Col. B Current Year	Col. C Following Year	Col. D Second Following Year
8.1 Quantity Released	1.4	1.5	1.3	1.4
8.2 Quantity Used For Energy Recovery On-Site	NA	NA	NA	NA
8.3 Quantity Used For Energy Recovery Off-Site	NA	NA	NA	NA
8.4 Quantity Recycled On-Site	NA	NA	NA	NA
8.5 Quantity Recycled Off-Site	NA	NA	NA	NA
8.6 Quantity Treated On-Site	NA	NA	NA	NA
8.7 Quantity Treated Off-Site	NA	NA	NA	NA

8.8 Quantity Released as a Result of Remedial, Catastrophic, or One Time Events: 0

8.9 Production Ratio or Activity Index: 1.05

8.10 Source Reduction Activities: Method A Method B Method C

8.10.1 NA

8.11 Additional Information Included: NO

TECHNICAL ERRORS (NOTEs)

PARAGRAPH: II.4 MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE. MAXIMUM AMOUNT ON-SITE AT ANY TIME

ERROR: You did not complete part II, section 4.1. Please provide a valid two digit code for the "maximum amount of chemical on-site at any time during the calendar year".

01

PARAGRAPH: II.5.1 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE. FUGITIVE OR NON-POINT AIR EMISSIONS

ERROR: There are missing or incomplete data for part II, section 5. Please provide the Release estimate or range code and Basis of Estimate; otherwise indicate "NA" (Not Applicable).

O M

PARAGRAPH: II.5.3 DISCHARGES TO RECEIVING STREAMS OR WATER BODIES.

ERROR: You did not complete part II, section 5.3. If you have discharged to water, please provide the Stream/Water Body name, the Release estimate or range code, Basis of Estimate and % from Stormwater; otherwise indicate "NA" (Not Applicable).

Willemette River, O, O, O%

PARAGRAPH: II.5.4.1 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE. UNDERGROUND INJECTION ON-SITE TO CLASS I WELLS

ERROR: You did not complete part II, section 5. Please provide the Release estimate or range code and Basis of Estimate; otherwise indicate "NA" (Not Applicable).

NA

PARAGRAPH: II.5.4.2 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE. UNDERGROUND INJECTION ON-SITE TO CLASS II-V WELLS

ERROR: You did not complete part II, section 5. Please provide the Release estimate or range code and Basis of Estimate; otherwise indicate "NA" (Not Applicable).

NA

PARAGRAPH: II.5.5.1A QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE. RCRA SUBTITLE C LANDFILLS

ERROR: You did not complete part II, section 5. Please provide the Release estimate or range code and Basis of Estimate; otherwise indicate "NA" (Not Applicable).

NA

PARAGRAPH: II.5.5.1B QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE. OTHER LANDFILLS

ERROR: You did not complete part II, section 5. Please provide the Release estimate or range code and Basis of Estimate; otherwise indicate "NA" (Not Applicable).

NA

PARAGRAPH: II.5.5.2 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE. LAND TREATMENT / APPLICATION FARMING

ERROR: You did not complete part II, section 5. Please provide the Release estimate or range code and Basis of Estimate; otherwise indicate "NA" (Not Applicable).

NA

PARAGRAPH: II.5.5.4 QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE. OTHER DISPOSAL

ERROR: You submitted an invalid code. To correct this, consult the instructions for the proper table value and provide a valid code value.

SUBMITTED VALUE(S): (Y) NA

ERROR: There are missing or incomplete data for part II, section 5. Please provide the Release estimate or range code and Basis of Estimate; otherwise indicate "NA" (Not Applicable).

NA

NON-TECHNICAL DATA CHANGES (NDCs)

There are no NDC level errors identified in this submission.

Request For Withdrawal

Ash Grove Cement Company
13939 N Rivergate Blvd.
Portland, OR 97203

June 30, 2003

TRI Data Processing Center
P.O. Box 1513
Lanham, MD 20703-1513
Attention: TRI Withdrawal Request

To whom it may concern:

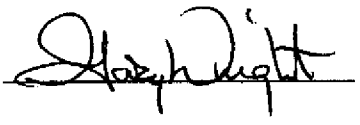
Ash Grove Cement Company, TRI Facility ID Number: 97203SHGRV13939 is requesting a withdrawal for the following submission filed under EPCRA Section 313 from EPA's database (i.e. the Toxics Release Inventory System (TRIS)):

Chemical Name Reported: Dioxin and Dioxin-like Compounds
CAS Number/Category Code: N150
Report Type: Form R
Reporting Year: 2001
Reason for Withdrawal: The amount reported was below the threshold amount needed to require a report to be submitted.

Please see attached Form R submitted for 2001 reporting year.

The technical contact is: Glenn F. Dollar. He may be reached at 503-286-1677.

Requested By: Gary Wright

Signature: 

EPA United States Environmental Protection Agency

FORM R

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

WHERE TO SEND COMPLETED FORMS: 1. EPCRA Reporting Center, P.O.Box 3348, Merrifield, VA 22116-3348, ATTN: TOXIC CHEMICAL RELEASE INVENTORY 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2001

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [X] NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator, senior management official	Signature:	Date Signed:
Gary Wright Plant Manager		06/24/2002

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 97203SHGRV13939

Facility or Establishment Name: Ash Grove Cement Company

Facility or Establishment Name or Mailing Address (if different from street address):

Street: Ash Grove Cement Company 13939 N Rivergate Blvd.

Mailing Address: NA

City/County/State/Zip Code: Portland Multnomah OR 97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	Glenn F. Dollar				Telephone Number (include area code) (503) 286-1677		
4.4	Public Contact Name	Gary Wright				Telephone Number (include area code) (503) 286-1677		
4.5	SIC Code (s) (4 digits)	Primary a. 3274	b.	c.	d.	e.	f.	
4.6	Latitude	Degrees 45	Minutes 37	Seconds 19	Longitude	Degrees 122	Minutes 47	Seconds 00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 009024415	a. ORD027707256	a. OR0001601	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	009024415

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number: 97203SHGRV13939

Toxic Chemical, Category or Generic Name: Dioxin and Dioxin-like Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
N150

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
Dioxin and Dioxin-like Compounds

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)
NA

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
[ ]	19.42	1.49	5.19	4.12	1.23	7.74	1.03	1.85	1.25	15.13	5.67	21.01	1.19	6.85	1.72	3.47	1.64

SECTION 2. MIXTURE COMPONENT IDENTIT (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. [X] Produce b. [ ] Import		
If produce or import:	a. [ ] As a reactant	a. [ ] As a chemical processing aid
c. [ ] For on-site use/processing	b. [ ] As a formulation component	b. [ ] As a manufacturing aid
d. [ ] For sale/distribution	c. [ ] As an article component	c. [ ] Ancillary or other use
e. [X] As a byproduct	d. [ ] Repackaging	
f. [ ] As an impurity	e. [ ] As an impurity	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 01 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions: NA [X]			
5.2	Stack or point air emissions: NA [ ]	0.066	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	NA			
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box [ ] **and indicate the Part II, Section 5.3 page number in this box.** [ ] **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
97203SHGRV13939
Toxic Chemical, Category, or Generic Name
Dioxin and Dioxin-like Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		N	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3	Surface Impoundment	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	
6.1.B	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] **and indicate the Part II, Section 6.1 page number in this box** [ ] **(example: 1,2,3, etc.)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	NA					
Off-Site Location Name	NA						
Off-site Address							
City		State		County		Zip	Country (Non-US)

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
97203SHGRV13939
Toxic Chemical, Category, or Generic Name
Dioxin and Dioxin-like Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)								
Off-Site location Name								
Off-site Address								
City		State		County		Zip		Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	
2.	2.	
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]								c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	1		2		3		4	7A.1c	7A.1d	7A.1e
	5		6		7		8			%	Yes ☐ No ☐
7A.2a	7A.2b	1		2		3		4	7A.2c	7A.2d	7A.2e
	5		6		7		8			%	Yes ☐ No ☐
7A.3a	7A.3b	1		2		3		4	7A.3c	7A.3d	7A.3e
	5		6		7		8			%	Yes ☐ No ☐
7A.4a	7A.4b	1		2		3		4	7A.4c	7A.4d	7A.4e
	5		6		7		8			%	Yes ☐ No ☐
7A.5a	7A.5b	1		2		3		4	7A.5c	7A.5d	7A.5e
	5		6		7		8			%	Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box: ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
97203SHGRV13939
Toxic Chemical, Category, or Generic Name
Dioxin and Dioxin-like Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ] 4 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.1	Quantity released *	0.070	0.060	0.073	0.00
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			0.84	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one Box) — Yes [ ] No [X]

EPA Form 9350-1 (Rev. 01/2001) - Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year

***Report releases pursuant to EPCRA Section 329 (8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated onsite.

EPA United States Environmental Protection Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number
97203SHGRV13939
Toxic Chemical, Category or Generic Name
Lead Compounds

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P.O.Box 1513, Lanham, MD 20703-1513 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright Plant Manager		05/20/2005

SECTION 4. FACILITY IDENTIFICATION

4.1 Facility or Establishment Name: Ash Grove Cement Company

TRI Facility ID Number: 97203SHGRV13939

Facility or Establishment Name or Mailing Address (if different from street address):

Street: Ash Grove Cement Company 13939 N Rivergate Blvd.

Mailing Address: NA

City/County/State/Zip Code: Portland Multnomah OR 97203

City/State/Zip Code:

Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name: Glenn F. Dollar	Telephone Number (include area code): (503) 286-1677
	Email Address: glenn.dollar@ashgrove.com	
4.4	Public Contact Name: Gary Wright	Telephone Number (include area code): (503) 286-1677

4.5 SIC Code (s) (4 digits)

Primary					
a. 3274	b.	c.	d.	e.	f.

4.6 Latitude / Longitude

Latitude Degrees	Latitude Minutes	Latitude Seconds	Longitude Degrees	Longitude Minutes	Longitude Seconds
45	37	19	122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 009024415	a. ORD027707256	a. OR0001601	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	009024415

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number: [illegible]

Toxic Chemical, Category or Generic Name: Lead Compounds

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
N420

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
Lead Compounds

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)
NA

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
☐																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:
- a. ☐ Produce b. ☐ Import
- If produce or import:
- c. ☐ For on-site use/processing
- d. ☐ For sale/distribution
- e. ☐ As a byproduct
- f. ☐ As an impurity

3.2 Process the toxic chemical:
- a. ☐ As a reactant
- b. ☐ As a formulation component
- c. ☐ As an article component
- d. ☐ Repackaging
- e. ☒ As an impurity

3.3 Otherwise use the toxic chemical:
- a. ☐ As a chemical processing aid
- b. ☐ As a manufacturing aid
- c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 02 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☐	0.1906	M	
5.2	Stack or point air emissions	NA ☐	2.0198	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	Willamette River		0	O	0
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐
and indicate the Part II, Section 5.3 page number in this box. ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 87503SHSLV1393

Toxic Chemical, Category, or Generic Name: Lead Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		N	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C Surface Impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA					
	POTW Address						
City		State		County		Zip	
6.1.B	POTW Name						
	POTW Address						
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)	NA						
Off-Site Location Name	NA						
Off-site Address							
City		State		County		Zip	Country (Non-US)

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97103SHSRV1393

Toxic Chemical, Category, or Generic Name: Lead Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b: 1 2 3 4 5 6 7 8	7A.1c	7A.1d %	7A.1e Yes ☐ No ☐
7A.2a	7A.2b: 1 2 3 4 5 6 7 8	7A.2c	7A.2d %	7A.2e Yes ☐ No ☐
7A.3a	7A.3b: 1 2 3 4 5 6 7 8	7A.3c	7A.3d %	7A.3e Yes ☐ No ☐
7A.4a	7A.4b: 1 2 3 4 5 6 7 8	7A.4c	7A.4d %	7A.4e Yes ☐ No ☐
7A.5a	7A.5b: 1 2 3 4 5 6 7 8	7A.5c	7A.5d %	7A.5e Yes ☐ No ☐

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box: ☐ (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 07[illegible]GRU139[illegible] Toxic Chemical, Category, or Generic Name Lead Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1		2		3		4		5	
6		7		8		9		10	

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	3.4068	2.2104	2.5	2.5
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0.91	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one Box)	Yes [ ] No [X]

EPA Form 9350-1 (Rev. 2/2004) - Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year

2004

Production Ratio: 67,891 ÷ 75,902 = .8945
20,146 ÷ 24,189 = 0.9508

Appendix58-000585

Production	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	12 Month Rolling Average
Material Received by Barge	23,596	36,426	23,720	49,235	50,029	23,958	47,570	56,988	61,873	58,815	44,699	23,877	500,786
Material Received by Rail	243	1,270	470	1,701	1,497	2,299	2,939	2,026	171	-	1,314	1,892	15,822
Kiln #1 Production	2,340	1,249	1,314	1,721	2,217	639	1,040	1,638	1,797	2,257	1,345	-	17,557
Kiln #2 Production	1,721	-	-	-	1,248	2,141	2,098	949	909	-	-	-	9,066
Kiln #3 Production	1,689	4,270	4,406	3,914	2,265	3,527	1,883	3,784	3,819	4,837	4,183	2,691	41,268
Tons of Quicklime Produced	5,750	5,519	5,720	5,635	5,730	6,307	5,021	6,371	6,525	7,094	5,528	2,691	67,891 →
Tons Of Hydrate Produced	730	1,081	842	1,250	1,925	2,266	2,646	2,739	2,481	2,213	892	1,081	20,146 →
Tons of Tailings (Ag Special)	-	-	-	-	-	-	-	-	-	-	-	-	0
Tons of Ag	1,481	2,601	5,685	12,142	8,497	5,489	4,016	23,635	39,717	21,326	7,110	3,266	134,965
Tons of Flour	9,659	17,461	22,123	21,718	21,152	23,505	22,358	24,918	21,454	22,439	19,386	14,189	240,362
Tons of Dolomite, Ground	150	1,379	4,115	3,698	2,340	1,070	734	2,965	11,316	6,994	2,940	524	38,225
Tons of Ground Product	11,290	21,441	31,923	37,558	31,989	30,064	27,108	51,518	72,487	50,759	29,436	17,979	413,552 →
Gallons of Oil Used	181,044	142,897	147,441	232,419	168,375	196,025	128,128	286,516	289,299	235,073	192,249	90,273	2,289,739

The 0.56 emission factor for hydrate is a change from the 2003 report which had the factor at 1.46. This is due to the new hydrator stack test results.

Permit													Actual Plant Emissions	PSEL Annual Maximum
PM (Material Handling/Sizing)	0.76	1.18	0.76	1.60	1.62	0.79	1.56	1.85	1.98	1.88	1.45	0.79	16.21	
PM (Production)	1.59	2.06	2.45	2.78	2.76	2.87	2.65	3.88	4.68	3.82	2.33	1.46	33.32	
TSP Total	2.35	3.24	3.21	4.37	4.38	3.66	4.20	5.73	6.66	5.70	3.78	2.25	49.53	98
PM_{10} (Material Handling/Sizing)	0.28	0.44	0.29	0.60	0.61	0.30	0.58	0.69	0.74	0.71	0.54	0.30	6.08	
PM_{10} (Production)	0.88	1.14	1.35	1.54	1.53	1.59	1.46	2.15	2.59	2.11	1.29	0.81	18.44	
PM_{10} Total	1.16	1.58	1.64	2.14	2.13	1.88	2.05	2.84	3.34	2.82	1.83	1.11	24.52	48
SO2	2.58	2.50	2.61	2.59	2.62	2.87	2.29	2.94	3.06	3.26	2.52	1.24	31.08	73
NOX	1.60	1.83	1.97	1.97	1.82	2.03	1.58	2.25	2.47	2.50	1.89	1.00	22.90	50
CO	1.96	2.63	2.87	2.82	2.39	2.79	2.06	3.19	3.55	3.59	2.74	1.53	32.12	66
VOC	0.19	0.22	0.29	0.33	0.32	0.30	0.28	0.44	0.58	0.44	0.27	0.15	3.81	7
Individual HAP	0.11	0.09	0.09	0.14	0.10	0.12	0.08	0.18	0.18	0.15	0.12	0.06	1.42	9
Aggregate HAP	0.15	0.12	0.13	0.20	0.14	0.17	0.11	0.24	0.25	0.20	0.16	0.08	1.96	24

(67,891)(.322) = 21,860.90 / 2000 = 10.93 tons nonfugitive - Kilns

(20,146)(0.56) = 11,281.76 / 2000 = 5.6409 ton nonfugitive - Hydrate

10.93 + 5.6409 = (16.5709)(2000) = (33,141.76)(55 ppm pb) = 1,822,796.80

1,822,796.80 ÷ 1,000,000 = 1.8228 lbs pb Kilns & Hydrate

(16.21)(2000) = (32,420.00)(5.880 ppm pb) = 190,629.60 ÷ 1,000,000 = 0.1906 = 0.1906 lbs pb fugitive

---

(413,552)(0.081) = (33,497.7120)(5.880) = 196,966.5466 ÷ 1,000,000 = 0.1970 = 0.1970 lb pb Milling Department

---

1.8228 + 0.1970 = 2.0198 lbs pb - Stack or Point Source

0.1906 lbs pb fugitive or non-source

2004

Limestone			Measured Concentration		Annual Use	Pb (w/w)
	1	=	5.88 ppm Pb	1996	521,336 tons	6,131 lbs
				1997	545,870 tons	6,419 lbs
				1998	535,101 tons	6,293 lbs
				1999	452,612 tons	5,323 lbs
				2000	492,824 tons	5,796 lbs
				2001	451,830 tons	5,314 lbs
	Average		**5.880 ppm Pb**		**509,549 tons**	**5,992 lbs**

Oil			Measured Concentration		Annual Use	Pb (w/w)	Pb (w/v)
	1	=	ppm Pb	1996	2,533,227 gallons	433.50 lbs	487.07 lbs
S.G. = 0.89 g/mL	2	=	ppm Pb	1997	2,413,255 gallons	412.97 lbs	464.00 lbs
	3	=	22.35 ppm Pb	1998	1,586,253 gallons	271.45 lbs	304.99 lbs
	4	=	32.5 ppm Pb	1999	1,245,291 gallons	213.10 lbs	239.43 lbs
	5	=	17 ppm Pb	2000	1,481,965 gallons	253.60 lbs	284.94 lbs
	6		20.4 ppm Pb	2001	765,547 gallons	131.00 lbs	147.19 lbs
	Average		**23.063 ppm Pb**		**1,670,923 gallons**	**285.93 lbs**	**321.27 lbs**

$((509,549)(2000))(5.880) / 1,000,000 = 5992$ lbs

2004 -
$(500,786)(2000)(5.880) / 1,000,000 = 5889.2434$

Appendix58-000586

Form Approved OMB Number: 2070-0093
Approval Expires: 1/31/2006

(IMPORTANT: Type or print; read instructions before completing form)

EPA

United States Environmental Protection Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number
97203SHGRV13939
Toxic Chemical, Category or Generic Name
Mercury

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P.O.Box 1513, Lanham, MD 20703-1513 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision: [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2004

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright Plant Manager		05/20/2005

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 97203SHGRV13939

Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)
Ash Grove Cement Company	
Street	**Mailing Address**
Ash Grove Cement Company 13939 N Rivergate Blvd.	NA
City/County/State/Zip Code	**City/State/Zip Code** / **Country (Non-US**
Portland Multnomah OR 97203	

4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3 Technical Contact Name: Glenn F. Dollar — Telephone Number (include area code): (503) 286-1677
Email Address: glenn.dollar@ashgrove.com

4.4 Public Contact Name: Gary Wright — Telephone Number (include area code): (503) 286-1677

4.5 SIC Code (s) (4 digits)

Primary					
a. 3274	b.	c.	d.	e.	f.

4.6

Latitude	Degrees	Minutes	Seconds	Longitude	Degrees	Minutes	Seconds
	45	37	19		122	47	00

4.7 Dun & Bradstreet Number(s) (9 digits)	4.8 EPA Identification Number (RCRA I.D. No.) (12 characters)	4.9 Facility NPDES Permit Number(s) (9 characters)	4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)
a. 009024415	a. ORD027707256	a. OR0001601	a. NA
b.	b.	b.	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company	
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	009024415	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number: 97035SPGRV1393Y

Toxic Chemical, Category or Generic Name: Mercury

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1 CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
7439-97-6

1.2 Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
Mercury

1.3 Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)
NA

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
☐																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1 Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:
- a. ☐ Produce b. ☐ Import

If produce or import:
- c. ☐ For on-site use/processing
- d. ☐ For sale/distribution
- e. ☐ As a byproduct
- f. ☐ As an impurity

3.2 Process the toxic chemical:
- a. ☐ As a reactant
- b. ☐ As a formulation component
- c. ☐ As an article component
- d. ☐ Repackaging
- e. ☒ As an impurity

3.3 Otherwise use the toxic chemical:
- a. ☐ As a chemical processing aid
- b. ☐ As a manufacturing aid
- c. ☐ Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1 01 (Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☐	0.0013	M	
5.2	Stack or point air emissions	NA ☐	1.0184	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	Willamette River		0	O	0
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐
and indicate the Part II, Section 5.3 page number in this box. ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 97203SHGRV1393 Toxic Chemical, Category, or Generic Name Mercury

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		N	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C Surface Impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	
6.1.B	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box ☐ **and indicate the Part II, Section 6.1 page number in this box** ☐ **(example: 1,2,3, etc.)**

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1	Off-Site EPA Identification Number (RCRA ID No.)	NA							
Off-Site Location Name	NA								
Off-site Address									
City		State		County		Zip		Country (Non-US)	
Is location under control of reporting facility or parent company?						☐ Yes		☐ No	

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
97103SHGRV1393
Toxic Chemical, Category, or Generic Name
Mercury

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]					c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data ?
7A.1a	7A.1b	1		2		7A.1c	7A.1d	7A.1e
	3	4		5			%	Yes ☐ No ☐
	6	7		8				
7A.2a	7A.2b	1		2		7A.2c	7A.2d	7A.2e
	3	4		5			%	Yes ☐ No ☐
	6	7		8				
7A.3a	7A.3b	1		2		7A.3c	7A.3d	7A.3e
	3	4		5			%	Yes ☐ No ☐
	6	7		8				
7A.4a	7A.4b	1		2		7A.4c	7A.4d	7A.4e
	3	4		5			%	Yes ☐ No ☐
	6	7		8				
7A.5a	7A.5b	1		2		7A.5c	7A.5d	7A.5e
	3	4		5			%	Yes ☐ No ☐
	6	7		8				

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐
and indicate the Part II, Section 6.2/7A page number in this box: ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 17[illegible]GRV1393[illegible]

Toxic Chemical, Category, or Generic Name: Mercury

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ]

6 [ ] 7 [ ] 8 [ ] 9 [ ] 10 [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1.1398	1.1385	1.13	1.13
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0.89	

8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	Is additional information on source reduction, recycling, or pollution control activities included with this report ? (Check one Box)			Yes [ ] No [X]

*For Dioxin or Dioxin-like compounds, report in grams/year

2004

Production Ratio: 67,891 ÷ 75,902 = .8945

Production	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	12 Month Rolling Average
Material Received by Barge	23,596	36,426	23,720	49,235	50,029	23,958	47,570	56,988	61,873	58,815	44,699	23,877	**500,786** —
Material Received by Rail	243	1,270	470	1,701	1,497	2,299	2,939	2,026	171	-	1,314	1,892	**15,822**
Kiln #1 Production	2,340	1,249	1,314	1,721	2,217	639	1,040	1,638	1,797	2,257	1,345	-	**17,557**
Kiln #2 Production	1,721	-	-	-	1,248	2,141	2,098	949	909	-	-	-	**9,066**
Kiln #3 Production	1,689	4,270	4,406	3,914	2,265	3,527	1,883	3,784	3,819	4,837	4,183	2,691	**41,268**
Tons of Quicklime Produced	5,750	5,519	5,720	5,635	5,730	6,307	5,021	6,371	6,525	7,094	5,528	2,691	**67,891** —
Tons Of Hydrate Produced	730	1,081	842	1,250	1,925	2,266	2,646	2,739	2,481	2,213	892	1,081	**20,146**
Tons of Tailings (Ag Special)	-	-	-	-	-	-	-	-	-	-	-	-	**0**
Tons of Ag	1,481	2,601	5,685	12,142	8,497	5,489	4,016	23,635	39,717	21,326	7,110	3,266	**134,965**
Tons of Flour	9,659	17,461	22,123	21,718	21,152	23,505	22,358	24,918	21,454	22,439	19,386	14,189	**240,362**
Tons of Dolomite, Ground	150	1,379	4,115	3,698	2,340	1,070	734	2,965	11,316	6,994	2,940	524	**38,225**
Tons of Ground Product	11,290	21,441	31,923	37,558	31,989	30,064	27,108	51,518	72,487	50,759	29,436	17,979	**413,552**
Gallons of Oil Used	181,044	142,897	147,441	232,419	168,375	196,025	128,128	286,516	289,299	235,073	192,249	90,273	**2,289,739**

Permit													Actual Plant Emissions	PSEL Annual Maximum
PM (Material Handling/Sizing)	0.76	1.18	0.76	1.60	1.62	0.79	1.56	1.85	1.98	1.88	1.45	0.79	**16.21** —	
PM (Production)	1.59	2.06	2.45	2.78	2.76	2.87	2.65	3.88	4.68	3.82	2.33	1.46	**33.32**	
TSP Total	2.35	3.24	3.21	4.37	4.38	3.66	4.20	5.73	6.66	5.70	3.78	2.25	**49.53**	98
PM_{10} (Material Handling/Sizing)	0.28	0.44	0.29	0.60	0.61	0.30	0.58	0.69	0.74	0.71	0.54	0.30	**6.08**	
PM_{10} (Production)	0.88	1.14	1.35	1.54	1.53	1.59	1.46	2.15	2.59	2.11	1.29	0.81	**18.44**	
PM_{10} Total	1.16	1.58	1.64	2.14	2.13	1.88	2.05	2.84	3.34	2.82	1.83	1.11	**24.52**	48
SO2	2.58	2.50	2.61	2.59	2.62	2.87	2.29	2.94	3.06	3.26	2.52	1.24	**31.08**	73
NOX	1.60	1.83	1.97	1.97	1.82	2.03	1.58	2.25	2.47	2.50	1.89	1.00	**22.90**	50
CO	1.96	2.63	2.87	2.82	2.39	2.79	2.06	3.19	3.55	3.59	2.74	1.53	**32.12**	66
VOC	0.19	0.22	0.29	0.33	0.32	0.30	0.28	0.44	0.58	0.44	0.27	0.15	**3.81**	7
Individual HAP	0.11	0.09	0.09	0.14	0.10	0.12	0.08	0.18	0.18	0.15	0.12	0.06	**1.42**	9
Aggregate HAP	0.15	0.12	0.13	0.20	0.14	0.17	0.11	0.24	0.25	0.20	0.16	0.08	**1.96**	24

$$\frac{(500{,}786)(2000)(0.041)}{1{,}000{,}000} = 41.0645 \text{ lbs} < 10 \text{ lb Threshold}$$

Fugitive Emissions:

$$\frac{(16.21)(2000)(0.041)}{1{,}000{,}000} = .0013 \text{ lbs Hg}$$

Stack Emissions:

$(67{,}891)\ 1.50\ E\text{-}05) = 1.0184$ lbs Hg

Appendix58-000592

TRI Facility Data Profile

FACILITY INFORMATION:

TRI Facility Identification No: 97203SHGRV13939
Facility Name and Address:
ASH GROVE CEMENT CO
13939 N RIVERGATE BLVD
PORTLAND (COUNTY: MULTNOMAH) OR 97203

Mailing Address:

ASH GROVE CEMENT CO
13939 N RIVERGATE BLVD
PORTLAND, OR 97203

Technical Contact Information:
Name: GLENN F. DOLLAR **Phone:** 503-286-1677
Email: GLENN.DOLLAR@ASHGROVE.COM

Public Contact Information:
Name: GARY WRIGHT **Phone:** 503-286-1677

Reporting for: An entire facility
Facility Type (Federal/GOCO/Commercial): COMMERCIAL

Latitude: 045-37-19 **Longitude:** 122-47-00

Parent Company Name: ASH GROVE CEMENT CO
Parent Company Dun & Bradstreet No: 009024415

SIC Code	Facility Dun & Bradstreet No.	EPA ID No. (RCRA No.)	Facility NPDES No.	Underground Injection Well Code(ID No.)
3274	009024415	ORD027707256	OR0001601	NA
NA	NA	NA	NA	

INSTRUCTIONS FOR RESPONDING TO TRI FACILITY DATA PROFILE

- This Facility Data Profile (FDP) presents the information you have submitted on the Form R and/or Form A submissions that EPA has entered into the Toxics Release Inventory database. The specific chemicals covered by this FDP are shown in the Chemical Report Summary section. **For RY 2004, all revisions received by October 1, 2005, will be subject to the TRI's electronic Facility Data Release (eFDR) scheduled for late October. Therefore, if you have corrections that need to be made, please do so before October 1, 2005.** The eFDR will enable the public to access TRI data on a facility-specific, form-by-form level via EPA's Envirofacts website. Revisions received after October 1, 2005, will be entered and used for the annual Public Data Release. Revisions for the Public Data Release are due no later than 12:00 PM, November 1, 2005. Any revision received after 12:00 PM, November 1, 2005, will be entered into the TRI database but not be reflected in the Reporting Year 2004 Public Data Release. These changes will be reflected in subsequent refreshes of the Envirofacts and TRI Explorer tools.

- Please review this FDP to make sure that EPA has accurately entered your submitted information. If you identify no errors in the data presented and EPA has identified no errors, NO RESPONSE IS NEEDED. If any of the data are incorrect, or you have discovered an error in your submitted data, please revise the submission by using one of the following methods:

1. **TRI-ME via Internet (Central Data Exchange)** - The preferred method to submitting revised TRI forms is the use of TRI Made-Easy (TRI-ME) Software and submit through the internet via the Central Data Exchange (CDX). You can download the TRI-ME software at www.epa.gov/tri. Several advantages to using CDX include: paperless filing, electronic signature process, significant reduction of data errors, and instant confirmation of your submission. If you have questions about submitting forms via CDX, please contact the CDX Hotline at epacdx@csc.com or call 888-890-1995. You can only revise data via CDX beginning with Reporting Year (RY) 2002 submissions. Please remember to submit a copy to your appropriate State agency.

2. **TRI-ME via Diskette** - If you do not have Internet access, EPA still encourages you to use the TRI-ME software and to submit responses by diskette to one of the addresses given below. All diskette submissions must be accompanied by a signed Certification Statement. If you do not have the TRI-ME software for the Reporting Year that you are correcting, please contact EPA at tridocs@epa.gov or 202-564-9554. Please remember to submit a copy to your appropriate State agency.

3. **Hard Copy Form** - Although EPA strongly discourages paper submissions due to the increased possibility of errors, you may make corrections by one of three hard copy methods:
   a. Facility Data Profile (FDP)
   b. Photocopy of Original
   c. Blank Form

a) **Facility Data Profile** - The FDP presents the information a facility submitted to EPA, and includes any identified errors with the submission. If you use the FDP to make corrections, you must submit the full Form R or Form A Certification Statement equivalent for each chemical. You make your revisions by marking-up the FDP in blue ink. Also, you must sign and submit the Certification Statement contained on a separate page in this document. If you do not have a copy of the facility FDP, you can retrieve it from the internet at www.triefdp.org. If you have questions about how to respond by using your FDP, please contact tri.efdp@csc.com or call 301-429-5005. Please remember to send a copy to your appropriate State agency.

b) **Photocopy of Original Submission** - You may submit a photocopy of your original submission (from your file) with the corrections made in blue ink. To assist in the revision process, EPA has provided a "Request for Revision" letter that could accompany your form. This can be found in TRI's Toxic Chemical Release Inventory Reporting Forms and Instructions. Please remember to re-sign and re-date the certification and enter an "X" in the space marked "Enter 'X' here if this is a revision," on page 1 of the form and send a copy to your appropriate State agency.

c) **Blank Form** - Hard copy submissions may be submitted using the form applicable for that particular reporting year or the most recent form available. You can request prior year reporting forms at tridocs@epa.gov. To assist in the revision process, EPA has provided a "Request for Revision" letter that could accompany your form. This can be found in TRI's Toxic Chemical Release Inventory Reporting Forms and Instructions. Please remember to certify and date the form and enter an "X" in the space marked "Enter 'X' here if this is a revision," on page 1 of the form and send a copy to your appropriate State agency.

- Please keep in mind the FDP does not serve as a means to withdraw TRI data. For information regarding TRI withdrawal procedures, please visit www.epa.gov/tri.

CERTIFICATION STATEMENT

I hereby certify that I have reviewed the attached pages from the Facility Data Profile, and to the best of my knowledge and belief, the submitted information and any corrections I have made to it are true and complete and that the amounts and values presented are accurate based on reasonable estimates using data available to the preparers of this response.

_____
Name and official Title of Owner/Operator or Senior Management Official (Print)

_____ _____
Signature Date

RESPONSE ADDRESSES	
Regular mail: TRI Data Processing Center PO Box 1513 Lanham, MD 20703-1513 Attention: TRI Revision Request	**Certified Mail, Overnight Delivery, Hand Delivery:** TRI Data Reporting Center C/O Computer Sciences Corporation Suite 300 8400 Corporate Drive Landover, MD 20785-2294 Attention:TRI Revision Request
Remember: Send a copy to your State.	

Appendix58-000596

CHEMICAL REPORT SUMMARY

*** Data for this chemical report (Form R or A) included in the Chemical Reports section of this FDP**

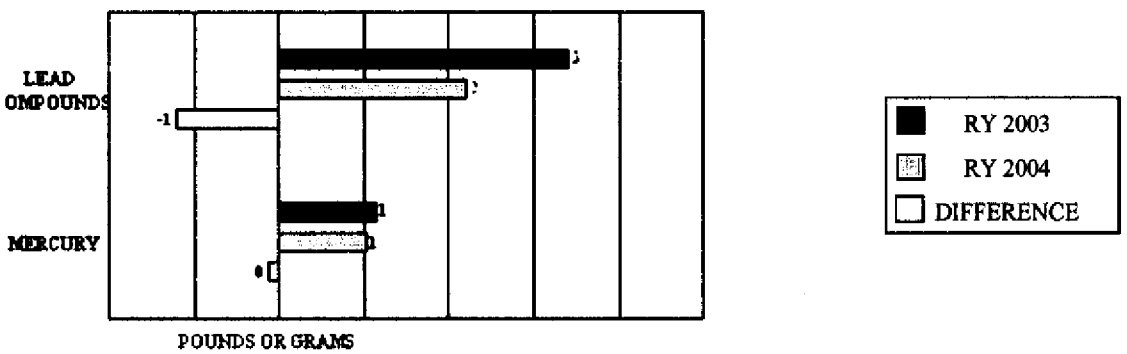
Chemical/Generic/ Mixture Name	Original Postmark Date	Postmark Date	Received Date	NOSE Error Count	NOTE Error Count	NDC Error Count	NDC (facility level) Error Count	Data Quality Alert Count
Reporting Year : 2004								
LEAD COMPOUNDS *	05-24-2005	05-24-2005	05-24-2005	0	0	0	0	2
MERCURY *	05-24-2005	05-24-2005	05-24-2005	0	0	0	0	1

Appendix58-000597

RELEASE COMPARISON REPORT

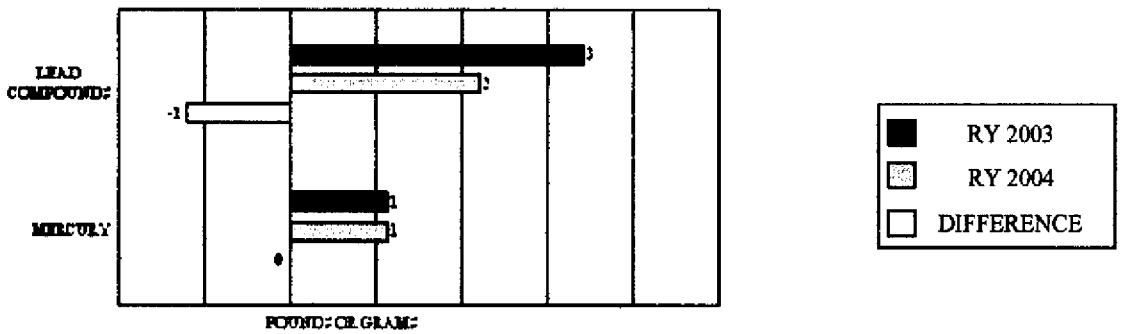
Total On-site Releases and Off-site Disposal (sum of all of section 5 on-site release plus metals to a POTW plus section 6.2 off-site transfer for disposal (this includes only waste management codes for disposal: M10, M41, M62, M63, M64, M65, M66, M67, M71, M72, M73, M79, M81, M82, M90, M91, M94 and M99).
Note: a median value is used for releases reported as range codes A = 5, B = 250 and C= 750)

Chemical	RY 2003	RY 2004	Difference
LEAD COMPOUNDS	3.41	2.21	-1.2
MERCURY	1.14	1.02	-0.12



Total Production Related Waste Management (sum of 8.1 - 8.7 column B)

Chemical	RY 2003	RY 2004	Difference
LEAD COMPOUNDS	3.41	2.21	-1.2
MERCURY	1.14	1.14	0



Errors Identified In This Report

In this section we identify any Notice of Significant Error (NOSE) level errors and/or any Notice of Technical Error (NOTE) level errors that we have identified and/or any Non-Technical Data Changes (NDC) that we have made.

NOSEs

NOSEs identify errors that prevent your submission from being entered into our database or identify missing critical information. Invalid forms, missing pages, no certification signature, and no chemical name or CAS number are examples of significant errors.

Please note: you will receive in the mail a paper copy of your NOSE. NOSE level errors should be responded to and corrected by submitting a marked up paper copy of the FDP with the signed certification statement on page 3 of this FDP. If you used TRI-ME, you have a choice of submitting revisions through the Central Data Exchange (CDX), magnetic media or paper. However, the use of CDX will enable you to submit your revisions in the fastest, cheapest and most accurate way. If your NOSE level error is due to only a missing signature, please sign and submit the certification statement below or, if you used TRI-ME, you may submit via CDX and utilize the electronic signature feature.

NOTEs

NOTEs identify erroneous data or missing data that are required. Some examples of NOTE type errors are invalid codes or incomplete data. These errors can distort your facility's information in EPA's public data products or skew analyses. We encourage you to respond with corrections to these types of errors as soon as possible so that these changes may be incorporated into our database in time for the public data release.

If we indicate NOTE level errors in this section, or if you discover that we omitted or inaccurately altered your submitted data, please mark through the erroneous value in the Facility Information or Chemical Report section of this FDP and write the correct value next to it. If you used TRI-ME, you have a choice of submitting revisions through the Central Data Exchange (CDX), magnetic media or paper. However, the use of CDX will enable you to submit your revisions in the fastest, cheapest and most accurate way.

NDCs

NDCs notify you of changes that EPA has made to correct simple, clerical errors found in your data. An example of a NDC might be transposition of characters within a CAS number. It is not necessary to respond to a NDC unless you believe we have made an error in our change.

DQA

A Data Quality Alert (DQA) informs facilities of possible reporting issues. The DQA is offered to assist the facility in ensuring accurate reporting of releases and transfers.

Reporting Year: 2004

Error Summary Page

DCN: 13-04-202-17112-0
File Number: ES-05-00022200-0

Chemical Name: LEAD COMPOUNDS

Error Counts For This Chemical	
NOSE Errors :	0
NOTE Errors :	0
NDC Errors :	0
NDC Errors (Facility level) :	0
DQA :	2

Detail List Of Errors: **(Note: Form R/A data for this chemical follows this error summary)**

DQA #1 According to our preliminary analysis, your facility reported greater than a 25% change in total release (sum of all of section 5 on-site releases plus metals to a POTW plus section 6.2 off-site transfers for disposal) as compared to last year. Please review your release calculations to ensure accuracy. If you determine that your calculations are correct, please disregard this DQA.

Part II Section 5,6 MULTI SECTION ALERT

DQA #2 According to our preliminary analysis, your facility reported at least a 25% change in production related waste (8.1-8.7) as compared to last year. Please review your release and other waste management calculations to ensure accuracy. If you determine that your calculations are correct, please disregard this DQA.

Part II Section 8.1-8.7 MULTI SECTION ALERT

Appendix58-000601

Reporting Year: 2004

Form R Report

Chemical Name: LEAD COMPOUNDS

DCN: 13-04-202-17112-0
File Number: ES-05-00022200-0

PART I:

1.0 Reporting Year: 2004

2.0 Trade Secret Information: **2.1 Trade Secret:** NO **2.2 Sanitized:** NO

3.0 Certification: Official Name: GARY WRIGHT **Title:** PLANT MANAGER **Date Signed:** 05-20-2005

4.2 This Report Contains Information for:

a. An entire facility: YES **b. Part of a facility:** NO **c. A Federal Facility:** NO **GOCO:** NO

4.5 SIC Code(s): 3274 - Primary SIC

PART II:

1.0. Toxic Chemical Identity:

1.1 CAS Number or Chemical Category Code: N420

1.2 Toxic Chemical or Chemical Category Name: LEAD COMPOUNDS

1.3 Generic Chemical Name: NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category:

1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17:

2.0 Mixture Component Identity:

2.1 Generic Chemical Name Provided By Supplier: NA

3.0 Activities and Uses of the Toxic Chemical at the Facility:

3.1 Manufacture the toxic chemical:

A. Produce: NO

B. Import: NO

If Produce or Import:

C. For on-site use/processing: NO

D. For sale/distribution: NO

E. As a byproduct: NO

F. As an impurity: NO

3.2 Process the toxic chemical:

A. As a reactant: NO

B. As a formulation component: NO

C. As an article component: NO

D. Repackaging: NO

E. As an impurity: YES

3.3 Otherwise use the toxic chemical:

A. As a chemical processing aid: NO

B. As a manufacture aid: NO

C. Ancillary or other use: NO

4.1 Maximum Amount of the Toxic Chemical On-Site at any Time During the Year: 02 Range from 100 To 999 (lb)

5.0 Quantity of the Toxic Chemical Entering Each Environmental Medium On-site

Air Emissions	A. Total Release	B. Basis of Estimate
5.1 Fugitive Or Non-Point Air Emissions	1906 Pounds	M-Data Monitoring Or Measurements
5.2 Stack Or Point Air Emissions	2.0198 Pounds	M-Data Monitoring Or Measurements

Appendix58-000602

5.3 Discharges to Receiving Streams or Water Bodies Stream or water body name:	A. Total Release	B. Basis of Estimate	C. % from Stormwater
5.3.1 WILLAMETTE RIVER	0 Pounds	O-Other Approaches	0

	Underground Injection/Land Disposal	A. Total Release	B. Basis of Estimate
5.4.1	Underground Injection On-Site To Class I Wells	NA	
5.4.2	Underground Injection On-Site To Class II-V Wells	NA	
5.5.1A	RCRA Subtitle C Landfills	NA	
5.5.1B	Other Landfills	NA	
5.5.2	Land Treatment / Application Farming	NA	
5.5.3A	RCRA Subtitle C surface impoundments	NA	
5.5.3B	Other surface impoundments	NA	
5.5.4	Other Disposal	NA	

6.0 Transfers of the Toxic Chemical in Waste to Off-site Locations

6.1 Discharges to Publicly Owned Treatment Works (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers: NA **6.1.A.2** Basis of Estimate:

6.1.B.1 POTW NAME: NA

POTW Address:

City: County: State: Zip:

6.2 Transfers to Other Off-site Locations

6.2.1 Off-Site EPA Identification Number (RCRA ID No.) : NA

Off-Site Location Name: NA

Off-site Address:

City: State: County: Province: Zip: Country:

Location under control of reporting facility or parent company:

	A. Total Transfers	B. Basis of Estimate	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery
1	NA		

7A On-Site Waste Treatment Methods & Efficiency

7A.1 a. General Waste Stream: NA

c. Range of Influent Concentration:

d. Waste Treatment Efficiency Estimate(%):

e. Based on Operating Data:

b. Waste Treatment Method Sequence:

Appendix58-000603

7B On-site Energy Recovery Processes

1. NA

7C On-site Recycling Processes

1. NA

8.0 Source Reduction & Recycling Activities * *Note: All values are in Pounds		Col. A Prior Year	Col. B Current Year	Col. C Following Year	Col. D Second Following Year
8.1a	Total on-site disposal to UIC Class I Wells, RCRA Subtitle C landfills and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	3.4068	2.2104	2.5	2.5
8.1c	Total off-site disposal to UIC Class I Wells, RCRA Subtitle C landfills and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity Used For Energy Recovery On-Site	NA	NA	NA	NA
8.3	Quantity Used For Energy Recovery Off-Site	NA	NA	NA	NA
8.4	Quantity Recycled On-Site	NA	NA	NA	NA
8.5	Quantity Recycled Off-Site	NA	NA	NA	NA
8.6	Quantity Treated On-Site	NA	NA	NA	NA
8.7	Quantity Treated Off-Site	NA	NA	NA	NA

8.8	Quantity Released as a Result of Remedial, Catastrophic, or One Time Events	NA
8.9	Production Ratio or Activity Index	.91

8.10 Source Reduction Activities: Method A Method B Method C

8.10.1 NA

8.11 Additional Information Included: NO

Appendix58-000604

Reporting Year: 2004

Chemical Name: MERCURY

Error Summary Page

Error Counts For This Chemical	
NOSE Errors :	0
NOTE Errors :	0
NDC Errors :	0
NDC Errors (Facility level) :	0
DQA :	1

Detail List Of Errors: **(Note: Form R/A data for this chemical follows this error summary)**

DQA #1 According to our preliminary analysis, you may have made a mathematical error in calculating values in Section 8 for this toxic chemical. Since you have reported a value of zero or NA for remedial actions, catastrophic events or one time events not associated with production processes in Part II Section 8.8, the estimate reported in Section 8.1b Column B should be based on the data collected to complete Section 5.1, Section 5.2, Section 5.3, Section 5.4.2, Section 5.5.2, Section 5.5.3A, Section 5.5.3B, and Section 5.5.4. EPA has calculated your anticipated Section 8.1b Column B quantity and found the Section 8.1b Column B quantity you provided to differ by more than 5% from the calculated quantity. When encountering a range code, EPA includes the mid point of the range code in its calculation. This discrepancy may be the result of your use of a value other than the mid point of a range code or may be the result of rounding in Section 8.1b Column B. Please review your Part II, Section 8.1b Column B estimate and confirm that you have properly summed Part II, Section 5.1, Section 5.2, Section 5.3, Section 5.4.2, Section 5.5.2, Section 5.5.3A, Section 5.5.3B, and Section 5.5.4 data.

Part II Section 5,8.1b MULTI SECTION ALERT

Appendix58-000605

Reporting Year: 2004

Form R Report

DCN: 13-04-202-17113-2
File Number: ES-05-00022200-0

Chemical Name: MERCURY

PART I:

1.0 Reporting Year: 2004

2.0 Trade Secret Information: **2.1 Trade Secret:** NO **2.2 Sanitized:** NO

3.0 Certification: Official Name: GARY WRIGHT **Title:** PLANT MANAGER **Date Signed:** 05-20-2005

4.2 This Report Contains Information for:

a. An entire facility: YES **b. Part of a facility:** NO **c. A Federal Facility:** NO **GOCO:** NO

4.5 SIC Code(s): 3274 - Primary SIC

PART II:

1.0. Toxic Chemical Identity:

1.1 CAS Number or Chemical Category Code: 7439976

1.2 Toxic Chemical or Chemical Category Name: MERCURY

1.3 Generic Chemical Name: NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category:

1: 2: 3: 4: 5: 6: 7: 8: 9: 10: 11: 12: 13: 14: 15: 16: 17:

2.0 Mixture Component Identity:

2.1 Generic Chemical Name Provided By Supplier: NA

3.0 Activities and Uses of the Toxic Chemical at the Facility:

3.1 Manufacture the toxic chemical:

A. Produce: NO

B. Import: NO

If Produce or Import:

C. For on-site use/processing: NO

D. For sale/distribution: NO

E. As a byproduct: NO

F. As an impurity: NO

3.2 Process the toxic chemical:

A. As a reactant: NO

B. As a formulation component: NO

C. As an article component: NO

D. Repackaging: NO

E. As an impurity: YES

3.3 Otherwise use the toxic chemical:

A. As a chemical processing aid: NO

B. As a manufacture aid: NO

C. Ancillary or other use: NO

4.1 Maximum Amount of the Toxic Chemical On-Site at any Time During the Year: 01 Range from 0 To 99 (lb)

5.0 Quantity of the Toxic Chemical Entering Each Environmental Medium On-site

Air Emissions	A. Total Release	B. Basis of Estimate
5.1 Fugitive Or Non-Point Air Emissions	.0013 Pounds	M-Data Monitoring Or Measurements
5.2 Stack Or Point Air Emissions	1.0184 Pounds	M-Data Monitoring Or Measurements

Appendix58-000606

5.3 Discharges to Receiving Streams or Water Bodies Stream or water body name:	A. Total Release	B. Basis of Estimate	C. % from Stormwater
5.3.1 WILLAMETTE RIVER	0 Pounds	O-Other Approaches	0

	Underground Injection/Land Disposal	A. Total Release	B. Basis of Estimate
5.4.1	Underground Injection On-Site To Class I Wells	NA	
5.4.2	Underground Injection On-Site To Class II-V Wells	NA	
5.5.1A	RCRA Subtitle C Landfills	NA	
5.5.1B	Other Landfills	NA	
5.5.2	Land Treatment / Application Farming	NA	
5.5.3A	RCRA Subtitle C surface impoundments	NA	
5.5.3B	Other surface impoundments	NA	
5.5.4	Other Disposal	NA	

6.0 Transfers of the Toxic Chemical in Waste to Off-site Locations

6.1 Discharges to Publicly Owned Treatment Works (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers: NA **6.1.A.2** Basis of Estimate:

6.1.B.1 POTW NAME: NA

POTW Address:

City: County: State: Zip:

6.2 Transfers to Other Off-site Locations

6.2.1 Off-Site EPA Identification Number (RCRA ID No.) : NA

Off-Site Location Name: NA

Off-site Address:

City: State: County: Province: Zip: Country:

Location under control of reporting facility or parent company:

	A. Total Transfers	B. Basis of Estimate	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery
1	NA		

7A On-Site Waste Treatment Methods & Efficiency

7A.1 a. General Waste Stream: NA

c. Range of Influent Concentration:

d. Waste Treatment Efficiency Estimate(%):

e. Based on Operating Data:

b. Waste Treatment Method Sequence:

Appendix58-000607

7B On-site Energy Recovery Processes

1. NA

7C On-site Recycling Processes

1. NA

8.0 Source Reduction & Recycling Activities * *Note: All values are in Pounds	Col. A Prior Year	Col. B Current Year	Col. C Following Year	Col. D Second Following Year
8.1a Total on-site disposal to UIC Class I Wells, RCRA Subtitle C landfills and other landfills	NA	NA	NA	NA
8.1b Total other on-site disposal or other releases	1.1398	1.1385	1.13	1.13
8.1c Total off-site disposal to UIC Class I Wells, RCRA Subtitle C landfills and other landfills	NA	NA	NA	NA
8.1d Total other off-site disposal or other releases	NA	NA	NA	NA
8.2 Quantity Used For Energy Recovery On-Site	NA	NA	NA	NA
8.3 Quantity Used For Energy Recovery Off-Site	NA	NA	NA	NA
8.4 Quantity Recycled On-Site	NA	NA	NA	NA
8.5 Quantity Recycled Off-Site	NA	NA	NA	NA
8.6 Quantity Treated On-Site	NA	NA	NA	NA
8.7 Quantity Treated Off-Site	NA	NA	NA	NA

8.8 Quantity Released as a Result of Remedial, Catastrophic, or One Time Events	NA
8.9 Production Ratio or Activity Index	.89

8.10 Source Reduction Activities: Method A Method B Method C

8.10.1 NA

8.11 Additional Information Included: NO

Appendix58-000608

EPA
United States Environmental Protection Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number
97203SHGRV13939
Toxic Chemical, Category or Generic Name
Mercury

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P.O.Box 1513, Lanham, MD 20703-1513 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2005

SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; Attach substantiation forms) [X] NO (Do not answer 2.2; Go to Section 3)	2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright Plant Manager		06/14/2006

SECTION 4. FACILITY IDENTIFICATION

4.1		TRI Facility ID Number	97203SHGRV13939
Facility or Establishment Name	Ash Grove Cement Company	Facility or Establishment Name or Mailing Address (if different from street address)	
Street	Ash Grove Cement Company 13939 N Rivergate Blvd.	Mailing Address	NA
City/County/State/Zip Code	Portland Multnomah OR 97203	City/State/Zip Code / Country (Non-US)	

4.2 This report contains information for: (Important : check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	Glenn F. Dollar	Telephone Number (include area code): (503) 286-1677
	Email Address	glenn.dollar@ashgrove.com	
4.4	Public Contact Name	Gary Wright	Telephone Number (include area code): (503) 286-1677

4.5 SIC Code (s) (4 digits)	Primary	b.	c.	d.	e.	f.
	a. 3274					

4.7 Dun & Bradstreet Number(s) (9 digits)	
	a. 009024415
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company	
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	009024415	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number: 97035SRGRV1393J

Toxic Chemical, Category or Generic Name: Mercury

SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) 7439-97-6
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Mercury
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA

1.4 Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

NA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
☐																	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. ☐ Produce b. ☐ Import		
If produce or import:	a. ☐ As a reactant	a. ☐ As a chemical processing aid
c. ☐ For on-site use/processing	b. ☐ As a formulation component	b. ☐ As a manufacturing aid
d. ☐ For sale/distribution	c. ☐ As an article component	c. ☐ Ancillary or other use
e. ☐ As a byproduct	d. ☐ Repackaging	
f. ☐ As an impurity	e. ☒ As an impurity	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	01	(Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions NA ☐	0.0015	M	
5.2	Stack or point air emissions NA ☐	0.8695	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)			
	Stream or Water Body Name			
5.3.1	Willamette River	0	O	0
5.3.2				
5.3.3				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐ and indicate the Part II, Section 5.3 page number in this box. ☐ (example: 1,2,3, etc.)

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: 97103SHSTV1393

Toxic Chemical, Category, or Generic Name: Mercury

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		N	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C Surface Impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	
6.1.B	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)	NA								
Off-Site Location Name	NA								
Off-site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
97103SHGRV1393
Toxic Chemical, Category, or Generic Name
Mercury

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]						d. Waste Treatment Efficiency Estimate [enter 2 character code]
7A.1a	7A.1b		1		2		7A.1d
	3		4		5		
	6		7		8		
7A.2a	7A.2b		1		2		7A.2d
	3		4		5		
	6		7		8		
7A.3a	7A.3b		1		2		7A.3d
	3		4		5		
	6		7		8		
7A.4a	7A.4b		1		2		7A.4d
	3		4		5		
	6		7		8		
7A.5a	7A.5b		1		2		7A.5d
	3		4		5		
	6		7		8		

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐
and indicate the Part II, Section 6.2/7A page number in this box: ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
07[illegible]39[illegible]
Toxic Chemical, Category, or Generic Name
Mercury

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1.1385	0.871	0.5	0.4
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0.90	

8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.			
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities with this report, check "Yes."			Yes [ ]

*For Dioxin or Dioxin-like compounds, report in grams/year

TRI Facility ID Number
97203SHGF[illegible]939
Toxic Chemical, Category, or Generic Name
Mercury

SECTION 8.11. Submit additional optional information on source reduction, recycling, or pollution control activities.

2005 Mercury Calculations

Production	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	12 Month Rolling Average
Material Received by Barge	50,782	36,547	45,176	36,690	36,763	58,546	49,476	61,352	71,416	50,864	23,890	36,454	557,956
Material Received by Rail	822	1,113	1,307	1,041	422	260	-	-	-		-	-	4,964
Kiln #1 Production	-	-	-	-	-	-	-	-		-	-	-	0
Kiln #2 Production	1,599	1,327	2,910	2,290	1,375	2,155	2,512	1,393	388	-	792	611	17,352
Kiln #3 Production	3,725	2,704	2,217	2,449	3,492	4,295	1,039	4,122	3,966	4,668	3,903	4,037	40,617
Tons of Quicklime Produced	5,324	4,031	5,127	4,739	4,867	6,450	3,551	5,515	4,354	4,668	4,695	4,648	57,969
Tons Of Hydrate Produced	924	847	1,122	1,189	1,120	1,297	1,389	1,915	2,269	1,564	929	1,002	15,567
Tons of Tailings (Ag Special)	-	-	-	-		-	-	-	-				0
Tons of Ag	2,056	4,371	10,400	6,797	7,222	7,541	4,747	24,350	44,537	28,530	6,829	4,825	152,205
Tons of Flour	19,402	21,034	26,915	22,890	22,729	24,629	22,584	24,729	19,934	21,610	16,969	17,465	260,890
Tons of Dolomite, Ground	902	1,597	4,345	990	1,521	1,097	5,804	6,301	10,873	5,796	3,096	1,157	43,479
Tons of Ground Product	22,360	27,002	41,660	30,677	31,472	33,267	33,135	55,380	75,344	55,936	26,894	23,447	456,574
Gallons of Oil Used	192,446	116,157	157,038	219,949	133,065	241,947	98,980	252,125	229,991	150,473	67,414	221,983	2,081,568

Permit													Actual Plant Emissions	PSEL Annual Maximum
PM (Material Handling/Sizing)	1.63	1.18	1.46	1.19	1.18	1.88	1.58	1.96	2.29	1.63	0.76	1.17	17.91	
PM (Production)	2.02	1.98	2.83	2.34	2.37	2.75	2.30	3.67	4.39	3.45	2.11	1.98	32.18	
Kiln #3 PSD PM	0.60	0.44	0.36	0.39	0.56	0.69	0.17	0.66	0.64	0.75	0.63	0.65	6.54	37.8
TSP Total	3.66	3.16	4.29	3.52	3.55	4.63	3.89	5.63	6.67	5.08	2.87	3.15	50.09	98
PM_{10} (Material Handling/Sizing)	0.61	0.44	0.55	0.44	0.44	0.70	0.59	0.74	0.86	0.61	0.29	0.44	6.72	
PM_{10} (Production)	1.12	1.10	1.56	1.29	1.31	1.52	1.28	2.03	2.43	1.91	1.16	1.09	17.82	
PM_{10} Total	1.73	1.54	2.11	1.74	1.76	2.22	1.87	2.77	3.29	2.52	1.45	1.53	24.53	48
SO2	2.42	1.85	2.37	2.17	2.23	2.94	1.65	2.57	2.10	2.19	2.15	2.12	26.76	73
Kiln #3 PSD SO2	1.66	1.20	0.99	1.09	1.55	1.91	0.46	1.83	1.76	2.08	1.74	1.80	18.07	32.9
NOX	1.75	1.40	1.75	1.58	1.70	2.15	1.21	2.10	1.98	1.95	1.65	1.62	20.84	50
CO	2.48	2.00	2.38	2.17	2.45	3.05	1.60	3.11	3.09	3.03	2.43	2.40	30.19	66
VOC	0.22	0.24	0.37	0.28	0.28	0.32	0.29	0.44	0.55	0.42	0.24	0.21	3.85	7
Individual HAP	0.12	0.07	0.10	0.14	0.08	0.15	0.06	0.16	0.14	0.09	0.04	0.14	1.29	9
Aggregate HAP	0.16	0.10	0.13	0.19	0.11	0.21	0.08	0.22	0.20	0.13	0.06	0.19	1.78	24

$(557,956)(2000)(0.041)/1,000,000 = 45.7524$ lbs $<$ 10 lb Threshold

Fugitive Emissions:

$(17.91)(2000)(0.041)/1,000,000 = .0015$ lbs Hg

Stack/Point Source Emissions:

$(57,969)(1.50^{-5}) = 0.8695$ lbs Hg

Appendix58-000615

EPA
United States Environmental Protection Agency

FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TRI Facility ID Number
97203SHGRV13939
Toxic Chemical, Category or Generic Name
Lead Compounds

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center, P.O.Box 1513, Lanham, MD 20703-1513 2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)

Enter "X" here if this is a revision [ ]

For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR 2005

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret?
[ ] Yes (Answer question 2.2; Attach substantiation forms) [X] NO (Do not answer 2.2; Go to Section 3)

2.2 Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "YES" in 2.1)

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature:	Date Signed:
Gary Wright Plant Manager		06/14/2006

SECTION 4. FACILITY IDENTIFICATION

4.1 TRI Facility ID Number: 97203SHGRV13939

Facility or Establishment Name	Facility or Establishment Name or Mailing Address (if different from street address)
Ash Grove Cement Company	
Street: Ash Grove Cement Company 13939 N Rivergate Blvd.	Mailing Address: NA
City/County/State/Zip Code: Portland Multnomah OR 97203	City/State/Zip Code: Country (Non-US):

4.2 This report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An entire facility b. [ ] Part of a facility c. [ ] A Federal facility d. [ ] GOCO

4.3	Technical Contact Name	Glenn F. Dollar	Telephone Number (include area code): (503) 286-1677
	Email Address	glenn.dollar@ashgrove.com	
4.4	Public Contact Name	Gary Wright	Telephone Number (include area code): (503) 286-1677

4.5 SIC Code (s) (4 digits)	Primary	b.	c.	d.	e.	f.
	a. 3274					

4.7 Dun & Bradstreet Number(s) (9 digits)	
	a. 009024415
	b.

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA [ ]	Ash Grove Cement Company	
5.2	Parent Company's Dun & Bradstreet Number	NA [ ]	009024415	

EPA FORM R
PART II. CHEMICAL - SPECIFIC INFORMATION

TRI Facility ID Number	
07 [illegible] G R[illegible] 1393[illegible]	
Toxic Chemical, Category or Generic Name	
Lead Compounds	

SECTION 1. TOXIC CHEMICAL IDENTITY
(Important: DO NOT complete this section if you completed Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	N420
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Lead Compounds
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.)
	NA

1.4 **Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**
(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA ☐																	

SECTION 2. MIXTURE COMPONENT IDENTITY
(Important: DO NOT complete this section if you completed Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY
(Important: Check all that apply.)

3.1 Manufacture the toxic chemical:	3.2 Process the toxic chemical:	3.3 Otherwise use the toxic chemical:
a. ☐ Produce b. ☐ Import		
If produce or import:	a. ☐ As a reactant	a. ☐ As a chemical processing aid
c. ☐ For on-site use/processing	b. ☐ As a formulation component	b. ☐ As a manufacturing aid
d. ☐ For sale/distribution	c. ☐ As an article component	c. ☐ Ancillary or other use
e. ☐ As a byproduct	d. ☐ Repackaging	
f. ☐ As an impurity	e. ☒ As an impurity	

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	02	(Enter two-digit code from instruction package.)

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE

			A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	NA ☐	0.2106	M	
5.2	Stack or point air emissions	NA ☐	1.7234	M	
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
	Stream or Water Body Name				
5.3.1	Willamette River		0	O	0
5.3.2					
5.3.3					

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box ☐
and indicate the Part II, Section 5.3 page number in this box. ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

EPA Form 9350-1 (Rev. 1/2006) - Previous editions are obsolete.

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 97103SHSTV1393 Toxic Chemical, Category, or Generic Name Lead Compounds

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		N	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	X		
5.4.2	Underground Injection onsite to Class II-V Wells	X		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	X		
5.5.1.B	Other landfills	X		
5.5.2	Land treatment/application farming	X		
5.5.3A	RCRA Subtitle C Surface Impoundments	X		
5.5.3B	Other surface impoundments	X		
5.5.4	Other disposal	X		

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year*) (enter range code** or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	

6.1.B 1	POTW Name	NA					
POTW Address							
City		State		County		Zip	
6.1.B	POTW Name						
POTW Address							
City		State		County		Zip	

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box [ ] and indicate the Part II, Section 6.1 page number in this box [ ] (example: 1,2,3, etc.)

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. 1 Off-Site EPA Identification Number (RCRA ID No.)	NA								
Off-Site Location Name	NA								
Off-site Address									
City		State		County		Zip		Country (Non-US)	

Is location under control of reporting facility or parent company? [ ] Yes [ ] No

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number
97103SHRV1393
Toxic Chemical, Category, or Generic Name
Lead Compounds

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City | State | County | Zip | Country (Non-US)

Is location under control of reporting facility or parent company? ☐ Yes ☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

[X] Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]								d. Waste Treatment Efficiency Estimate [enter 2 character code]
7A.1a	7A.1b	1		2		3		4	7A.1d
	5		6		7		8		
7A.2a	7A.2b	1		2		3		4	7A.2d
	5		6		7		8		
7A.3a	7A.3b	1		2		3		4	7A.3d
	5		6		7		8		
7A.4a	7A.4b	1		2		3		4	7A.4d
	5		6		7		8		
7A.5a	7A.5b	1		2		3		4	7A.5d
	5		6		7		8		

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box ☐

and indicate the Part II, Section 6.2/7A page number in this box: ☐ **(example: 1,2,3, etc.)**

* For Dioxin or Dioxin-like compounds, report in grams/year

** Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number: [illegible]

Toxic Chemical, Category, or Generic Name: Lead Compounds

SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

[X] Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ]

SECTION 7C. ON-SITE RECYCLING PROCESSES

[X] Not Applicable (NA) - Check here if no on-site recyling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1 [ ] 2 [ ] 3 [ ]

SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	2.2104	1.934	1.5	1
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			NA	
8.9	Production ratio or activity index			0.90	

8.10 Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.

	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)		
8.10.1	NA	a.	b.	c.
8.10.2		a.	b.	c.
8.10.3		a.	b.	c.
8.10.4		a.	b.	c.

8.11 If you wish to submit additional optional information on source reduction, recycling, or pollution control activities with this report, check "Yes." [ ] Yes

*For Dioxin or Dioxin-like compounds, report in grams/year

TRI Facility ID Number
97203SHGFLV1C939
Toxic Chemical, Category, or Generic Name
Lead Compounds

SECTION 8.11. Submit additional optional information on source reduction, recycling, or pollution control activities.

2005

Production Ratio –
Kiln – 57969 ÷ 67,891 = 0.8539
Hydrate – 15,567 ÷ 20,146 = 0.7727

Production	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	12 Month Rolling Average
Material Received by Barge	50,782	36,547	45,176	36,690	36,763	58,546	49,476	61,352	71,416	50,864	23,890	36,454	557,956
Material Received by Rail	822	1,113	1,307	1,041	422	260	-	-	-		-	-	4,964
Kiln #1 Production	-	-	-	-	-	-	-	-	-	-	-	-	0
Kiln #2 Production	1,599	1,327	2,910	2,290	1,375	2,155	2,512	1,393	388	-	792	611	17,352
Kiln #3 Production	3,725	2,704	2,217	2,449	3,492	4,295	1,039	4,122	3,966	4,668	3,903	4,037	40,617
Tons of Quicklime Produced	5,324	4,031	5,127	4,739	4,867	6,450	3,551	5,515	4,354	4,668	4,695	4,648	57,969
Tons Of Hydrate Produced	924	847	1,122	1,189	1,120	1,297	1,389	1,915	2,269	1,564	929	1,002	15,567
Tons of Tailings (Ag Special)	-	-	-	-		-	-	-	-				0
Tons of Ag	2,056	4,371	10,400	6,797	7,222	7,541	4,747	24,350	44,537	28,530	6,829	4,825	152,205
Tons of Flour	19,402	21,034	26,915	22,890	22,729	24,629	22,584	24,729	19,934	21,610	16,969	17,465	260,890
Tons of Dolomite, Ground	902	1,597	4,345	990	1,521	1,097	5,804	6,301	10,873	5,796	3,096	1,157	43,479
Tons of Ground Product	22,360	27,002	41,660	30,677	31,472	33,267	33,135	55,380	75,344	55,936	26,894	23,447	456,574
Gallons of Oil Used	192,446	116,157	157,038	219,949	133,065	241,947	98,980	252,125	229,991	150,473	67,414	221,983	2,081,568

Permit													Actual Plant Emissions	PSEL Annual Maximum
PM (Material Handling/Sizing)	1.63	1.18	1.46	1.19	1.18	1.88	1.58	1.96	2.29	1.63	0.76	1.17	17.91	
PM (Production)	2.02	1.98	2.83	2.34	2.37	2.75	2.30	3.67	4.39	3.45	2.11	1.98	32.18	
Kiln #3 PSD PM	0.60	0.44	0.36	0.39	0.56	0.69	0.17	0.66	0.64	0.75	0.63	0.65	6.54	37.8
TSP Total	3.66	3.16	4.29	3.52	3.55	4.63	3.89	5.63	6.67	5.08	2.87	3.15	50.09	98
PM_{10} (Material Handling/Sizing)	0.61	0.44	0.55	0.44	0.44	0.70	0.59	0.74	0.86	0.61	0.29	0.44	6.72	
PM_{10} (Production)	1.12	1.10	1.56	1.29	1.31	1.52	1.28	2.03	2.43	1.91	1.16	1.09	17.82	
PM_{10} Total	1.73	1.54	2.11	1.74	1.76	2.22	1.87	2.77	3.29	2.52	1.45	1.53	24.53	48
SO2	2.42	1.85	2.37	2.17	2.23	2.94	1.65	2.57	2.10	2.19	2.15	2.12	26.76	73
Kiln #3 PSD SO2	1.66	1.20	0.99	1.09	1.55	1.91	0.46	1.83	1.76	2.08	1.74	1.80	18.07	32.9
NOX	1.75	1.40	1.75	1.58	1.70	2.15	1.21	2.10	1.98	1.95	1.65	1.62	20.84	50
CO	2.48	2.00	2.38	2.17	2.45	3.05	1.60	3.11	3.09	3.03	2.43	2.40	30.19	66
VOC	0.22	0.24	0.37	0.28	0.28	0.32	0.29	0.44	0.55	0.42	0.24	0.21	3.85	7
Individual HAP	0.12	0.07	0.10	0.14	0.08	0.15	0.06	0.16	0.14	0.09	0.04	0.14	1.29	9
Aggregate HAP	0.16	0.10	0.13	0.19	0.11	0.21	0.08	0.22	0.20	0.13	0.06	0.19	1.78	24

(57,969)(.322) = 18,666.02 /2000 = 9.333 tons non-fugitive-Kilns
(15,567)(0.56) = 8,717.52 /2000 = 4.3588 tons non-fugitive-Hydrate
9.33 tons + 4.36 tons = (13.69)(2000) = (27,380.00 lbs)(55 ppm pb) =
1,505,900.00 / 1,000,000 = 1.5059 lbs pb Kilns & Hydrate

Fugitive (17.91)(2000) = (35,820.00)(5.880 ppm pb) = 210,621.60 / 1,000,000 = 0.2106 =
0.2106 lbs pb fugitive

(456,574)(0.081) = (36,982.49)(5.880) = 217,457.0647 / 1,000,000 = 0.2175 =
0.2175 lb pb Milling Department

1.5059 + 0.2175 = 1.7234 lbs pb - Stack or Point Source
0.2106 lbs pb fugitive or non point source

Appendix58-000622

Limestone			Measured Concentration		Annual Use	Pb (w/w)
	1	=	5.88 ppm Pb	1996	521,336 tons	6,131 lbs
				1997	545,870 tons	6,419 lbs
				1998	535,101 tons	6,293 lbs
				1999	452,612 tons	5,323 lbs
				2000	492,824 tons	5,796 lbs
				2001	451,830 tons	5,314 lbs
	Average		**5.880 ppm Pb**		**509,549 tons**	**5,992 lbs**

Oil			Measured Concentration		Annual Use	Pb (w/w)	Pb (w/v)
	1	=	ppm Pb	1996	2,533,227 gallons	433.50 lbs	487.07 lbs
S.G. = 0.89 g/mL	2	=	ppm Pb	1997	2,413,255 gallons	412.97 lbs	464.00 lbs
	3	=	22.35 ppm Pb	1998	1,586,253 gallons	271.45 lbs	304.99 lbs
	4	=	32.5 ppm Pb	1999	1,245,291 gallons	213.10 lbs	239.43 lbs
	5	=	17 ppm Pb	2000	1,481,965 gallons	253.60 lbs	284.94 lbs
	6		20.4 ppm Pb	2001	765,547 gallons	131.00 lbs	147.19 lbs
	Average		**23.063 ppm Pb**		**1,670,923 gallons**	**285.93 lbs**	**321.27 lbs**

((509,549)(2000))(5.880)/1,000,000 = 5992 lbs

2005 — ((557,956)(2000))(5.880)/1,000,000 = 6561.56 lbs

Threshold Determination

Appendix58-000623

PAGE 1 of ____

(IMPORTANT: Type only, read instructions before completing form)

EPA

FORM U 2006

U.S. Environmental Protection Agency
Washington, DC 20460
Partial Updating of TSCA Inventory Data Base
Site Report
(Section 8(a) Toxic Substances Control Act, 15 U.S.C. 2607(a))

FOR EPA USE ONLY

Report Number	
Mark "X" here if this is a revision to the previous report	

Company Report No.: TSCA2006

CERTIFICATION

Certification Statement: I hereby certify to the best of my knowledge and belief that Parts I and II have been completed in compliance with the requirements of 40 CFR 710.52(c)(1), (2), and (3); Part III of this form has been completed in compliance with the requirements of 40 CFR 710.52(c)(4); and any confidentiality claims are true and correct as to that information for which they have been asserted.

Signature		Date signed	
Name (printed)	Glenn F. Dollar	Official Title	Environmental Manager

PART I. SITE IDENTIFICATION INFORMATION

SECTION A. COMPANY INFORMATION*

1.A.1	Company Name	Ash Grove Cement Company
1.A.2	Company Dun & Bradstreet Number	009024415

SECTION B. SITE INFORMATION*

1.B.1	Site Name	Rivergate Lime Plant			
1.B.2	Site Dun & Bradstreet Number	009024415	EPA Facility Identification Number		For EPA Use Only Leave Blank
1.B.3	Street Address (Line 1)	13939 N Rivergate Blvd			
1.B.4	Street Address (Line 2)	13939 N Rivergate Blvd			
1.B.5	City	Portland	1.B.6	County / Parish	Multnomah
1.B.7	State	OR	1.B.8	Zip code	97203

SECTION C. TECHNICAL CONTACT INFORMATION*

1.C.1	Name	Mr. Glenn F Dollar	1.C.2	Telephone	503-286-1677 ext 423
1.C.3	Email Address	glenn.dollar@ashgrove.com			
1.C.4	Mailing Address (Line 1)	13939 N Rivergate Blvd Portland, OR 97203			
1.C.5	Mailing Address (Line 2)	13939 N Rivergate Blvd			

1.C.6	City	Portland	1.C.7	State	OR	1.C.8	Zip Code	97203

* Confidentiality claims for information in Part I, Sections A, B, and C, are made, as necessary, for each chemical substance on subsequent pages.

EPA Form Number <7740-8> (Rev 06/07/06) - Previous editions are obsolete
Form Approved OMB Number: 2070-0162 (expiration May 2009)

Page ___ of ___
FOR EPA USE ONLY

PART II. MANUFACTURING INFORMATION

SECTION A. CHEMICAL IDENTIFICATION					CBI[1]	
2.A.1	Chemical Identifying Number	1305-78-8	2.A.2	ID Code		C
2.A.3	Chemical Name	Calcium Oxide (Quicklime)				

SECTION B. MANUFACTURING INFORMATION										
			CBI			a. Physical Form		b. Percent of Production Volume in Each Physical Form	
2.B.1	Company Information								
2.B.2	Site Information[1]								
2.B.3	Technical Contact Information					Check All That Apply	CBI	Percent	CBI
2.B.4	Site Limited (Y/N)	N		2.B.10	Dry Powder	X		20	
2.B.5	Activity (Check all that apply)	[X] Manufacture [ ] Import		2.B.11	Pellets or Large Crystals	X		80	
2.B.6	Manufactured Production Volume (LB)	115,938,000		2.B.12	Water or Solvent Wet Solid				
2.B.7	Imported Production Volume (LB)	0		2.B.13	Other Solid				
2.B.8	Number of Workers (code)	W3		2.B.14	Gas or Vapor				
2.B.9	Maximum Concentration (code)	M5		2.B.15	Liquid				

PART III. PROCESSING AND USE INFORMATION

Complete Part III, Sections A and B if the sum of the production volumes noted in Blocks 2.B.6 and 2.B.7 is 300,000 pounds or more.

SECTION A. INDUSTRIAL PROCESSING AND USE DATA												
	N/A										X	
	a. Type of Process or Use		b. (5-digit) NAICS Code		c. Industrial Function Category		d. Percent Production Volume		e. Number of Sites		f. Number of Workers	
	Code	CBI	Code	CBI	Code	CBI	Percent	CBI	Code	CBI	Code	CBI
3.A.1												
3.A.2												
3.A.3												
3.A.4												
3.A.5												
3.A.6												
3.A.7												
3.A.8												
3.A.9												
3.A.10												

SECTION B. COMMERCIAL AND CONSUMER USE DATA								
	N/A						X	
	a. Commercial and Consumer Product Category		b. Used in Products Intended for Children		c. Percent Production Volume associated with each category		d. Maximum Concentration associated with each category	
	Code	CBI	Y/N/NRO	CBI	Percent	CBI	Code	CBI
3.B.1								
3.B.2								
3.B.3								
3.B.4								
3.B.5								
3.B.6								
3.B.7								
3.B.8								
3.B.9								
3.B.10								

[1]Substantiation required for CBI claims on chemical identity and site information.

Page ___ of ___
FOR EPA USE ONLY

PART II. MANUFACTURING INFORMATION

SECTION A. CHEMICAL IDENTIFICATION					CBI[1]	
2.A.1	Chemical Identifying Number	1305-62-0	2.A.2	ID Code		C
2.A.3	Chemical Name	Calcium Hydroxide				

SECTION B. MANUFACTURING INFORMATION										
			CBI			a. Physical Form		b. Percent of Production Volume in Each Physical Form	
2.B.1	Company Information								
2.B.2	Site Information[1]								
2.B.3	Technical Contact Information					Check All That Apply	CBI	Percent	CBI
2.B.4	Site Limited (Y/N)	Y		2.B.10	Dry Powder	X		90	
2.B.5	Activity (Check all that apply)	[X] Manufacture [ ] Import		2.B.11	Pellets or Large Crystals				
2.B.6	Manufactured Production Volume (LB)	31,134,000		2.B.12	Water or Solvent Wet Solid	X		10	
2.B.7	Imported Production Volume (LB)	0		2.B.13	Other Solid				
2.B.8	Number of Workers (code)	W3		2.B.14	Gas or Vapor				
2.B.9	Maximum Concentration (code)	M5		2.B.15	Liquid				

PART III. PROCESSING AND USE INFORMATION

Complete Part III, Sections A and B if the sum of the production volumes noted in Blocks 2.B.6 and 2.B.7 is 300,000 pounds or more.

SECTION A. INDUSTRIAL PROCESSING AND USE DATA							N/A		X			
	a. Type of Process or Use		b. (5-digit) NAICS Code		c. Industrial Function Category		d. Percent Production Volume		e. Number of Sites		f. Number of Workers	
	Code	CBI	Code	CBI	Code	CBI	Percent	CBI	Code	CBI	Code	CBI
3.A.1												
3.A.2												
3.A.3												
3.A.4												
3.A.5												
3.A.6												
3.A.7												
3.A.8												
3.A.9												
3.A.10												

SECTION B. COMMERCIAL AND CONSUMER USE DATA					N/A		X	
	a. Commercial and Consumer Product Category		b. Used in Products Intended for Children		c. Percent Production Volume associated with each category		d. Maximum Concentration associated with each category	
	Code	CBI	Y/N/NRO	CBI	Percent	CBI	Code	CBI
3.B.1								
3.B.2								
3.B.3								
3.B.4								
3.B.5								
3.B.6								
3.B.7								
3.B.8								
3.B.9								
3.B.10								

[1]Substantiation required for CBI claims on chemical identity and site information.

Concerning EPA Disclosure Information

If you submit information to EPA and claim any of it as confidential, EPA will publicly disclose that information only as allowed by the procedures set forth in 40 CFR Part 2. If no such claim accompanies the information when it is received, EPA may make that information public without further notice to you.

Confidentiality Statements

Information reported to EPA on the above form may be claimed as confidential by checking the appropriate CBI boxes. The person signing the certification statement attests to the truth of the following four statements concerning all information claimed as confidential:

1. My company has taken measures to protect the confidentiality of the information and intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtainable by other persons without our consent (other than through discovery based on a showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to our competitive position.

Paperwork Reduction Act Notice

The annual public burden for this collection of information, which is approved under OMB Control Number 2070-0162, is estimated to be approximately 265 hours per response for manufacturers of inorganic chemical substances and 560 hours per response for manufacturers of organic chemical substances. According to the Paperwork Reduction Act, "burden" means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. For this collection it includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information; processing and maintaining information; and disclosing or providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number. The OMB control number for this collection appears above. In addition, the OMB control numbers for EPA's regulations, after initial display in the final rule, are listed in 40 CFR part 9.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden (including the use of automated collection techniques) to: Director, Collection Strategies Division, U.S. Environmental Protection Agency (Mail Code 2822), 1200 Pennsylvania Ave, N.W., Washington, D.C. 20460. Include the OMB control number in any correspondence, but do not submit the completed form to this address. The requested information should be submitted in accordance with the instructions accompanying the form, or as specified in the corresponding regulation.

Submitting Form U

Submissions sent via the U.S. Postal Service:	Submissions sent by Courier or Hand Delivery
IUR Submissions Coordinator (7407M) U. S. Environmental Protection Agency Office of Pollution Prevention and Toxics Ariel Rios Building 1200 Pennsylvania Avenue, N.W. Washington, DC 20460	IUR Submissions Coordinator U.S. EPA - OPPT EPA East Building Room 6428 1201 Constitution Ave., N.W. Washington, DC

MEMORANDUM
ASH GROVE CEMENT COMPANY

To: Dick Gable - Rivergate
Mickey Williams - Foreman
Joe Scheeler - Montana
Monte Stewart - Materials

From: Eileen Sollars ES

Re: Underground Storage Tanks - Financial Assurance

Date: April 28, 1997

Enclosed are copies of the letter from the chief financial officer of Ash Grove regarding financial assurance of underground petroleum storage tank(s) at your facility, and a certificate describing the forms of financial assurance in place for the tanks. These materials pertain to financial assurance for the current year and are updated annually. In all but one case (Oregon), this letter from the CFO only covers the deductible amount under the state's underground storage tank trust fund/insurance program. In Oregon's case, the full amount of the financial assurance is covered.

The copies enclosed are for your files and since they contain financial information should be handled with appropriate discretion. Although addressed to the state agencies, these letters are not required to be submitted except upon request. Originals of the letters are maintained in this office and available for submission to state regulators if required.

If you have any questions or comments, please contact me.

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P. O. BOX 25900
OVERLAND PARK, KANSAS 66225
TELEPHONE: (913) 451-8900
FACSIMILE: (913) 451-8324

JOHN WOODFILL
VICE PRESIDENT-FINANCE

March 25, 1997

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 8900 Indian Creek Parkway, Suite 600, Overland Park, Kansas 66225. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 5800 E. 63rd Street Kansas City, Missouri 64133	1 Tank / Guaranty Under State Program

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

KPMG Peat Marwick LLP

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

Telephone 816 474 6480

Telefax 816 556 9652

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Ash Grove Cement Company:

We have audited, in accordance with generally accepted auditing standards, the consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 31, 1996 and the related consolidated statements of earnings, stockholders' equity and cash flows for the year then ended, and have issued our report thereon dated February 14, 1997.

At your request, we have read the letter dated March 25, 1997 from the Vice President - Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality and have performed the following additional procedures with respect to the information included in Alternative I of the letter:

- We compared the amounts on lines 4, 5 and 6 of Alternative I based upon amounts in the consolidated financial statements as of December 31, 1996.

In connection with our audit and the procedures referred to above, nothing came to our attention that caused us to believe that the aforementioned amounts should be adjusted. However, it should be noted that our audit was not directed primarily toward obtaining such knowledge.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and certain governmental regulatory agencies and should not be used for any other purpose.

KPMG Peat Marwick LLP

April 24, 1997

Member Firm of
KPMG International

KPMG Peat Marwick LLP

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheets of Ash Grove Cement Company and subsidiaries as of December 31, 1996 and 1995 and the related consolidated statements of earnings, stockholders' equity and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 1996 and 1995 and the results of their operations and cash flows for the years then ended in conformity with generally accepted accounting principles.

KPMG Peat Marwick LLP

February 14, 1997

Member Firm of KPMG International

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 4,808,483
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ --
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ --

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,052,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 4,808,483	
3.	Sum of lines 1 and 2	$ 5,860,983	
4.	Total tangible assets	$581,609,905	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$196,912,469	
6.	Tangible net worth [subtract line 5 from line 4]	$384,697,436	
		Yes	No
7.	Is line 6 at least $10 million?	X	___
8.	Is line 6 at least 10 times line 3?	X	___
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	___	X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	___	X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	___	X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X ___

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 25, 1997

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 1997 - December 31, 1997

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: April 24, 1997

Witness:

Date: April 24, 1997

ASH GROVE

Overland Park, Kansas

TO: Mickey Williams - Foreman
Joe Scheeler - Montana City
Glenn Dollar - Rivergate

FROM: Eileen Sollars

RE: UST Financial Assurance

DATE: March 31, 1998

Attached is a copy of a letter and certificate that are required to be kept in the plant's files regarding financial assurance and underground storage tanks. The originals will be kept in our files. Let me know if you have questions. Thanks.

Attachments

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P. O. BOX 25900
OVERLAND PARK, KANSAS 66225

TELEPHONE: (913) 451-8900
FACSIMILE: (913) 451-8324

JOHN WOODFILL
VICE PRESIDENT - FINANCE

March 20, 1998

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 8900 Indian Creek Parkway, Suite 600, Overland Park, Kansas 66225. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR §280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 4,904,652
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ --
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ --

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 4,904,652	
3.	Sum of lines 1 and 2	$ 5,947,152	
4.	Total tangible assets	$642,867,437	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$193,227,721	
6.	Tangible net worth [subtract line 5 from line 4]	$449,639,716	
		Yes	No
7.	Is line 6 at least $10 million?	X	___
8.	Is line 6 at least 10 times line 3?	X	___
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	___	X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	___	X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	___	X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X ___

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 20, 1998

KPMG Peat Marwick LLP

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

Telephone 816 474 6480

Telefax 816 556 9652

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited, in accordance with generally accepted auditing standards, the consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 31, 1997 and the related consolidated statements of earnings, stockholders' equity and cash flows for the year then ended, and have issued our report thereon dated February 13, 1998.

At your request, we have read the letter dated March 20, 1998 from the Vice President - Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality and have performed the following additional procedures with respect to the information included in Alternative I of the letter:

- We compared the amounts on lines 4, 5 and 6 of Alternative I to corresponding amounts in the consolidated financial statements as of December 31, 1997.

In connection with our audit and the procedures referred to above, nothing came to our attention that caused us to believe that the aforementioned amounts should be adjusted. However, it should be noted that our audit was not directed primarily toward obtaining such knowledge.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and certain governmental regulatory agencies and should not be used for any other purpose.

KPMG Peat Marwick LLP

March 26, 1998

Member Firm of
KPMG International

KPMG Peat Marwick LLP

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheets of Ash Grove Cement Company and subsidiaries as of December 31, 1997 and 1996 and the related consolidated statements of earnings, stockholders' equity and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 1997 and 1996 and the results of their operations and cash flows for the years then ended in conformity with generally accepted accounting principles.

KPMG Peat Marwick LLP
February 13, 1998

Member Firm of
KPMG International

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 1998 - December 31, 1998

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 30, 1998

Witness:

Date: March 30, 1998

ASH GROVE

Overland Park, Kansas

TO: Mickey Williams - Foreman
Joe Scheeler - Montana City
Glenn Dollar - Rivergate

FROM: Eileen Sollars EJS

RE: UST Financial Assurance

DATE: March 25, 1999

Attached is a copy of a letter and certificate that are required to be kept in the plant's files regarding financial assurance and underground storage tanks. The originals will be kept in our files. Let me know if you have questions. Thanks.

Attachments

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P.O. BOX 25900
OVERLAND PARK, KANSAS 66225

TELEPHONE: (913) 451-8900
FACSIMILE: (913) 451-8324

JOHN WOODFILL
VICE PRESIDENT - FINANCE

March 15, 1999

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 8900 Indian Creek Parkway, Suite 600, Overland Park, Kansas 66225. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR §280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 4,794,352
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ --
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ --

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 4,794,352	
3.	Sum of lines 1 and 2	$ 5,836,852	
4.	Total tangible assets	$705,175,711	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$185,474,892	
6.	Tangible net worth [subtract line 5 from line 4]	$519,700,819	
		Yes	No
7.	Is line 6 at least $10 million?	X	___
8.	Is line 6 at least 10 times line 3?	X	___
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	___	X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	___	X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	___	X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X ___

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 15, 1999

KPMG

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

Telephone 816 474 6480
Fax 816 556 9652

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited, in accordance with generally accepted auditing standards, the consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 31, 1998 and the related consolidated statements of earnings, stockholders' equity, comprehensive care and cash flows for the year then ended, and have issued our report thereon dated February 12, 1999.

At your request, we have read the letter dated March 15, 1999 from the Vice President - Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality and have performed the following additional procedures with respect to the information included in Alternative I of the letter:

- We compared the amounts on lines 4, 5 and 6 of Alternative I to corresponding amounts in the consolidated financial statements as of December 31, 1998.

In connection with our audit and the procedures referred to above, nothing came to our attention that caused us to believe that the aforementioned amounts should be adjusted. However, it should be noted that our audit was not directed primarily toward obtaining such knowledge.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and certain governmental regulatory agencies and should not be used for any other purpose.

KPMG LLP

March 19, 1999

KPMG LLP KPMG LLP, a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheets of Ash Grove Cement Company and subsidiaries as of December 31, 1998 and 1997 and the related consolidated statements of earnings, stockholders' equity, comprehensive income, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 1998 and 1997 and the results of their operations and cash flows for the years then ended in conformity with generally accepted accounting principles.

KPMG LLP

February 12, 1999

KPMG LLP KPMG LLP, a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 1999 - December 31, 1999

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 15, 1999

Witness:

Date: March 15, 1999

ASH GROVE

Overland Park, Kansas

TO: Keith Byerly - Foreman
Joe Scheeler - Montana City
Glenn Dollar - Rivergate

FROM: Eileen Sollars

RE: UST Financial Assurance

DATE: March 15, 2000

Attached is a copy of a letter and certificate that are required to be kept in the plant's files regarding financial assurance and underground storage tanks. The originals will be kept in our files. Let me know if you have questions. Thanks.

Attachments

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P.O. BOX 25900
OVERLAND PARK, KANSAS 66225
TELEPHONE: (913) 451-8900
FACSIMILE: (913) 451-8324

JOHN WOODFILL
VICE PRESIDENT-FINANCE

WRITER'S DIRECT LINE: (913) 319-6002

March 3, 2000

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 8900 Indian Creek Parkway, Suite 600, Overland Park, Kansas 66225. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR §280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 4,842,296
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ --
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ --

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 4,842,296	
3.	Sum of lines 1 and 2	$ 5,884,796	
4.	Total tangible assets	$769,106,157	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$186,004,384	
6.	Tangible net worth [subtract line 5 from line 4]	$583,101,773	
		Yes	No
7.	Is line 6 at least $10 million?	X	___
8.	Is line 6 at least 10 times line 3?	X	___
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	___	X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	___	X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	___	X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X ___

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 3, 2000

KPMG

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

Telephone 816 474 6480
Fax 816 556 9652

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited, in accordance with generally accepted auditing standards, the consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 31, 1999 and the related consolidated statements of earnings, stockholders' equity, comprehensive care and cash flows for the year then ended, and have issued our report thereon dated February 11, 2000.

At your request, we have read the letter dated March 3, 2000 from the Vice President - Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality and have performed the following additional procedures with respect to the information included in Alternative I of the letter:

- We compared the amounts on lines 4, 5 and 6 of Alternative I to corresponding amounts in the consolidated financial statements as of December 31, 1999.

In connection with our audit and the procedures referred to above, nothing came to our attention that caused us to believe that the aforementioned amounts should be adjusted. However, it should be noted that our audit was not directed primarily toward obtaining such knowledge.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and certain governmental regulatory agencies and should not be used for any other purpose.

KPMG LLP

March 7, 2000

KPMG LLP KPMG LLP a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheets of Ash Grove Cement Company and subsidiaries as of December 31, 1999 and 1998 and the related consolidated statements of earnings, comprehensive income, stockholders' equity, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 1999 and 1998 and the results of their operations and cash flows for the years then ended, in conformity with generally accepted accounting principles.

KPMG LLP

February 11, 2000

KPMG LLP, KPMG LLP, a U.S. limited liability partnership, is a member firm of KPMG International, a Swiss cooperative.

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 2000 - December 31, 2000

ASH GROVE CEMENT COMPANY

John M Ross III

Title: Senior Vice President
Date: March 1, 2000

Witness:

Edwin I. Sellars

Date: March 1, 2000

ASH GROVE

Overland Park, Kansas

TO: Keith Byerly - Foreman
Joe Scheeler - Montana City
Glenn Dollar - Rivergate

FROM: Eileen Sollars ES

RE: UST Financial Assurance

DATE: March 20, 2001

Attached is a copy of a letter and certificate that are required to be kept in the plant's files regarding financial assurance and underground storage tanks. The originals will be kept in our files. Let me know if you have questions. Thanks.

Attachments

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P.O. BOX 25900
OVERLAND PARK, KANSAS 66225

TELEPHONE: (913) 451-8900
FACSIMILE: (913) 451-8324

JOHN WOODFILL
VICE PRESIDENT-FINANCE

WRITER'S DIRECT LINE: (913) 319-6002

March 8, 2001

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 8900 Indian Creek Parkway, Suite 600, Overland Park, Kansas 66225. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR §280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 4,890,719
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ --
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ --

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 4,890,719	
3.	Sum of lines 1 and 2	$ 5,933,219	
4.	Total tangible assets	$855,115,020	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$195,467,005	
6.	Tangible net worth [subtract line 5 from line 4]	$659,648,015	
		Yes	No
7.	Is line 6 at least $10 million?	X	___
8.	Is line 6 at least 10 times line 3?	X	___
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	___	X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	___	X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	___	X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X ___

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 8, 2001

KPMG

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited, in accordance with generally accepted auditing standards, the consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 30, 2000 and the related consolidated statements of earnings, stockholders' equity, comprehensive income and cash flows for the year then ended, and have issued our report thereon dated February 16, 2001.

At your request, we have read the letter dated March 8, 2001 from the Vice President - Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality and have performed the following additional procedures with respect to the information included in Alternative I of the letter:

- We compared the amounts on lines 4, 5 and 6 of Alternative I to corresponding amounts in the consolidated financial statements as of December 30, 2000.

In connection with our audit and the procedures referred to above, nothing came to our attention that caused us to believe that the aforementioned amounts should be adjusted. However, it should be noted that our audit was not directed primarily toward obtaining such knowledge.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and certain governmental regulatory agencies and should not be used for any other purpose.

KPMG LLP

March 16, 2001

KPMG LLP KPMG LLP, a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64199

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheets of Ash Grove Cement Company and subsidiaries as of December 30, 2000 and December 31, 1999, and the related consolidated statements of earnings, comprehensive income, stockholders' equity, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 30, 2000 and December 31, 1999, and the results of their operations and cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

KPMG LLP

February 16, 2001

KPMG LLP, KPMG LLP a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 2001 - December 31, 2001

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 1, 2001

Witness:

Date: March 1, 2001

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P.O. BOX 25900
OVERLAND PARK, KANSAS 66225
TELEPHONE: (913) 451-8900
FACSIMILE: (913) 451-8324

JOHN WOODFILL
VICE PRESIDENT-FINANCE

WRITER'S DIRECT LINE: (913) 319-6002

March 12, 2002

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 8900 Indian Creek Parkway, Suite 600, Overland Park, Kansas 66225. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR §280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 4,939,626
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ --
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ --

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 4,939,626	
3.	Sum of lines 1 and 2	$ 5,982,126	
4.	Total tangible assets	$1,096,732,900	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$236,635,756	
6.	Tangible net worth [subtract line 5 from line 4]	$860,097,144	
		Yes	No
7.	Is line 6 at least $10 million?	X	___
8.	Is line 6 at least 10 times line 3?	X	___
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	___	X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	___	X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	___	X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X ___

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 12, 2002

1000 Walnut
Suite 1600
Kansas City, MO 64106

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited, in accordance with generally accepted auditing standards, the consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 31, 2001 and the related consolidated statements of earnings, stockholders' equity, comprehensive income and cash flows for the year then ended, and have issued our report thereon dated February 15, 2002.

At your request, we have read the letter dated March 12, 2002 from the Vice President - Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality and have performed the following additional procedures with respect to the information included in Alternative I of the letter:

- We compared the amounts on lines 4, 5 and 6 of Alternative I to corresponding amounts which are included in the consolidated financial statements as of December 31, 2001.

In connection with our audit and the procedures referred to above, nothing came to our attention that caused us to believe that the aforementioned amounts should be adjusted. However, it should be noted that our audit was not directed primarily toward obtaining such knowledge.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and certain governmental regulatory agencies and should not be used for any other purpose.

KPMG LLP

March 20, 2002

KPMG LLP KPMG LLP a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

KPMG

1000 Walnut
Suite 1600
Kansas City, MO 64106

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 31, 2001, and the related consolidated statements of earnings, comprehensive income, stockholders' equity, and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 2001, and the results of their operations and cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

As discussed in note 14 to the consolidated financial statements, effective December 31, 2000, the Company acquired all of the outstanding common shares of its parent in a business combination accounted for as a downstream merger. As a result of the acquisition, the consolidated financial information for 2001 is presented on a different cost basis than that for the periods before the merger and, therefore, is not comparable. As discussed in note 13 to the consolidated financial statements, effective for the year ended December 31, 2001, the Company has given retroactive effect to the change in its method of accounting for stores and supplies inventories from the last-in, first-out (LIFO) method to the first-in, first-out (FIFO) method.

KPMG LLP

February 15, 2002

KPMG LLP (KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative.)

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 2002 - December 31, 2002

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 1, 2002

Witness:

Date: March 1, 2002

ASH GROVE

Overland Park, Kansas

TO: Keith Byerly - Foreman
Joe Scheeler - Montana City
Glenn Dollar - Rivergate

FROM: Eileen Flink EF

RE: UST Financial Assurance

DATE: March 25, 2002

Attached is a copy of a letter and certificate that are required to be kept in the plant's files regarding financial assurance and underground storage tanks. The originals will be kept in our files. Let me know if you have questions. Thanks.

Attachments

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P.O. BOX 25900
OVERLAND PARK, KANSAS 66225
TELEPHONE: (913) 451-8900
FACSIMILE: (913) 451-8324

JOHN WOODFILL
VICE PRESIDENT-FINANCE

WRITER'S DIRECT LINE: (913) 319-6002

March 12, 2002

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 8900 Indian Creek Parkway, Suite 600, Overland Park, Kansas 66225. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR §280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 4,939,626
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ --
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ --

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 4,939,626	
3.	Sum of lines 1 and 2	$ 5,982,126	
4.	Total tangible assets	$1,096,732,900	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$236,635,756	
6.	Tangible net worth [subtract line 5 from line 4]	$860,097,144	
		Yes	No
7.	Is line 6 at least $10 million?	X	___
8.	Is line 6 at least 10 times line 3?	X	___
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	___	X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	___	X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	___	X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X ___

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 12, 2002

KPMG

1000 Walnut
Suite 1600
Kansas City, MO 64106

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 31, 2001, and the related consolidated statements of earnings, comprehensive income, stockholders' equity, and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 2001, and the results of their operations and cash flows for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

As discussed in note 14 to the consolidated financial statements, effective December 31, 2000, the Company acquired all of the outstanding common shares of its parent in a business combination accounted for as a downstream merger. As a result of the acquisition, the consolidated financial information for 2001 is presented on a different cost basis than that for the periods before the merger and, therefore, is not comparable. As discussed in note 13 to the consolidated financial statements, effective for the year ended December 31, 2001, the Company has given retroactive effect to the change in its method of accounting for stores and supplies inventories from the last-in, first-out (LIFO) method to the first-in, first-out (FIFO) method.

KPMG LLP

February 15, 2002

KPMG LLP KPMG LLP a U.S. limited liability partnership, is
a member of KPMG, a [illegible]

KPMG

1000 Walnut
Suite 1600
Kansas City, MO 64106

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited, in accordance with generally accepted auditing standards, the consolidated balance sheet of Ash Grove Cement Company and subsidiaries as of December 31, 2001 and the related consolidated statements of earnings, stockholders' equity, comprehensive income and cash flows for the year then ended, and have issued our report thereon dated February 15, 2002.

At your request, we have read the letter dated March 12, 2002 from the Vice President - Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality and have performed the following additional procedures with respect to the information included in Alternative I of the letter:

- We compared the amounts on lines 4, 5 and 6 of Alternative I to corresponding amounts which are included in the consolidated financial statements as of December 31, 2001.

In connection with our audit and the procedures referred to above, nothing came to our attention that caused us to believe that the aforementioned amounts should be adjusted. However, it should be noted that our audit was not directed primarily toward obtaining such knowledge.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and certain governmental regulatory agencies and should not be used for any other purpose.

KPMG LLP

March 20, 2002

KPMG LLP KPMG LLP, a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 2002 - December 1, 2002

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 1, 2002

Witness:

Date: March 1, 2002

ASH GROVE CEMENT COMPANY

TO: Keith Byerly – Foreman
Joe Scheeler – Montana City
Glenn Dollar – Rivergate

FROM: Eileen Flink EF

RE: UST Financial Assurance

DATE: March 25, 2003

Attached is a copy of a letter and certificate that are required to be kept in the plant's files regarding financial assurance and underground storage tanks. The original will be kept in our files. Let me know if you have any questions. Thanks.

Attachments

MEMBER PCA PORTLAND CEMENT ASSOCIATION

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P.O. BOX 25900
OVERLAND PARK, KANSAS 66225

TELEPHONE: (913) 451-8900
FACSIMILE: (913) 451-8324

JOHN WOODFILL
VICE PRESIDENT-FINANCE

WRITER'S DIRECT LINE: (913) 319-6002

March 11, 2003

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 8900 Indian Creek Parkway, Suite 600, Overland Park, Kansas 66225. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR §280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR §280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 5,246,626
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ 2,000,000
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ 7,246,626

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 7,246,626	
3.	Sum of lines 1 and 2	$ 8,289,126	
4.	Total tangible assets	$1,172,830,460	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$254,352,912	
6.	Tangible net worth [subtract line 5 from line 4]	$918,477,548	
		Yes	No
7.	Is line 6 at least $10 million?	X	___
8.	Is line 6 at least 10 times line 3?	X	___
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?	___	X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?	___	X
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?	___	X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X ___

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 11, 2003

KPMG

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64106

Independent Accountants' Report
on Applying Agreed-Upon Procedures

The Board of Directors
Ash Grove Cement Company:

We have performed the procedures enumerated below, which were agreed to by management of Ash Grove Cement Company pursuant to Subpart H of 40 CFR Part 280.95(d), with respect to the letter dated March 11, 2003, from the Vice President-Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality (the Letter), solely to assist you in filing the Letter (prepared in accordance with the criteria specified therein) for the year ended December 31, 2002. Ash Grove Cement Company is responsible for the Letter. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility Ash Grove Cement Company and the Oregon Department of Environmental Quality. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures, which were limited solely to the identified item numbers, are as follows:

- We compared the amount in Item No. 5 of Alternative I as of December 31, 2002, to the corresponding amount reported total liabilities in the consolidated financial statements as of December 31, 2002, and found them to be in agreement.

- We computed the amounts in Item Nos. 4 and 6 of Alternative I as of December 31, 2002 based on amounts reported in the consolidated financial statements as of December 31, 2002, and found it to be in agreement.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on the specified elements, accounts, or items noted above within the Letter. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and it is not intended to be and should not be used by anyone other then these specified parties.

KPMG LLP

March 25, 2003

KPMG LLP KPMG LLP a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

KPMG

1000 Walnut, Suite 1600
P.O. Box 13127
Kansas City, MO 64106

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheets of Ash Grove Cement Company and subsidiaries as of December 31, 2002 and 2001, and the related consolidated statements of earnings, comprehensive income, stockholders' equity, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 2002 and 2001, and the results of their operations and their cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 1 to the financial statements, in 2002 the Company changed its method of accounting for goodwill and other intangible assets in accordance with Statement of Financial Accounting Standards No. 142, *Goodwill and Other Intangible Assets*.

KPMG LLP

February 17, 2003

KPMG LLP KPMG LLP a U.S. limited liability partnership, is a member of KPMG International, a Swiss association.

ASH GROVE CEMENT COMPANY

Memo

To: Keith Byerly-Foreman
Joe Scheeler- Montana City
Glen Dollar- Rivergate

From: Steve Ryan

Date: March 25, 2004

Re: UST financial Assurance

Attached is a copy of a letter and certificate that are required to b kept in the plant's files regarding financial assurance and underground storage tanks. The original will be kept in our files. Let me know if you have any questions. Thanks.

Attachments

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 2004 - December 31, 2004

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 10, 2004

Witness:

Date: March 10, 2004

ASH GROVE CEMENT COMPANY

11011 CODY STREET
OVERLAND PARK, KANSAS 66210
PHONE 913 / 451-8900 FAX 913 / 451-7975

JOHN WOODFILL
VICE PRESIDENT - FINANCE

WRITER'S DIRECT LINE 913 / 319-6002

March 10,2004

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 11011 Cody, Overland Park, Kansas 66210. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR 280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR 280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 6,538,064
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ 2,000,000
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ 8,538,064

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 8,538,064	
3.	Sum of lines 1 and 2	$ 9,580,564	
4.	Total tangible assets	$1,083,551,730	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$292,568,416	
6.	Tangible net worth [subtract line 5 from line 4]	$790,983,314	
		Yes	No
7.	Is line 6 at least $10 million?	X	
8.	Is line 6 at least 10 times line 3?	X	
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?		X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?		X_
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?		X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 10, 2004

KPMG LLP
Suite 1600
1000 Walnut
P.O. Box 13127
Kansas City, MO 64106

Independent Accountants' Report
on Applying Agreed-Upon Procedures

The Board of Directors
Ash Grove Cement Company:

We have performed the procedures enumerated below, which were agreed to by management of Ash Grove Cement Company pursuant to Subpart H of 40 CFR Part 280.95(d), with respect to the letter dated March 10, 2004 from the Vice President—Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality (the Letter), solely to assist you in filing the Letter (prepared in accordance with the criteria specified therein) for the year ended December 31, 2003. Ash Grove Cement Company is responsible for the Letter. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility Ash Grove Cement Company and the Oregon Department of Environmental Quality. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures, which were limited solely to the identified item numbers, are as follows:

- We compared the amount in Item No. 5 of Alternative I as of December 31, 2003 to the corresponding amount of reported total liabilities in the consolidated financial statements as of December 31, 2003, and found them to be in agreement.
- We computed the amounts in Item Nos. 4 and 6 of Alternative I as of December 31, 2003 based on amounts reported in the consolidated financial statements as of December 31, 2003, and found them to be in agreement.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on the specified elements, accounts, or items noted above within the Letter. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company, and it is not intended to be and should not be used by anyone other than these specified parties.

KPMG LLP

Kansas City, Missouri
March 15, 2004

KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative.

KPMG LLP
Suite 1600
1000 Walnut
P.O. Box 13127
Kansas City, MO 64106

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheets of Ash Grove Cement Company and subsidiaries (the Company) as of December 31, 2003 and 2002, and the related consolidated statements of earnings, comprehensive income, stockholders' equity, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 2003 and 2002, and the results of their operations and their cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

As discussed in note 1 to the financial statements, in 2003 the Company changed its method of accounting for asset retirement obligation in accordance with Statement of Financial Accounting Standards No. 143, *Accounting for Asset Retirement Obligation*. Also, as discussed in note 1, in 2002 the Company changed its method of accounting for goodwill and other intangible assets in accordance with Statement of Financial Accounting Standard No. 142, *Goodwill and Other Intangible Assets*.

KPMG LLP

Kansas City, Missouri
February 17, 2004

KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative

ASH GROVE CEMENT COMPANY

11011 CODY
OVERLAND PARK, KANSAS 66210
PHONE 800-545-1882

To: Glen Dollar

From: Steve Ryan

Date: March 18, 2005

Re: Financial Assurance – Underground Storage Tanks

Attached is a copy of a letter and a certificate that verify Ash Grove's ability to pay the insurance deductible or cost of any potential clean up in connection with your plant's underground storage tanks. These documents must be kept in the plant's files relating to financial assurance and the USTs. We will retain the original documents in our file. Let me know if you have any questions.

Attachments

cc: Eileen Flink

ust doc transmit memo 3-18-05 dollar

Certification of Financial Responsibility

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 2005 - December 31, 2005

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 18, 2005

Witness:

Date: March 18, 2005

cert. financial responsibility 3-17-05

ASH GROVE CEMENT COMPANY

11011 CODY STREET
OVERLAND PARK, KANSAS 66210
PHONE 913 / 451-8900 FAX 913 / 451-7975

JOHN WOODFILL
VICE PRESIDENT - FINANCE

WRITER'S DIRECT LINE 913 / 319-6002

February 24, 2005

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 11011 Cody, Overland Park, Kansas 66210. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR 280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR 280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 6,662,818
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ 2,000,000
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ 8,662,818

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 8,662,818	
3.	Sum of lines 1 and 2	$ 9,705,318	
4.	Total tangible assets	$1,274,988,000	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$315,972,386	
6.	Tangible net worth [subtract line 5 from line 4]	$959,015,614	
		Yes	No
7.	Is line 6 at least $10 million?	X	
8.	Is line 6 at least 10 times line 3?	X	
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?		X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?		X_
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?		X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: February 24, 2005

KPMG LLP
Suite 1000
1000 Walnut Street
Kansas City, MO 64106-2162

Independent Accountants' Report
on Applying Agreed-Upon Procedures

The Board of Directors
Ash Grove Cement Company:

We have performed the procedures enumerated below, which were agreed to by management of Ash Grove Cement Company pursuant to Subpart H of 40 CFR Part 280.95(d), with respect to the letter dated February 24, 2005 from the Vice President—Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality (the Letter), solely to assist you in filing the Letter (prepared in accordance with the criteria specified therein) for the year ended December 31, 2004. Ash Grove Cement Company is responsible for the Letter. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility Ash Grove Cement Company and the Oregon Department of Environmental Quality. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures, which were limited solely to the identified item numbers, are as follows:

- We compared the amount in Item No. 5 of Alternative I as of December 31, 2004 to the corresponding amount reported total liabilities in the consolidated financial statements as of December 31, 2004, and found them to be in agreement.
- We computed the amounts in Item Nos. 4 and 6 of Alternative I as of December 31, 2004 based on amounts reported in the consolidated financial statements as of December 31, 2004, and found it to be in agreement.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on the specified elements, accounts, or items noted above within the Letter. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and it is not intended to be, and should not be, used by anyone other then these specified parties.

KPMG LLP

Kansas City, Missouri
February 24, 2005

KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative.

KPMG LLP
Suite 1000
1000 Walnut Street
Kansas City, MO 64106-2162

Independent Accountants' Report
on Applying Agreed-Upon Procedures

The Board of Directors
Ash Grove Cement Company:

We have performed the procedures enumerated below, which were agreed to by management of Ash Grove Cement Company pursuant to Subpart H of 40 CFR Part 280.95(d), with respect to the letter dated February 24, 2005 from the Vice President—Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality (the Letter), solely to assist you in filing the Letter (prepared in accordance with the criteria specified therein) for the year ended December 31, 2004. Ash Grove Cement Company is responsible for the Letter. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility Ash Grove Cement Company and the Oregon Department of Environmental Quality. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures, which were limited solely to the identified item numbers, are as follows:

- We compared the amount in Item No. 5 of Alternative I as of December 31, 2004 to the corresponding amount reported total liabilities in the consolidated financial statements as of December 31, 2004, and found them to be in agreement.
- We computed the amounts in Item Nos. 4 and 6 of Alternative I as of December 31, 2004 based on amounts reported in the consolidated financial statements as of December 31, 2004, and found it to be in agreement.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on the specified elements, accounts, or items noted above within the Letter. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and it is not intended to be, and should not be, used by anyone other then these specified parties.

KPMG LLP

Kansas City, Missouri
February 24, 2005

KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative.

KPMG LLP
Suite 1000
1000 Walnut Street
Kansas City, MO 64106-2162

Independent Accountants' Report
on Applying Agreed-Upon Procedures

The Board of Directors
Ash Grove Cement Company:

We have performed the procedures enumerated below, which were agreed to by management of Ash Grove Cement Company pursuant to Subpart H of 40 CFR Part 280.95(d), with respect to the letter dated February 24, 2005 from the Vice President—Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality (the Letter), solely to assist you in filing the Letter (prepared in accordance with the criteria specified therein) for the year ended December 31, 2004. Ash Grove Cement Company is responsible for the Letter. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility Ash Grove Cement Company and the Oregon Department of Environmental Quality. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures, which were limited solely to the identified item numbers, are as follows:

- We compared the amount in Item No. 5 of Alternative I as of December 31, 2004 to the corresponding amount reported total liabilities in the consolidated financial statements as of December 31, 2004, and found them to be in agreement.
- We computed the amounts in Item Nos. 4 and 6 of Alternative I as of December 31, 2004 based on amounts reported in the consolidated financial statements as of December 31, 2004, and found it to be in agreement.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on the specified elements, accounts, or items noted above within the Letter. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the Board of Directors and management of Ash Grove Cement Company and it is not intended to be, and should not be, used by anyone other then these specified parties.

KPMG LLP

Kansas City, Missouri
February 24, 2005

KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative.

KPMG LLP
Suite 1000
1000 Walnut Street
Kansas City, MO 64106-2162

Independent Auditors' Report

The Board of Directors
Ash Grove Cement Company:

We have audited the accompanying consolidated balance sheets of Ash Grove Cement Company and subsidiaries (the Company) as of December 31, 2004 and 2003, and the related consolidated statements of earnings, comprehensive income, stockholders' equity, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal controls over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Ash Grove Cement Company and subsidiaries at December 31, 2004 and 2003, and the results of their operations and their cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

As discussed in note 1 to the financial statements, on January 1, 2003 the Company changed its method of accounting for asset retirement obligations in accordance with Statement of Financial Accounting Standards No. 143, *Accounting for Asset Retirement Obligations*.

KPMG LLP

Kansas City, Missouri
February 17, 2004

KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative

ASH GROVE CEMENT COMPANY

11011 CODY
OVERLAND PARK, KANSAS 66210
PHONE 800-545-1882

To: Glen Dollar

From: Steve Ryan

Date: March 29, 2006

Re: Financial Assurance – Underground Storage Tanks

Attached is a copy of a letter and a certificate that verify Ash Grove's ability to pay the insurance deductible or cost of any potential clean up in connection with your plant's underground storage tanks. These documents must be kept in the plant's files relating to financial assurance and the USTs. We will retain the original documents in our file. Let me know if you have any questions.

Attachments

cc: Eileen Flink

ore YE 2005 ust doc transmit memo 3-29-06 dollar

ASH GROVE CEMENT COMPANY

11011 CODY STREET
OVERLAND PARK, KANSAS 66210
PHONE 913 / 451-8900 FAX 913 / 451-7975

JOHN WOODFILL
VICE PRESIDENT - FINANCE

WRITER'S DIRECT LINE 913 / 319-6002

March 23, 2006

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 11011 Cody, Overland Park, Kansas 66210. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR 280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR 280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations	Amount
Closure (Section 264.143 and 265.143)	$ 6,843,793
Post-Closure Care (Section 264.145 and 265.145)	$ --
Liability Coverage (Section 264.147 and 265.147)	$ 2,000,000
Corrective Action (Section 264.101(b))	$ --
Plugging and Abandonment (Section 144.63)	$ --
Closure	$ --
Post-Closure Care	$ --
Liability Coverage	$ --
Corrective Action	$ --
Plugging and Abandonment	$ --
Total	$ 8,843,793

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$ 1,042,500	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$ 8,843,793	
3.	Sum of lines 1 and 2	$ 9,886,293	
4.	Total tangible assets	$1,428,398,241	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$ 345,629,503	
6.	Tangible net worth [subtract line 5 from line 4]	$ 1,082,768,738	
		Yes	No
7.	Is line 6 at least $10 million?	X	
8.	Is line 6 at least 10 times line 3?	X	
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?		X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?		X_
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?		X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 22, 2006

Certification of Financial Responsibility

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 2006 - December 31, 2006

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 23, 2006

Witness:

Date: March 23, 2006

cert. financial responsibility 3-6-06

ASH GROVE CEMENT COMPANY

11011 CODY
OVERLAND PARK, KANSAS 66210
PHONE 800-545-1882

To: Glenn Dollar

From: Steve Ryan

Date: March 30, 2007

Re: Financial Assurance -- Underground Storage Tanks.

Glenn:

Attached is a copy of a letter establishing Ash Grove's financial ability to pay the costs required under Subpart H of 40 C.F.R. Part 280. These documents must be kept in the plant's files relating to financial assurance.

We retain copies of the original documents in our file. Let me know if you have any questions.

Attachments

cc: Eileen Flink

or YE 2006 doc transmit memo 3-30-07 dollar

ASH GROVE CEMENT COMPANY

11011 CODY STREET
OVERLAND PARK, KANSAS 66210
PHONE 913 / 451-8900 FAX 913 / 451-7975

JOHN WOODFILL
VICE PRESIDENT - FINANCE

WRITER'S DIRECT LINE 913 / 319-6002

March 16, 2007

Oregon Department of Environmental Quality
811 S.W. Sixth Avenue
Portland, Oregon 97204

I am the chief financial officer of Ash Grove Cement Company, 11011 Cody, Overland Park, Kansas 66210. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by sudden accidental releases and/or nonsudden accidental releases in the amount of at least $1,000,000 per occurrence and $1,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and/or guarantor:

Names & Addresses of Tank Locations	Tanks Assured by This Financial Test
Ash Grove Cement Company 13939 N. Rivergate Boulevard Portland, Oregon 97203	1 Tank / Financial Test Under 40 CFR 280.95
Ash Grove Cement Company 100 MT Highway 518 Clancy, Montana 59634-9701	2 Tanks / Financial Test Under State Program
Ash Grove Cement Company 4457 Highway 108 P. O. Box 130 Foreman, Arkansas 71836	9 Tanks / Financial Test Under 40 CFR 280.95

A financial test is also used by this owner or operator and/or guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

EPA Regulations		Amount
Closure (Section 264.143 and 265.143)	$	7,042,072
Post-Closure Care (Section 264.145 and 265.145)	$	--
Liability Coverage (Section 264.147 and 265.147)	$	2,000,000
Corrective Action (Section 264.101(b))	$	--
Plugging and Abandonment (Section 144.63)	$	--
Closure	$	--
Post-Closure Care	$	--
Liability Coverage	$	--
Corrective Action	$	--
Plugging and Abandonment	$	--
Total	$	9,042,072

This owner or operator and/or guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on its financial statements for the latest completed fiscal year.

Alternative I

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	$	1,042,500
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	$	9,042,072
3.	Sum of lines 1 and 2	$	10,084,572
4.	Total tangible assets	$1,668,048,114	
5.	Total liabilities [if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6]	$	387,703,000
6.	Tangible net worth [subtract line 5 from line 4]	$1,280,345,114	

		Yes	No
7.	Is line 6 at least $10 million?	X	
8.	Is line 6 at least 10 times line 3?	X	
9.	Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?		X
10.	Have financial statements for the latest fiscal year been filed with the Energy Information Administration?		X_
11.	Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?		X

12. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? [Answer "Yes" only if both criteria have been met.] X

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such rule was constituted on the date shown immediately below.

John F. Woodfill

Name: John F. Woodfill
Title: Vice President - Finance
Date: March 16, 2007

Certification of Financial Responsibility

Ash Grove Cement Company hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism/ Issuer	Amount of Coverage/ Effective Period	Type of Coverage
Oregon financial test of self-insurance / Ash Grove Cement Company	$1,000,000	Corrective action and third party claims

Period: January 1, 2007 - December 31, 2007

ASH GROVE CEMENT COMPANY

Title: Senior Vice President
Date: March 30, 2007

Witness:

Date: March 30, 2007

cert. financial responsibility 3-30-07

KPMG LLP
Suite 1000
1000 Walnut Street
Kansas City, MO 64106-2162

Independent Accountants' Report
on Applying Agreed-Upon Procedures

The Board of Directors
Ash Grove Cement Company:

We have performed the procedures enumerated below, which were agreed to by management of Ash Grove Cement Company pursuant to Subpart H of 40 CFR Part 280.95(d), with respect to the letter dated March 16, 2007 from the Vice President—Finance of Ash Grove Cement Company to the Oregon Department of Environmental Quality (the Letter), solely to assist you in filing the Letter (prepared in accordance with the criteria specified therein) for the year ended December 31, 2006. Ash Grove Cement Company is responsible for the Letter. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility Ash Grove Cement Company and the Oregon Department of Environmental Quality. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

The procedures, which were limited solely to the identified item numbers, are as follows:

- We recomputed the amounts in Item Nos. 4, 5, and 6 of Alternative I as of December 31, 2006 based on amounts reported in the consolidated financial statements as of December 31, 2006, and found no exceptions.

We were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on the specified elements, accounts, or items noted above, within the Letter. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the board of directors and management of Ash Grove Cement Company and it is not intended to be, and should not be, used by anyone other then these specified parties.

KPMG LLP

March 26, 2007
Kansas City, Missouri

KPMG LLP, a U.S. limited liability partnership, is the U.S. member firm of KPMG International, a Swiss cooperative.

18-6

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE
EMPLOYER SURVEY

OCCUPANCY CODE _____ (office use only) STATUS CODE _____ (office use only) ACCOUNT NUMBER 004703

TO MAKE CORRECTIONS: DRAW A LINE THROUGH DATA AND INDICATE CHANGE.

SECTION A GENERAL INFORMATION (Check the boxes as appropriate. In some cases both 2 and 3 would be checked.)

1. _____ No hazardous materials are used at this site in any way. (Complete Section B)
2. _____ Hazardous materials are used at this site by our company, but do not meet reporting requirements. (Complete Section B)(See Questions and Answers for reporting requirements)
3. X Hazardous materials are used at this site by our business in reportable quantities. (Complete all parts of this form)

SECTION B DEMOGRAPHIC DATA (Please provide the following information)

1. SIC CODE(S) that apply to site (if known): SIC 1 3274 SIC 2 0000
2. DATE FORM COMPLETED: ___ / ___ / ___ DUNN & BRADSTREET 99-999-9999
3. EMPLOYER NAME: ASH GROVE CEMENT WEST CO
4. COMPANY NAME: ASH GROVE CEMENT WEST CO
5. DEPT./DIV.:
6. SITE ADDRESS: 13939 N RIVERGATE BLVD
   CITY: PORTLAND STATE: OR COUNTY: MULTNOMAH ZIP: 97283
   BUSINESS PHONE: (503) 286-1677
7. MAILING ADDRESS:(if different) PO BOX 83007
   CITY: PORTLAND STATE: COUNTY: MULTNOMAH ZIP: 97283-0007
8. NUMBER OF EMPLOYEES AT THIS SITE: 52
9. EMERGENCY ASSISTANCE CONTACT FOR THIS SITE(NAME): WILLIAM A KISTLER
   CONTACT PHONE(S): (503) 286-1677 DAY (503) 286-1677 NIGHT
10. RESPONSIBLE FIRE DEPARTMENT:
11. SPECIAL EMERGENCY PROCEDURES
    (See instructions)(Use additional pages as necessary)
    AS PER MSDS

12. ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED (NFPA 704)? NO

JAN 24 1989

SECTION C SIGNATURE Howard L Mathoson ☐ CORRECT AS SHOWN ☒ CORRECTIONS MADE

The name and signature of the person responsible for the completion of the form. This person will be contacted to answer any questions needing clarification.

DUPLICATE THIS FORM FOR EACH SITE

THIS FORM MUST BE SIGNED AND RETURNED

814-440-185 (R11-88)

CHEMICAL NAME/TRADE NAME: ACETYLENE

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0000074862
3	3	0	1		000	L	2.1 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							1001

STORAGE LOCATION (BE SPECIFIC) WEST SIDE MAINT. SHOP, OUTSIDE CORNER

CHEMICAL NAME/TRADE NAME: COAL

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0000000000
1	1	3	4		000	R H	4.2 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							0000

STORAGE LOCATION (BE SPECIFIC) COAL STOCK PILE IS NW OF KILNS IN BULK, OPEN STORAGE. ALSO IN COAL SILO AT COAL BLDG, NW OF KILNS

CHEMICAL NAME/TRADE NAME: DIESEL #2

CORRECT AS SHOWN ☐ CORRECTIONS AS INDICATED ☒ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0000000000
2	2	2	2		000	A	3.3 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							1993

STORAGE LOCATION (BE SPECIFIC) EAST OF KILNS AT OIL STORAGE AREA

CHEMICAL NAME/TRADE NAME: FUEL OIL #6

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0000000000
2	2	3	4		000	A	0. 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							0000

STORAGE LOCATION (BE SPECIFIC) EAST OF KILNS AT OIL STORAGE AREA

CHEMICAL NAME/TRADE NAME: GASOLINE

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0008006619
2	2	1	2		000	B	3.1 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							1203

STORAGE LOCATION (BE SPECIFIC) NE SIDE OF STORES BLDG

CHEMICAL NAME/TRADE NAME: GEAR OIL

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0000000000
2	1	1	2		000	D	4.2 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							1993

STORAGE LOCATION (BE SPECIFIC) IN LUBE RM NE CORNER OF STORES BLDG

ASH GROVE CEMENT WEST CO
13939 N RIVERGATE BLVD
PORTLAND, OR 97203
MULTNOMAH

CHEMICAL NAME/TRADE NAME: HYDRAULIC OIL

CORRECT AS SHOWN ☐ CORRECTIONS AS INDICATED ☒ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0000000000
0	0	0	1		000	D	4.2 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							1270

STORAGE LOCATION (BE SPECIFIC) IN LUBE ROOM NE CORNER OF STORES BUILDING . WASTE @ WASTE OIL TANK S #2 KILN

CHEMICAL NAME/TRADE NAME: LIME

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0001305620
1	1	4	4		000	A J	8.0 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							0000

STORAGE LOCATION (BE SPECIFIC) PEBBLE LIME STORAGE BINS NW OF STORES BLDG. ALSO IN BAGS ON PALLETS IN HYDRATE MILL BLDG

CHEMICAL NAME/TRADE NAME: MOTOR OIL

CORRECT AS SHOWN ☐ CORRECTIONS AS INDICATED ☒ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0007440666
2	2	0	1		000	D	4.2 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							1270

STORAGE LOCATION (BE SPECIFIC) LUBE RM NE CORNER OF STORES BLDG & BULK TANKS @ NW INSIDE CORNER OF MAINT. SHOP, WASTE @ WASTE OIL TANK S #2 KILN

CHEMICAL NAME/TRADE NAME: OXYGEN

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0007782447
2	1	1	2		000	L	5.1 2.2	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							1072

STORAGE LOCATION (BE SPECIFIC) W SIDE MAINT. SHOP, OUTSIDE CORNER

CHEMICAL NAME/TRADE NAME: SODIUM HYPOCHLORITE

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0007681529
2	1	1	1		000	N	5.1 8.0	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							1791

STORAGE LOCATION (BE SPECIFIC) IN WELL PUMP/FURNACE RM. E SIDE OF STORES BLDG

CHEMICAL NAME/TRADE NAME: THINNER 350B

CORRECT AS SHOWN ☐ CORRECTIONS AS INDICATED ☒ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0064742478
2	2	0	1		000	D	3.2 0.	UN/NA NO.
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							0000

STORAGE LOCATION (BE SPECIFIC) IN LUBE RM NE CORNER OF STORES BLDG. W/OXIDIZERS, WASTE @ WASTE OIL TANK S. #2 KILN

ASH GROVE CEMENT WEST CO
13939 N RIVERGATE BLVD
PORTLAND, OR 97203
MULTNOMAH

003435-000415

CHEMICAL NAME/TRADE NAME: TRANSMISSION FLUID

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	0000000000
2	2	0	1		000	D	4.2 0.	UN/NA NO. 1270
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							

STORAGE LOCATION (BE SPECIFIC) IN LUBE ROOM NE CORNER OF STORES BLDG, WASTE @ WASTE OIL TANK S. #2 KILN

CHEMICAL NAME/TRADE NAME: #4 FUEL OIL/#1993 CUTTER STOCK

CORRECT AS SHOWN ☒ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.	2	3		000	A	3.3 0.	UN/NA NO. 1993

STORAGE LOCATION (BE SPECIFIC) EAST OF KILNS @ BULK FUEL OIL STORAGE AREA

CHEMICAL NAME/TRADE NAME:

CORRECT AS SHOWN ☐ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	
1 SOLID 4 PURE (2 LIQUID) 5 MIX 3 GAS	1 POUNDS (2 GALLONS) 3 CUBIC FT.							UN/NA NO.

STORAGE LOCATION (BE SPECIFIC)

CHEMICAL NAME/TRADE NAME:

CORRECT AS SHOWN ☐ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							UN/NA NO.

STORAGE LOCATION (BE SPECIFIC)

CHEMICAL NAME/TRADE NAME:

CORRECT AS SHOWN ☐ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							UN/NA NO.

STORAGE LOCATION (BE SPECIFIC)

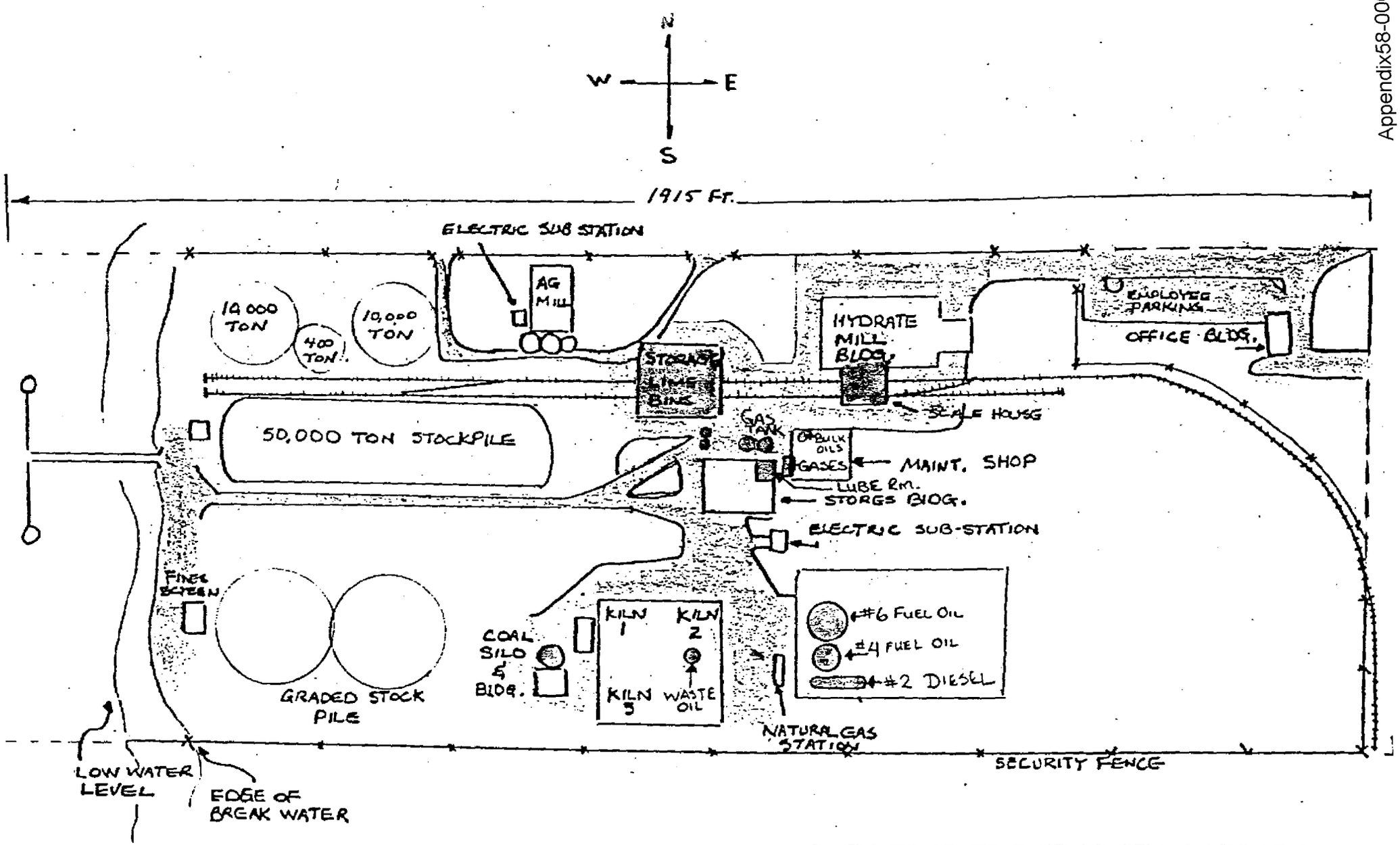
CHEMICAL NAME/TRADE NAME:

CORRECT AS SHOWN ☐ CORRECTIONS AS INDICATED ☐ DELETE ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG.QTY. ON HAND	MAX.QTY. CODE	AMT.USED PER YEAR	NUMBER DAYS ON SITE	STORAGE CODE (USE TABLE II & III)	HAZARD CLASSES	CAS NO.(IF KNOWN)
		USE TABLE I	USE TABLE I	USE TABLE I	3 DIGIT NO.		USE TABLE IV	
1 SOLID 4 PURE 2 LIQUID 5 MIX 3 GAS	1 POUNDS 2 GALLONS 3 CUBIC FT.							UN/NA NO.

STORAGE LOCATION (BE SPECIFIC)

ASH GROVE CEMENT WEST CO
13939 N RIVERGATE BLVD
PORTLAND, OR 97203
MULTNOMAH



ASH GROVE CEMENT WEST INC.
DRAWN TO SCALE 1-14-87
DRAWN BY R.E. NEWTON
REV 1-23-89 H. MATHESON

Due Date: March 1, 1997

FORM
COMPANY

1996-1997

Facility ID Number 004703

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

PLEASE TYPE OR PRINT CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS TO THE RIGHT OR BELOW THE PREPRINTED DATA.

SECTION A **HAZARDOUS SUBSTANCE PRESENCE** Check the correct box to the left.

[X] YES [ ] NO Are there hazardous substances present at this site in reportable quantities? **If yes,** complete sections B, C, and D. **If no,** complete sections B and C.

[ ] YES [X] NO Are there Extremely Hazardous Substances (EHS) at this site that meet the threshold planning quantities?

SECTION B **DEMOGRAPHIC DATA** Complete, correct or add information in the [bracketed] areas.

1. SIC CODE 1: 3274 DEFINITION: LIME PRODUCTS-MFG OF

2. SIC CODE 2: DEFINITION:

3. BUSINESS ACTIVITY: MANUFACTURING OF CHEMICAL & AGRICUL

4. DUN & BRADSTREET #: 00-902-4415

5. MANAGER'S NAME: ALBERT A COLLINET

6. SEND TO ATTENTION OF:

7. BUSINESS NAME: ASH GROVE CEMENT CO

8. DEPT OR DIV: RIVERGATE PLANT

9. SITE ADDRESS:
13939 N RIVERGATE BLVD
CITY: PORTLAND
COUNTY: MULTNOMAH
STATE: OR ZIP CODE: 97203

10. MAILING ADDRESS:
13939 N RIVERGATE BLVD
CITY: PORTLAND
COUNTY: MULTNOMAH
STATE: OR ZIP CODE: 97203

11. BUSINESS PHONE: 503-286-1677

12. NUMBER OF EMPLOYEES AT THIS SITE: 54

13. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE:
ALBERTA COLLINET
ALBERT A. COLLINET

14. EMERGENCY CONTACT PHONES:
DAY 503-286-1677 NIGHT 503-286-1677

15. RESPONSIBLE FIRE DEPARTMENT: PORTLAND FIRE BUREAU

SPECIAL FIRE DEPARTMENT INFORMATION This section is for information the fire service needs to know in case of an emergency.

16. [X] YES [ ] NO WRITTEN EMERGENCY PLAN. IF YES, LOCATION: Kiln Control Room & Main Office
17. [ ] YES [X] NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
18. [X] YES [ ] NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
19. [X] YES [ ] NO ARE OTHER TYPES OF PLACARDS USED?

SECTION C **PERSON COMPLETING FORM** This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: HOWARD L. MATHESON
2. SIGNATURE (**REQUIRED**): Howard L Matheson
3. DATE SURVEY COMPLETED: February 18, 1997

ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND OR 97203

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS
PLEASE TYPE OR PRINT ALL ANSWERS. THANK-YOU

OSFMB130

FORM
CHEMICAL

SECTION D

1996-1997 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT CHANGES IN THE [BRACKETED] AREAS

Facility ID Number
004703

COMMON NAME/TRADE NAME: SODIUM HYPOCHLORITE 12 1/2%
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: SODIUM HYPOCHLORITE

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		2	2	03	04	10	365	N 1 4	6.3 5.1	0007681-52-9

UN/NA NO. (IF KNOWN): 1791

STORAGE LOCATIONS AT SITE: IN WELL PUMP/FURNACE RM-E SIDE OF STORES BLDG-STK #20-01-010

COMMON NAME/TRADE NAME: SOLVENT 140 66/3
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: STODDARD SOLVENT

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLE IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2	2	03	04	10	365	D 1 4	3.3 6.4	8052-41-3

UN/NA NO. (IF KNOWN): 1256

STORAGE LOCATIONS AT SITE: LUBE ROOM NW CORNER OF STORE ROOM BLDG W/OXIDIZERS - WASTE AT WASTE OIL TANK S OF #2 KILN-STK #05-02-00

COMMON NAME/TRADE NAME: TRANSMISSION FLUID
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM HYDROCARBONS

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		2	2	03	10	11	365	D 1 4	4.5 6.4	0064742-65-0

UN/NA NO. (IF KNOWN): 0000

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF STORES BLDG WASTE AT WASTE OIL TANK S #2 KILN-STK #05-02-175

COMMON NAME/TRADE NAME: VINEGAR
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETIC ACID

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO.(IF KNOWN)
2		2	2	04	10	11	365	E 1 4	3.3 8.0	0000064-19-7

UN/NA NO. (IF KNOWN): 2789

STORAGE LOCATIONS AT SITE: EAST KILNS-NEAR TANK FARMS-STK #29-01-300

FORM
CHEMICAL

SECTION D

1996-1997 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT CHANGES IN THE [BRACKETED] AREAS

Facility ID Number
004703

COMMON NAME/TRADE NAME: OXYGEN
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: OXYGEN

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE USE TABLE I	UNIT OF MEASURE USE TABLE II	AVG. AMT. CODE USE TABLE III	MAX. AMT. CODE USE TABLE III	AMT. PER YEAR CODE USE TABLE III	NUMBER OF DAYS ON SITE 3 DIGIT NO.	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES USE TABLE VI	CAS NO. (IF KNOWN)
1		3	3	20	30	40	365	L 2 4	2.2 5.1	007782-44-7

STORAGE LOCATIONS AT SITE: W SIDE MAINT SHOP-OUTSIDE CORNER

UN/NA NO. (IF KNOWN): 1072

COMMON NAME/TRADE NAME: PROCESSED USED FUEL OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CUTTER STOCK

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE USE TABLE I	UNIT OF MEASURE USE TABLE II	AVG. AMT. CODE USE TABLE III	MAX. AMT. CODE USE TABLE III	AMT. PER YEAR CODE USE TABLE III	NUMBER OF DAYS ON SITE 3 DIGIT NO.	STORAGE CODE (USE TABLE IV & V)	HAZARD CLASSES USE TABLE VI	CAS NO. (IF KNOWN)
2		2	2	20	30	41	365	A 1 4	3.3	

STORAGE LOCATIONS AT SITE: FUEL TANK #4

UN/NA NO. (IF KNOWN):

COMMON NAME/TRADE NAME: PROPANE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PROPANE

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE USE TABLE I	UNIT OF MEASURE USE TABLE II	AVG. AMT. CODE USE TABLE III	MAX. AMT. CODE USE TABLE III	AMT. PER YEAR CODE USE TABLE III	NUMBER OF DAYS ON SITE 3 DIGIT NO.	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES USE TABLE VI	CAS NO. (IF KNOWN)
2		3	2	04	10	20	365	A 2 4	2.1 6.3	0000074-98-6

STORAGE LOCATIONS AT SITE: EAST OF KILNS NEAR TANK FARM -STK #05-01-300

UN/NA NO. (IF KNOWN): 1075

COMMON NAME/TRADE NAME: QUICKLIME
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM OXIDE

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE USE TABLE I	UNIT OF MEASURE USE TABLE II	AVG. AMT. CODE USE TABLE III	MAX. AMT. CODE USE TABLE III	AMT. PER YEAR CODE USE TABLE III	NUMBER OF DAYS ON SITE 3 DIGIT NO.	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES USE TABLE VI	CAS NO.(IF KNOWN)
1		1	1	50	51	80	365	A 1 4 J 1 4	4.3 8.0	001305-78-8

STORAGE LOCATIONS AT SITE: PEBBLE LIME STORAGE BINS NW OF STORES BLDG AND IN BAGS ON PALLETS IN HYDRATE MILL BLDG

UN/NA NO. (IF KNOWN): 0000

OSFMB131

FORM
CHEMICAL

SECTION D

1996-1997 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT CHANGES IN THE [BRACKETED] AREAS

Facility ID Number
004703

COMMON NAME/TRADE NAME: HYDRATED LIME
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM HYDROXIDE

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1		1	1	43	50	61	365	A 1 4 / J 1 4	8.0 6.3	001305-62-0

UN/NA NO. (IF KNOWN): 0000

STORAGE LOCATIONS AT SITE: HYDRATE LIME STORAGE BINS-NW OF STORES BLDG/#A ALSO IN BAGS ON PALLETS IN HYDRATE MILL BLDG

COMMON NAME/TRADE NAME: HYDRAULIC OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: SOLVENT DEWAXED HVY PARAFFINIC PET. DIST

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		2	2	00	04	04	365	D 1 4	4.5	0064742-65-0
				03		10				

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF STORES BUILDING WASTE AT WASTE OIL TANK S #2 KILN-STK #05-02-010

COMMON NAME/TRADE NAME: HYDROCHLORIC ACID
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HYDROCHLORIC ACID

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		2	2	02	03	04	365	N 1 4	8.0 6.3	007647-01-0

UN/NA NO. (IF KNOWN): 1789

STORAGE LOCATIONS AT SITE: MAIN LAB AT SE CORNER OF STORES BUILDING/ALSO KILN LAB IN BASEMENT-STK #20-01-120

COMMON NAME/TRADE NAME: MOTOR OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HIGHLY REFINED BASE OILS

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO.(IF KNOWN)
1		2	2	10	10	20	365	D 1 4	4.5	0064742-54-7

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: LUBE RM NW CORNER OF STORES BLDG & BULK TANKS AT NW INSIDE CORNER OF MAINT SHOP WASTE-OIL TANK 2 KILN-STK #05-02-015

Appendix58-000717

FORM
CHEMICAL

SECTION D

1996-1997 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT CHANGES IN THE [BRACKETED] AREAS

Facility ID Number
004703

COMMON NAME/TRADE NAME: FUEL OIL #6
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM OIL ✓

	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1 - PURE, 2 - MIXTURE	2	2	40	41	51	365	A 1 4	4.5	0068476-35-5
1 - NEW, 2 - NO LONGER REPORTABLE									UN/NA NO. (IF KNOWN) 1993

STORAGE LOCATIONS AT SITE: EAST OF KILNS AT OIL STORAGE AREA-STK #05-01-220

COMMON NAME/TRADE NAME: GASOLINE, UNLEADED
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES ✓

	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1 - PURE, 2 - MIXTURE: 1	2	2	10	11	21	365	B 1 4	3.1 6.4	0008006-61-9
1 - NEW, 2 - NO LONGER REPORTABLE									UN/NA NO. (IF KNOWN) 1203

STORAGE LOCATIONS AT SITE: NW SIDE OF STORES BLDG-STK # 05-01-050

COMMON NAME/TRADE NAME: GEAR OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM HYDROCARBON

	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1 - PURE, 2 - MIXTURE: 2	1	1	03	11	20	365	D 1 4	4.5	064742-52-7
1 - NEW, 2 - NO LONGER REPORTABLE									UN/NA NO. (IF KNOWN) 1270

STORAGE LOCATIONS AT SITE: IN LUBE RM NW CORNER OF STORES BLDG

COMMON NAME/TRADE NAME: GROUND LIMESTONE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM CARBONATE

	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO.(IF KNOWN)
1 - PURE, 2 - MIXTURE: 1	1	1	71	52	90	365	H 1 4	9.0	0000471-34-1
1 - NEW, 2 - NO LONGER REPORTABLE									UN/NA NO. (IF KNOWN)

STORAGE LOCATIONS AT SITE: IN THREE SILOS ON EAST SIDE OF AG BLDG INCLUDES/AG LIME-AG FLOUR-DOLOMITE & WASTE

OSFMB131

EORM
CHEMICAL

SECTION D

1996-1997 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT CHANGES IN THE [BRACKETED] AREAS

Facility ID Number
004703

COMMON NAME/TRADE NAME: ACETYLENE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETYLENE

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		3	3	00	10	20	365	L 2 4	2.1 6.3	0000074-86-2

UN/NA NO. (IF KNOWN): 1001

STORAGE LOCATIONS AT SITE: WEST SIDE MAINT SHOP-OUTSIDE CORNER

COMMON NAME/TRADE NAME: ANTIFREEZE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ETHYLENE GLYCOL

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLE IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		2	2	03	10	10	365	D 1 4	6.3	0000107-21-1

UN/NA NO. (IF KNOWN): 1142

STORAGE LOCATIONS AT SITE: NE CORNER OF LUBE ROOM IN STORE BLDG-#A/STK #05-05-025

COMMON NAME/TRADE NAME: COAL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CARBON

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1		1	1	00	42 00	00	365 000	R 1 4	4.5 0	0000000-00-0

UN/NA NO. (IF KNOWN): 0000

STORAGE LOCATIONS AT SITE: COAL STOCK PILE IS NW OF KILNS IN BULK-OPEN STOR- AGE/ALSO IN COAL SILO AT COAL BLDG-NW OF KILNS

COMMON NAME/TRADE NAME: DIESEL #2
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. PER YEAR CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO.(IF KNOWN)
2		2	2	20	21	30	365	A 1 4	3.3 6.4	0068476-34-6

UN/NA NO. (IF KNOWN): 1993

STORAGE LOCATIONS AT SITE: EAST OF KILNS AT OIL STORAGE AREA-STK #05-01-200

OSFMR131

FORM COMPANY

Due Date: NOVEMBER 30, 1998 **1997-1998** Facility ID Number 004703

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

PLEASE TYPE OR PRINT ONLY CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS TO THE RIGHT OR BELOW THE PREPRINTED DATA

SECTION A **HAZARDOUS SUBSTANCE PRESENCE** Check the correct box to the left.

☒ YES ☐ NO Are there hazardous substances present at this site in reportable quantities?
If yes, complete sections A, B, C, and D. **If no,** complete sections A, B and C.
A hazardous substance is any substance for which a Material Safety Data Sheet (MSDS) is required. If a previously reported substance is no longer present, see instructions for Section A.

☐ YES ☒ NO Are there Extremely Hazardous Substances (EHS) at this site that meet the threshold planning quantities?

☐ YES ☒ NO Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?

SECTION B **DEMOGRAPHIC DATA** Complete, correct or add information in the [bracketed] areas.

1. SIC CODE 1: 3274 DEFINITION: LIME PRODUCTS-MFG OF
2. SIC CODE 2: DEFINITION:
3. BUSINESS ACTIVITY: MANUFACTURING OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 00-902-4415
5. MANAGER'S NAME: ALBERT A COLLINET [Gary L. Wright]
6. SEND TO ATTENTION OF: [Glenn F. Dollar]
7. E-MAIL ADDRESS:
8. BUSINESS NAME: ASH GROVE CEMENT CO
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
CITY: PORTLAND
COUNTY: MULTNOMAH
STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
CITY: PORTLAND
COUNTY: MULTNOMAH
STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: 54 [52]
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: ALBERTA COLLINET [Gary L. Wright]
15. EMERGENCY CONTACT PHONES: DAY 503-286-1677 NIGHT 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND FIRE BUREAU

SPECIAL FIRE DEPARTMENT INFORMATION This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, LOCATION: Kiln Control Room & Main Office
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

SECTION C **PERSON COMPLETING FORM**
This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: Glenn F. Dollar
2. SIGNATURE **(REQUIRED):** Glenn F. Dollar
3. DATE SURVEY COMPLETED: 11/22/98

ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND OR 97203

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS
PLEASE TYPE OR PRINT ALL ANSWERS. THANK-YOU

OSFMB130

FORM
CHEMICAL

SECTION D

1997-1998 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Number
004703

COMMON NAME/TRADE NAME: GASOLINE, UNLEADED
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	2	2	10	11	21	21	365	B 1 4	3.1 6.4	0008006-61-9

1 - NEW 2 - NO LONGER REPORTABLE: ☐

STORAGE LOCATIONS AT SITE: NW SIDE OF STORES BLDG-STK # 05-01-050

UN/NA NO. (IF KNOWN): 1203

COMMON NAME/TRADE NAME: GEAR OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: SEVERELY REFINED PETROLEUM DISTILLATES

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	1	1	03	11	20	20	365	D 1 4	4.5	0064742-52-7 [64742-65-0]

1 - NEW 2 - NO LONGER REPORTABLE: ☐

STORAGE LOCATIONS AT SITE: IN LUBE RM NW CORNER OF STORES BLDG

UN/NA NO. (IF KNOWN): 1270

COMMON NAME/TRADE NAME: GROUND LIMESTONE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM CARBONATE

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	1	71	52	90	90	365	H 1 4	9.0	0000471-34-1

1 - NEW 2 - NO LONGER REPORTABLE: ☐

STORAGE LOCATIONS AT SITE: IN THREE SILOS ON EAST SIDE OF AG BLDG INCLUDES/AG LIME-AG FLOUR-DOLOMITE & WASTE

UN/NA NO. (IF KNOWN):

COMMON NAME/TRADE NAME: HYDRATED LIME
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM HYDROXIDE

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	1	43 [42]	50	60	60	365	A 1 4 J 1 4	8.0 6.3 [6.4]	0001305-62-0

1 - NEW 2 - NO LONGER REPORTABLE: ☐

STORAGE LOCATIONS AT SITE: HYDRATE LIME STORAGE BINS-NW OF STORES BLDG/#A ALSO IN BAGS ON PALLETS IN HYDRATE MILL BLDG

UN/NA NO. (IF KNOWN): 0000

FORM
CHEMICAL

SECTION D

1997-1998 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Number
004703

COMMON NAME/TRADE NAME: HYDRAULIC OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HIGHLY REFINED BASE LUBRICATING OILS

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2	2	03	04	10	04	365	D 1 4	4.5	0064742-65-0

1 - PURE 2 - MIXTURE: 2
1 - NEW 2 - NO LONGER REPORTABLE:

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF STORES BUILDING WASTE AT WASTE OIL TANK S #2 KILN-STK #05-02-010

COMMON NAME/TRADE NAME: HYDROCHLORIC ACID
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HYDROCHLORIC ACID

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2	2	02	03	00	00	365	N 1 4	8.0 6.3	0007647-01-0

1 - PURE 2 - MIXTURE: 2
1 - NEW 2 - NO LONGER REPORTABLE:

UN/NA NO. (IF KNOWN): 1789

STORAGE LOCATIONS AT SITE: MAIN LAB AT SE CORNER OF STORES BUILDING/ALSO KILN LAB IN BASEMENT-STK #20-01-120

COMMON NAME/TRADE NAME: MOTOR OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HIGHLY REFINED BASE OILS

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2	2	10	10	04	04	365	D 1 4	4.5	0064742-54-7

1 - PURE 2 - MIXTURE: 1
1 - NEW 2 - NO LONGER REPORTABLE:

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: LUBE RM NW CORNER OF STORES BLDG & BULK TANKS AT NW INSIDE CORNER OF MAIN SHOP WASTE-OIL TANK 2 KILN-STK #05-02-015

COMMON NAME/TRADE NAME: OXYGEN
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: OXYGEN

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		3	3	20	30	30	00	365	L 2 4	2.2 5.1	0007782-44-7

1 - PURE 2 - MIXTURE: 1
1 - NEW 2 - NO LONGER REPORTABLE:

UN/NA NO. (IF KNOWN): 1072

STORAGE LOCATIONS AT SITE: W SIDE MAINT SHOP-OUTSIDE CORNER

FORM
CHEMICAL

SECTION D

1997-1998 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: ACETYLENE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETYLENE

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2 (1 - PURE, 2 - MIXTURE)	3	3	00	10	20	00	365	L 2 4	2.1 6.3	0000074-86-2
	1 - NEW, 2 - NO LONGER REPORTABLE			[20]	[20]						UN/NA NO. (IF KNOWN)

STORAGE LOCATIONS AT SITE: WEST SIDE MAINT SHOP-OUTSIDE CORNER

1001

COMMON NAME/TRADE NAME: ANTIFREEZE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ETHYLENE GLYCOL

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2 (1 - PURE, 2 - MIXTURE)	2	2	03	10	00	04	365	D 1 4	6.3	0000107-21-1
	1 - NEW, 2 - NO LONGER REPORTABLE			[04]	[04]						UN/NA NO. (IF KNOWN)

STORAGE LOCATIONS AT SITE: NE CORNER OF LUBE ROOM IN ST ORE BLDG-#A/STK #05-05-025

3082

COMMON NAME/TRADE NAME: DIESEL #2
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2 (1 - PURE, 2 - MIXTURE)	2	2	20	21	30	00	365	A 1 4	3.3 6.4	0068476-34-6
	1 - NEW, 2 - NO LONGER REPORTABLE										UN/NA NO. (IF KNOWN)

STORAGE LOCATIONS AT SITE: EAST OF KILNS AT OIL STORAGE AREA-STK #05-01-200

1993

COMMON NAME/TRADE NAME: FUEL OIL #6
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM OIL

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	1 - PURE, 2 - MIXTURE	2	2	40	41			365	A 1 4	4.5	0068553-00-4
	1 - NEW, 2 - NO LONGER REPORTABLE										UN/NA NO. (IF KNOWN)

STORAGE LOCATIONS AT SITE: EAST OF KILNS AT OIL STORAGE AREA-STK #05-01-220

1993

FORM
CHEMICAL

SECTION D

1997-1998 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Number
004703

COMMON NAME/TRADE NAME: PROCESSED USED FUEL OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CUTTER STOCK

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2	2	20	30			365	A 1 4	3.3	

2 - 1 - PURE, 2 - MIXTURE
a - 1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN):

STORAGE LOCATIONS AT SITE: FUEL TANK #4

COMMON NAME/TRADE NAME: PROPANE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PROPANE

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		3	2	04	10	20	00	365	A 2 4	2.1 6.3	0000074-98-6

2 - 1 - PURE, 2 - MIXTURE
1 - 1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1075

STORAGE LOCATIONS AT SITE: EAST OF KILNS NEAR TANK FARM -STK #05-01-300

COMMON NAME/TRADE NAME: QUICKLIME
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM OXIDE

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		1	1	50	51	80	80	365	A 1 4 J 1 4	4.3 8.0	0001305-78-8

1 - 1 - PURE, 2 - MIXTURE
1 - 1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 0000

STORAGE LOCATIONS AT SITE: PEBBLE LIME STORAGE BINS NW OF STORES BLDG AND IN BAGS ON PALLETS IN HYDRA TE MILL BLDG

COMMON NAME/TRADE NAME: SODIUM HYPOCHLORITE 12 1/2%
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: SODIUM HYPOCHLORITE

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2	2	03	04	04	00	365	N 1 4	6.3 5.1	0007681-52-9

2 - 1 - PURE, 2 - MIXTURE
1 - 1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1791

STORAGE LOCATIONS AT SITE: IN WELL PUMP/FURNACE RM-E SI DE OF STORES BLDG-STK #20-01-010

Appendix58-000724

FORM
CHEMICAL

SECTION D

1997-1998 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT **ONLY** CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe: 004703

COMMON NAME/TRADE NAME: SOLVENT 140 66/3
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: STODDARD SOLVENT

EHS [ ] 112(r) [ ]
1 - PURE
2 - MIXTURE [ ]
1 - NEW
2 - NO LONGER REPORTABLE [ ]

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	03	04	04	04	365	D 1 4	3.3 6.4	0008052-41-3
[ ]	[ ]	[04]	[ ]	[ ]	[ ]	[ ]	[ ] [ ] [ ]	[ ][ ]	[ ]
							[ ] [ ] [ ]		UN/NA NO. (IF KNOWN)
									1256

STORAGE LOCATIONS AT SITE: LUBE ROOM NW CORNER OF STORE ROOM BLDG W/OXIDIZERS - WASTE AT WASTE OIL TANK S OF #2 KILN-STK #05-02-00

COMMON NAME/TRADE NAME: TRANSMISSION FLUID
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS [ ] 112(r) [ ]
[2] 1 - PURE
2 - MIXTURE [ ]
1 - NEW
2 - NO LONGER REPORTABLE [ ]

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	03	10	10	10	365	D 1 4	4.5 6.4	0064742-65-0
[ ]	[ ]	[04]	[04]	[ ]	[ ]	[ ]	[ ] [ ] [ ]	[ ][00]	[ ]
							[ ] [ ] [ ]		UN/NA NO. (IF KNOWN)
									1270

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF STORES BLDG WASTE AT WASTE OIL TANK S #2 KILN-STK #05-02-175

COMMON NAME/TRADE NAME: VINEGAR
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETIC ACID

EHS [ ] 112(r) [ ]
[2] 1 - PURE
2 - MIXTURE [ ]
1 - NEW
2 - NO LONGER REPORTABLE [ ]

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	04	10	11	00	365	E 1 4	4.5 8.0	0000064-19-7
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ] [ ] [ ]	[ ][ ]	[ ]
							[ ] [ ] [ ]		UN/NA NO. (IF KNOWN)
									2789

STORAGE LOCATIONS AT SITE: EAST KILNS-NEAR TANK FARMS-STK #29-01-300

COMMON NAME/TRADE NAME: Waste Oil
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: Waste Oil

EHS [ ] 112(r) [ ]
[2] 1 - PURE
2 - MIXTURE [ ]
[1] 1 - NEW
2 - NO LONGER REPORTABLE [ ]

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	40	41	50	20	365	A 1 4	3.3 4.5	
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ] [ ] [ ]	[ ][ ]	[ ]
							[ ] [ ] [ ]		UN/NA NO. (IF KNOWN)
									[ ]

STORAGE LOCATIONS AT SITE: East of 3 kilns at oil storage area.

OSFMB131

FORM COMPANY **RETAIN A COPY OF THIS SURVEY FOR 3 YEARS**

Due Date: NOVEMBER 30, 1999 **1999** Facility ID Number 004703

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

PLEASE TYPE OR PRINT ONLY CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS TO THE RIGHT OR BELOW THE PREPRINTED DATA

SECTION A **HAZARDOUS SUBSTANCE PRESENCE** Check the correct box to the left.

- ☒ YES ☐ NO Are there hazardous substances present at this site in reportable quantities?
- ☐ YES ☒ NO Are there Extremely Hazardous Substances (EHS) at this site that meet the threshold planning quantities?
- ☐ YES ☒ NO Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?
- ☐ YES ☒ NO If you answered YES to ANY of the three above questions, check the NO box and proceed to Section B directly below. Otherwise refer to side B of the enclosed green information sheet.

SECTION B **DEMOGRAPHIC DATA** Complete, correct or add information in the [bracketed] areas.

1. SIC CODE 1: 3274 DEFINITION: LIME PRODUCTS-MFG OF
2. SIC CODE 2: DEFINITION:
3. BUSINESS ACTIVITY: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 00-902-4415
5. MANAGER'S NAME: GARY L WRIGHT
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: glenndollar@netscape.net
8. BUSINESS NAME: ASH GROVE CEMENT CO
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: 52
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY 503-286-1677 NIGHT 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND FIRE BUREAU

SPECIAL FIRE DEPARTMENT INFORMATION This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, LOCATION: Kiln Control Room & Main Office
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

GLENN F DOLLAR
ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND OR 97203

SECTION C **PERSON COMPLETING FORM**

This person will be contacted to answer any questions needing clarification

1. PRINT NAME: Glenn F. Dollar
2. SIGNATURE (REQUIRED): Glenn F Dollar
3. DATE: 11-28-99 PHONE NO: 503-286-1677

For office use only R _____ F _____ DE _____ / _____ C _____

OSFMB130

FORM
CHEMICAL

SECTION D

1999 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: ACETYLENE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETYLENE

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		3	3	20	20	20	00	365	L 2 4	2.1 6.3	0000074-86-2

UN/NA NO. (IF KNOWN): 1001

STORAGE LOCATIONS AT SITE: WEST SIDE MAINT SHOP-OUTSIDE CORNER

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: ANTIFREEZE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ETHYLENE GLYCOL

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		2	2	04	04	00	04	365	D 1 4	6.3	0000107-21-1

UN/NA NO. (IF KNOWN): 3082

STORAGE LOCATIONS AT SITE: NE CORNER OF LUBE ROOM IN ST ORE BLDG-#A/STK #05-05-025

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: DIESEL #2
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		2	2	20	21	30	00	365	A 1 4	3.3	0068476-34-6

UN/NA NO. (IF KNOWN): 1993

STORAGE LOCATIONS AT SITE: EAST OF KILNS AT OIL STORAGE AREA-STK #05-01-200

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: GASOLINE, UNLEADED
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1		2	2	10	11	21	21	365	B 1 4	3.1 6.4	0008006-61-9

UN/NA NO. (IF KNOWN): 1203

STORAGE LOCATIONS AT SITE: NW SIDE OF STORES BLDG-STK # 05-01-050

EPA PESTICIDE REGISTRATION NO.:

OSFMB131

FORM CHEMICAL

SECTION D

1999 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe 004703

COMMON NAME/TRADE NAME: GEAR OIL

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: SEVERELY REFINED PETROLEUM DISTILLATES

EHS 112(r)

2 1 - PURE 2 - MIXTURE

1 - NEW 2 - NO LONGER REPORTABLE

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	11	20	20	20	365	D 1 4	4.5	0064742-65-0
		04	10	10	10				UN/NA NO. (IF KNOWN) 1270

STORAGE LOCATIONS AT SITE IN LUBE RM NW CORNER OF STORES BLDG

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME: GROUND LIMESTONE

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: CALCIUM CARBONATE

EHS 112(r)

1 1 - PURE 2 - MIXTURE

1 - NEW 2 - NO LONGER REPORTABLE

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	71	52	90	90	365	H 1 4	9.0	0000471-34-1
		51	60	70	70				UN/NA NO. (IF KNOWN)

STORAGE LOCATIONS AT SITE IN THREE SILOS ON EAST SIDE OF AG BLDG INCLUDES/AG LIME-AG FLOUR-DOLOMITE & WASTE

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME: HYDRATED LIME

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: CALCIUM HYDROXIDE

EHS 112(r)

1 1 - PURE 2 - MIXTURE

1 - NEW 2 - NO LONGER REPORTABLE

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	42	50	60	60	365	A 1 4 J 1 4	8.0 6.3	0001305-62-0
				61	61				UN/NA NO. (IF KNOWN) 0000

STORAGE LOCATIONS AT SITE HYDRATE LIME STORAGE BINS-NW OF STORES BLDG/#A ALSO IN BAGS ON PALLETS IN HYDRATE MILL BLDG

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME: HYDRAULIC OIL

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: HIGHLY REFINED BASE LUBRICATING OILS

EHS 112(r)

2 1 - PURE 2 - MIXTURE

1 - NEW 2 - NO LONGER REPORTABLE

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	04	04	10	04	365	D 1 4	4.5	0064742-54-7
		03							UN/NA NO. (IF KNOWN) 1270

STORAGE LOCATIONS AT SITE IN LUBE ROOM NW CORNER OF STORES BUILDING WASTE AT WASTE OIL TANK S #2 KILN-STK #05-02-010

EPA PESTICIDE REGISTRATION NO.

OSFMB131

FORM
CHEMICAL

SECTION D

1999 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: HYDROCHLORIC ACID
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HYDROCHLORIC ACID

EHS	112(r)	PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
		USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
		2	2	01	01	00	00	365	N 1 4	8.0 6.3	0007647-01-0

2 - 1 - PURE 2 - MIXTURE
1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1789

STORAGE LOCATIONS AT SITE: MAIN LAB AT SE CORNER OF STO RES BUILDING/ALSO KILN LAB IN BASEMENT-STK #20 -01-120

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME: MOTOR OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HIGHLY REFINED BASE OILS

EHS	112(r)	PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
		USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
		2	2	04	10	04	04	365	D 1 4	4.5	0064742-54-7

1 - 1 - PURE 2 - MIXTURE
1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: LUBE RM NW CORNER OF STORES BLDG & BULK TANKS AT NW INSIDE CORNER OF MAIN T SHOP WASTE-OIL TANK 2 KILN-STK #05-02-015

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME: OXYGEN
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: OXYGEN

EHS	112(r)	PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
		USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
		3	3	20	30	30	00	365	L 2 4	2.2 5.1	0007782-44-7

1 - 1 - PURE 2 - MIXTURE
1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1072

STORAGE LOCATIONS AT SITE: W SIDE MAINT SHOP-OUTSIDE CO RNER

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME: PROPANE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PROPANE

EHS	112(r)	PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
		USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
		3	2	04	10	20	00	365	A 2 4	2.1	0000074-98-6

2 - 1 - PURE 2 - MIXTURE
1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1075

STORAGE LOCATIONS AT SITE: EAST OF KILNS NEAR TANK FARM -STK #05-01-300

EPA PESTICIDE REGISTRATION NO.

FORM CHEMICAL

SECTION D

1999 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Facility ID Number 004703

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

COMMON NAME/TRADE NAME: QUICKLIME

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: CALCIUM OXIDE

EHS | 112(r)

1 (1 - PURE, 2 - MIXTURE) | 1 (1 - NEW, 2 - NO LONGER REPORTABLE)

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	50	51	80	80	365	A 1 4 J 1 4	4.3 8.0	0001305-78-8

UN/NA NO. (IF KNOWN): 0000

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: PEBBLE LIME STORAGE BINS NW OF STORES BLDG AND IN BAGS ON PALLETS IN HYDRATE MILL BLDG

COMMON NAME/TRADE NAME: SODIUM HYPOCHLORITE 12 1/2%

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: SODIUM HYPOCHLORITE

EHS | 112(r)

2 (1 - PURE, 2 - MIXTURE) | 1 (1 - NEW, 2 - NO LONGER REPORTABLE)

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	03	04	04	00	365	N 1 4	6.3 5.1	0007681-52-9

UN/NA NO. (IF KNOWN): 1791

EPA PESTICIDE REGISTRATION NO.: 18533-20001

STORAGE LOCATIONS AT SITE: IN WELL PUMP/FURNACE RM-E SIDE OF STORES BLDG-STK #20-01-010

COMMON NAME/TRADE NAME: SOLVENT 140 66/3

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: STODDARD SOLVENT

EHS | 112(r)

1 (1 - PURE, 2 - MIXTURE) | 1 (1 - NEW, 2 - NO LONGER REPORTABLE)

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	04	04	04	04	365	D 1 4	3.3 6.4	0008052-41-3

UN/NA NO. (IF KNOWN): 1256

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: LUBE ROOM NW CORNER OF STORE ROOM BLDG W/OXIDIZERS - WASTE AT WASTE OIL TANK S OF #2 KILN-STK #05-02-00

STK #05-02-006

COMMON NAME/TRADE NAME: TRANSMISSION FLUID

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS | 112(r)

2 (1 - PURE, 2 - MIXTURE) | 1 (1 - NEW, 2 - NO LONGER REPORTABLE)

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	04	04	10	10	365	D 1 4	4.5	0064742-65-0

UN/NA NO. (IF KNOWN): 1270

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF STORES BLDG WASTE AT WASTE OIL TANK S #2 KILN-STK #05-02-175

FORM
CHEMICAL

SECTION D

1999 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT **ONLY** CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: VINEGAR
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETIC ACID

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	2	04	10	11	00	365	E 1 4	~~4.5~~ 8.0	0000064-19-7

1 - NEW 2 - NO LONGER REPORTABLE ☐

UN/NA NO. (IF KNOWN): 2789

STORAGE LOCATIONS AT SITE: EAST KILNS-NEAR TANK FARMS-STK #29-01-300

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME: WASTE OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM HYDROCARBON

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	2	40	41	50	20	365	A 1 4	4.5 6.4	0064742-54-7

1 - NEW 2 - NO LONGER REPORTABLE ☐

UN/NA NO. (IF KNOWN): 9189

STORAGE LOCATIONS AT SITE: E OF KILNS AT OIL STORAGE AREA

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME:
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION:

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)

1 - NEW 2 - NO LONGER REPORTABLE ☐

UN/NA NO. (IF KNOWN):

STORAGE LOCATIONS AT SITE:

EPA PESTICIDE REGISTRATION NO.

COMMON NAME/TRADE NAME:
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION:

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)

1 - NEW 2 - NO LONGER REPORTABLE ☐

UN/NA NO. (IF KNOWN):

STORAGE LOCATIONS AT SITE:

EPA PESTICIDE REGISTRATION NO.

FORM COMPANY **RETAIN A COPY OF THIS SURVEY FOR 3 YEARS**

Due Date: DECEMBER 1, 2000 **2000** Facility ID Numbe 004703

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

PLEASE TYPE OR PRINT ONLY CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS TO THE RIGHT OR BELOW THE PREPRINTED DAT

SECTION A HAZARDOUS SUBSTANCE PRESENCE Check the correct box to the left.

☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?

☐ YES ☒ NO 2. Were there Extremely Hazardous Substances (EHS) present at this site that meet the threshold planning quantities during this survey period?

☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?

SECTION B DEMOGRAPHIC DATA Complete, correct or add information in the [bracketed] areas.

1. SIC CODE 1: 3274 DEFINITION: LIME PRODUCTS-MFG OF
2. SIC CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 00-902-4415
5. MANAGER'S NAME: GARY L WRIGHT
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: GLENDOLLAR@NETSCAPE.NET (b) (6)
8. BUSINESS NAME: ASH GROVE CEMENT CO
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
CITY: PORTLAND
COUNTY: MULTNOMAH
STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
CITY: PORTLAND
COUNTY: MULTNOMAH
STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: 52 45
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY 503-286-1677 NIGHT 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND FIRE BUREAU

SPECIAL FIRE DEPARTMENT INFORMATION This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: Kiln Control Room
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☐ YES ☒ NO ARE OTHER TYPES OF PLACARDS USED?

GLENN F DOLLAR
ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND OR 97203

SECTION C PERSON COMPLETING FORM
This person will be contacted to answer any questions needing clarificati

1. PRINT NAME: Glenn F. Dollar
2. SIGNATURE (REQUIRED): Glenn F. Dollar
3. DATE: 11- -00 PHONE NO: 503-286-1677

For office use only R_____ F_____ DE_____/_____ C_____

OSFMB130

FORM
CHEMICAL

SECTION D

2000 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: ACETYLENE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETYLENE

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2	3	3	20	20	20	00	365	L 2 4	2.1 6.3	74-86-2

2 - 1 - PURE, 2 - MIXTURE
1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1001

STORAGE LOCATIONS AT SITE: WEST SIDE MAINT SHOP-OUTSIDE CORNER

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: ANTIFREEZE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ETHYLENE GLYCOL

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2	2	2	02	04	04	04	365	D 1 4	6.3	107-21-1

2 - 1 - PURE, 2 - MIXTURE
1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 3082

STORAGE LOCATIONS AT SITE: NE CORNER OF LUBE ROOM IN ST ORE BLDG-#A/STK #~~05-05-025~~

EPA PESTICIDE REGISTRATION NO.:

Acc STK # 102735

COMMON NAME/TRADE NAME: DIESEL #2
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2	2	2	11	21	30	00	365	A 1 4	3.3	68476-34-6

2 - 1 - PURE, 2 - MIXTURE
1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1993

STORAGE LOCATIONS AT SITE: EAST OF KILNS AT OIL STORAGE AREA-STK #~~05-01-200~~

EPA PESTICIDE REGISTRATION NO.:

Change: STK # 100753

COMMON NAME/TRADE NAME: GASOLINE, UNLEADED
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	1	2	2	11	11	21	21	365	B 1 4	3.1 6.4	8006-61-9

1 - 1 - PURE, 2 - MIXTURE
1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1203

STORAGE LOCATIONS AT SITE: NW SIDE OF STORES BLDG-STK # 05-01-050

EPA PESTICIDE REGISTRATION NO.:

OSFMB131

FORM
CHEMICAL

SECTION D

2000 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: GEAR OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: SEVERELY REFINED PETROLEUM DISTILLATES

EHS [ ] 112(r) [ ]

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	04	10	10	10	365	D 1 4	4.5	64742-65-0

2 - 1 - PURE, 2 - MIXTURE
[ ] 1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: IN LUBE RM NW CORNER OF STOR ES BLDG

EPA PESTICIDE REGISTRATION NO.:

Add: STK # 102654 & 102692

COMMON NAME/TRADE NAME: GROUND LIMESTONE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM CARBONATE

EHS [ ] 112(r) [ ]

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	51	60	70	70	365	H 1 4	9.0	471-34-1

1 - PURE, 2 - MIXTURE
[ ] 1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN):

STORAGE LOCATIONS AT SITE: IN THREE SILOS ON ~~EAST~~ SIDE OF AG BLDG INCLUDES/AG LIME-AG FLOUR-DOLOMITE & WASTE

EPA PESTICIDE REGISTRATION NO.:

Change "East" to "South"

COMMON NAME/TRADE NAME: HYDRATED LIME
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM HYDROXIDE

EHS [ ] 112(r) [ ]

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1	1	42	50	61	61	365	A 1 4 J 1 4	8.0 6.3	1305-62-0
		40	42		60				

1 - PURE, 2 - MIXTURE
[ ] 1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 0000

STORAGE LOCATIONS AT SITE: HYDRATE LIME STORAGE BINS-NW OF STORES BLDG/#A ALSO IN BAGS ON PALLETS IN HYDRATE MILL BLDG

EPA PESTICIDE REGISTRATION NO.:

Bulk bins located on the South side of the Hydrate/WH building and in bulk bags inside the building.

COMMON NAME/TRADE NAME: HYDRAULIC OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HIGHLY REFINED BASE LUBRICATING OILS

EHS [ ] 112(r) [ ]

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	03 04	04	10	04	365	D 1 4	4.5	64742-54-7

2 - 1 - PURE, 2 - MIXTURE
[ ] 1 - NEW, 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF ST ORES BUILDING WASTE AT WASTE OIL TANK S #2 KIL N-STK #05-02-010

EPA PESTICIDE REGISTRATION NO.:

Appendix58-000734

FORM
CHEMICAL

SECTION D

2000 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT ONLY CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: HYDROCHLORIC ACID
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HYDROCHLORIC ACID

EHS	112(r)	PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
		USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
		2	2	01	02	02	00	365	N 1 4	8.0 6.3	7647-01-0

2 - 1 - PURE 2 - MIXTURE
1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1789

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: MAIN LAB AT SE CORNER OF STO RES BUILDING/ALSO KILN LAB IN BASEMENT-STK #~~20-01-120~~

Change: STK # 101832

COMMON NAME/TRADE NAME: MOTOR OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: HIGHLY REFINED BASE OILS

EHS	112(r)	PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
		USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
		2	2	04	10	10	10	365	D 1 4	4.5	64742-54-7

1 - 1 - PURE 2 - MIXTURE
1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1270

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: LUBE RM NW CORNER OF STORES BLDG & BULK TANKS AT NW INSIDE CORNER OF MAIN T SHOP WASTE-OIL TANK 2 KILN-STK #05-02-015

COMMON NAME/TRADE NAME: OXYGEN
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: OXYGEN

EHS	112(r)	PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
		USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
		3	3	20	30	30	00	365	L 2 4	2.2 5.1	7782-44-7

1 - 1 - PURE 2 - MIXTURE
1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1072

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: W SIDE MAINT SHOP-OUTSIDE CORNER

COMMON NAME/TRADE NAME: PROPANE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PROPANE

EHS	112(r)	PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
		USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
		3	2	04	10	20	00	365	A 2 4	2.1	74-98-6

2 - 1 - PURE 2 - MIXTURE
1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 1075

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: EAST OF KILNS NEAR TANK FARM -STK #05-01-300

Change: STK # 100988

OSFMB131

FORM
CHEMICAL

SECTION D

2000 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT **ONLY** CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: QUICKLIME
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: CALCIUM OXIDE

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)	UN/NA NO. (IF KNOWN)	EPA PESTICIDE REGISTRATION NO.
1		1	1	50	51	80	80	365	A 1 4 J 1 4	4.3 8.0	1305-78-8	0000	

STORAGE LOCATIONS AT SITE: PEBBLE LIME STORAGE BINS NW OF STORES BLDG AND IN BAGS ON PALLETS IN HYDRATE MILL BLDG

COMMON NAME/TRADE NAME: SODIUM HYPOCHLORITE 12 1/2%
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: SODIUM HYPOCHLORITE

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)	UN/NA NO. (IF KNOWN)	EPA PESTICIDE REGISTRATION NO.
2		2	2	03	04	03	00	365	N 1 4	6.3 5.1	7681-52-9	1791	18533-20001

STORAGE LOCATIONS AT SITE: IN WELL PUMP/FURNACE RM-E SIDE OF STORES BLDG-STK #~~20-01-010~~

Change: STK # 100985

COMMON NAME/TRADE NAME: SOLVENT 140 66/3
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: STODDARD SOLVENT

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)	UN/NA NO. (IF KNOWN)	EPA PESTICIDE REGISTRATION NO.
2		2	2	03	04	04	04	365	D 1 4	3.3 6.4	8052-41-3	1256	

STORAGE LOCATIONS AT SITE: LUBE ROOM NW CORNER OF STORE ROOM BLDG W/OXIDIZERS - WASTE AT WASTE OIL TANK S OF #2 KILN-STK #05-02-00 & STK # 05-02-006

COMMON NAME/TRADE NAME: TRANSMISSION FLUID
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)	UN/NA NO. (IF KNOWN)	EPA PESTICIDE REGISTRATION NO.
2		2	2	04	04	10	10	365	D 1 4	4.5	64742-65-0	1270	

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF STORES BLDG WASTE AT WASTE OIL TANK S #2 KILN-STK #05-02-175

OSFMR131

FORM
CHEMICAL

SECTION D

2000 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

SUBSTANCE INFORMATION - TYPE OR PRINT **ONLY** CHANGES IN THE [BRACKETED] AREAS

Facility ID Numbe
004703

COMMON NAME/TRADE NAME: VINEGAR
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETIC ACID

EHS ☐ 112(r) ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
2	2	04	10	11	00	365	E 1 4	4.5 8.0	64-19-7

2 - 1 - PURE 2 - MIXTURE
☐ 1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 2789

STORAGE LOCATIONS AT SITE: EAST KILNS-NEAR TANK FARMS-
STK ~~#29-01-300~~

EPA PESTICIDE REGISTRATION NO.:

Change: STK # 100441

COMMON NAME/TRADE NAME: WASTE OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM HYDROCARBONS

EHS ☐ 112(r) ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	
2	2	41	41	50	20	365	A 1 4	4.5 6.4	64742-54-7

2 - 1 - PURE 2 - MIXTURE
☐ 1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN): 9189

STORAGE LOCATIONS AT SITE: E OF KILNS AT OIL STORAGE AR
EA

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME:
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION:

EHS ☐ 112(r) ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	

☐ 1 - PURE 2 - MIXTURE
☐ 1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN):

STORAGE LOCATIONS AT SITE:

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME:
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION:

EHS ☐ 112(r) ☐

PHYSICAL STATE	UNIT OF MEASURE	AVG. AMT. CODE	MAX. AMT. CODE	AMT. IN CODE	AMT. OUT CODE	NUMBER OF DAYS ON SITE	STORAGE CODE	HAZARD CLASSES	CAS NO. (IF KNOWN)
USE TABLE I	USE TABLE II	USE TABLE III	USE TABLE III	USE TABLE III	USE TABLE III	3 DIGIT NO.	USE TABLES IV & V	USE TABLE VI	

☐ 1 - PURE 2 - MIXTURE
☐ 1 - NEW 2 - NO LONGER REPORTABLE

UN/NA NO. (IF KNOWN):

STORAGE LOCATIONS AT SITE:

EPA PESTICIDE REGISTRATION NO.:

Appendix58-000737

FORM COMPANY

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS

Due Date: NOVEMBER 30, 2001 **2001**

Facility ID Number 004703

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

CROSS OFF THE OLD OR INCORRECT INFORMATION AND TYPE OR PRINT CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS

SECTION A **HAZARDOUS SUBSTANCE PRESENCE** Check the correct box to the left.

☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?

☐ YES ☒ NO 2. Were there Extremely Hazardous Substances (EHS) present at this site that meet the threshold planning quantities during this survey period?

☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?

SECTION B **DEMOGRAPHIC DATA** Complete, correct or add information in the [bracketed] areas.

1. SIC CODE 1: 3274 DEFINITION: LIME PRODUCTS-MFG OF
2. SIC CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 00-902-4415
5. MANAGER'S NAME: GARY L WRIGHT
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: ~~GFDOLLAR@AOL.COM~~ Glenn.Dollar@AshGrove.com
8. BUSINESS NAME: ASH GROVE CEMENT CO
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: 45
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY 503-286-1677 NIGHT 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND FIRE BUREAU

SPECIAL FIRE DEPARTMENT INFORMATION This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: All Departments
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☐ YES ☒ NO ARE OTHER TYPES OF PLACARDS USED?

GLENN F DOLLAR
ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND OR 97203

SECTION C **PERSON COMPLETING FORM**

This person will be contacted to answer any questions needing clarification

1. PRINT NAME: Glenn Dollar
2. SIGNATURE (REQUIRED): Glenn Dollar
3. DATE: 11-28-01 PHONE NO: 503-286-1677

For office use only R F DE / C

OSFMR130

FORM
CHEMICAL

2001 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Facility ID Number
004703

CROSS OFF THE OLD OR INCORRECT INFORMATION AND TYPE OR PRINT CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS

SECTION D

COMMON NAME/TRADE NAME: ACETYLENE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETYLENE

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2 (1 - PURE, 2 - MIXTURE)	3	3	20	20	20	00	365	L 2 4	2.1 6.3	74-86-2
	1 - NEW, 2 - NO LONGER REPORTABLE										UN/NA NO. (IF KNOWN): 1001

STORAGE LOCATIONS AT SITE: W SIDE MAINT SHOP OUTSIDE CORNER

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: ANTIFREEZE
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ETHYLENE GLYCOL

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2 (1 - PURE, 2 - MIXTURE)	2	2	04	04	04	04	365	D 1 4	6.3	107-21-1
	1 - NEW, 2 - NO LONGER REPORTABLE										UN/NA NO. (IF KNOWN): 1153

STORAGE LOCATIONS AT SITE: NE CORNER OF LUBE ROOM IN STORE BLDG STK #102735

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: DIESEL #2
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	2 (1 - PURE, 2 - MIXTURE)	2	2	20	21	30	00	365	A 1 4	3.3	68476-34-6
	1 - NEW, 2 - NO LONGER REPORTABLE										UN/NA NO. (IF KNOWN): 1993

STORAGE LOCATIONS AT SITE: E OF KILNS AT OIL STORAGE AREA STK #100753

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: GASOLINE, UNLEADED
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
	1 (1 - PURE, 2 - MIXTURE)	2	2	10	~~11~~ 10	21	00	365	B 1 4	3.1 6.4	8006-61-9
	1 - NEW, 2 - NO LONGER REPORTABLE										UN/NA NO. (IF KNOWN): 1203

STORAGE LOCATIONS AT SITE: NW SIDE OF STORES BLDG STK # ~~05 01 050~~ 102336

EPA PESTICIDE REGISTRATION NO.:

FORM
CHEMICAL

2001 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Facility ID Number
004703

CROSS OFF THE OLD OR INCORRECT INFORMATION AND TYPE OR PRINT CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS

SECTION D

COMMON NAME/TRADE NAME: GEAR OIL

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: SEVERELY REFINED PETROLEUM DISTILLATES

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2 - MIXTURE		1	1	04	~~10~~ 04	~~10~~ 04	~~10~~ 04	365	D 1 4	4.5	64742-65-0

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF ST ORES BLDG STK# 102654 & 102692

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: GROUND LIMESTONE

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: CALCIUM CARBONATE

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1 - PURE		1	1	~~51~~ 31	~~80~~ 80	90	90	365	H 1 4	9.0	471-34-1

UN/NA NO. (IF KNOWN):

STORAGE LOCATIONS AT SITE: IN 3 SILOS ON S SIDE OF AG B LDG INCLUDES AG LIME AG FLOUR DOLOMITE & WASTE

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: HYDRATED LIME

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: CALCIUM HYDROXIDE

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1 - PURE		1	1	40	42	~~61~~ 60	60	365	A 1 4 J 1 4	8.0 6.3	1305-62-0

UN/NA NO. (IF KNOWN):

STORAGE LOCATIONS AT SITE: BULK BINS LOCATED ON S SIDE OF HYDRATE WH BLDG & IN BULK BAGS INSIDE BLDG

EPA PESTICIDE REGISTRATION NO.:

COMMON NAME/TRADE NAME: HYDRAULIC OIL

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: HIGHLY REFINED BASE LUBRICATING OILS

EHS	112(r)	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2 - MIXTURE		2	2	04	04	10	04	365	D 1 4	4.5	64742-54-7

UN/NA NO. (IF KNOWN): 1270

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF ST ORES BLDG WASTE AT WASTE OIL TANK S #2 KILN ST K ~~#05 02 010~~ /02755

EPA PESTICIDE REGISTRATION NO.:

FORM
CHEMICAL

2001 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Facility ID Number
004703

CROSS OFF THE OLD OR INCORRECT INFORMATION AND TYPE OR PRINT CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS

SECTION D

COMMON NAME/TRADE NAME: HYDROCHLORIC ACID

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: HYDROCHLORIC ACID

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		2	2	01	02	02	00	365	N 1 4	8.0 6.3	7647-01-0

UN/NA NO. (IF KNOWN): 1789

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: MAIN LAB AT SE CORNER OF STO RES BLDG ALSO KILN LAB IN BASEMENT STK #101832

COMMON NAME/TRADE NAME: MOTOR OIL

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: PETROLEUM HYDROCARBONS

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1		2	2	04	10	10	10	365	D 1 4	4.5 6.4	64742-54-7

UN/NA NO. (IF KNOWN): 1270

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: LUBE ROOM NW CORNER OF STORE S BLDG & BULK TANKS AT NW INSIDE CORNER OF MA INT SHOP WASTE OIL TANK 2 KILN STK ~~#05 02 015~~ 103173, 103956, 102057, 101277

COMMON NAME/TRADE NAME: OXYGEN

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: OXYGEN

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
1		3	3	20	30	30	00	365	L 2 4	2.2 5.1	7782-44-7

UN/NA NO. (IF KNOWN): 1072

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: W SIDE MAINT SHOP OUTSIDE CO RNER

COMMON NAME/TRADE NAME: PROPANE

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: PROPANE

EHS ☐ 112(r) ☐

1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2		3	2	04	10	20	00	365	A 2 4	2.1 6.3	74-98-6

UN/NA NO. (IF KNOWN): 1075

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: E OF KILNS NEAR TANK FARM ST K #100988

FORM
CHEMICAL

2001 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Facility ID Number
004703

CROSS OFF THE OLD OR INCORRECT INFORMATION AND TYPE OR PRINT CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS

SECTION D

COMMON NAME/TRADE NAME: QUICKLIME

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: CALCIUM OXIDE

EHS	112(r)	1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		1		1	1	50	51	80	80	365	A 1 4 J 1 4	4.3 8.0	1305-78-8

UN/NA NO. (IF KNOWN):

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: PEBBLE LIME STORAGE BINS NW OF STORES BLDG & IN BAGS ON PALLETS IN HYDRATE MILL BLDG

COMMON NAME/TRADE NAME: SODIUM HYPOCHLORITE 12 1/2%

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: SODIUM HYPOCHLORITE

EHS	112(r)	1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2		2	2	~~04~~ [03]	~~04~~ [03]	~~04~~ [03]	00	365	N 1 4	8.0 5.1	7681-52-9

UN/NA NO. (IF KNOWN): 1791

EPA PESTICIDE REGISTRATION NO.: 18533-20001

STORAGE LOCATIONS AT SITE: IN WELL PUMP FURNACE RM E SIDE OF STORES BLDG STK #100985

COMMON NAME/TRADE NAME: SOLVENT 140 66/3

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: STODDARD SOLVENT

EHS	112(r)	1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2		2	2	03	04	04	04	365	D 1 4	3.3 6.4	8052-41-3

UN/NA NO. (IF KNOWN): 1256

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: LUBE ROOM NW CORNER OF STORE ROOM BLDG W OXIDIZERS WASTE AT WASTE OIL TANK S OF #2 KILN STK ~~#05 02 00~~ & STK # ~~05 02 006~~ /02719

COMMON NAME/TRADE NAME: TRANSMISSION FLUID

HAZARDOUS INGREDIENT IN HIGHEST CONCENTRATION: PETROLEUM DISTILLATES

EHS	112(r)	1 - PURE 2 - MIXTURE	1 - NEW 2 - NO LONGER REPORTABLE	PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
		2		2	2	04	04	10	10	365	D 1 4	4.5	64742-65-0

UN/NA NO. (IF KNOWN): 1270

EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: IN LUBE ROOM NW CORNER OF STORES BLDG WASTE AT WASTE OIL TANK S #2 KILN STK ~~#05 02 175~~ /00490

FORM
CHEMICAL

2001 OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Facility ID Number
004703

CROSS OFF THE OLD OR INCORRECT INFORMATION AND TYPE OR PRINT CHANGES OR ADDITIONS IN THE [BRACKETED] AREAS

SECTION D

COMMON NAME/TRADE NAME: VINEGAR
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: ACETIC ACID

EHS [ ] 112(r) [ ]
[2] 1 - PURE 2 - MIXTURE [ ]
[ ] 1 - NEW 2 - NO LONGER REPORTABLE

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	04	10	11	00	365	E 1 4	4.5 8.0	64-19-7

UN/NA NO. (IF KNOWN): 2789
EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: E KILNS NEAR TANK FARMS STK #100441

COMMON NAME/TRADE NAME: WASTE OIL
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION: PETROLEUM HYDROCARBONS

EHS [ ] 112(r) [ ]
[2] 1 - PURE 2 - MIXTURE [ ]
[ ] 1 - NEW 2 - NO LONGER REPORTABLE

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)
2	2	41	41	~~50~~ [43]	20	365	A 1 4	4.5 6.4	64742-54-7

UN/NA NO. (IF KNOWN): 9189
EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE: E OF KILNS AT OIL STORAGE AR EA

COMMON NAME/TRADE NAME:
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION:

EHS [ ] 112(r) [ ]
[ ] 1 - PURE 2 - MIXTURE [ ]
[ ] 1 - NEW 2 - NO LONGER REPORTABLE

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)

UN/NA NO. (IF KNOWN):
EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE:

COMMON NAME/TRADE NAME:
HAZARDOUS INGREDIENT
IN HIGHEST CONCENTRATION:

EHS [ ] 112(r) [ ]
[ ] 1 - PURE 2 - MIXTURE [ ]
[ ] 1 - NEW 2 - NO LONGER REPORTABLE

PHYSICAL STATE (USE TABLE I)	UNIT OF MEASURE (USE TABLE II)	AVG. AMT. CODE (USE TABLE III)	MAX. AMT. CODE (USE TABLE III)	AMT. IN CODE (USE TABLE III)	AMT. OUT CODE (USE TABLE III)	NUMBER OF DAYS ON SITE (3 DIGIT NO.)	STORAGE CODE (USE TABLES IV & V)	HAZARD CLASSES (USE TABLE VI)	CAS NO. (IF KNOWN)

UN/NA NO. (IF KNOWN):
EPA PESTICIDE REGISTRATION NO.:

STORAGE LOCATIONS AT SITE:

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS

Due Date: November 30, 2002

Facility ID Number 004703

2002
OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Cross off the old or incorrect information and type or print changes or additions in the [bracketed] areas.

SECTION A **HAZARDOUS SUBSTANCE PRESENCE** Check the correct box to the left.

- ☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?
- ☐ YES ☒ NO 2. Were Extremely Hazardous Substances (EHS) present at this site at or above the threshold planning quantities during this survey period
- ☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?
- ☐ YES ☒ NO 4. Is this facility subject to the Process Safety Management (PSM) requirements of OR-OSHA?

SECTION B **DEMOGRAPHIC DATA** Complete, correct or add information in the [bracketed] areas.

1. SIC CODE 1: 3274 DEFINITION: LIME PRODUCTS-MFG OF
2. SIC CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 00-902-4415
5. MANAGER'S NAME: GARY L WRIGHT
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: GLENN.DOLLAR@ASHGROVE.COM
8. BUSINESS NAME: ASH GROVE CEMENT CO
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: ~~45~~ 46
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY 503-286-1677 NIGHT 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND FIRE BUREAU

SPECIAL FIRE DEPARTMENT INFORMATION This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: Lunch Room
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☐ YES ☒ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

SECTION C **PERSON COMPLETING FORM**

GLENN F DOLLAR
ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND, OR 97203

Signature required: I certify that the information provided is true and accurate to the best of my knowledge. This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: Glenn F. Dollar
2. SIGNATURE Glenn F. Dollar
3. DATE: 10-22-02 PHONE NO: 503-286-1677

For office use only: R____ F____ DE____/____ C____

1430

Chemical Form

2002
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **ACETYLENE**

Hazardous Ingredient: **ACETYLENE**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	20		~~20~~	00	365	L 2 4	2.1	1001	CAS No. if known: 74-86-2
		11	11	11				6.3		

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	O	Maintenance Shop		Bottle Storage	NA	SW	11
☐							
☐							

Common Name or Trade Name: **ANTIFREEZE**

Hazardous Ingredient: **ETHYLENE GLYCOL**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	04	~~04~~ 03	365	D 1 4	6.3	3082	CAS No. if known: 107-21-1

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Lube Room	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **DIESEL #2**

Hazardous Ingredient: **DIESEL FUEL #2**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	20	21	30	00	365	A 1 4	3.3	1993	CAS No. if known: 68476-34-6
								6.4		

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	O	NA		Tank Farm	NA	SW	21
☐							
☐							

Appendix58-000745

Chemical Form

2002
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **MOTOR OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	10	10	10	365	D 1 4	4.5 / 6.4	1270	CAS No. if known: 64742-54-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Lube Room	1	NA	NA	E	10
☐							
☐							

Common Name or Trade Name: **OXYGEN**

Hazardous Ingredient: **OXYGEN**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	20	20	~~30~~ 20	00	365	L 2 4	2.2 / 5.1	1072	CAS No. if known: 7782-44-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	O	Maintenance Shop		Bottle Storage	NA	SW	20
☐							
☐							

Common Name or Trade Name: **PROPANE**

Hazardous Ingredient: **PROPANE**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	2	04	10	20	00	365	A 2 4	2.1 / 6.3	1075	CAS No. if known: 74-98-6

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	O	Kiln Department		Bone Yard	NA	NW	10
☐							
☐							

Appendix58-000746

Chemical Form

2002
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **QUICKLIME**

Hazardous Ingredient: **CALCIUM OXIDE**

☐ 112R ☐ EHS ☐ PSM ☑ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	50	51	80	80	365	A 1 4 / J 1 4	4.3 / 8.0		CAS No. if known: 1305-78-8

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Storage	All	Silo	Storage Silo's	N	51
☐							
☐							

Common Name or Trade Name: **SODIUM HYPOCHLORITE 12 1/2%**

Hazardous Ingredient: **SODIUM HYPOCHLORITE**

☐ 112R ☐ EHS ☐ PSM ☑ 2-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	03	04	~~05~~ 10	00	365	N 1 4	8.0 / 5.1	1791	18533-20001 / CAS No. if known: 7681-52-9

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Stores	1	Furnace Room	Furnace Room	E	04
☐							
☐							

Common Name or Trade Name: **SOLVENT 140 66/3**

Hazardous Ingredient: **STODDARD SOLVENT**

☐ 112R ☐ EHS ☐ PSM ☐ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	03	04	04	04	365	D 1 4	3.3 / 6.4	1256	CAS No. if known: 8052-41-3

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Maintenance Shop	1	NA	NA	NW	04
☐							
☐							

Appendix58-000747

Chemical Form

2002
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **TRANSMISSION FLUID**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	10	~~10~~ 00	365	D 1 4	4.5	1270	CAS No. if known: 64742-65-0

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Lube Room	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **VINEGAR**

Hazardous Ingredient: **ACETIC ACID**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	~~11~~ 10	00	365	E 1 4	9.0		CAS No. if known: 64-19-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	O	Stores		Drum Storage	NA	SW	04
☐							
☐							

Common Name or Trade Name: **WASTE OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	~~41~~ 40	41	43	~~20~~ 04	365	A 1 4	4.5 6.4	9189	CAS No. if known: 64742-54-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	O	Kiln Department		Tank Farm	NA	C	41
☐							
☐							

1436

Chemical Form

2002
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **GASOLINE UNLEADED**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	10	//	21	00	365	B 1 4	3.1	1203	CAS No. if known: 8006-61-9
								6.4		

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	O	Stores		Underground	NA	NW	//
☐							
☐							

Common Name or Trade Name: **GEAR OIL**

Hazardous Ingredient: **SEVERELY REFINED PETROLEUM DISTILLATES**

☐ 112R ☐ EHS ☐ PSM ☒ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	04	04	~~04~~ 00	~~04~~ 00	365	D 1 4	4.5	1270	CAS No. if known: 64742-65-0

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Stores	1	Lube Room	Lube Room	E	04
☐							
☐							

Common Name or Trade Name: **GROUND LIMESTONE**

Hazardous Ingredient: **CALCIUM CARBONATE**

☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture ☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	~~31~~ 50	52	90	90	365	H 1 4	9.0		CAS No. if known: 471-34-1

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Ag Mill	All	Silo's	Silo's	S	52
☐							
☐							

1432

Chemical Form

2002
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **HYDRATED LIME**

Hazardous Ingredient: **CALCIUM HYDROXIDE**

☐ 112R
☐ EHS
☐ PSM
☑ 1-Pure
☐ 2-Mixture
☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	~~40~~ 41	42	60	60	365	A 1 4 / J 1 4	8.0 / 6.3		CAS No. if known: 1305-62-0

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Hydrate/Warehouse	All	Silos	Silos	S	42
☐							
☐							

Common Name or Trade Name: **HYDRAULIC OIL**

Hazardous Ingredient: **HIGHLY REFINED BASE LUBRICATING OILS**

☐ 112R
☐ EHS
☐ PSM
☑ 1-Pure
☐ 2-Mixture
☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	10	04	365	D 1 4	4.5	1270	CAS No. if known: 64742-54-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Stores	1	Lube Room	Lube Room	E	04
☐							
☐							

Common Name or Trade Name: **HYDROCHLORIC ACID**

Hazardous Ingredient: **HYDROCHLORIC ACID**

☐ 112R
☐ EHS
☐ PSM
☑ 1-Pure
☐ 2-Mixture
☐ No Longer Reportable

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	01	02	02	00	365	N 1 4	8.0 / 6.3	1789	CAS No. if known: 7647-01-0

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Max Code
☐	I	Stores	1	Lab	NA	E	02
☐							
☐							

Appendix58-000750

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS

Due Date: November 30, 2003

Facility ID Number: 004703

2003
OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Cross off the old or incorrect information and type or print changes or additions in the [bracketed] areas.

SECTION A HAZARDOUS SUBSTANCE PRESENCE

Check the correct box to the left.

- ☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?
- ☐ YES ☒ NO 2. Were Extremely Hazardous Substances (EHS) present at this site at or above the threshold planning quantities during this survey period?
- ☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?
- ☐ YES ☒ NO 4. Is this facility subject to the Process Safety Management (PSM) requirements of OR-OSHA?

SECTION B DEMOGRAPHIC DATA

Complete, correct or add information in the [bracketed] areas.

1. NAICS CODE 1: 32741O DEFINITION: Lime Manufacturing
2. NAICS CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 00-902-4415
5. MANAGER'S NAME: GARY L WRIGHT
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: GLENN.DOLLAR@ASHGROVE.COM
8. BUSINESS NAME: ASH GROVE CEMENT CO
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: ~~46~~ 45
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY: 503-286-1677 NIGHT: 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND FIRE BUREAU

SPECIAL FIRE DEPARTMENT INFORMATION

This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: Lunch Room
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☐ YES ☒ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

GLENN F DOLLAR
ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND, OR 97203

SECTION C PERSON COMPLETING FORM

Signature required: I certify that the information provided is true and accurate to the best of my knowledge. This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: Glenn F. Dollar
2. SIGNATURE: Glenn F. Dollar
3. Date: 11-17-03 Phone: 5032861677 Ext: 428

For office use only: R____ F____ DE 1 C____

1360

Chemical Form

2003
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **ACETYLENE**

Hazardous Ingredient: **ACETYLENE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	11	11	11	00	365	L 2 4	2.1	1001	CAS No. if known: 74-86-2

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	11
☐							
☐							

Common Name or Trade Name: **ANTIFREEZE**

Hazardous Ingredient: **ETHYLENE GLYCOL**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	04	03	365	D 1 4	6.3	3082	CAS No. if known: 107-21-1

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **DIESEL #2**

Hazardous Ingredient: **DIESEL FUEL #2**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	20	~~21~~ 20	30	00	365	A 1 4	3.3 6.4	1993	CAS No. if known: 68476-34-6

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	NA		TANK FARM	NA	SW	21
☐							
☐		—					

Appendix58-000752

Chemical Form

2003
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **GASOLINE UNLEADED**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	10	11	~~21~~ 20	00	365	B 1 4	3.1 6.4	1203	CAS No. if known: 8006-61-9

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		NA	NA	NW	11
☐							
☐							

Common Name or Trade Name: **GEAR OIL**

Hazardous Ingredient: **SEVERELY REFINED PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	~~04~~ 10	~~04~~ 10	~~00~~ 10	00	365	D 1 4	4.5	1270	CAS No. if known: 64742-65-0

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **GROUND LIMESTONE**

Hazardous Ingredient: **CALCIUM CARBONATE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	50	52	90	90	365	H 1 4	9.0		CAS No. if known: 471-34-1

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	AG MILL	ALL	SILOS	SILOS	S	52
☐							
☐							

Appendix58-000753

Chemical Form

2003
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **HYDRATED LIME**

Hazardous Ingredient: **CALCIUM HYDROXIDE**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
	1	1	41	42	~~60~~ 61	~~60~~ 61	365	A 1 4 / J 1 4	8.0 / 6.3		CAS: 1305-62-0

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	HYDRATE/WHSE	ALL	SILOS	SILOS	S	42
☐							
☐							

Common Name or Trade Name: **HYDRAULIC OIL**

Hazardous Ingredient: **HIGHLY REFINED BASE LUBRICATING OILS**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
	2	2	04	04	~~10~~ 04	04	365	D 1 4	4.5	1270	CAS: 64742-54-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **HYDROCHLORIC ACID**

Hazardous Ingredient: **HYDROCHLORIC ACID**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
	2	2	01	02	02	00	365	N 1 4	8.0 / 6.3	1789	CAS: 7647-01-0

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LAB	NA	E	02
☐							
☐							

Appendix58-000754

Chemical Form

2003
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **MOTOR OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure 2-Mixture [1]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	10	10	10	365	D 1 4	4.5 / 6.4	1270	CAS No. if known: 64742-54-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	10
☐							
☐							

Common Name or Trade Name: **OXYGEN**

Hazardous Ingredient: **OXYGEN**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure 2-Mixture [1]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	20	20	20	00	365	L 2 4	2.2 / 5.1	1072	CAS No. if known: 7782-44-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	20
☐							
☐							

Common Name or Trade Name: **PROPANE**

Hazardous Ingredient: **PROPANE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure 2-Mixture [2]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	2	04	10	20	00	365	A 2 4	2.1 / 6.3	1075	CAS No. if known: 74-98-6

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		BONE YARD	NA	NW	10
☐							
☐							

Appendix58-000755

Chemical Form

2003
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **QUICKLIME**

Hazardous Ingredient: **CALCIUM OXIDE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
1	1	50	51	80	80	365	A 1 4 / J 1 4	4.3 / 8.0		CAS: 1305-78-8

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORAGE	ALL	SILO	STORAGE SILOS	N	51
☐							
☐							

Common Name or Trade Name: **SODIUM HYPOCHLORITE 12.5%**

Hazardous Ingredient: **SODIUM HYPOCHLORITE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	03	~~04~~ 10	10	00	365	N 1 4	8.0 / 5.1	1791	EPA: 18533-20001 / CAS: 7681-52-9

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	FURNACE RM	FURNACE	E	04
☐							
☐							

Common Name or Trade Name: **SOLVENT 140 66/3**

Hazardous Ingredient: **STODDARD SOLVENT**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	03	04	04	04	365	D 1 4	3.3 / 6.4	1256	CAS: 8052-41-3

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	MAINT SHOP	1	NA	NA	NW	04
☐							
☐							

1365

Chemical Form

2003
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **TRANSMISSION FLUID**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 2 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	04	04	10	00	365	D 1 4	4.5	1270	64742-65-0

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **VINEGAR**

Hazardous Ingredient: **ACETIC ACID**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 2 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	04	04	10	00	365	E 1 4	9.0		64-19-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		DRUM STGE	NA	SW	04
☐							
☐							

Common Name or Trade Name: **WASTE OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 2 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	40	41	~~43~~ 50	~~04~~ 03	365	A 1 4	4.5 / 6.4	9189	64742-54-7

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		TANK FARM	NA	C	41
☐							
☐							

Appendix58-000757

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS

Due Date: November 30, 2004

Facility ID Number: 004703

2004
OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Cross off the old or incorrect information and type or print changes or additions in the [bracketed] areas.

SECTION A HAZARDOUS SUBSTANCE PRESENCE Check the correct box to the left.

- ☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?
- ☐ YES ☒ NO 2. Were Extremely Hazardous Substances (EHS) present at this site at or above the threshold planning quantities during this survey period?
- ☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?
- ☐ YES ☒ NO 4. Is this facility subject to the Process Safety Management (PSM) requirements of OR-OSHA?

SECTION B DEMOGRAPHIC DATA Complete, correct or add information in the [bracketed] areas.

1. NAICS CODE 1: 327410 DEFINITION: LIME MFG
2. NAICS CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 00-902-4415
5. OWNER/CEO/REG AGENT: Charles T Wiedenhoft
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: GLENN.DOLLAR@ASHGROVE.COM
8. BUSINESS NAME: ASH GROVE CEMENT CO
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: 45
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY: 503-286-1677 NIGHT: 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND FIRE BUREAU

SPECIAL FIRE DEPARTMENT INFORMATION This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: Multiple Locations
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

GLENN F DOLLAR
ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND, OR 97203

SECTION C PERSON COMPLETING FORM

Signature required: I certify that the information provided is true and accurate to the best of my knowledge. This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: Glenn F. Dollar
2. SIGNATURE: Glenn F. Dollar
3. Date: 11/23/04 Phone: 5032861677 Ext: 423

For office use only: R F DE I C

1214

Chemical Form

2004

OREGON STATE FIRE MARSHAL

Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **ACETYLENE**

Hazardous Ingredient: **ACETYLENE**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ 112R								L 2 4	2.1		
☐ EHS											CAS No. if known
☐ PSM											
☒ 1-Pure 2-Mixture	3	3	11	11	11	00	365		6.3	1001	74862

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	11
☐							
☐							

Common Name or Trade Name: **ANTIFREEZE**

Hazardous Ingredient: **ETHYLENE GLYCOL**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ 112R								D 1 4	6.3		
☐ EHS											CAS No. if known
☐ PSM											
☒ 1-Pure 2-Mixture	2	2	04	04	04	03	365			3082	107211

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **DIESEL #2**

Hazardous Ingredient: **DIESEL FUEL #2**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ 112R								A 1 4	3.3		
☐ EHS											CAS No. if known
☐ PSM											
☒ 1-Pure 2-Mixture	2	2	20	20	30	00	365		6.4	1993	68476346

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	NA		TANK FARM	NA	SW	20
☐							
☐							

1215

Appendix58-000759

Chemical Form

2004

OREGON STATE FIRE MARSHAL

Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **GASOLINE UNLEADED**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
☐ 112R ☐ EHS ☐ PSM ☑ 1-Pure ☐ 2-Mixture	2	2	10	11	20	00	365	B 1 4	3.1 6.4	1203	8006619

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		NA	NA	NW	11
☐							
☐							

Common Name or Trade Name: **GEAR OIL**

Hazardous Ingredient: **SEVERELY REFINED PETROLEUM DISTILLATES**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
☐ 112R ☐ EHS ☐ PSM ☑ 1-Pure ☐ 2-Mixture	1	1	10	10	10	00	365	D 1 4	4.5	1270	64742650

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **GROUND LIMESTONE**

Hazardous Ingredient: **CALCIUM CARBONATE**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
☐ 112R ☐ EHS ☐ PSM ☑ 1-Pure ☐ 2-Mixture	1	1	50	52	90	90	365	H 1 4	9.0		471341

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	AG MILL	ALL	SILOS	SILOS	S	52
☐							
☐							

1216

Chemical Form

2004
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **HYDRATED LIME**

Hazardous Ingredient: **CALCIUM HYDROXIDE**

	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ No Longer Reportable											
☐ 112R											
☐ EHS											
☐ PSM											CAS No. if known
☒ 1-Pure ☐ 2-Mixture	1	1	41	42	61	61	365	J 1 4	6.3		1305620

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	HYDRATE/WHSE	ALL	SILOS	SILOS	S	42
☐							
☐							

Common Name or Trade Name: **HYDRAULIC OIL**

Hazardous Ingredient: **BASE LUBRICATING OILS**

	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ No Longer Reportable											
☐ 112R											
☐ EHS											
☐ PSM											CAS No. if known
☒ 1-Pure ☐ 2-Mixture	2	2	04	04	~~04~~ 10	~~04~~ 06	365	D 1 4	4.5	1270	64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **HYDROCHLORIC ACID**

Hazardous Ingredient: **HYDROCHLORIC ACID**

	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ No Longer Reportable											
☐ 112R											
☐ EHS											
☐ PSM											CAS No. if known
☒ 1-Pure ☐ 2-Mixture	2	2	01	02	02	00	365	N 1 4	8.0 6.3	1789	7647010

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LAB	NA	E	02
☐							
☐							

1217

Chemical Form

2004

OREGON STATE FIRE MARSHAL

Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **MOTOR OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	10	10	10	365	D 1 4	4.5	1270	
								6.4		CAS No. if known: 64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	10
☐							
☐							

Common Name or Trade Name: **OXYGEN**

Hazardous Ingredient: **OXYGEN**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	20	20	20	00	365	L 2 4	2.2	1072	
								5.1		CAS No. if known: 7782447

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	20
☐							
☐							

Common Name or Trade Name: **PROPANE**

Hazardous Ingredient: **PROPANE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	2	04	10	20	00	365	A 2 4	2.1	1075	
								6.3		CAS No. if known: 74986

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		BONE YARD	NA	NW	10
☐							
☐							

Chemical Form

2004
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **QUICKLIME**

Hazardous Ingredient: **CALCIUM OXIDE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	50	51	80	80	365	A 1 4 / J 1 4	4.3 / 8.0		CAS No. if known: 1305788

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORAGE	ALL	SILO	STORAGE SILOS	N	51
☐							
☐							

Common Name or Trade Name: **SODIUM HYPOCHLORITE 12.5%**

Hazardous Ingredient: **SODIUM HYPOCHLORITE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	03	~~10~~ 04	~~10~~ 04	00	365	N 1 4	8.0 / 5.1	1791	18533-20001; CAS No. if known: 7681529

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	FURNACE RM	FURNACE	E	04
☐							
☐							

Common Name or Trade Name: **SOLVENT 140 66/3**

Hazardous Ingredient: **STODDARD SOLVENT**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	03	04	04	04	365	D 1 4	3.3 / 6.4	1256	CAS No. if known: 8052413

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	MAINT SHOP	1	NA	NA	NW	04
☐							
☐							

Appendix58-000763

Chemical Form

2004

OREGON STATE FIRE MARSHAL

Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **TRANSMISSION FLUID**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	04	04	10	00	365	D 1 4	4.5	1270	64742650

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **VINEGAR**

Hazardous Ingredient: **ACETIC ACID**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	04	04	10	00	365	E 1 4	9.0		64197

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		DRUM STGE	NA	SW	04
☐							
☐							

Common Name or Trade Name: **WASTE OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	40	41	50	03	365	A 1 4	4.5 / 6.4	9277	64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		TANK FARM	NA	C	41
☐							
☐							

1220

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS

Due Date: December 02, 2005

Facility ID Number: 004703

2005
OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Cross off the old or incorrect information and type or print changes or additions in the [bracketed] areas.

SECTION A HAZARDOUS SUBSTANCE PRESENCE

Check the correct box to the left.

- ☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?
- ☐ YES ☒ NO 2. Were Extremely Hazardous Substances (EHS) present at this site at or above the threshold planning quantities during this survey period?
- ☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?
- ☐ YES ☒ NO 4. Is this facility subject to the Process Safety Management (PSM) requirements of OR-OSHA?

SECTION B DEMOGRAPHIC DATA

Complete, correct or add information in the [bracketed] areas.

1. NAICS CODE 1: 327410 DEFINITION: LIME MFG
2. NAICS CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 00-902-4415
5. OWNER/CEO/REG AGENT: Charles T Wiedenhoft
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: GLENN.DOLLAR@ASHGROVE.COM
8. BUSINESS NAME: ASH GROVE CEMENT CO
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: ~~45~~ 46
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY: 503-286-1677 NIGHT: 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND BUREAU OF F&R & EMS

SPECIAL FIRE DEPARTMENT INFORMATION

This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: Lunch Room / Front Office
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

SECTION C PERSON COMPLETING FORM

Signature required: I certify that the information provided is true and accurate to the best of my knowledge. This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: Glenn F. Dollar
2. SIGNATURE: Glenn F. Dollar
3. Date: 11/21/05 Phone: 503-286-1677 Ext: 423

GLENN F DOLLAR
ASH GROVE CEMENT CO
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND, OR 97203

For office use only: R____ F____ DE____/____ C____

1208

Chemical Form

2005
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **ACETYLENE**

Hazardous Ingredient: **ACETYLENE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
3	3	11	11	11	00	365	L 2 4	2.1 / 6.3	1001	74862

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	11
☐							
☐							

Common Name or Trade Name: **ANTIFREEZE**

Hazardous Ingredient: **ETHYLENE GLYCOL**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	~~04~~ 03	04	~~04~~ 03	03	365	D 1 4	6.3	3082	107211

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **DIESEL #2**

Hazardous Ingredient: **DIESEL FUEL #2**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	20	20	30	00	365	A 1 4	3.3 / 6.4	1993	68476346

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	NA		TANK FARM	NA	SW	20
☐							
☐							

1209

Chemical Form

2005
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **GASOLINE UNLEADED**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	10	11	20	00	365	B 1 4	3.1 6.4	1203	CAS No. if known: 8006619

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		NA	NA	NW	11
☐							
☐							

Common Name or Trade Name: **GEAR OIL**

Hazardous Ingredient: **SEVERELY REFINED PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	10	10	10	00	365	D 1 4	4.5	1270	CAS No. if known: 64742650

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **GROUND LIMESTONE**

Hazardous Ingredient: **CALCIUM CARBONATE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	50	52	~~90~~ 91	~~90~~ 91	365	H 1 4	9.0		CAS No. if known: 471341

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	AG MILL	ALL	SILOS	SILOS	S	52
☐							
☐							

1210

Chemical Form

2005
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **HYDRATED LIME**

Hazardous Ingredient: **CALCIUM HYDROXIDE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	41	42	61	61	365	A 1 4 / J 1 4	8.0 / 6.3		CAS No. if known: 1305620

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	HYDRATE/WHSE	ALL	SILOS	SILOS	S	42
☐							
☐							

Common Name or Trade Name: **HYDRAULIC OIL**

Hazardous Ingredient: **BASE LUBRICATING OILS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	10	00	365	D 1 4	4.5	1270	CAS No. if known: 64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **HYDROCHLORIC ACID**

Hazardous Ingredient: **HYDROCHLORIC ACID**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	01	02	02	00	365	N 1 4	8.0 / 6.3	1789	CAS No. if known: 7647010

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LAB	NA	E	02
☐							
☐							

1211

Chemical Form

2005
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **MOTOR OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	10	10	10	365	D 1 4	4.5 / 6.4	1270	CAS No. if known: 64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	10
☐							
☐							

Common Name or Trade Name: **OXYGEN**

Hazardous Ingredient: **OXYGEN**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	20	20	20	00	365	L 2 4	2.2 / 5.1	1072	CAS No. if known: 7782447

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	20
☐							
☐							

Common Name or Trade Name: **PROPANE**

Hazardous Ingredient: **PROPANE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	2	04	10	20	00	365	A 2 4	2.1 / 6.3	1075	CAS No. if known: 74986

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		BONE YARD	NA	NW	10
☐							
☐							

1212

Chemical Form

2005
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **QUICKLIME**

Hazardous Ingredient: **CALCIUM OXIDE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture [ ]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:	CAS No. if known
1	1	50	51	80	80	365	A 1 4 / J 1 4	4.3 / 8.0			1305788

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORAGE	ALL	SILO	STORAGE SILOS	N	51
☐							
☐							

Common Name or Trade Name: **SODIUM HYPOCHLORITE 12.5%**

Hazardous Ingredient: **SODIUM HYPOCHLORITE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture [ ]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:	CAS No. if known
2	2	03	04	04	00	365	N 1 4	8.0 / 5.1	1791	18533-20001	7681529

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	FURNACE RM	FURNACE	E	04
☐							
☐							

Common Name or Trade Name: **SOLVENT 140 66/3**

Hazardous Ingredient: **STODDARD SOLVENT**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure 2-Mixture [ ]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:	CAS No. if known
2	2	03	04	04	04	365	D 1 4	3.3 / 6.4	1256		8052413

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	MAINT SHOP	1	NA	NA	NW	04
☐							
☐							

1213

Chemical Form

2005
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **TRANSMISSION FLUID**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	~~10~~ 04	00	365	D 1 4	4.5	1270	CAS No. if known: 64742650

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **VINEGAR**

Hazardous Ingredient: **ACETIC ACID**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	10	00	365	E 1 4	9.0		CAS No. if known: 64197

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		DRUM STGE	NA	SW	04
☐							
☐							

Common Name or Trade Name: **WASTE OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	40	41	50	03	365	A 1 4	6.4	1270	CAS No. if known: 64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		TANK FARM	NA	C	41
☐							
☐							

1214

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS AT THIS FACILITY

Due Date: December 01, 2006

2006

Facility ID Number: 004703

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Cross off the old or incorrect information and type or print changes or additions in the [bracketed] areas.

SECTION A HAZARDOUS SUBSTANCE PRESENCE

Check the correct box to the left.

- ☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?
- ☐ YES ☒ NO 2. Were Extremely Hazardous Substances (EHS) present at this site at or above the threshold planning quantities during this survey period?
- ☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?
- ☐ YES ☒ NO 4. Is this facility subject to the Process Safety Management (PSM) requirements of OR-OSHA?

SECTION B DEMOGRAPHIC DATA

Complete, correct or add information in the [bracketed] areas.

1. NAICS CODE 1: 327410 DEFINITION: LIME MFG
2. NAICS CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 009024415
5. OWNER/CEO/REG AGENT: CHARLES T WIEDENHOFT
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: GLENN.DOLLAR@ASHGROVE.COM
8. BUSINESS NAME: ASH GROVE CEMENT COMPANY
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: 46
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY: 503-286-1677 NIGHT: 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND BUREAU OF F&R&EMS

SPECIAL FIRE DEPARTMENT INFORMATION

This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: Lunch Room / Front Office
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

GLENN F DOLLAR
ASH GROVE CEMENT COMPANY
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND, OR 97203

SECTION C PERSON COMPLETING FORM

Signature required: I certify that the information provided is true and accurate to the best of my knowledge. This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: Glenn Dollar
2. SIGNATURE: Glenn Dollar
3. Date: 10/24/06 Phone: 503-286-1677 Ext: 423

For office use only: R___ F___ DE 1 C___

1221

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **ACETYLENE**

Hazardous Ingredient: **ACETYLENE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	~~11~~ 10	11	11	00	365	L 2 4	2.1 6.3	1001	CAS No. if known: 74862

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	11
☐							
☐							

Common Name or Trade Name: **ANTIFREEZE**

Hazardous Ingredient: **ETHYLENE GLYCOL**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	03	04	~~03~~ 04	03	365	D 1 4	6.3	3082	CAS No. if known: 107211

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **DIESEL #2**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	20	20	30	00	365	A 1 4	3.3 6.4	1993	CAS No. if known: 68476346

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	NA		TANK FARM	NA	SW	20
☐							
☐							

1222

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **GASOLINE UNLEADED**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	10	11	20	00	365	B 1 4	3.1	1203	CAS No. if known: 8006619

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		NA	NA	NW	11
☐							
☐							

Common Name or Trade Name: **GEAR OIL**

Hazardous Ingredient: **SEVERELY REFINED PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	~~10~~ 11	10	~~10~~ 20	00	365	D 1 4	4.5	1270	CAS No. if known: 64742650

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **GROUND LIMESTONE**

Hazardous Ingredient: **CALCIUM CARBONATE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	50	52	91	91	365	H 1 4	9.0		CAS No. if known: 1317653

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	AG MILL	ALL	SILOS	SILOS	S	52
☐							
☐							

1223

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **HYDRATED LIME**

Hazardous Ingredient: **CALCIUM HYDROXIDE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure ☐ 2-Mixture [1]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	41	42	61	61	365	A 1 4 / J 1 4	8.0 / 6.3		

CAS No. if known: 1305620

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	HYDRATE-WHSE	ALL	SILOS	SILOS	S	42
☐							
☐							

Common Name or Trade Name: **HYDRAULIC OIL**

Hazardous Ingredient: **BASE LUBRICATING OILS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure ☐ 2-Mixture [2]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	10	00	365	D 1 4	4.5	1270	

CAS No. if known: 64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **HYDROCHLORIC ACID**

Hazardous Ingredient: **HYDROCHLORIC ACID**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure ☐ 2-Mixture [2]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	01	02	02	00	365	N 1 4	8.0 / 6.3	1789	

CAS No. if known: 7647010

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LAB	NA	E	02
☐							
☐							

1224

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **MOTOR OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	10	10	10	365	D 1 4	4.5	1270	
								6.4		CAS No. if known: 64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	10
☐							
☐							

Common Name or Trade Name: **OXYGEN**

Hazardous Ingredient: **OXYGEN**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	20	20	20	00	365	L 2 4	5.1	1072	
								2.2		CAS No. if known: 7782447

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	20
☐							
☐							

Common Name or Trade Name: **PROPANE**

Hazardous Ingredient: **PROPANE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	2	04	10	20	00	365	A 2 4	2.1	1075	
								6.3		CAS No. if known: 74986

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		BONE YARD	NA	NW	10
☐							
☐							

1225

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **QUICKLIME**

Hazardous Ingredient: **CALCIUM OXIDE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure [1] 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	50	51	80	80	365	A 1 4 / J 1 4	4.3 / 8.0		CAS No. if known: 1305788

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORAGE	ALL	SILO	STORAGE SILOS	N	51
☐							
☐							

Common Name or Trade Name: **SODIUM HYPOCHLORITE 12.5%**

Hazardous Ingredient: **SODIUM HYPOCHLORITE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure [2] 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: 18533-20001
2	2	03	04	04	00	365	N 1 4	8.0 / 5.1	1791	CAS No. if known: 7681529

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	FURNACE RM	FURNACE	E	04
☐							
☐							

Common Name or Trade Name: **SOLVENT 140 66/3**

Hazardous Ingredient: **STODDARD SOLVENT**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	03	04	04	04	365	D 1 4	3.3 / 6.4	1256	CAS No. if known: 8052413

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	MAINT SHOP	1	NA	NA	NW	04
☐							
☐							

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **TRANSMISSION FLUID**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	~~04~~ 10	00	365	D 1 4	4.5	1270	CAS No. if known: 64742650

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **VINEGAR**

Hazardous Ingredient: **ACETIC ACID**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	04	10	00	365	E 1 4	9.0		CAS No. if known: 64197

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		DRUM STGE	NA	SW	04
☐							
☐							

Common Name or Trade Name: **WASTE OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	40	41	50	03	365	A 1 4	4.5 6.4	1270	CAS No. if known: 64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		TANK FARM	NA	C	41
☐							
☐							

1227

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS AT THIS FACILITY

Due Date: October 31, 2006

2006

Facility ID Number: 044123

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Cross off the old or incorrect information and type or print changes or additions in the [bracketed] areas.

SECTION A HAZARDOUS SUBSTANCE PRESENCE

Check the correct box to the left.

- ☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?
- ☐ YES ☒ NO 2. Were Extremely Hazardous Substances (EHS) present at this site at or above the threshold planning quantities during this survey period?
- ☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?
- ☐ YES ☒ NO 4. Is this facility subject to the Process Safety Management (PSM) requirements of OR-OSHA?

SECTION B DEMOGRAPHIC DATA

Complete, correct or add information in the [bracketed] areas.

1. NAICS CODE 1: 423320 DEFINITION: BRICK, STONE, & RELATED CONST MATERIAL WH
2. NAICS CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: ~~SALE & DISTRIBUTION OF BULK PORTLAND CEMENT~~ [Import & Distribute Bulk Portland Cement]
4. DUN & BRADSTREET #: 009024415
5. OWNER/CEO/REG AGENT: CHRLES WIEDENHOFT PRES
6. SEND TO ATTENTION OF: J JOHN HONE
7. E-MAIL ADDRESS: ~~NONE~~ JohnHone@ashgrove.com
8. BUSINESS NAME: ASH GROVE CEMENT COMPANY
9. DEPT OR DIV: PORTLAND CEMENT TERMINAL
10. SITE ADDRESS: ~~4098 N PORT CENTER WY~~ [3737 N Port Center Way]
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97217
11. MAILING ADDRESS: ~~4098 N PORT CENTER WY~~ [3737 N Port Center Way]
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97217-3569
12. BUSINESS PHONE: ~~503-285-9153~~ [(503) 285 4621]
13. NUMBER OF EMPLOYEES AT THIS SITE: 4
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: J JOHN HONE
15. EMERGENCY CONTACT PHONES: DAY: ~~503-285-9153~~ [(503) 784 3463] NIGHT: 503-784-3463
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND BUREAU OF F&R&EMS

SPECIAL FIRE DEPARTMENT INFORMATION

This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: Administration Building
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

SECTION C PERSON COMPLETING FORM

Signature required: I certify that the information provided is true and accurate to the best of my knowledge. This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: Glenn Dollar
2. SIGNATURE: Glenn Dollar
3. Date: 10/24/06 Phone: 503-286-1677 Ext: 443

J JOHN HONE
ASH GROVE CEMENT COMPANY
PORTLAND CEMENT TERMINAL
4098 N PORT CENTER WY
PORTLAND, OR 97217-3569

For office use only: R____ F____ DE____/____ C____

6056

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
044123

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **AUTOMATIC TRANSMISSION FLUID**

Hazardous Ingredient: **HIGHLY REFINED PETROLEUM OILS**

No Longer Reportable	112R	EHS	PSM	1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:	CAS No. if known
				2	2	2	03	03	04	00	365	N 1 4	6.3			
													4.5			

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
	I	MAIN SILO	1	LOADING	SILO #5	SW	03

Common Name or Trade Name: **BOILER TREATMENT HCL**

Hazardous Ingredient: **HYDROCHLORIC ACID**

No Longer Reportable	112R	EHS	PSM	1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:	CAS No. if known
				2	2	2	04	04	10	00	365	O 1 4	8.0			
												E 1 4				7647010

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
	O	TRUCK WASH		TRUCK WASH	NA	~~N~~ S	04

Common Name or Trade Name: **GEAR COMPOUND**

Hazardous Ingredient: **HYDROCARBON BASE OILS**

No Longer Reportable	112R	EHS	PSM	1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:	CAS No. if known
				2	2	2	03	04	03	00	365	A 1 4	4.5			
												N 1 4				64741881

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
	I	MAIN SILO	1	LOADING	SILO #5	SW	03

6057

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
044123

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **PORTLAND CEMENT**

Hazardous Ingredient: **PORTLAND CEMENT**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 2 1-Pure 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	60	61	81	81	365	H 2 5	6.3		
								6.4		CAS No. if known: 65997151

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	MAIN SILO	1	NA	NA	V	61
☐							
☐							

6058

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
044123

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: [Motor Oil]

Hazardous Ingredient: [Petroleum Hydrocarbons]

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☐ 1-Pure 2-Mixture [2]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No. / CAS No. if known
[2]	[2]	[10]	[10]	[20]	[00]	[365]	[0][1][4]	[4.5]	[1270]	[64742547]

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	[I]	[7 Bay Garage]	[1]	[Bay 6]	[NA]	[NW]	[10]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Common Name or Trade Name: [Waste Oil]

Hazardous Ingredient: [Petroleum Hydrocarbons]

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☐ 1-Pure 2-Mixture [2]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No. / CAS No. if known
[2]	[2]	[03]	[03]	[00]	[00]	[365]	[A][1][4]	[4.5]	[1270]	[64742547]

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	[I]	[7 Bay Garage]	[1]	[Bay 6]	[NA]	[NW]	[03]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Common Name or Trade Name: [Diesel]

Hazardous Ingredient: [Petroleum Distillates]

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☐ 1-Pure 2-Mixture [2]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No. / CAS No. if known
[2]	[2]	[10]	[11]	[11]	[00]	[365]	[A][1][4]	[3.3]	[1202]	[68476346]

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	[O]	[7 Bay Garage]	[ ]	[Parking Lot]	[NA]	[N]	[11]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

6059

Chemical Form

2006
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number 044123

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: [Hydraulic Oil]

Hazardous Ingredient: [Base Lubricating Oils]

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☐ 1-Pure 2-Mixture [2]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
[2]	[2]	[04]	[11]	[03]	[00]	[365]	[01][1][4]	[4.5]	[1270]	[64742-47]

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	[I]	[Administration]	[1]	[Shop]	[Shop]	[NW]	[11]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Common Name or Trade Name: [ ]

Hazardous Ingredient: [ ]

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☐ 1-Pure 2-Mixture [ ]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ][ ][ ]	[ ]	[ ]	[ ]

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Common Name or Trade Name: [ ]

Hazardous Ingredient: [ ]

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☐ 1-Pure 2-Mixture [ ]

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	No Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ][ ][ ]	[ ]	[ ]	[ ]

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
☐	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

6058

RETAIN A COPY OF THIS SURVEY FOR 3 YEARS AT THIS FACILITY

Due Date: November 30, 2007

2007

Facility ID Number: 004703

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE INFORMATION SURVEY

Cross off the old or incorrect information and type or print changes or additions in the [bracketed] areas.

SECTION A HAZARDOUS SUBSTANCE PRESENCE

Check the correct box to the left.

- ☒ YES ☐ NO 1. Were there hazardous substances present at this site in reportable quantities during this survey period?
- ☐ YES ☒ NO 2. Were Extremely Hazardous Substances (EHS) present at this site at or above the threshold planning quantities during this survey period?
- ☐ YES ☒ NO 3. Is this facility subject to the reporting requirements of Section 112(r) of the Clean Air Act?
- ☐ YES ☒ NO 4. Is this facility subject to the Process Safety Management (PSM) requirements of OR-OSHA?

SECTION B DEMOGRAPHIC DATA

Complete, correct or add information in the [bracketed] areas.

1. NAICS CODE 1: 327410 DEFINITION: LIME MFG
2. NAICS CODE 2: DEFINITION:
3. BUSINESS ACTIVITY AT THIS SITE: MFG OF CHEMICAL & AGRICULTURAL LIME
4. DUN & BRADSTREET #: 009024415
5. OWNER/CEO/REG AGENT: CHARLES T WIEDENHOFT
6. SEND TO ATTENTION OF: GLENN F DOLLAR
7. E-MAIL ADDRESS: GLENN.DOLLAR@ASHGROVE.COM
8. BUSINESS NAME: ASH GROVE CEMENT COMPANY
9. DEPT OR DIV: RIVERGATE PLANT
10. SITE ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
11. MAILING ADDRESS: 13939 N RIVERGATE BLVD
    CITY: PORTLAND
    COUNTY: MULTNOMAH
    STATE: OR ZIP CODE: 97203
12. BUSINESS PHONE: 503-286-1677
13. NUMBER OF EMPLOYEES AT THIS SITE: 21
14. EMERGENCY ASSISTANCE CONTACT PERSON FOR THIS SITE: GARY L WRIGHT
15. EMERGENCY CONTACT PHONES: DAY: 503-286-1677 NIGHT: 503-286-1677
16. RESPONSIBLE FIRE DEPARTMENT: PORTLAND BUREAU OF F&R&EMS

SPECIAL FIRE DEPARTMENT INFORMATION

This section is for information the fire service needs to know in case of an emergency.

17. ☒ YES ☐ NO WRITTEN EMERGENCY PLAN. IF YES, WHERE AT SITE: Lunch Room
18. ☐ YES ☒ NO AUTOMATIC FIRE SUPPRESSION SYSTEM PRESENT; e.g., sprinklered, halon system, etc.
19. ☒ YES ☐ NO ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED ACCORDING TO NFPA 704?
20. ☒ YES ☐ NO ARE OTHER TYPES OF PLACARDS USED?

GLENN F DOLLAR
ASH GROVE CEMENT COMPANY
RIVERGATE PLANT
13939 N RIVERGATE BLVD
PORTLAND, OR 97203

SECTION C PERSON COMPLETING FORM

Signature required: I certify that the information provided is true and accurate to the best of my knowledge. This person will be contacted to answer any questions needing clarification.

1. PRINT NAME: Glenn F. Dollar
2. SIGNATURE: Glenn F. Dollar
3. Date: 10/8/07 Phone: 5032861677 Ext: 4623

For office use only: R ____ F ____ DE ____ I ____ C ____

1156

Chemical Form

2007
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **ACETYLENE**

Hazardous Ingredient: **ACETYLENE**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☑ 1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
	3	3	10	11	11	00	365	L 2 4	2.1	1001	74862

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	11
☐							
☐							

Common Name or Trade Name: **ANTIFREEZE**

Hazardous Ingredient: **ETHYLENE GLYCOL**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☑ 1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
	2	2	03	04	04	03	365	D 1 4	6.3	3082	107211

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **DIESEL 2**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable ☐ 112R ☐ EHS ☐ PSM ☑ 1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
	2	2	20	20	30	00	365	A 1 4	3.3	1993	68476346

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	NA		TANK FARM	NA	SW	20
☐							
☐							

1157

Chemical Form

2007
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **GASOLINE UNLEADED**

Hazardous Ingredient: **PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	10	11	20	00	365	B 1 4	3.1	1203	CAS No. if known: 8006619
								6.3		

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		NA	NA	NW	11
☐							
☐							

Common Name or Trade Name: **GEAR OIL**

Hazardous Ingredient: **SEVERELY REFINED PETROLEUM DISTILLATES**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	10	10	20	00	365	D 1 4	4.5	1270	CAS No. if known: 64742650

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **GROUND LIMESTONE**

Hazardous Ingredient: **CALCIUM CARBONATE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure
☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
1	1	50	52	91	91	365	H 1 4	9.0		CAS No. if known: 1317653

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	AG MILL	ALL	SILOS	SILOS	S	52
☐							
☐							

Chemical Form

2007
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **HYDRATED LIME**

Hazardous Ingredient: **CALCIUM HYDROXIDE**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ 112R	1	1	41	42	61	61	365	A 1 4	8.0		
☐ EHS								J 1 4	6.3		CAS No. if known: 1305620
☐ PSM											
☒ 1-Pure ☐ 2-Mixture											

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	HYDRATE-WHSE	ALL	SILOS	SILOS	S	42
☐							
☐							

Common Name or Trade Name: **HYDRAULIC OIL**

Hazardous Ingredient: **BASE LUBRICATING OILS**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ 112R	2	2	04	04	10	00	365	D 1 4	4.5	1270	CAS No. if known: 64742547
☐ EHS											
☐ PSM											
☒ 1-Pure ☐ 2-Mixture											

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LUBE RM	LUBE	E	04
☐							
☐							

Common Name or Trade Name: **HYDROCHLORIC ACID**

Hazardous Ingredient: **HYDROCHLORIC ACID**

No Longer Reportable	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
☐ 112R	2	2	01	02	~~02~~ 00	00	365	N 1 4	8.0	1789	CAS No. if known: 7647010
☐ EHS									6.3		
☐ PSM											
☒ 1-Pure ☐ 2-Mixture											

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	LAB	NA	E	02
☐							
☐							

1159

Chemical Form

2007
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **MOTOR OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
2	2	04	10	10	10	365	D 1 4	4.5	1270	
								6.4		CAS No. if known: 64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	10
☐							
☐							

Common Name or Trade Name: **OXYGEN**

Hazardous Ingredient: **OXYGEN**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	3	20	20	20	00	365	L 2 4	5.1	1072	
								2.2		CAS No. if known: 7782447

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	MAINT SHOP		BOTTLE STORAGE	NA	SW	20
☐							
☐							

Common Name or Trade Name: **PROPANE**

Hazardous Ingredient: **PROPANE**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☐ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No:
3	2	04	10	20	00	365	A 2 4	2.1	1075	
								6.3		CAS No. if known: 74986

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		BONE YARD	NA	NW	10
☐							
☐							

Chemical Form

2007
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number 004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **QUICKLIME**

Hazardous Ingredient: **CALCIUM OXIDE**

No Longer Reportable	112R	EHS	PSM	1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
☐	☐	☐	☐	[1]	1	1	50	51	~~80~~ 70	~~80~~ 70	365	A 1 4 / J 1 4	4.3 / 6.3	1910	CAS: 1305788

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORAGE	ALL	SILO	STORAGE SILOS	N	51
☐							
☐							

Common Name or Trade Name: **SODIUM HYPOCHLORITE 12.5%**

Hazardous Ingredient: **SODIUM HYPOCHLORITE**

No Longer Reportable	112R	EHS	PSM	1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
☐	☐	☐	☐	[2]	2	2	03	04	04	00	365	N 1 4	8.0 / 5.1	1791	18533-20001 / CAS: 7681529

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	STORES	1	FURNACE RM	FURNACE	E	04
☐							
☐							

Common Name or Trade Name: ~~**SOLVENT 140 66/3**~~ Solvent 140 F

Hazardous Ingredient: ~~**STODDARD SOLVENT**~~ Solvent Naphtha

No Longer Reportable	112R	EHS	PSM	1-Pure 2-Mixture	Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
☐	☐	☐	☐	☐	2	2	03	04	04	04	365	D 1 4	3.3 / 6.4	1256	CAS: 8052413

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	MAINT SHOP	1	NA	NA	NW	04
☐							
☐							

1161

Chemical Form

2007
OREGON STATE FIRE MARSHAL
Hazardous Substance Information Survey

Facility ID Number
004703

SECTION D Cross off the old or incorrect information and type or print changes or additions in the [bracketed] area.

Common Name or Trade Name: **TRANSMISSION FLUID**

Hazardous Ingredient: **HIGHLY REFINED MINERAL OIL (C15-C50)**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	04	04	10	00	365	D 1 4	4.5	0000	000000

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	I	LUBE RM	1	NA	NA	E	04
☐							
☐							

Common Name or Trade Name: **VINEGAR**

Hazardous Ingredient: **ACETIC ACID**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	04	04	10	00	365	E 1 4	9.0		64197

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	STORES		DRUM STORAGE	NA	SW	04
☐							
☐							

Common Name or Trade Name: **WASTE OIL**

Hazardous Ingredient: **PETROLEUM HYDROCARBONS**

☐ No Longer Reportable
☐ 112R
☐ EHS
☐ PSM
☒ 1-Pure ☐ 2-Mixture

Physical State Use Table I	Units of Measure Use Table II	Avg Amt Code Use Table III	Max Amt Code Use Table III	Amt IN Code Use Table III	Amt OUT Code Use Table III	Days On Site 3 digits	Storage Code Use Table IV & V	Hazard Class Table VI	UN/NA if known	EPA Pesticide Registration No: / CAS No. if known
2	2	40	41	~~50~~ O	~~03~~ 11	365	A 1 4	4.5 / 6.4	1270	64742547

LOCATION

Delete	In/Out	Building	Floor	Area	Room	Quadrant	Loc Max Use Table III
☐	O	KILN DEPT		TANK FARM	NA	C	41
☐							
☐							

1162

10/07/98 THU 15:52 FAX 503 253 9019 FPL INC

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: ASH GROVE CEMENT

Address 13939 N. RIVERGATE BLVD.

City PORTLAND 97203 County MULT.

Phone 286-1677

Collection date and time: 12 / 1 / 98 (Month / Day / Year) 7 : 12 (Hour : Min) a.m. p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Alan Colburn

Sample point: Laboratory

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 0.1 ppm

Return address for report:

Name

Address

City, state, zip

MICROBIOLOGICAL ANALYSIS
PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E. coli*: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods:

☐ MTF ☐ MF ☐ P-A ☑ MMO-MUG

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 6/92)
e:\work\labslip

FPL
FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-1099

Lab Cert # OR00041

Sample # 1201053

Bottle #

Date & time received 12/1/98 12:30

Received by: PMorgan

Date & time analyzed: 12/1/98 1:15

Comments:

Analyst: BD 1:15 Date: 12/2/98

Review by: [signature] Date: 12-2-98

Send results to: **Oregon Health Division, P.O. Box 14350, Portland OR 97214-0350 Phone (503) 731-4381**

002/002

Appendix58-000791

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE CEMENT CO.
13939 N RIVERGATE
PORTLAND, OR 97203

12/24/98

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 12/22/98. Results and detection limits are in ppm (parts per million).

DESCRIPTION	NITRATE	SAMPLE#
WATER FROM LAB FAUCET, *	<5.0 ppm	1222009
DATE SAMPLE COLLECTED:	12/21/98 9:05 am	1222009
COLLECTED BY:	Alan Colburn	1222009
DATE RECEIVED:	12/22/98 10:00 am	1222009
METHOD:	EPA 300.0	1222009
TESTED BY:	D.R.	1222009
DATE TESTED:	12-23-98	1222009
STSTEM I.D. #:	4194453	1222009

MCL = Maximum contamination limit = 10ppm for Nitrate in drinking water.

THANK YOU

RP-1/PP-1/SP-1

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☆	Realty Transaction ☐
Pws ID #: 4194453 Source ID: 801	Source Name: Well
Public Water System or Property Owner Name:	
Ash Grove Cement Co.	
Address: 13939 N. Rivergate	
City, State, Zip: Portland, OR 97203	
Sampled at: Lab Faucet	Sampled by: Alan Colburn
Date collected: 12-21-98	Time collected: 9:05 A.M.
Sample composition: Raw/Treated * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 12-22-98	Date analyzed: 12-23-98
Lab sampled ID #: 122009	Sample composited in lab: Y (N)

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
(Nitrate)	1040	10.	<5.0	300.0	D.R.
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

f:wp51\office\forms\nitrate.98

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE CEMENT CO.
13939 N RIVERGATE
PORTLAND, OR 97203

03/08/99

GLENN DOLLAR
503-286-1677

LIM NELSON

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 03/01/99. Bacterial results are in Colony Forming Units (CFU) per 100 ml. of water.

DESCRIPTION	POTABILITY	NITRATE	SAMPLE#
WATER - LABORATORY	ABS./ABS.	<0.1mg/L	0301034

MCL = Maximum contamination limit = 10mg/L for Nitrate in drinking water

THANK YOU

RP-1/PP-1/SP-1

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105
PORTLAND, OREGON 97220
503-253-9136 / FAX 503-253-9019
OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☐	Realty Transaction ☐
Pws ID #: 4194453 Source ID:	Source Name:
Public Water System or Property Owner Name: ASH GROVE CEMENT	
Address: 13939 N. RIVERGATE BLVD.	
City, State, Zip: PORTLAND, OR 97203	
Sampled at: LAB.	Sampled by: ALAN COLBURN
Date collected: 3-1-99	Time collected: 7:30 AM
Sample composition: Raw/Treated * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 3-1-99	Date analyzed: 3-3-99
Lab sampled ID #: 0301034	Sample composited in lab: Y/N

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	<0.1	EPA300.0	COFFEY LAB #0011
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

f:wp51\office\forms\nitrate.98

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☒	Realty Transaction ☐
Pws ID #: 4194453 Source ID: 01	Source Name: Well
Public Water System or Property Owner Name:	ASH GROVE CEMENT
	ATTN: GLENN DOLLAR
Address:	13939 N RIVERGATE
City, State, Zip:	PTLD, OR 97203
Sampled at: LABORATORY	Sampled by: ALAN COLBURN
Date collected: 6-1-99	Time collected: 9:20 AM
Sample composition: Raw (Treated) * Source/Distribution * (Single)/Combined	

To be Completed by Laboratory	
Date received in lab: 06/01	Date analyzed: 06/02/99
Lab sampled ID #: 0601036	Sample composited in lab: Y (N)

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	< 0.5 mg/L	EPA 300	D.R.
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

f:wp51\office\forms\nitrate.98

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE CEMENT CO.
13939 N RIVERGATE
PORTLAND, OR 97203

RECEIVED
JUN 11 1999
BY:

06/03/99

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 06/01/99. Bacterial results are in Colony Forming Units (CFU) per 100 ml. of water.

DESCRIPTION	POTABILITY	NITRATE	SAMPLE#
WATER/6-1-99, 9:20AM	ABS./ABS.	<0.5mg/L	0601036

MCL = Maximum contamination limit = 10mg/L for Nitrate in drinking water.

THANK YOU

RP-1/PP-1/SP-1

Ash Grove Cement Company

RIVERGATE LIME PLANT
13939 N. Rivergate Blvd.
Portland, OR 97203-6608
Phone: 503-286-1677 FAX: 503-289-2272

Fax Transmittal Form

TO: Ed Hodge

FROM: Glenn Dollar

Fax number:
503-988-5844

Date sent: 10-16-00

Number of pages including cover page:
2

Here is a copy of the 4th qtr. test results. We will include Nitrate on the next test.

Thanks
Glenn.

FAXED
OCT 16 2000
BY

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement Co.

Address 13939 N. Rivergate Bl.

City Portland County Mult.

Phone 286-1677

Collection date and time: 10 / 9 / 00 (Month / Day / Year) 08 : 00 (Hour : Min) a.m. p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff Peterson

Sample point: Lab

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 20

Return address for report:

Name Ash Grove Cement Co

Address 13939 N. Rivergate Bl.

City, state, zip Portland OR 97203

Send results to: **Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4361**

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E. coli*: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods:

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labslip

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR000-11

Sample # 1009008

Bottle #

Date & time received 10-9-00, 10:45AM

Received by: EA

Date & time analyzed: 10-9 11:30 — 6

Comments:

Analyst: 10/10 11:30 Date:

Review by: Date: 10-13

recycled paper

Appendix58-000799

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement

Address 13939 N. Rivergate Blvd.

City Portland County Mult.

Phone 286-1677

Collection date and time: 01 / 05 / 01 - 8 : 00 a.m. / p.m.
Month Day Year Hour Min

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff Peterson

Sample point: Lab tap

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 15

Return address for report:

Name Ash Grove Cement

Address 13939 N. Rivergate Blvd.

City, state, zip Portland, OR. 97203

191494-99

recycled paper

Send results to: **Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

MICROBIOLOGICAL ANALYSIS
PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E. coli*: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods: Ammo-MUG

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labslip

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR041

Sample # 0105012

Bottle #

Date & time received 1/5/01 10:00am

Received by: CM

Date & time analyzed: 01/06/01 mfs

Comments:

Analyst: mfs Date: 01/06/01

Review by: Date: 01/10/01

Appendix58-000800

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE CEMENT CO.
13939 N RIVERGATE
PORTLAND, OR 97203

01/18/01

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 01/10/01. Results are in mg/L (ppm).

P.O.# N/A

DESCRIPTION	NITRATE	SAMPLE#
WATER FROM FIRST QUARTER 01-10-01, *	<0.1 mg/L	0110080
DATE SAMPLE COLLECTED:	01-10-01	0110080
COLLECTED BY:	ASH GROVE	0110080
DATE RECEIVED:	01-10-01	0110080
METHOD:	EPA 300.0	0110080
TESTED BY:	COFFEY LAB	0110080
DATE TESTED	01-11-00	0110080

THANK YOU

RP-1/PP-1/SP-1

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☐	Realty Transaction ☐
Pws ID #: 41	Source ID: Source Name:
Public Water System or Property Owner Name:	
Ash Grove Cement Co.	
Address: 13939 N. Rivergate	
City, State, Zip: Portland, OR 97203	
Sampled at:	Sampled by:
Date collected: 01-10-01	Time collected:
Sample composition: Raw/Treated * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 01-10-01	Date analyzed: 01-11-00
Lab sampled ID #: 0110080	Sample composited in lab: Y/(N)

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	< 0.1	EPA 300.0	Coffey Lab
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

Coffey Lab ID #088

f:wp51\office\forms\nitrate.98

FPL Food Products Laboratory, Inc.

12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

DATE	INVOICE #
1/18/2001	143872

BILL TO:

Ash Grove Cement Co.
13939 N. Rivergate
Portland, OR 97203

P.O. NO.	TERMS
	Net 30

ITEM	DESCRIPTION	QTY.	RATE	AMOUNT
D310	Nitrate	1	25.00	25.00

FPL SAMPLE #0110080

Total $25.00

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement

Address 13939 N. Rivergate Blvd.

City Portland County Mult.

Phone 1286-1677

Collection date and time: 01 / 05 / 01 18 : 00 a.m. p.m.
Month Day Year Hour Min

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff Peterson

Sample point: Lab tap

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 15

Return address for report:

Name Ash Grove Cement

Address 13939 N. Rivergate Blvd.

City, state, zip Portland, OR. 97203

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/E. coli: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods: ☒ MMO-MUG

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labslip

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR041

Sample # 0105012

Bottle #

Date & time received 1/5/01 10:00am

Received by: [illegible]

Date & time analyzed: 01/06/01 mfs

Comments:

Analyst: mfs Date: 01/06/

Review by: [illegible] Date: 01/10/0

Send results to: Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE CEMENT CO.
13939 N RIVERGATE
PORTLAND, OR 97203

04/19/01

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 04/09/01.

P.O.# N/A

DESCRIPTION	POTABILITY	NITRATE	SAMPLE#
WATER FROM LAB, *	ABS./ABS.	<0.01mg/L	0409012
DATE / TIME SAMPLED:	4-9-01 7:30AM	4-13-01 AM	0409012
SPECIFIC LOCATION:	LAB	LAB	0409012
SAMPLED BY:	JEFF PETERSON	JEFF PETERSON	0409012
DATE / TIME RECEIVED:	4-9-01 10:50AM	4-13-01 10:15AM	0409012
TESTED BY:	DW	CL	0409012

MCL = Maximum contamination limit = 10mg/L for Nitrate in drinking water.

THANK YOU

RP-1/PP-1/SP-1

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement Co.

Address 13939 N Rivergate Blvd.

City Portland County Mult.

Phone 286-1677

Collection date and time: 4 / 9 / 01 7 : 30 a.m. p.m.
Month Day Year Hour Min

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: JAK Peterson

Sample point: Lab

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 20

Return address for report:

Name Ash Grove Cement Co.

Address 13939 N. Rivergate Blvd.

City, state, zip Portland OR 97203

Send results to: Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/E.coli: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods: Ammo mug

☐ MTF ☒ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labslip

Laboratory Name

FORM LABS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR041

Sample # 0409012

Bottle #

Date & time received 4/9/01 10:50

Received by: CM

Date & time analyzed: 4/9 12:40 CM

Comments:

Analyst: 12:40 Date: 4/10/01

Review by: Date: 4/9-01

Appendix58-000806

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement Co.

Address 13939 N. Rivergate Bl.

City Portland OR County Mult.

Phone 286-1677

Collection date and time: 04 / 13 / 01 (Month / Day / Year) 8 : 45 (Hour : Min) a.m. / p.m.

Type of sample: ☐ Routine ☐ *Repeat ☒ Special

* If repeat, date of initial positive

Collected by: Jeff Peterson

Sample point: Lab

Chlorinated? ☑ Yes ☐ No Free Chlorine mg/l 20

Return address for report:

Name Ash Grove Cement Co

Address 13939 N. Rivergate Bl.

City, state, zip Portland, OR 97203

Send results to: **Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

MICROBIOLOGICAL ANALYSIS
PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☐ Absent

Fecal coliforms/*E. coli*: ☐ Present* ☐ Absent

*See back of pink copy for interpretation

Test Methods: Nitrate

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labelp

Nitrate paperwork

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR04

Sample # 040401C

Bottle #

Date & time received 4/13/01 10:15am

Received by: CMM

Date & time analyzed:

Comments:

Analyst: CL Date: 4/13/01

Review by: Date:

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

07/20/01

J. HEATH
-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 07/12/01. Bacterial results are in Colony Forming Units (CFU) per 100 ml. of water.

DESCRIPTION	POTABILITY	NITRATE	SAMPLE#
WATER, *	ABS/ABS	0.1 mg/L	0712096
SAMPLE LOCATION:	LAB		0712096
SAMPLED DATE/TIME:	7-12-01 9:415 AM		0712096
SAMPLED BY:	JEFF PETERSON		0712096
TESTED DATE/TIME:	7-12-01 1:00PM	7-12-01	0712096
TESTED BY:	LC	CL	0712096

THANK YOU

Nicole Kahl

RP-1/PP-1/SP-1

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE CEMENT CO.
13939 N RIVERGATE
PORTLAND, OR 97203

10/25/01

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 10/18/01. All EPA holding times have been met by FPL.

P.O.# N/A

DESCRIPTION	POTABILITY	NITRATE	SAMPLE#
WATER FROM LAB, *	ABS./ABS.	0.51mg/L	1018026
DATE / TIME SAMPLED:	10-18-01 8:00 AM		1018026
SAMPLED BY:	J. PETERSON		1018026
DATE / TIME RECEIVED:	10-18-01 11:00 AM		1018026
TESTED BY:	BR	COFFEY	1018026
METHOD:	EPA MMO-MUG	EPA 300.0	1018026
LAB ID#:	OR00041	OR00011	1018026

THANK YOU

RP-1/PP-1/SP-1

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE CEMENT CO.
13939 N RIVERGATE
PORTLAND, OR 97203

10/25/01

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 10/18/01. All EPA holding times have been met by FPL.

P.O.# N/A

DESCRIPTION	POTABILITY	NITRATE	SAMPLE#
WATER FROM LAB, *	ABS./ABS.	0.51mg/L	1018026
DATE / TIME SAMPLED:	10-18-01 8:00 AM		1018026
SAMPLED BY:	J. PETERSON		1018026
DATE / TIME RECEIVED:	10-18-01 11:00 AM		1018026
TESTED BY:	BR	COFFEY	1018026
METHOD:	EPA MMO-MUG	EPA 300.0	1018026
LAB ID#:	OR00041	OR00011	1018026

THANK YOU

RP-1/PP-1/SP-1

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement

Address 13939 N. Rivergate Bl.
City Portland County Mult.
Phone 286-1677
Collection date and time: 10 / 18 / 01 (Month / Day / Year) 8 : 00 (Hour / Min) AM
Type of sample: ☒ Routine ☐ Repeat ☐ Special
* If repeat, date of initial positive
Collected by: J. Peterson
Sample point: Lab
Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 25

Return address for report:
Name Ash Grove Cement
Address 13939 N. Rivergate Bl.
City, state, zip Portland OR, 97203

Send results to: Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

MICROBIOLOGICAL ANALYSIS
PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS
Total coliforms: ☐ Present* ☒ Absent
Fecal coliforms/E. coli: ☐ Present* ☒ Absent
*See back of pink copy for interpretation

Test Methods:
☐ MTF ☐ MF ☐ P-A ☒ MMO-MUG
☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately
☐ Leaked ☐ Over 30 hr old
☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White: Lab
Yellow: Health Division
Pink: Water System

Form # 50-90 (Rev. 1/98)
e:\wdd\labslip

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-1099

Lab Cert # OR041
Sample # 1018028
Bottle #
Date & time received 10-18-01
Received by: [signature]
Date & time analyzed: 10/19/01 1:00 PM
Comments:

Analyst: [signature] Date: 10/19/01
Review by: [signature] Date: 10/19/01

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 02/13/02

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 02/07/02. All EPA holding times have been met by FPL.

P.O.# N/A

DESCRIPTION	POTABILITY	NITRATE	SAMPLE#
WATER FROM LAB SINK 02-07-02, *	ABS/ABS	<0.01 mg/L	0207042
SAMPLED DATE/TIME	2-7-02 8:15AM		0207042
SAMPLED BY	JEFF PETERSON		0207042
SAMPLE LOCATION	LAB SINK		0207042
TESTED DATE/TIME	2-7/11:50	02-07-02	0207042
TESTED BY	LC	COFFEY LAB	0207042

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

Enter Public Water System ID # in boxes below:

41	1	9	4	5	3

Name of Water System: Ash Grove Lime

Address 13939 N Rivergate Blvd

City Portland County Mult

Phone 503-286-1677

Collection date and time: 02/07/02 8:15 a.m. p.m.
(Month Day Year Hour Min)

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 2.0

Return address for report:

Name Ash Grove Lime

Address 13939 N Rivergate Blvd

City, state, zip Portland OR 97203

Send results to: **Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E. coli*: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods:

☐ MTF ☐ MF ☒ PA ☐ CF mmo-mug

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labslip

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR011

Sample # 020702

Bottle #

Date & time received 2/7/02 10:45

Received by: CB

Date & time analyzed: 2/7 11:50 JE

Comments:

Analyst: EQ 11:50 Date: 2/7

Review by: [signature] Date: 2-7-02

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Address 13939 N Rivergate Blvd

City Portland County Mult

Phone 503-286-1677

Collection date and time: 02 / 07 / 02 8 : 15 a.m. p.m.
Month Day Year Hour Min

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 20

Return address for report:

Name Ash Grove Lime

Address 13939 N Rivergate Blvd

City, state, zip Portland OR 97203

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/E. coli ☐ Present* ☒ Absent

*Contact and/or copy for interpretation

Test Methods: Ammo-mug

☐ MTF ☐ MF ☐ PA ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labslip

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR041

Sample # 0207042

Bottle #

Date & time received 2/7/02 10:45

Received by: EB

Date & time analyzed: 2/7 11:50 JC

Comments:

Analyst: EB 11:50 Date: EO

Review by: [signature] Date: 2/7/02

Send results to: Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 04/24/02

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 04/12/02. Bacterial results are in Colony Forming Units (CFU) per 100 ml. of water.

P.O.# N/A

DESCRIPTION	POTABILITY	NITRATE	SAMPLE#
WATER	ABS./ABS.	<0.01 mg/L	0412050
SAMPLE LOCATION:	LAB SINK		0412050
SAMPLED DATE / TIME:	4-12-02 9:00AM		0412050
SAMPLED BY:	LAB BOY		0412050
TESTED DATE / TIME:	4-13-02	4-12-02	0412050
TESTED BY:	KM	CL	0412050
EPA LAB NUMBER:	OR00041	OR00011	0412050
METHOD:	EPA MMO-MUG	EPA 300.0	0412050

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

Nidal Kahl

RP-1/PP-1/SP-1

To be Filled in by Person Submitting Sample: Ash Grove Lime

Public Water System ☒ Realty Transaction ☐

Pws ID #: 4194453 Source ID: Source name: Ash Grove Lime

Public Water System or Property Owner Name:

Ash Grove Lime

Address: 13939 N. Rivergate Blvd.

City, State, Zip: Portland, OR 97203

Sampled at: 0412050 Sampled by: Client

Date Collected: 04/12/02 Time collected: 0900

Sample Composition: Raw or Treated Water | From Source or Distribution | Single or Combined Sample

To be Completed by Laboratory

Date received in lab: 04/12/02 Date analyzed: 04/12/02

Lab sampled ID #: A20412AR-1 Sample composited in lab: Y / N

Contaminat	Code	MCL mg/l	Analysis mg/l	MDL	Method	Analyst
Nitrate	1040	10.	ND	0.01	EPA 300.0	DWK
Nitrate-Nitrite	1038	10.	---	---	---	---
Nitrite	1041	1.0	---	---	---	---

Nitrate tested by Coffey Laboratories

z:\colm\port.frm\reports.sec\forms\ohddwpfo\orno3

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

To be Filled in by Person Submitting Sample: Ash Grove Lime

Public Water System ☒ Realty Transaction ☐

Pws ID #: 4194453 Source ID: Source name: Ash Grove Lime

Public Water System or Property Owner Name:

Ash Grove Lime

Address: 13939 N. Rivergate Blvd.

City, State, Zip: Portland, OR 97203

Sampled at: 0412050 Sampled by: Client

Date Collected: 04/12/02 Time collected: 0900

Sample Composition: Raw or Treated Water | From Source or Distribution | Single or Combined Sample

To be Completed by Laboratory

Date received in lab: 04/12/02 Date analyzed: 04/12/02

Lab sampled ID #: A20412AR-1 Sample composited in lab: Y / N

Contaminat	Code	MCL mg/l	Analysis mg/l	MDL	Method	Analyst
Nitrate	1040	10.	ND	0.01	EPA 300.0	DWK
Nitrate-Nitrite	1038	10.	---	---	---	---
Nitrite	1041	1.0	---	---	---	---

Nitrate tested by Coffey Laboratories

z:\colm\port.brn\reports.sec\forms\ohddwpfo\orno3

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Address 13939 N Rivergate Bl.

City Portland County Mult

Phone 503-256-1677

Collection date and time: 04 / 12 / 02 9 : 00 AM PM
Month Day Year Hour Min

Type of sample: ☑ Routine ☐ Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Lab Boy

Sample point: Lab Sink

Chlorinated? ☑ Yes ☐ No Free Chlorine mg/l 1.5

Return address for report:

Name Ash Grove Lime

Address 13939 N Rivergate Bl

City, state, zip Portland OR 97203

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☑ Absent
Fecal coliforms/*E. coli*: ☐ Present* ☑ Absent
*See back of pink copy for interpretation

Test Methods:
☐ MTF ☐ MF ☐ P-A ☒ MMO-MUG
☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately
☐ Leaked ☐ Over 30 hr old
☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White: Lab
Yellow: Health Division
Pink: Water System

Form # 50-90 (Rev. 1/98)
s:\wor\labslip

Send results to: Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-1099

Lab Cert # OR00041
Sample # 0412050
Bottle #
Date & time received 4-12-10:40 AM
Received by: JC
Date & time analyzed: 4/12/02 11:15 AM
Comments:
+ Nitrate

Analyst: Kris Date 4/13/02
Review by: [signature] Date: 4/15/02

Appendix58-000818

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 07/23/02

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 07/01/02. All EPA holding times have been met by FPL (EPA LAB #OR00041).

P.O.# N/A

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER FROM LAB, *	ABS/ABS	<0.01mg/L	0701017
SAMPLED DATE/TIME:	07-01-02 8:00 AM		0701017
SAMPLED BY:	JEFF P		0701017
TESTED DATE/TIME:	7-02 11:45	07-02-02	0701017
TESTED BY:	EO	COFFEY LAB	0701017
METHOD:	MMO-MUG	EPA 300.0	0701017
EPA #:	OR00041	OR00011	0701017

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

Nidal Kahl

RP-1/PP-1/SP-1

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☒	Realty Transaction ☐
Pws ID #: 4194453	Source ID: Lab Source Name: Lab Sink
Public Water System or Property Owner Name:	
Ash Grove Lime	
Address: 13939 N. Rivergate Bl.	
City, State, Zip: Portland, OR 97203	
FPL Sample #: 0701017	
Sampled at: Lab Sink	Sampled by: Jeff P
Date collected: 7/1/02	Time collected: 8:00 am
Sample composition: Raw/Treated * (Source/Distribution) * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 7-01-02	Date analyzed: 7-2-02
Lab sampled ID #: A20705AK-1	Sample composited in lab: Y (N)

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	ND	EPA 300.0	CFS
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

Tested by Coffey Lab

f:wp51\office\forms\nitrate.98

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Address 13939 N. Rivergate Bl

City Portland County Mult

Phone 503 286 1677

Collection date and time: 07 / 01 / 02 (Month / Day / Year) 8 : 00 (Hour : Min) a.m. p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff P.

Sample point: Lab

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 20

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate Bl.

City, state, zip Portland, OR 97203

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E. coli*: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods: ☒ mmo-mug

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labslip

Lab Cert # OR00041

Sample # 0701017

Bottle #

Date & time received 7-1-02 9:20 AM

Received by: EA JG

Date & time analyzed: 7/1 11:45 CA

Comments:

Analyst: EQ 11:45 Date: 7/2

Review by: [signature] Date: 7/3

Send results to: **Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

Appendix58-000821

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Address 13939 N. Rivergate Bl

City Portland County Mult

Phone 503 286 1671

Collection date and time: 07 / 01 / 02 (Month / Day / Year) 8 : 00 (Hour : Min) AM PM

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff P.

Sample point: Lab

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 20

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate Bl.

City, state, zip Portland, OR 97203

Send results to: Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E. coli*: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods: ☒ mmo-mug

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:work\lab.alp

Laboratory Name

Lab Cert # OR00041

Sample # 0701017

Bottle #

Date & time received 7-1-02 9:20AM

Received by: EA JG

Date & time analyzed: 7/1 11:45

Comments:

Analyst: EO 11:45 Date: 7/2

Review by: Date: 7/3

Appendix58-000822

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 10/17/02

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 10/04/02. All EPA holding times have been met by FPL (EPA LAB #OR00041).

P.O.# N/A

DESCRIPTION	NITRATE	SAMPLE#
WATER SAMPLE FROM LAB SINK, *	<0.01 mg/L	1004020
SAMPLE LOCATION	LAB SINK	1004020
SAMPLED DATE/TIME	10-4-02 7:00 AM	1004020
SAMPLED BY	JEFF PETERSON	1004020
TESTED DATE/TIME	10-4-02	1004020
TESTED BY	COFFEY LAB	1004020

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Address 13939 N Rivergate Blvd.

City Portland County Mult.

Phone 503-286-1677

Collection date and time: 10 / 4 / 02 7 : 00 a.m. (Month / Day / Year / Hour / Min)

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff Peterson

Sample point: Lab sink

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 15

Return address for report:

Name Ash Grove Lime

Address 13939 N Rivergate Blvd

City, state, zip Portland, OR 97203

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/E. coli: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods: ☒ mmo-mug

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labslip

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR00041

Sample # 1004018

Bottle #

Date & time received 10-4-02 11:00

Received by: [signature]

Date & time analyzed: 10/4/02 11:00

Comments:

Analyst: MFSnow Date: 10/05/02

Review by: [signature] Date: 10/7/02

Send results to: Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

PWS ID# OR4194453

FPL Food Products Laboratory, Inc.

12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 01/30/03

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 01/15/03. All EPA holding times have been met by FPL (EPA LAB #OR00041). Coli/Ecoli if tested are reported per 100mls.

P.O.# N/A

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLE FROM LAB, *	ABS./ABS.	<0.1 mg/L	0115035
SAMPLED DATE/TIME	1-15-03 7:30 AM		0115035
SAMPLED BY	JEFF P		0115035
TESTED DATE/TIME	1-16-03 11:25 AM	1-15-03	0115035
TESTED BY	LC	COFFEY LAB	0115035

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

nidal kahl

RP-1/PP-1/SP-1

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☒	Realty Transaction ☐
Pws ID #: 4194453 Source ID: Lab	Source Name: Sink
Public Water System or Property Owner Name:	
Ash Grove Lime	
Address: 13939 N Rivergate Bl	
City, State, Zip: Portland OR 97203	
Sampled at: Lab Sink (15 ppm)	Sampled by: JeffP
Date collected: 1-15-03	Time collected: 7:30 am
Sample composition: Raw/Treated * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 1-15-03	Date analyzed: 1-15-03
Lab sampled ID #: 0115035	Sample composited in lab: Y/N

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	<0.1 mg/L	EPA 300.0	BAB
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

Tested by Coffey Lab

f:wp51\office\forms\nitrate.98

Appendix58-000827

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Address 13939 N Rivergate Bl

City Portland County Mult

Phone 503-286-1677

Collection date and time: 01 / 15 / 03 (Month / Day / Year) 7 : 30 (Hour / Min) a.m. p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff P

Sample point: Lab

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 1.5

Return address for report:

Name Ash Grove Lime

Address 13939 N Rivergate Bl

City, state, zip Portland OR 97203

Send results to: **Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/E. coli: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods:

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☒ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\work\labelp

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # 9200041

Sample # 0115035

Bottle #

Date & time received 1-15-03 11:20 am

Received by: S

Date & time analyzed: 1/15 11:25 JC

Comments:

Analyst: 1/16 11:25 C Date:

Review by: [signature] Date: 1-31-03

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 04/11/03

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 04/04/03. All EPA holding times have been met by FPL (EPA LAB #OR00041). Coli/Ecoli if tested are reported per 100mls.

P.O.# N/A

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLE FROM LAB SINK, *	ABS./ABS.	< 0.1 mg/L	0404006
SAMPLED DATE/TIME	4-4-03 8:00 AM		0404006
SAMPLED BY	JEFF PETERSON		0404006
TESTED DATE/TIME	4/4/03 10:20AM	4/5/03	0404006
TESTED BY	LC	COFFEY LAB	0404006

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

Nidal Kahl

RP-1/PP-1/SP-1

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☐	Realty Transaction ☐
Pws ID #: 4194453 Source ID:	Source Name:
Public Water System or Property Owner Name:	
Ash Grove Lime	
Address: 13939 N. Rivergate Blvd	
City, State, Zip: Portland OR 97203	
Sampled at: Lab Sink	Sampled by: Jeff Peterson
Date collected: 4-4-03	Time collected: 8:00am
Sample composition: Raw/Treated * Source/Distribution * Single/Combined	

To be Completed by Laboratory Tested by Coffey Lab	
Date received in lab: 4-4-03	Date analyzed: 4-5-03
Lab sampled ID #: 040400C	Sample composited in lab: Y/N

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	<0.1	EPA 300.0	BAB
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

f:wp51\office\forms\nitrate.98

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE CEMENT CO.
13939 N RIVERGATE
PORTLAND, OR 97203

Report Date: 07/10/03

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 07/02/03. All EPA holding times have been met by FPL (EPA LAB #OR00041). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLES FROM LAB SINK, 7-02-03 8:15AM, *	ABS./ABS.	<0.1 mg/L	0702037
DATE/TIME SAMPLED:	07/02/03 8:15 AM		0702037
SAMPLED BY:	JEFF PETERSON		0702037
DATE RECEIVED:	07/02/03 11:00 AM		0702037
DATE/TIME TESTED:	07/03/03 11:00 AM		0702037
TESTED BY:	FPL	COFFEY LAB	0702037
METHOD:	MMO-MUG	EPA 300.0	0702037
EPA LAB #:	OR00041	OR00011	0702037

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☒	Realty Transaction ☐
Pws ID #: 4194453 Source ID:	Source Name:
Public Water System or Property Owner Name:	
Ash Grove Lime	
Address: 13939 N. Rivergate Blvd.	
City, State, Zip: Portland, OR 97203	
Sampled at: Lab Sink	Sampled by: Jeff Peterson
Date collected: 7-2-03	Time collected: 8:15 AM
Sample composition: Raw/Treated * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 7-2-03	Date analyzed: 7-3-03
Lab sampled ID #: 0702.037	Sample composited in lab: Y/N

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	ND	EPA 300.0	BAB
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

f:wp51\office\forms\nitrate.98

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement

Address 13939 N. Rivergate Blvd

City Portland County Mult.

Phone 503-286-1677

Collection date and time: 7 / 2 / 03 8 : 15 a.m. / p.m.
Month Day Year Hour Min

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

* If repeat, date of initial positive

Collected by: Jeff Peterson

Sample point: Lab sink

Chlorinated? ☒ Yes ☐ No Free Chlorine mg/l 0.2 ppm

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate Blvd.

City, state, zip Portland OR, 97203

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/E. coli: ☐ Present* ☒ Absent

*See back of pink copy for interpretation

Test Methods: ☒ MMO-MUG

☐ MTF ☐ MF ☐ P-A ☐ CF

☐ EC ☐ EC+MUG ☐ Nutrient Agar + MUG

Sample invalid: resample immediately

☐ Leaked ☐ Over 30 hr old

☐ Heavy non-coliform growth (as defined by method)

Copy Distribution:
White Lab
Yellow Health Division
Pink Water System

Form # 50-90 (Rev. 1/98)
e:\word\labslip

Send results to: Oregon Health Division, P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab Cert # OR 00041

Sample # 0702037

Bottle #

Date & time received 7/02/03 11:00AM

Received by JDC

Date & time analyzed: 7/2 11:20 JC

Comments:

Plus Nitrate

Analyst: 7/3 11:00 JC Date:

Review by: 7/10 Date:

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☐	Realty Transaction ☐
Pws ID #: 41	Source ID: Source Name:
Public Water System or Property Owner Name:	
Ash Grove Lime	
Address: 13939 N. Rivergate Blvd.	
City, State, Zip: Portland OR 97203	
Sampled at: Lab sink	Sampled by: Jeff Peterson
Date collected: 01-29-04	Time collected: 8:30 Am
Sample composition: Raw/Treated * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 1-29-04	Date analyzed: 01-30-04
Lab sampled ID #: 0129011	Sample composited in lab: Y/(N)

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	ND	EPA 300.0	Coffey
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

Tested by Coffey Lab.

f:wp51\office\forms\nitrate.98

PWS ID# OR4194453

FPL Food Products Laboratory, Inc.

12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 02/03/04

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 01/29/04. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER, *	ABS./ABS.	N.D.	0129011
SAMPLE LOCATION	LAB SINK		0129011
SAMPLED DATE/TIME	1/29/04 8:30AM		0129011
SAMPLED BY	JEFF PETER		0129011
TESTED DATE/TIME	1/29/04 11:50AM	1/30/04 12:29 AM	0129011
TESTED BY	WANG	COFFEY LAB	0129011
METHOD:	SM 9223B	EPA 300.0	0129011

N.D. = Not detected. MRL = minimum reporting limit = 0.1 mg/L for Nitrate.

RECEIVED
FEB 10 2004
Ash Grove Rivergate

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

Nidal Kahl

RP-1/PP-1/SP-1

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 04/20/04

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 04/09/04. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLE	ABS./ABS.		0409017
WATER SAMPLE, *		ND	0409018
SAMPLE LOCATION		LAB SINK	0409018
SAMPLED BY:		JEFF PETERSON	0409018
TESTED DATE/TIME		4/9/04 8:10AM	0409018
TESTED BY		DW	0409018
METHOD:		MMO-MUG	0409018
METHOD (for Nitrate):		EPA 300.0	0409018
TESTED BY		BAB	0409018

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

Enter Public Water System ID # in boxes below:

4	1	9	4	5	3

Name of Water System: Ash Grove Lime

Phone 503-286-1677 County Mult.

Collection date and time: 4 / 9 / 04 (Month / Day / Year) 8 : 10 (Hour : Min) a.m. p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

*If repeat, date of initial positive _____

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l .2 ppm

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate

City, state, zip

Send results to: **DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E.coli*: ☐ Present* ☒ Absent

*see back of pink copy for interpretation

Test Methods: MMO-MUG

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive: _____

☐ Sample invalid: resample immediately

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 1/02)

Laboratory Name:

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # OR100023

Sample # ~~040910~~ 040917

Date & time received: 4/9/04 @ 9:30am

Received by: CMM

Date & time analysis begun: 4/9 11:45 Wang

Comments:

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other _____

Analyst: MHudgens 12pm Date: 4/10/04

Review by: _____ Date: 4-10-04

Appendix58-000837

Enter Public Water System ID # in boxes below:

4	-1	9	4	5	3

Name of Water System: Ash Grove Lime

Phone 503-286-1652 County Mult.

Collection date and time: 4 (Month) 9 (Day) 04 (Year) 8 (Hour) : 10 (Min) ☒ a.m. ☐ p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

*If repeat, date of initial positive

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l .2 ppm

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate

City, state, zip

Send results to: DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

DHS

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/E.coli: ☐ Present* ☒ Absent

*see back of pink copy for interpretation

Test Methods: MTO-MUG

Total coliforms: ☐ MTF ☒ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive:

☐ Sample invalid: resample immediately

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 1/02)

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # AR100023

Sample # ~~042610~~ 040917

Date & time received: 4/9/04 @ 9:30am

Received by: CMM

Date & time analysis begun: 4/9 11:05 Evening

Comments:

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other

Analyst: [signature] 12pm Date: 4/10/04

Review by: [signature] Date: 4-10-04

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 07/27/04

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 07/02/04. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLE, *	ABS./ABS.	ND	0702069
DATE/TIME COLLECTED:	7/2/04 9:00AM		0702069
SAMPLE POINT:	LAB SINK		0702069
DATE/TIME RECEIVED:	7/2/04 11:00AM		0702069
TESTED BY:	JS	BAB	0702069
METHOD:	5M9223B	EPA 300.0	0702069

ND = not detected. MRL = minimum reporting limit = 0.1 mg/L for Nitrate.

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: ~~Ash~~ Grove Lime

Phone 503-286-1677 County Hvlt

Collection date and time: 07 (Month) 02 (Day) 04 (Year) 09 (Hour) : 00 (Min) a.m. p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

*If repeat, date of initial positive _____

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l 0.2 ppm

DHS oregon department of human services

MICROBIOLOGICAL ANALYSIS
PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E.coli*: ☐ Present* ☒ Absent

*see back of pink copy for interpretation

Test Methods: MMO-MUG

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive: _____

☐ Sample invalid: resample immediately

Laboratory Name:

PL FOOD PRODUCTS LAB[redacted] INC.
12003 N.E. Ainsworth Circle, S[redacted]
Portland, OR 97220-9034

Lab ID # OR100023

Sample # 07020609

Date & time received: 7/2/04 11:00AM

Received by: CMM

Date & time analysis begun: 7/2/04 1450m JS

Comments:

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate Blvd

City, state, zip Portland OR 97203-6608

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 1/02)

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other _____

Analyst: MFS ZPM Date: 7/3/4

Review by: _____ Date: _____

Send results to: **DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Phone 503-286-1677 County Mult

Collection date and time: 07 / 02 / 04 09 : 00 am/pm (Month Day Year Hour Min)

Type of sample: ☒ Routine ☐ *Repeat ☐ Special
*If repeat, date of initial positive

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l 0.2 ppm

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent
Fecal coliforms/E.coli: ☐ Present* ☒ Absent
*see back of pink copy for interpretation

Test Methods: MMO-MUG

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive:

☐ Sample invalid: resample immediately

Laboratory Name

FPL FOOD PRODUCTS LABO[redacted]
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # OR100023

Sample # 0702069

Date & time received: 7/2/04 11:00am

Received by: CMM

Date & time analysis begun: 7/2/04 1:45pm TS

Comments:

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other

Analyst: NFS ZPM Date: 7/3/4

Review by: Date:

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate Blvd

City, state, zip Portland OR 97203-6608

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 1/02)

Send results to: DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 11/02/04

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 10/22/04. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLE, *	ABS./ABS.	ND	1022001
DATE/TIME COLLECTED:	10/22/04 7:30AM		1022001
DATE/TIME RECEIVED:	10/22/04 8:30AM		1022001
SAMPLE POINT:	LAB SINK		1022001
COLLECTED BY:	JEFF PETERSON		1022001
TESTED BY:	FPL	COFFEY LAB	1022001
METHOD:	SM9223B	EPA 300.0	1022001

ND = not detected. MRL = minimum reporting limit = 0.1 mg/L for Nitrate.

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

Enter Public Water System ID.# in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Phone 503-286-1677 County Mult.

Collection date and time: 10/22/04 07:30 a.m. p.m.
Month Day Year Hour Min

Type of sample: ☒ Routine ☐ *Repeat ☐ Special
*If repeat, date of initial positive _____

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l 0.1 ppm

Return address for report:
Name Ash Grove Lime
Address 13939 N. Rivergate Blvd.
City, state, zip Portland OR 97203

Send results to: **DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent
Fecal coliforms/E.coli: ☐ Present* ☒ Absent
*see back of pink copy for interpretation

Test Methods: MMO-MUG

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive: _____

☐ Sample invalid: resample immediately

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 1/02)

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # OR100023
Sample # 1022001
Date & time received: 10/22/04 8:30am
Received by: CMM
Date & time analysis begun: 10/22/04 10:00 AM
Comments: 2

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other _____

Analyst: _____ Date: _____
Review by: Michael Lee Date: 11/2/04

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 02/01/05

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 01/28/05. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLE, *	ABS./ABS.	ND	0128027
DATE/TIME COLLECTED:	1/28/05 7:45AM		0128027
SAMPLE POINT:	LAB SINK		0128027
COLLECTED BY:	JEFF PETERSON		0128027
DATE/TIME RECEIVED:	1/28/05 9:00AM		0128027
TESTED BY:	BP	COFFEY LAB	0128027
METHOD:	SM9223B	EPA 300.0	0128027

ND = not detected. MRL = minimum reporting limit = 0.1 mg/L for Nitrate.

RECEIVED
FEB - 7 2005
Ash Grove Rivergate

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Phone 503 286 1677 County Mult

Collection date and time: 01 / 28 / 05 7 : 45 a.m. p.m.
Month Day Year Hour Min

Type of sample: ☒ Routine ☐ *Repeat ☐ Special
*If repeat, date of initial positive

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l 0.2 ppm

DHS Oregon Department of Human Services

MICROBIOLOGICAL ANALYSIS
PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent
Fecal coliforms/E.coli: ☐ Present* ☒ Absent
*see back of pink copy for interpretation

Test Methods: MMO-MUG
Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF
Fecal coliforms: ☐ EC
E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive:

☐ Sample invalid: resample immediately

Return address for report:

Name Ash Grove Lime
Address 13939 N. Rivergate Bl.
City, state, zip Portland OR 97203-6608

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 11/02)

Send results to: DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # OR100023
Sample # 0128027
Date & time received: 1/28/05 9:00am
Received by: CMM
Date & time analysis begun: 1/28/05 10:30
Comments:

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other

Analyst: JS Date: 1/29/11
Reviewed by: [signature] Date: 1/31/05

Appendix58-000844

To be Filled in by Person Submitting Sample:

Public Water System ☐ Realty Transaction ☐

Pws ID #: 41 94453 Source ID: Source name:

Public Water System or Property Owner Name:

Ash Grove Lime

Address: 13939 N Rivergate Blvd.

City, State, Zip: Portland, OR 97203

Sampled at: FPL #0409018 - Lab Sink Sampled by: Client Jeff Peterson

Date Collected: 04/09/04 Time collected: 0815

Sample Composition: Raw or Treated Water | From Source or Distribution | Single or Combined Sample

To be Completed by Laboratory

Date received in lab: 04/09/04 Date analyzed: 04/09/04

Lab sample ID #: A40409Z-1 / 0409018 Sample composited in lab: Y / N

Contaminant	Code	MCL mg/l	Analysis mg/l	MDL	Method	Analyst
Nitrate	1040	10.	ND	0.1	EPA 300.0	BAB
Nitrate-Nitrite	1038	10.	---	---	---	---
Nitrite	1041	1.0	---	---	---	---

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way • Portland, OR • 97230 • (503) 254-1794 • FAX (503) 254-1452

Apr 20 04 08:23a Coffey Labs 5032541452 p.3

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 05/17/05

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 05/03/05. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	NITRATE	SAMPLE#
WATER SAMPLE, *	<0.1 mg/L	0503017
DATE/TIME COLLECTED:	5/03/05 9:00AM	0503017
SAMPLE POINT:	LAB	0503017
COLLECTED BY:	JP	0503017
DATE/TIME RECEIVED:	5/03/05 10:00AM	0503017
TESTED BY:	COFFEY LAB	0503017

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

FPL
FOOD PRODUCTS LABORATORY, INC.
12003 NE AINSWORTH CIRCLE, STE 105
PORTLAND, OREGON 97220
503-253-9136 / FAX 503-253-9019
OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System X	Realty Transaction ☐
Pws ID #: 4194453 Source ID: LAB	Source Name: SINK
Public Water System or Property Owner Name:	
Ash Grove Lime	
Address: 13939 N. Rivergate Bl.	
City, State, Zip: Portland OR 97203	
Sampled at: Lab	Sampled by: JP
Date collected: 5/3/05	Time collected: 0900
Sample composition: Raw (Treated) * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 05/03-05	Date analyzed: 5-4-05
Lab sampled ID #: 0503017	Sample composited in lab: Y/N

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	< 0.1	EPA 300.0	BAB
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

Tested by Coffey Lab = ORELAP 100028

f:wp51\office\forms\nitrate.98

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 07/29/05

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 07/15/05. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	NITRATE	COLI/EC SM 9223B	SAMPLE#
WATER SAMPLE, *	<0.1 mg/L	ABS./ABS.	0715055
DATE/TIME COLLECTED:	7/15/05 8:00AM		0715055
SAMPLE POINT:	LAB SINK		0715055
COLLECTED BY:	JEFF PETERSON		0715055
DATE/TIME RECEIVED:	7/15/05 10:30AM		0715055
TESTED BY:	COFFEY LAB		0715055

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

FPL
FOOD PRODUCTS LABORATORY, INC.
12003 NE AINSWORTH CIRCLE, STE 105
PORTLAND, OREGON 97220
503-253-9136 / FAX 503-253-9019
OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☒	Realty Transaction ☐
Pws ID #: 41 44453 Source ID: Lab	Source Name: Sink
Public Water System or Property Owner Name:	
Ash Grove Lime	
Address: 13939 N. Rivergate Bl.	
City, State, Zip: Portland OR 97203	
Sampled at: Lab	Sampled by: JP
Date collected: 7-17-05	Time collected: 8:00 am
Sample composition: Raw/Treated * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 7-15-05	Date analyzed: 7-16-05
Lab sampled ID #: 0715055	Sample composited in lab: Y/N

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	<0.1	EPA 300.0	BAB
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0			

Tested by Coffey Lab = 100028

f:wp51\office\forms\nitrate.98

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Phone 503-286-1677 County Mult

Collection date and time: 07 / 15 / 05 (Month / Day / Year) 8 : 00 (Hour : Min) a.m. p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

*If repeat, date of initial positive _____

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l 0.1

DHS Oregon Department of Human Services — MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/E.coli: ☐ Present* ☒ Absent

*see back of pink copy for interpretation

Test Methods: MMO-MUG

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive: _____

☐ Sample invalid: resample immediately

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # OR100023

Sample # 071505S

Date & time received: 7/15/05 10:30 am

Received by: CMM

Date & time analysis begun: 7/15/05 11:00 am KF

Comments:

Return address for report:

Name

Address

City, state, zip

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 11/02)

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other _____

Analyst: JS Date: 7/16 11:50

Review by: _____ Date: 7-16-05

Send results to: **DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Phone 503-286-1677 County Mult

Collection date and time: 07 / 15 / 05 8 : 00 a.m. p.m.
Month Day Year Hour Min

Type of sample: ☒ Routine ☐ *Repeat ☐ Special
*If repeat, date of initial positive

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l 0.1

DHS Oregon Department of Human Services

MICROBIOLOGICAL ANALYSIS
PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent
Fecal coliforms/E.coli: ☐ Present* ☒ Absent
*see back of pink copy for interpretation

Test Methods: MMO-MUG

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive:

☐ Sample invalid: resample immediately

Return address for report:

Name

Address

City, state, zip

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 11/02)

Send results to: **DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # OR100023

Sample # 0715055

Date & time received: 7/15/05 10:30am

Received by: CMM

Date & time analysis begun: 7/15/05 11:00am KJ

Comments:

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other

Analyst: JS Date: 7/16 1115a

Review by: [signature] Date: 7-16-0

Appendix58-000851

FPL Food Products Laboratory, Inc.
12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220
Office (503) 253-9136 • FAX (503) 253-9019 • 1-800-FPL-9555 • www.fplabs.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 10/18/05

GLENN DOLLAR
503-286-1677

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 10/10/05. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	NITRATE	NITRITE	COLI/EC SM 9223B	SAMPLE#
WATER SAMPLE, *	ND	ND	ABS./ABS.	1010019
DATE/TIME COLLECTED:	10/10/05 8:50AM			1010019
SAMPLE POINT:	LAB SINK			1010019
COLLECTED BY:	JEFF P.			1010019
TESTED BY:	BAB	BAB	FPL	1010019

ND = not detected. MRL = minimum reporting limit = 0.1 mg/L for Nitrate and Nitrite.

RECEIVED
OCT 25 2005
Ash Grove Rivergate

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

FPL

FOOD PRODUCTS LABORATORY, INC.

12003 NE AINSWORTH CIRCLE, STE 105

PORTLAND, OREGON 97220

503-253-9136 / FAX 503-253-9019

OREGON ID#OR041 / WASHINGTON ID#ORO42

To be Filled in by Person Submitting Sample:	
Public Water System ☒	Realty Transaction ☐
Pws ID #: 4194453 Source ID:	Source Name:
Public Water System or Property Owner Name:	
Ash Grove Lime	
Address: 13939 N. Rivergate Blvd.	
City, State, Zip: Portland OR 97203-6608	
Sampled at: Lab sink	Sampled by: Jeff P
Date collected: 10/10/05	Time collected: 0900
Sample composition: Raw (Treated) * Source/Distribution * Single/Combined	

To be Completed by Laboratory	
Date received in lab: 10-10-05	Date analyzed: 10-1-05
Lab sampled ID #: 101009	Sample composited in lab: Y/(N)

Contaminant	Code	MCL mg/L	Analysis mg/L	Method	Analyst
Nitrate	1040	10.	<0.1	EPA 300.0	BAB
Nitrate/Nitrite	1038	10.			
Nitrite	1041	1.0	<0.1	EPA 300.0	BAB

Tested by Coffey Lab

f:wp51\office\forms\nitrate.98

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Lime

Phone 503-286-1677 County Mult.

Collection date and time: 10 (Month) / 10 (Day) / 05 (Year) 08 (Hour) : 50 (Min) ☒ a.m. ☐ p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

*If repeat, date of initial positive

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff P.

Sample point: Lab sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l 0.15 ppm

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate Blvd.

City, state, zip Portland OR. 97203-6608

Send results to: DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

DHS Oregon Department of Human Services

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present ☒ Absent

Fecal coliforms/E.coli: ☐ Present* ☒ Absent

*see back of pink copy for interpretation

Test Methods: MMO-MUG

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive:

☐ Sample invalid: resample immediately

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 11/02)

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # OR100023

Sample # 101019

Date & time received: 10/10/05 10:55 am

Received by: CMM

Date & time analysis begun: 10/10 11:00 PM

Comments:

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other

Analyst: [signature] Date: 10/11/05 11:30

Review by: [signature] Date: 10/18/05

Bodycote FPL

BODYCOTE FPL · 12003 N.E. Ainsworth Circle, Suite 105 · Portland, OR 97220 · 503/253-9136 · FAX 503/253-9019 · 800/FPL-9555 · ONLINE: www.bodycote.com

ASH GROVE LIME
13939 N RIVERGATE BLVD.
PORTLAND, OR 97203

Report Date: 02/02/06

GLENN DOLLAR
503-286-1677
503-289-2272-FAX

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 01/23/06. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	NITRATE	COLI/EC SM 9223B		SAMPLE#
WATER SAMPLE, *	ND	ABS./ABS.		0123010
DATE/TIME COLLECTED:	1/23/06 8:30AM			0123010
SAMPLE POINT:	LAB SINK			0123010
COLLECTED BY:	J. PETERSON			0123010
DATE/TIME RECEIVED:	1/23/06 10:30AM			0123010
TESTED BY:	SR		RJ	0123010

ND = not detected. MRL = minimum reporting limit = 0.10 mg/L for Nitrate.

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

Bodycote FPL

BODYCOTE FPL • 12003 N.E. Ainsworth Circle, Suite 105 • Portland, OR 97220 • 503/253-9136 • FAX 503/253-9019 • 800/FPL-9555 • ONLINE: www.bodycote.com

PWS ID #: 4194453

Public Water System: ASH GROVE LIME

Address: 13939 N. RIVERGATE BL.

City, Sate, Zip: PORTLAND, OR 97203-6608

Sampled at: LAB SINK | Sampled by: JEFF PETERSON

Date Collected: 01-23-06 | Time collected: 0830

Sample Composition: Raw or Treated Water | From Source or Distribution | Single or Combined

Date Received: 01-23-06 | Date Analyzed: 01-23-06 23:43 | Lab Sample ID #: 0123010

Contaminant	Code	MCL (mg/l)	Analysis (mg/l)	Method	Analyst	Lab	OR Cert #
NITRATE	1040	10.0	ND	EPA 300.0	SA	NCA	OR10002 1-0004

*NCA = NORTH CREEK ANALYTICAL

Thank You
Tim McCann, Laboratory Director
Nidal Kahl, Technical Director

C:\WPWIN\Customer\Customer 2006\ash grove lime nitrate-06.wpd

Enter Public Water System ID # in boxes below:

4 4 1 9 4 4 5 3

Name of Water System: Ash Grove ~~Lime~~ Rivergate

Phone 503-286-1677 County Mult.

Collection date and time: 01 / 23 / 06 (Month / Day / Year) 05 : 30 (Hour : Min) a.m. / p.m.

Type of sample: X Routine ☐ *Repeat ☐ Special

*If repeat, date of initial positive _____

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? X Yes ☐ No Free chlorine mg/l .15

Return address for report:

Name Ash Grove Lime

Address 13939 N. Rivergate Bl.

City, state, zip Portland OR 97203-6608

Send results to: DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

DHS Oregon Department of Human Services

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* X Absent

Fecal coliforms/*E.coli*: ☐ Present* X Absent

*see back of pink copy for interpretation

Test Methods: SM 9223B

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☐ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive: _____

☐ Sample invalid: resample immediately

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 11/02)

Laboratory Name

FPL FOOD PRODUCTS LABORATORY, INC.
12003 N.E. Ainsworth Circle, Suite 105
Portland, OR 97220-9034

Lab ID # OR100023

Sample # 0123010

Date & time received: 1/23/06 10:30am

Received by: CMM

Date & time analysis begun: 1/23/06 11:45am PJ

Comments:

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other _____

Analyst: _____ Date: _____

Review by: _____ Date: 1-24-06

Bodycote FPL

12003 N.E. Ainsworth Circle, Suite 105 · Portland, OR 97220 · 503/253-9136 · FAX 503/253 9019 · 800/FPL 9555 · ONLINE: www.bodycote.com · Results on Demand: www.fplabs.com<http://www.fplabs.com>

#4194453

ASH GROVE CEMENT CO/ASH GROVE LIME
13939 N RIVERGATE
PORTLAND, OR 97203

Report Date: 05/12/06

GLENN DOLLAR
503-286-1677
503-289-2272-FAX

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 04/14/06. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLE, *	ABS./ABS.	ND	0414219
DATE/TIME COLLECTED:	4/14/06 8:20AM		0414219
SAMPLE POINT:	LAB SINK		0414219
SAMPLED BY:	JEFF PETERSON		0414219
DATE/TIME RECEIVED:	4/14/06 8:30AM		0414219
TESTED BY:	TEST AMERICA		0414219
METHOD:	SM9223	EPA 300.0	0414219

ND = NONE DETECTED
MDL = MINIMUM DETECTION LIMIT = 0.1mg/L FOR NITRATE IN DRINKING WATER

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

See Reverse For Terms and Conditions • Fed I.D. #93-0897732 • U.S.D.A. Lab #4180 • NELAP #OR100023

Bodycote FPL

12003 N.E. Ainsworth Circle, Suite 105 · Portland, OR 97220 · 503/253-9136 · FAX 503/253-9019 · 800/FPL-9655 · ONLINE: www.bodycote.com · Results on Demand: www.fplabs.com<http://www.fplabs.com>

ASH GROVE CEMENT CO/ASH GROVE LIME
13939 N RIVERGATE
PORTLAND, OR 97203

Report Date: 05/12/06

GLENN DOLLAR
503-286-1677
503-289-2272-FAX

Re: Results of tests performed on samples received by FPL, Food Products Laboratory, Inc. on 04/14/06. All EPA holding times have been met by FPL (EPA LAB #OR100023). Coli/Ecoli if tested are reported per 100mls.

DESCRIPTION	COLI/EC SM 9223B	NITRATE	SAMPLE#
WATER SAMPLE, *	ABS./ABS.	ND	0414219
DATE/TIME COLLECTED:	4/14/06 8:20AM		0414219
SAMPLE POINT:	LAB SINK		0414219
SAMPLED BY:	JEFF PETERSON		0414219
DATE/TIME RECEIVED:	4/14/06 8:30AM		0414219
TESTED BY:	TEST AMERICA		0414219
METHOD:	SM9223	EPA 300.0	0414219

ND = NONE DETECTED
MDL = MINIMUM DETECTION LIMIT = 0.1mg/L FOR NITRATE IN DRINKING WATER

THANK YOU
Tim McCann, Lab Director
Nidal Kahl, Technical Director

RP-1/PP-1/SP-1

www.ncalabs.com

Seattle 11720 North Creek Pkwy N, Suite 400, Bothell, WA 98011-8244
425.420.9200 fax 425.420.9210
Spokane East 11115 Montgomery, Suite B, Spokane, WA 99206-4776
509.924.9200 fax 509.924.9290
Portland 9405 SW Nimbus Avenue, Beaverton, OR 97008-7132
503.906.9200 fax 503.906.9210
Bend 20332 Empire Avenue, Suite F-1, Bend, OR 97701-5711
541.383.9310 fax 541.382.7588
Anchorage 2000 W. International Airport Rd, Suite A-10 Anchorage, AK
99502-1119
907.563.9200 fax 907.563.9210

Drinking Water Analysis Results

SYSTEM IDENTIFICATION

System:

Address:

City, State, Zip:

PWS ID#:

Submitted By: **Bodycote FPL** ID: **233-0413020**

SAMPLE IDENTIFICATION

Source ID: Source Name:

Sampled At: **0414219** Sampled By:

Date Collected: **4/14/2006** Time Collected: **8:20 am** Date Received: **4/14/2006**

Sample Composition: **Raw or Treated** **Source or Distribution** **Single or Combined**

Analyzing **North Creek Analytical - Portland** Lab Sample ID: **PPD0658-03** ORLAP#: **100021**

SAMPLE RESULTS (mg/L)

Inorganic Compounds - IOCs

Contaminant	Code	MCL (mg/L)	Result (mg/L)	Method	Analyzed	Analyst	Lab	OR Cert#
Nitrate	1040	10	ND@0.100	EPA 300.0	4/15/2006	SVW	NCAP	100021

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

Sarah Rockwell

Sarah Rockwell, Project Manager

North Creek Analytical, Inc.
Environmental Laboratory Network

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement

Phone 503-286-1677 County Mult.

Collection date and time: 04 (Month) 14 (Day) 06 (Year) 08 (Hour) : 20 (Min) (a.m.) p.m.

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

*If repeat, date of initial positive _____

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l .15

Return address for report:

Name Ash Grove Cement

Address 13939 N. Rivergate Bl.

City, state, zip Portland, OR. 97203

Send results to: **DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381**

DHS oregon department of human services

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E.coli*: ☐ Present* ☒ Absent

*see back of pink copy for interpretation

Test Methods:

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☒ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive: _____

☐ Sample invalid: resample immediately

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 1/02)

Laboratory Name

Lab ID # OR 100021

Sample # ~~0414219~~ PP00658-3

Date & time received: 4-14-06 @ 1740

Received by: _____

Date & time analysis begun: 4-14-06 @ 1835

Comments:
FPL # 0414219

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other _____

Analyst: SSL Date: 4/17/06

Review by: _____ Date: _____

Appendix58-000861

Enter Public Water System ID # in boxes below:

4	1	9	4	4	5	3

Name of Water System: Ash Grove Cement

Phone 503-286-1677 County Mult.

Collection date and time: 04 / 14 / 06 (Month / Day / Year) 08 : 20 (Hour : Min) AM PM

Type of sample: ☒ Routine ☐ *Repeat ☐ Special

*If repeat, date of initial positive _____

If repeat, location: ☐ Upstream ☐ Same ☐ Downstream ☐ Other

Collected by: Jeff Peterson

Sample point: Lab Sink

Chlorinated? ☒ Yes ☐ No Free chlorine mg/l .15

MICROBIOLOGICAL ANALYSIS

PUBLIC WATER SUPPLIES
DRINKING WATER PROGRAM

LABORATORY RESULTS

Total coliforms: ☐ Present* ☒ Absent

Fecal coliforms/*E.coli*: ☐ Present* ☒ Absent

*see back of pink copy for interpretation

Test Methods:

Total coliforms: ☐ MTF ☐ MF ☐ P-A ☒ CF

Fecal coliforms: ☐ EC

E. coli: ☐ CF ☐ EC+MUG ☐ Nutrient Agar + MUG
☐ cytochrome oxidase/Beta-galactosidase

*If repeat, sample ID of initial positive: _____

☐ Sample invalid: resample immediately

Laboratory Name

Lab ID # OR100021

Sample # ~~0414219~~ PPD0658-3

Date & time received: 4-14-06 @ 1740

Received by: CF

Date & time analysis begun: 4-14-06 @ 1835

Comments:
FPL # 0414219

Invalidation reason:
☐ Leaked ☐ Over 30 hrs. old
☐ Heavy non-coliform growth (as defined by method)
☐ Other _____

Analyst: SS Date: 4/17/06

Review by: _____ Date: _____

Return address for report:

Name Ash Grove Cement

Address 13939 N. Rivergate Bl.

City, state, zip Portland, OR. 97203

Copy Distribution:
White: Lab
Yellow: Dept. of Human Services
Pink: Water System

Form # 50-90 (Rev. 1/02)

Send results to: DHS-Drinking Water Program: P.O. Box 14350, Portland OR 97293-0350 Phone (503) 731-4381

Appendix58-000862

3rd qtr 2006

www.coffeylabs.com
www.onlinelab.com

Oregon Coliform Report: Page 1 of 1
Report Date: July 8, 2006
Job Number: A60707BC
PWSID: 94453
Name: Ash Grove Cement West

Gary Wright
Ash Grove Cement West
13939 N Rivergate Blvd
Portland, OR 97203

Sample Information Samples Collected By: Ivan Taylor			Custody By: MRH	Laboratory Results				Notes
Sample location	Chlorine Residual Type	Date Time	Date Time	Date Time	Sample # Batch #	Method Analyst	Results	
Lab Sink Ash Grove Cement	0.04 mg/L Chlorine Routine sample	07/07/06 09:00	07/07/06 13:03	07/07/06 14:40	A60707BC1 6070087	SM 9223 B NCM	Tot. Coliform **Absent** E. coli **Absent**	1

The results were negative. No further action is needed until the next sampling event.

WARNING: SAMPLE RESULTS NEED TO BE SENT TO THE STATE BY THE 10TH OF THE NEXT MONTH.
Address: Monitoring & Compliance, DHS - Drinking Water Program, PO Box 14350, Portland OR 97293-0350

The above report was reviewed by NCM (503) 254-1794

Thank you for sending your samples to Coffey Laboratories. If you have questions, or need help, please call

Notes:
The Notes column after laboratory results indicates which CLI branch performed the analysis.
1. Analysis done at Portland Branch ORELAP OR100028
2. Analysis done at Pendelton Branch ORELAP OR100029

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
1810 SE 1st Street Suite L, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

RECEIVED
JUL 20 2006
Ash Grove Rivergate

www.coffeylabs.com
www.onlinelab.com

Sample results: Page 1 of 1
Report Date: July 12, 2006
Job Number: A60707BD
Client ID: Ashgrovece

SYSTEM IDENTIFICATION

Name: Ash Grove Cement West
System ID: 94453
Address: 13939 N Rivergate Blvd
City, State, Zip: Portland, OR 97203
Source ID: EP-A
Source Name: EP for Well

SAMPLE IDENTIFICATION

Sampled at: Lab Sink
Date Collected: 7/7/2006
Sample Composition: Treated/Distribution/Single
Sampled by: Ivan Taylor
Time Collected: 0900

LABORATORY INFORMATION

Date Received in Lab: 7/7/2006
Lab Sample ID: A60707BD-1 **Batch:** 6070096 25
Analyzed at: Portland, OR **ORELAP#** 100028
Date Analyzed: 7/8/2006 0:35:
Composite Sample: No
Result Sent To State: No

ANALYTICAL RESULTS

Contaminant	Code	MCL	Analysis	Unit	LRL	Method	Analyst	Notes
Nitrate	5	10.	**0.1**	mg/L	0.1	EPA 300.0	ZM	1

Recommended holding time was in accordance with method specific and/or data quality objectives specified in the Coffey Laboratories (CLI) Quality Assurance Plan (QAP). All analyses were performed according to the CLI QAP and met requirements of National Environmental Laboratory Accreditation Conference (NELAC) standards as documented in the Sample Results section of this report. All results pertain only to samples submitted, are for the sole and exclusive use of the above-named client, and are provided under the terms and conditions of the CLI Chain of Custody. Samples will be retained a maximum of 15 days from the report date unless prior arrangements have been made.

Acronyms: H Holding Time Exceeded
LRL Laboratory Reporting Limit
ND None Detected at LRL
RE Re-Extracted and Re-Analyzed

Note: 1. Analysis done at Portland Branch, ORELAP# OR100028

Thank you for allowing CLI to be of service to you, we appreciate your business. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Technical Services

See Narrative for explanation of notes and abbreviations

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
1810 SE 1st Street Suite L, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

www.coffeylabs.com
www.onlinelab.com

RECEIVED
OCT 16 2006

Ash Grove Rivergate

Oregon Coliform Report: Page 1 of 1
Report Date: October 12, 2006
Job Number: A61011Q
PWSID: 94453
Name: Ash Grove Cement West

4th qtr 2006

Gary Wright
Ash Grove Cement West
13939 N Rivergate Blvd
Portland, OR 97203

Sample Information Samples Collected By: Ivan Taylor			Custody By: MRH	Laboratory Results				Notes
Sample location	Chlorine Residual Type	Date Time	Date Time	Date Time	Sample # Batch #	Method Analyst	Results	
Lab Sink Ash Grove Cement	0.04 mg/L Chlorine Routine sample	10/11/06 09:00	10/11/06 11:26	10/11/06 13:10	A61011Q1 6100201	SM 9222-B NAC	Tot. Coliform **Absent** Fecal colifo **Absent**	1

The results were negative. No further action is needed until the next sampling event.

WARNING: SAMPLE RESULTS NEED TO BE SENT TO THE STATE BY THE 10TH OF THE NEXT MONTH.
Address: Monitoring & Compliance, DHS - Drinking Water Program, PO Box 14350, Portland OR 97293-0350

The above report was reviewed by NCM (503) 254-1794

Thank you for sending your samples to Coffey Laboratories. If you have questions, or need help, please call

Notes:
The Notes column after laboratory results indicates which CLI branch performed the analysis.
1. Analysis done at Portland Branch ORELAP OR100028
2. Analysis done at Pendelton Branch ORELAP OR100029

PWS ID# OR4194453

Ver 2005285 qc0 10/12/06 12:48:43

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1462
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
1810 SE 1st Street Suite L, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

RECEIVED
OCT 18 2006
Ash Grove Rivergate

www.coffeylabs.com
www.onlinelab.com

Sample results: Page 1 of 1
Report Date: October 16, 2006
Job Number: A61011R
Client ID: AshgroveCe

SYSTEM IDENTIFICATION

Name:	Ash Grove Cement West	**Source ID:**	
System ID:	94453	**Source Name:**	
Address:	13939 N Rivergate Blvd		
City, State, Zip:	Portland, OR 97203		

SAMPLE IDENTIFICATION

Sampled at:	Lab	**Sampled by:**	Ivan Taylor
Date Collected:	10/11/2006	**Time Collected:**	0900
Sample Composition:	None Provided		

LABORATORY INFORMATION

Date Received in Lab:	10/11/2006	**Date Analyzed:**	10/11/2006 21:37
Lab Sample ID:	A61011R-1 **Batch:** 6100209 22	**Composite Sample:**	No
Analyzed at:	Portland, OR **ORELAP#** 100028	**Result Sent To State:**	No

ANALYTICAL RESULTS

Contaminant	Code	MCL	Analysis	Unit	LRL	Method	Analyst	Notes
Nitrate	1040	10.	0.1	mg/L	0.1	EPA 300.0	BAB	1

Recommended holding time was in accordance with method specific and/or data quality objectives specified in the Coffey Laboratories (CLI) Quality Assurance Plan (QAP). All analyses were performed according to the CLI QAP and met requirements of National Environmental Laboratory Accreditation Conference (NELAC) standards as documented in the Sample Results section of this report. All results pertain only to samples submitted, are for the sole and exclusive use of the above-named client, and are provided under the terms and conditions of the CLI Chain of Custody. Samples will be retained a maximum of 15 days from the report date unless prior arrangements have been made.

Acronyms: H Holding Time Exceeded
LRL Laboratory Reporting Limit
ND None Detected at LRL
RE Re-Extracted and Re-Analyzed

Note: 1. Analysis done at Portland Branch, ORELAP# OR100028

Thank you for allowing CLI to be of service to you, we appreciate your business. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Technical Services

See Narrative for explanation of notes and abbreviations

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
1810 SE 1st Street Suite L, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

www.coffeylabs.com
www.onlinelab.com

Oregon Coliform Report: Page 1 of 1
Report Date: January 12, 2007
Job Number: A70111Z
PWSID: 94453
Name: Ash Grove Cement West

RECEIVED
JAN 19 2007
Ash Grove Rivergate

Gary Wright
Ash Grove Cement West
13939 N Rivergate Blvd
Portland, OR 97203

Sample Information Samples Collected By: Ivan Taylor			Custody By: MRH	Laboratory Results				Notes
Sample location	Chlorine Residual Type	Date Time	Date Time	Date Time	Sample # Batch #	Method Analyst	Results	
Lab Sink 13939 N Rivergate	2. mg/L Chlorine Routine sample	01/11/07 08:35	01/11/07 13:32	01/11/07 13:50	A70111Z1 7010200	SM 9222-B NAC	Tot. Coliform **Absent** Fecal colifo **Absent**	1

The results were negative. No further action is needed until the next sampling event.

WARNING: SAMPLE RESULTS NEED TO BE SENT TO THE STATE BY THE 10TH OF THE NEXT MONTH.
Address: Monitoring & Compliance, DHS - Drinking Water Program, PO Box 14350, Portland OR 97293-0350

The above report was reviewed by NCM (503) 254-1794

Thank you for sending your samples to Coffey Laboratories. If you have questions, or need help, please call

Notes:
The Notes column after laboratory results indicates which CLI branch performed the analysis.
1. Analysis done at Portland Branch ORELAP OR100028
2. Analysis done at Pendelton Branch ORELAP OR100029

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
1810 SE 1st Street Suite L, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

www.coffeylabs.com
www.onlinelab.com

RECEIVED
FEB 05 2007
Ash Grove Rivergate

Sample results: Page 1 of 1
Report Date: January 29, 2007
Job Number: A70111AA
Client ID: Ashgrovece

SYSTEM IDENTIFICATION

Name: Ash Grove Cement West
System ID: 94453
Address: 13939 N Rivergate Blvd
City, State, Zip: Portland, OR 97203
Source ID: EP-A
Source Name: EP for Well

SAMPLE IDENTIFICATION

Sampled at: Lab Sink
Date Collected: 1/11/2007
Sample Composition: Treated/Distribution/Single
Sampled by: Ivan Taylor
Time Collected: 0835

LABORATORY INFORMATION

Date Received in Lab: 1/11/2007
Lab Sample ID: A70111AA-1 **Batch:** 7010208 7
Analyzed at: Portland, OR **ORELAP#** 100028
Date Analyzed: 1/11/2007 20:00
Composite Sample: No
Result Sent To State: No

ANALYTICAL RESULTS

Contaminant	Code	MCL	Analysis	Unit	LRL	Method	Analyst	Notes
Nitrate	1040	10.	**0.2**	mg/L	0.1	EPA 300.0	BAB	1

Recommended holding time was in accordance with method specific and/or data quality objectives specified in the Coffey Laboratories (CLI) Quality Assurance Plan (QAP). All analyses were performed according to the CLI QAP and met requirements of National Environmental Laboratory Accreditation Conference (NELAC) standards as documented in the Sample Results section of this report. All results pertain only to samples submitted, are for the sole and exclusive use of the above-named client, and are provided under the terms and conditions of the CLI Chain of Custody. Samples will be retained a maximum of 15 days from the report date unless prior arrangements have been made.

Acronyms: H Holding Time Exceeded
LRL Laboratory Reporting Limit
ND None Detected at LRL
RE Re-Extracted and Re-Analyzed

Note: 1. Analysis done at Portland Branch, ORELAP# OR100028

Thank you for allowing CLI to be of service to you, we appreciate your business. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Technical Services

See Narrative for explanation of notes and abbreviations

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
1810 SE 1st Street Suite L, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

www.coffeylabs.com
www.onlinelab.com

Oregon Coliform Report: Page 1 of 1
Report Date: April 21, 2007
Job Number: A70420O
PWSID: 94453
Name: Ash Grove Cement West

Ivan Taylor
Ash Grove Cement West
13939 N Rivergate Blvd
Portland, OR 97203

Sample Information Samples Collected By: Ivan Taylor			Custody By: MRH	Laboratory Results				Notes
Sample location	Chlorine Residual Type	Date Time	Date Time	Date Time	Sample # Batch #	Method Analyst	Results	
Lab Sink 13939 N Rivergate Blvd.	0.4 mg/L Chlorine Routine sample Result sent to State	04/20/07 08:05	04/20/07 10:46	04/20/07 11:40	A70420O1 7040354	SM 9222-B NCM	Tot. Coliform **Absent** Fecal colifo **Absent**	1

The results were negative. No further action is needed until the next sampling event.

The above report was reviewed by _____ (503) 254-1794

Thank you for sending your samples to Coffey Laboratories. If you have questions, or need help, please call

Notes:
The Notes column after laboratory results indicates which CLI branch performed the analysis.
1. Analysis done at Portland Branch ORELAP OR100028
2. Analysis done at Pendelton Branch ORELAP OR100029

Ver 2005285 qc0 04/21/07 12:36:54

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
2392 S Hwy 97 Suite B, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

RECEIVED

MAY 01 2007

www.coffeylabs.com
www.onlinelab.com

Ash Grove Rivergate

Sample results: Page 1 of 1
Report Date: April 24, 2007
Job Number: A70420Q
Client ID: AshGroveCe

SYSTEM IDENTIFICATION

Name: Ash Grove Cement West
System ID: 94453
Address: 13939 N Rivergate Blvd
City, State, Zip: Portland, OR 97203
Source ID: EP-A
Source Name: EP for Well

SAMPLE IDENTIFICATION

Sampled at: Lab Sink
Date Collected: 4/20/2007
Sample Composition: Treated/Distribution/Single
Sampled by: Ivan Taylor
Time Collected: 0805

LABORATORY INFORMATION

Date Received in Lab: 4/20/2007
Lab Sample ID: A70420Q-1 **Batch:** 7040363 20
Analyzed at: Portland, OR **ORELAP#** 100028
Date Analyzed: 4/20/2007 19:48
Composite Sample: No
Result Sent To State: Yes

ANALYTICAL RESULTS

Contaminant	Code	MCL	Analysis	Unit	LRL	Method	Analyst	Notes
Nitrate	1040	10.	ND	mg/L	0.1	EPA 300.0	TBC	1

Recommended holding time was in accordance with method specific and/or data quality objectives specified in the Coffey Laboratories (CLI) Quality Assurance Plan (QAP). All analyses were performed according to the CLI QAP and met requirements of National Environmental Laboratory Accreditation Conference (NELAC) standards as documented in the Sample Results section of this report. All results pertain only to samples submitted, are for the sole and exclusive use of the above-named client, and are provided under the terms and conditions of the CLI Chain of Custody. Samples will be retained a maximum of 15 days from the report date unless prior arrangements have been made.

Acronyms: H Holding Time Exceeded
LRL Laboratory Reporting Limit
ND None Detected at LRL
RE Re-Extracted and Re-Analyzed

Note: 1. Analysis done at Portland Branch, ORELAP# OR100028

Thank you for allowing CLI to be of service to you, we appreciate your business. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Technical Services

12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
2392 S Hwy 97 Suite B, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

Mailed - 7/11/07

www.coffeylabs.com
www.onlinelab.com

Oregon Coliform Report: Page 1 of 1
Report Date: July 6, 2007
Job Number: A70705F
PWSID: 94453
Name: Ash Grove Cement West

Ivan Taylor
Ash Grove Cement West
13939 N Rivergate Blvd
Portland, OR 97203

PWS ID# OR4194453

Sample Information Samples Collected By: Client			Custody By: MWL	Laboratory Results				Notes
Sample location	Chlorine Residual Type	Date Time	Date Time	Date Time	Sample # Batch #	Method Analyst	Results	
Lab Sink 13939 N. Rivergate Blvd.	1. mg/L Chlorine Routine sample	07/05/07 08:00	07/05/07 11:24	07/05/07 14:22	A70705F1 7070059	SM 9223 B NCM	Tot. Coliform **Absent** E. coli **Absent**	1

The results were negative. No further action is needed until the next sampling event.

WARNING: SAMPLE RESULTS NEED TO BE SENT TO THE STATE BY THE 10TH OF THE NEXT MONTH.
Address: Monitoring & Compliance, DHS - Drinking Water Program, PO Box 14350, Portland OR 97293-0350

The above report was reviewed by NCM (503) 254-1794

Thank you for sending your samples to Coffey Laboratories. If you have questions, or need help, please call

Notes:
The Notes column after laboratory results indicates which CLI branch performed the analysis.
1. Analysis done at Portland Branch ORELAP OR100028
2. Analysis done at Pendelton Branch ORELAP OR100029

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
2392 S Hwy 97 Suite B, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

www.coffeylabs.com
www.onlinelab.com

Sample results: Page 1 of 1
Report Date: July 17, 2007
Job Number: A70705E
Client ID: AshgroveCe

SYSTEM IDENTIFICATION

Name: Ash Grove Cement West
System ID: 94453
Address: 13939 N Rivergate Blvd
City, State, Zip: Portland, OR 97203

Source ID: EP-A
Source Name: EP for Well

SAMPLE IDENTIFICATION

Sampled at: Lab Sink
Date Collected: 7/5/2007
Sample Composition: Treated/Distribution/Single

Sampled by: Ivan Taylor
Time Collected: 0800

LABORATORY INFORMATION

Date Received in Lab: 7/5/2007
Lab Sample ID: A70705E-1 **Batch:** 7070093 24
Analyzed at: Portland, OR **ORELAP#** 100028

Date Analyzed: 7/7/2007 0:21:
Composite Sample: No
Result Sent To State: No

ANALYTICAL RESULTS

Contaminant	Code	MCL	Analysis	Unit	LRL	Method	Analyst	Notes
Nitrate	1040	10.	**0.1**	mg/L	0.1	EPA 300.0	MGH	1

Recommended holding time was in accordance with method specific and/or data quality objectives specified in the Coffey Laboratories (CLI) Quality Assurance Plan (QAP). All analyses were performed according to the CLI QAP and met requirements of National Environmental Laboratory Accreditation Conference (NELAC) standards as documented in the Sample Results section of this report. All results pertain only to samples submitted, are for the sole and exclusive use of the above-named client, and are provided under the terms and conditions of the CLI Chain of Custody. Samples will be retained a maximum of 15 days from the report date unless prior arrangements have been made.

Acronyms: H Holding Time Exceeded
LRL Laboratory Reporting Limit
ND None Detected at LRL
RE Re-Extracted and Re-Analyzed

Note: 1. Analysis done at Portland Branch, ORELAP# OR100028

Thank you for allowing CLI to be of service to you, we appreciate your business. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Technical Services

12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
2392 S Hwy 97 Suite B, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

Mailed 10/15/07

www.coffeylabs.com
www.onlinelab.com

Oregon Coliform Report: Page 1 of 1
Report Date: October 4, 2007
Job Number: A71002BN
PWSID: 94453
Name: Ash Grove Cement West

John Taylor
Ash Grove Cement West
13939 N Rivergate Blvd
Portland, OR 97203

PWS - ID# OR4194453

Sample Information Samples Collected By: Ivan Taylor			Custody By: LAO	Laboratory Results				Notes
Sample location	Chlorine Residual Type	Date Time	Date Time	Date Time	Sample # Batch #	Method Analyst	Results	
Lab Sink 13939 N Rivergate Blvd	Not Chlorinated Routine sample	10/02/07 09:15	10/02/07 15:52	10/02/07 17:15	A71002BN1 7100071	SM 9223 B NAC	Tot. Coliform **Absent** E. coli **Absent**	1

The results were negative. No further action is needed until the next sampling event.

WARNING: SAMPLE RESULTS NEED TO BE SENT TO THE STATE BY THE 10TH OF THE NEXT MONTH.
Address: Monitoring & Compliance, DHS - Drinking Water Program, PO Box 14350, Portland OR 97293-0350

The above report was reviewed by NCM (503) 254-1794

Thank you for sending your samples to Coffey Laboratories. If you have questions, or need help, please call

Notes:
The Notes column after laboratory results indicates which CLI branch performed the analysis.
1. Analysis done at Portland Branch ORELAP OR100028
2. Analysis done at Pendelton Branch ORELAP OR100029

RECEIVED
OCT 09 2007
Ash Grove Rivergate

Ver 2005285 qc0 10/04/07 6:13:35

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
2392 S Hwy 97 Suite B, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

Mailed 10/15/07

PWS-ID # OR4194453

www.coffeylabs.com
www.onlinelab.com

Sample results: Page 1 of 1
Report Date: October 6, 2007
Job Number: A71002BO
Client ID: AshgroveCe

SYSTEM IDENTIFICATION

Name: Ash Grove Cement West
System ID: 94453
Address: 13939 N Rivergate Blvd
City, State, Zip: Portland, OR 97203

Source ID:
Source Name:

SAMPLE IDENTIFICATION

Sampled at: Lab Sink
Date Collected: 10/02/07
Sample Composition: None Provided

Sampled by: Ivan Taylor
Time Collected: 0915

LABORATORY INFORMATION

Date Received in Lab: 10/02/07
Lab Sample ID: A71002BO-1 **Batch:** 7100074 13
Analyzed at: Portland, OR **ORELAP#** 100028

Date Analyzed: 10/02/07 21:30
Composite Sample: No
Result Sent To State: No

ANALYTICAL RESULTS

Contaminant	Code	MCL	Analysis	Unit	LRL	Method	Analyst	Notes
Nitrate	1040	10.	**0.15**	mg/L	0.01	EPA 300.0	MGH	1

Recommended holding time was in accordance with method specific and/or data quality objectives specified in the Coffey Laboratories (CLI) Quality Assurance Plan (QAP). All analyses were performed according to the CLI QAP and met requirements of National Environmental Laboratory Accreditation Conference (NELAC) standards as documented in the Sample Results section of this report. All results pertain only to samples submitted, are for the sole and exclusive use of the above-named client, and are provided under the terms and conditions of the CLI Chain of Custody. Samples will be retained a maximum of 15 days from the report date unless prior arrangements have been made.

Acronyms: H Holding Time Exceeded
LRL Laboratory Reporting Limit
ND None Detected at LRL
RE Re-Extracted and Re-Analyzed

Note: 1. Analysis done at Portland Branch, ORELAP# OR100028

Thank you for allowing CLI to be of service to you, we appreciate your business. If you have questions or need further assistance, please do not hesitate to call our Customer Services Department.

Sincerely,

Technical Services

RECEIVED
OCT 15 2007
Ash Grove Rivergate

mailed on 1/22/08

www.coffeylabs.com
www.onlinelab.com

Oregon Coliform Report: Page 1 of 1
Report Date: January 9, 2008
Job Number: A80108D
PWSID: 94453
Name: Ash Grove Cement West

Ivan Taylor
Ash Grove Cement West
13939 N Rivergate Blvd
Portland, OR 97203

PWS-ID# OR 4194453

Sample Information Samples Collected By: Ivan Taylor			Custody By: LAO	Laboratory Results				Notes
Sample location	Chlorine Residual Type	Date Time	Date Time	Date Time	Sample # Batch #	Method Analyst	Results	
Lab Sink 13939 N Rivergate Blvd	0.04 mg/L Chlorine Routine sample	01/08/08 08:10	01/08/08 10:22	01/08/08 11:25	A80108D1 8010115	SM 9223 B NCM	Tot. Coliform **Absent** E. coli **Absent**	1

The results were negative. No further action is needed until the next sampling event.

WARNING: SAMPLE RESULTS NEED TO BE SENT TO THE STATE BY THE 10TH OF THE NEXT MONTH.
Address: Monitoring & Compliance, DHS - Drinking Water Program, PO Box 14350, Portland OR 97293-0350

The above report was reviewed by NCM (503) 254-1794

Thank you for sending your samples to Coffey Laboratories. If you have questions, or need help, please call

Notes:
The Notes column after laboratory results indicates which CLI branch performed the analysis.
1. Analysis done at Portland Branch ORELAP OR100028
2. Analysis done at Pendelton Branch ORELAP OR100029

Report results relate only to samples and shall not be reproduced except in full, without written laboratory apporval.

Coffey Laboratories, Inc.
12423 N.E. Whitaker Way, Portland, OR, 97230, (503) 254-1794, FAX (503) 254-1452
419 SW 5th St, Pendleton, OR, 97801, (541)276-0385, FAX (541) 276-0385
2392 S Hwy 97 Suite B, Redmond, OR, 97756, (541) 548-0972, FAX (541) 548-6345

August 3, 1982

Mr. Charles R. Clinton
Department of Environmental Quality
522 S.W. 5th Ave. Box 1760
Portland, Or 97207

File # 26-1891
NC # 1839 & NWR-353-A

Dear Sir:

As requested in your letter of July 22nd, and our conversation of July 28th, we submit the attached.

Item #1:

Projected annual coal consumption for Kiln #3 - 14,625 Short Ton

Projected annual coal consumption for Kiln # 1 & 2 - 15,670 Short Ton

Total Coal - 30,295 Short Ton

Item #2:

Possible zero usage of natural gas as a fuel after all kilns are converted to coal. Oil usage could amount to approximately 15% of our total fuel usage or approximately 900,000 gallon per year.

Item #3:

See Exhibit A.

Item #4:

% sulfur in oil during base year = 0.5%

% sulfur in oil at present = 0.5%

We are basing our operational hours and production table on the use of coal and #6 fuel oil for kiln fuel.

Mr. Charles R. Clinton
Department of Environmental Quality

We hope the information supplied will answer what questions you may have.

Yours Truly,

William A. Kistler

WAK:tma

Attachment

cc: R.R.W.
G.D.J.

ASH GROVE CEMENT WEST, INC.

P.O. BOX 83007, ST. JOHNS STATION • PORTLAND, OREGON 97283-0007
PHONE: (503) 286-1677 • 1-800-544-8382 • FAX: (503) 289-2272

KILN #1 DUST COLLECTOR

5-26-89	CHANGE 49 SOCK
11-15-89	CHANGE 46 SOCK

KILN #2 DUST COLLECTOR

3-23-89	REPLACE 28 SOCK
5-3-89	CHANGE 34 SOCK
9-15-89	CHANGE 55 SOCK
11-16-89	CHANGE 20 SOCK

KILN #3 DUST COLLECTOR

1-17-89	REPLACE 9 SOCK
2-10-89	REPLACE 24 SOCK
3-22-89	REPLACE 28 SOCK
6-5-89	CHANGE 25 SOCK
8-1-89	CHANGE 25 SOCK
9-28-89	CHANGE 50 SOCK
11-13-89	CHANGE 21 SOCK
12-29-89	CHANGE 54 SOCK

AG DUST COLLECTOR

4-12-89	REPLACE 25 SOCK

AMERICAN DUST ARRESTOR

4-18-89	CHANGE ALL 26 SOCKS

REES P.C. HYD.

8-16-89	CHANGE 325 SOCK

PEBBLE DUST COLLECTOR

2-13-89	REPLACE 10 SOCKS

ASH GROVE CEMENT WEST, INC.

P.O. BOX 83007, ST. JOHNS STATION • PORTLAND, OREGON 97283-0007
PHONE: (503) 286-1677 • 1-800-544-8382 • FAX: (503) 289-2272

CHEMICAL LIME PRODUCED

	PEBBLE	HYDRATE
JANUARY	7,015.16	1,164.52
FEBRUARY	7,235.08	692.25
MARCH	7,695.74	1,873.59
APRIL	8,591.11	1,837.71
MAY	7,768.24	1,383.29
JUNE	6,309.98	1,222.01
JULY	7,444.07	1,359.35
AUGUST	7,936.58	1,552.53
SEPTEMBER	8,049.39	1,046.12
OCTOBER	8,872.29	1,151.82
NOVEMBER	9,500.75	774.13
DECEMBER	8,100.93	1,014.54
TOTAL	94,519.32	15,071.86

ASH GROVE CEMENT WEST, INC.

P.O. BOX 83007, ST. JOHNS STATION • PORTLAND, OREGON 97283-0007
PHONE: (503) 286-1677 • 1-800-544-8382 • FAX: (503) 289-2272

FUELS USED TO PRODUCE CHEMICAL STONE

	GAS - MCF	OIL - GALLONS	COAL - TONS
JANUARY	30,722	119,847	---
FEBRUARY	37,719	124,510	---
MARCH	59,536	33,138	---
APRIL	56,326	72,899	---
MAY	45,832	91,274	---
JUNE	49,855	35,470	---
JULY	47,032	74,569	---
AUGUST	62,693	17,036	---
SEPTEMBER	63,316	4,561	---
OCTOBER	44,899	124,155	---
NOVEMBER	43,790	237,281	---
DECEMBER	31,566	291,549	---
TOTAL	573,286	1,226,289	---

ASH GROVE CEMENT WEST, INC.

P.O. BOX 83007, ST. JOHNS STATION • PORTLAND, OREGON 97283-0007
PHONE: (503) 286-1677 • 1-800-544-8382 • FAX: (503) 289-2272

AG-LIME PRODUCED

	AG-LIME	FLOUR	DOLOMITE
JANUARY	1,481	3,742	230
FEBRUARY	850	4,528	0
MARCH	1,344	7,450	682
APRIL	10,862	10,444	2,892
MAY	15,735	11,678	2,124
JUNE	6,650	9,575	1,287
JULY	4,581	12,093	525
AUGUST	21,685	9,171	36
SEPTEMBER	31,161	8,623	420
OCTOBER	20,229	10,583	2,462
NOVEMBER	6,968	4,509	2,095
DECEMBER	2,017	3,426	1,235
TOTAL	**123,563**	**95,822**	**13,988**

ASH GROVE CEMENT WEST, INC.

P.O. BOX 83007, ST. JOHNS STATION • PORTLAND, OREGON 97283-0007
PHONE: (503) 286-1677 • 1-800-544-8382 • FAX: (503) 289-2272

FUELS USED TO PRODUCE AG-LIME

	GAS-MCF
JANUARY	1,666
FEBRUARY	1,345
MARCH	3,064
APRIL	4,693
MAY	4,505
JUNE	2,813
JULY	2,358
AUGUST	4,759
SEPTEMBER	5,034
OCTOBER	4,399
NOVEMBER	2,686
DECEMBER	989
TOTAL	38,311

KILN #1 DUST COLLECTOR

09-21-90	CLEANED & REPLACED 27 SOCKS
11-28-90	CHANGED 45 SOCKS

KILN #2 DUST COLLECTOR

05-11-90	CHANGED 23 SOCKS
09-06-90	CHANGED 62 SOCKS

KILN #3 DUST COLLECTOR

01-04-90	CHANGED 45 SOCKS
03-26-90	CHANGED 25 SOCKS
10-30-90	CHANGED 19 SOCKS
12-03-90	CHANGED 7 & 8 SECTION CHANGED 196 SOCKS
12-13-90	CHANGED 1, 2, 3, 4, 5 & 6 SECTION CHANGED 576 SOCKS

REES DUST COLLECTOR - LARGE

03-22-90	CHANGED 62 SOCKS

REES DUST COLLECTOR - SMALL

03-23-90	CHANGED 98 SOCKS

STORAGE REES DUST COLLECTOR

04-11-90	CHANGED 174 SOCKS

HYDRATE DUST COLLECTOR - LARGE

11-21-90	CHANGED 150 SOCKS

CHEMICAL LIME PRODUCED

	PEBBLE	HYDRATE
JANUARY	6,957.64	1,271.71
FEBRUARY	6,042.59	944.30
MARCH	7,494.22	1,553.05
APRIL	6,966.69	1,753.35
MAY	6,437.36	1,315.48
JUNE	7,537.09	1,888.84
JULY	7,694.45	1,390.10
AUGUST	9,015.92	1,245.22
SEPTEMBER	6,081.39	1,934.24
OCTOBER	6,346.59	1,865.21
NOVEMBER	6,831.22	947.96
DECEMBER	7,505.72	664.67
TOTAL	84,910.88	16,774.13

FUELS USED TO PRODUCE CHEMICAL STONE

	GAS - MCF	OIL - GALLONS	COAL - TONS
JANUARY	28,827	224,181	-0-
FEBRUARY	25,938	171,582	-0-
MARCH	37,991	159,053	-0-
APRIL	34,671	187,041	-0-
MAY	33,027	147,243	-0-
JUNE	30,945	180,741	131
JULY	39,772	77,332	133
AUGUST	45,629	141,557	-0-
SEPTEMBER	35,282	112,341	-0-
OCTOBER	48,332	27,149	-0-
NOVEMBER	40,680	99,626	-0-
DECEMBER	42,154	147,917	-0-
TOTAL	443,248	1,675,763	264

AG-LIME PRODUCED

	AG-LIME	FLOUR	DOLOMITE
JANUARY	1,962	7,293	174
FEBRUARY	2,576	6,171	246
MARCH	6,243	8,049	1,669
APRIL	13,258	10,210	1,072
MAY	9,891	6,444	1,414
JUNE	3,551	12,470	491
JULY	4,456	9,267	951
AUGUST	19,312	12,078	318
SEPTEMBER	23,355	13,262	861
OCTOBER	20,941	10,722	924
NOVEMBER	1,985	6,124	1,233
DECEMBER	1,564	3,778	803
TOTAL	109,094	105,868	10,156

FUELS USED TO PRODUCE AG-LIME

	GAS - MCF
JANUARY	2,049
FEBRUARY	1,693
MARCH	3,104
APRIL	4,310
MAY	3,017
JUNE	2,595
JULY	2,239
AUGUST	4,389
SEPTEMBER	5,183
OCTOBER	5,242
NOVEMBER	1,276
DECEMBER	1,359
TOTAL	36,456

Department of Environmental Quality
Attention: Chuck Harman
Site Assessment Specialist
DEQ Northwest Region

September 1, 2006

Re: Questions for Ash Grove Cement Co. property at 13939 N. Rivergate Blvd., Portland, OR 97203;

a.

1. Ash Grove Cement Company
   Rivergate Lime Plant
   13939 N. Rivergate Blvd.
   Portland, OR 97203
   Contact: Glenn Dollar
   Phone: 503-247-5423

2. Ash Grove Cement Company.
   11011 Cody Street
   Overland Park, KS 66210

3. Same as a.2.

4. 1962 to date.

5. Operating lime plant.

6. Operating lime plant.

7. A small portion of the site is leased to Graymont Western, Inc. for lime-related operations previously performed by Ash Grove Cement Company.

8. No known previous owners of this site.

9. The site is 29.6 acres in size.

10. The site is partially fenced and monitored by Company employees.

11. A site map is enclosed. The site slopes away from the river except for the riverbank itself. Stormwater is allowed to infiltrate into the ground.

b. Not to my knowledge.

c. Not to my knowledge.

d. Yes, groundwater investigations were performed. In 1998 samples were collected from the three monitoring wells you reference in your letter. Results were as follows:

Total Petroleum Hydrocarbons	non-detect
Benzene	<0.5 ppb (below detection limit)
Toluene	<0.5 ppb (below detection limit)
Ethylbenzene	<0.5 ppb (below detection limit)
Xylenes	<1.0 ppb, (below detection limit)

e. Ash Grove Cement Company has <u>not</u> performed dredging activities at this site since 1992. Ash Grove Cement Company is currently in the process of permitting to perform maintenance dredging at this site. The Portland District, Corps of Engineers, NOAA Fisheries, and the DEQ have reviewed the results of our sediment analysis and approved the material within our dredge prism for upland disposal. We are actively looking to secure an approved upland disposal site pending issuance of the maintenance dredging permit.

f. Not to my knowledge.

g. None, to my knowledge.

h. All stormwater from this site infiltrates into the ground. We do not discharge stormwater.

i. This site maintains an Air Contaminate Discharge Permit (ACDP) and a National Pollutant Discharge Elimination System (NPDES) Permit issued through the NW Region office of DEQ. We are also, as previously mentioned, actively seeking a maintenance dredging permit.

September 1, 2006

Department of Environmental Quality
Attention: Chuck Harman
Site Assessment Specialist
DEQ Northwest Region

Re: Questions for Ash Grove Cement Co. property at 13939 N. Rivergate Blvd., Portland, OR 97203;

a.

1. Ash Grove Cement Company
   Rivergate Limestone Plant
   13939 N. Rivergate Blvd. Portland, OR 97203

2. The owner and operator is Ash Grove Cement Company. The address is the same as above. The phone number is 503/286/1677. The extension for Glenn Dollar is 423.

3. The property is owned by Ash Grove Cement Company.

4. Ash Grove Cement Company bought the property in 1962.

5. The site is currently being used for the milling of limestone. There is also a hydrator on site being used to hydrate lime shipped in by rail.

6. Other than the activities mentioned in the above question, we operated a Kiln Department since 1963 that was shut down on May 31st of this year. The building and structures are still on site but not being used.

7. Graymont Western off loads quicklime shipped in by rail and runs the hydrator.

8. Ash Grove Cement Company was the first company to occupy the site. It's my understanding that the site was filled with dredge material prior to its development by Ash Grove Cement Company.

9. The site is 29.6 acres in size.

10. The site is partially fenced. Company employees are present 99 percent of the time.

11. A site map is enclosed. Stormwater infiltrates into the ground. We do have an NPDES permit for wastewater discharge but it's not being used and has only been used approximately 10 days in the last ten years that I'm aware of. Some of those days were during the floods of 1996. A monthly discharge report is submitted to the DEQ as required by our NPDES permit.

b. I'm not aware of a Phase 1 Environmental Site Assessment being performed for this site.

c. There have not been any significant spills of hazardous substances or petroleum on this site.

d. I performed a groundwater investigation in 1998. I had samples taken from each of three monitoring wells. I had the samples tested for Total Petroleum Hydrocarbons, with the test results being all Non-Detect, Volatile Organics; Benzene, <0.5 ppb, (or less than the detection limit), Tolulene, <0.5 ppb (or less than the detection limit), Ethylbenzene, <0.5 ppb (or less than the detection limit) and Xylenes, <1.0 ppb, (or less than the detection limit).

e. Ash Grove Cement Company has not recently performed dredging activities at this site. According to my records the last time Ash Grove Cement Company dredged this site was approximately 1992. Ash Grove Cement Company is going through the permitting process at this time to dredge our barge berth. The purpose is to provide the necessary depth to allow for our barges to dock at our facility. The information you sent to me was the sediment data report generated from the analysis of samples taken from the dredge prism. The sediment data report was then submitted to the Portland District, Corps of Engineers, which submitted the information to NOAA fisheries, and the DEQ for evaluation. The sediment was approved for disposal in an approved upland disposal site.

f. I'm not aware of any impoundments or waste burial areas on the property.

g. I'm not aware of any drywells or unconnected site drains that exist on the site. We do have a discharge pipe mentioned earlier in this report. We have an NPDES permit to discharge from the pipe. I submit a monitoring report to DEQ each month for this outfall.

h. All stormwater is allowed to percolate into the ground. We do not discharge any stormwater.

i. This site has an Air Contaminate Discharge Permit and an NPDES permit issued through the NW Region office of DEQ.

18-6

Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-QT

...e print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

Comments

C C

Installation's EPA ID Number		Approved	Date Received (yr. mo. day)
C F	T/A C 1		

I. Name of Installation

ASHGROVE CEMENT WEST INC.

II. Installation Mailing Address

Street or P.O. Box

C 3: PO BOX 03007

City or Town	State	ZIP Code
C 4: PORTLAND	OR	97203

III. Location of Installation

Street or Route Number

C 5: 13939 N. RIVERGATE BLVD.

City or Town	State	ZIP Code
C 6: PORTLAND	OR	97203

IV. Installation Contact

Name and Title (last, first, and job title)	Phone Number (area code and number)
C 2: KISTLER W.A. PLT MGR	5032861677

V. Ownership

A. Name of Installation's Legal Owner	B. Type of Ownership (enter code)
C R: ASHGROVE CEMENT WEST	P.

VI. Type of Regulated Waste Activity (*Mark 'X' in the appropriate boxes. Refer to instructions.*)

A. Hazardous Waste Activity

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel *(enter 'X' and mark appropriate boxes below)*
  - ☐ a. Generator Marketing to Burner
  - ☐ b. Other Marketer
  - ☐ c. Burner

B. Used Oil Fuel Activities

- ☒ 6. Off-Specification Used Oil Fuel *(enter 'X' and mark appropriate boxes below)*
  - ☐ a. Generator Marketing to Burner
  - ☐ b. Other Marketer
  - ☒ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer *(or On site Burner)* Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device *(enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)*

☐ A. Utility Boiler ☐ B. Industrial Boiler ☒ C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other *(specify)*

IX. 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 ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number

Continue on reverse

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary

1	2	3	4	5	6
NON-APPLICABLE					
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 sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
NON-APPLICABLE					
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
NON-APPLICABLE					
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 hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
NON-APPLICABLE			NON-APPLICABLE		

E. Characteristics of Nonlisted Hazardous Wastes. Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

NON-APPLICABLE

☐ 1. Ignitable *(D001)* ☐ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☐ 4. Toxic *(D000)*

XI. 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 and Official Title *(type or print)*	Date Signed
W.A. Kistler	PLANT MANAGER W.A. KISTLER	4/1/88

EPA Form 8700-12 (Rev. 11-85) Reverse

ASH GROVE CEMENT WEST, INC.

P.O. BOX 83007, ST. JOHNS STATION • PORTLAND, OREGON 97283-0007
PHONE: (503) 286-1677 • 1-800-544-8382 • FAX: (503) 289-2272

TELECOPIER TRANSMISSION COVER SHEET

DATE: Nov. 18, 1991

PLEASE DELIVER THE FOLLOWING TO:

NAME: Darlene

COMPANY: Ash Grove Cement Company

FROM: Ash Grove Cement West, Inc. Rivergate

RE: E.P.A. Hazardous Waste

NO. OF PAGES (including cover sheet): 3

SENDER'S NAME: William A. Kistler

We are transmitting from a Ricoh FAX60E. If you do not receive all material, please call:

Business Phone: (503) 286-1677
Telecopy Phone: (503) 289-2272

COMMENTS:

FAX DATE 11-18-91 TIME 1:35pm

1.5 - 63

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No 2050-0028, Expires 9-30-88
GSA No. 0246-EPA-OT

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

Comments

C C

Installation's EPA ID Number | Approved | Date Received (yr. mo. day)

C F | T/A | C 1

I. Name of Installation

ASHGROVE CEMENT WEST INC.

II. Installation Mailing Address

Street or P.O. Box

C 3: PO BOX 03007

City or Town | State | ZIP Code

C 4: PORTLAND | OR | 97203

III. Location of Installation

Street or Route Number

C 5: 13939 N. RIVERGATE BLVD.

City or Town | State | ZIP Code

C 6: PORTLAND | OR | 97203

IV. Installation Contact

Name and Title (*last, first, and job title*) | Phone Number (*area code and number*)

C 2: KISTLER W.A. PLT MGR | 5032861677

V. Ownership

A. Name of Installation's Legal Owner | B. Type of Ownership (*enter code*)

C 8: ASHGROVE CEMENT WEST | P

VI. Type of Regulated Waste Activity (*Mark 'X' in the appropriate boxes. Refer to instructions.*)

A. Hazardous Waste Activity

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel (*enter 'X' and mark appropriate boxes below*)
  - ☐ a. Generator Marketing to Burner
  - ☐ b. Other Marketer
  - ☐ c. Burner

B. Used Oil Fuel Activities

- ☒ 6. Off-Specification Used Oil Fuel (*enter 'X' and mark appropriate boxes below*)
  - ☐ a. Generator Marketing to Burner
  - ☐ b. Other Marketer
  - ☒ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (*or On site Burner*) Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (*enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.*)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☒ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (*specify*)

IX. 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 ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number

Continue on reverse

ID — For Official Use Only

C												T/A	C
W													1

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
NON-APPLICABLE					
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 sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
NON-APPLICABLE					
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
NON-APPLICABLE					
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 hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
NON-APPLICABLE			NON-APPLICABLE		

E. Characteristics of Nonlisted Hazardous Wastes. Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

NON-APPLICABLE

☐ 1. Ignitable *(D001)* ☐ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☐ 4. Toxic *(D000)*

XI. 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 and Official Title *(type or print)*	Date Signed
W.A. Kistler	PLANT MANAGER W.A. KISTLER	4/1/93

EPA Form 8700-12 (Rev. 11-86) Reverse

18-4

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P.O. BOX 25900
OVERLAND PARK, KANSAS 66225
PHONE 913 / 451-8900
FAX 913 / 451-8324

EILEEN F. SOLLARS
ASSISTANT GENERAL COUNSEL

December 9, 1991

U.S. EPA Region X
Waste Management Branch (HW-112)
1200 Sixth Avenue
Seattle, Washington 98101

Re: I.D. No. ORD027707256

Ladies and Gentlemen:

Ash Grove Cement West, Inc. ("AGW") has been issued the above-referenced identification number. AGW is presently a wholly-owned subsidiary of Ash Grove Cement Company ("Ash Grove"), a Delaware corporation.

Enclosed with this letter is a Notification of Regulated Waste Activity (Subsequent) notifying the Agency that, effective January 1, 1992, AGW will become merged into and become a part of Ash Grove. After that time business will be conducted under the Ash Grove name. The identification number will be transferred to Ash Grove as a part of the merger. All equipment and facilities will remain in their present locations. Ash Grove as the surviving company will assume all responsibility for operation and maintenance of the site which is the subject of the notification.

If you have any questions regarding the merger, please contact the undersigned.

Sincerely,

Eileen A. Sollars

EFS/kp

cc: Paul Livesay
Doug Hale

356a

MEMBER PORTLAND CEMENT ASSOCIATION

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
OSA No. 0246. EPA-01

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[ ] A. First Notification [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: ORD027707256

II. Name of Installation *(Include company and specific site name)*

ASH GROVE CEMENT COMPANY PLANT

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 13939 N RIVERGATE BOULEVARD

Street (continued):

City or Town: PORTLAND | State: OR | ZIP Code: 97203-

County Code: | County Name: MULTNOMAH

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: PO BOX 830007

City or Town: PORTLAND | State: OR | ZIP Code: 97283-

V. Installation Contact *(Person to be contacted regarding waste activities at site)*

Name *(last)*: KISTLER | *(first)*: WILLIAM

Job Title: PLANT MANAGER | Phone Number *(area code and number)*: 503-286-1677

VI. Installation Contact Address *(See Instructions)*

A. Contact Address Location: [X] Mailing: [ ] | B. Street or P.O. Box:

City or Town: | State: | ZIP Code: -

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: ASH GROVE CEMENT COMPANY

Street, P.O. Box, or Route Number: 6720 SW MACADAM #300

City or Town: PORTLAND | State: OR | ZIP Code: 97219-

Phone Number *(area code and number)*: 503-293-2333 | B. Land Type: P | C. Owner Type: P | D. Change of Owner Indicator: Yes [X] No [ ] | (Date Changed) Month: 01 Day: 01 Year: 92

Appendix58-000898

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

ID – For Official Use Only

VIII. Type of Regulated Waste Activity *(Mark 'X' in the appropriate boxes. Refer to instructions.)*

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
   - ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - ☐ a. For own waste only
   - ☐ b. For commercial purposes

   Mode of Transportation
   - ☐ 1. Air
   - ☐ 2. Rail
   - ☐ 3. Highway
   - ☐ 4. Water
   - ☐ 5. Other – specify
3. ☐ Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - ☐ a. Generator Marketing to Burner
   - ☐ b. Other Marketers
   - ☐ c. Burner – indicate device(s) – Type of Combustion Device
     - ☐ 1. Utility Boiler
     - ☐ 2. Industrial Boiler
     - ☐ 3. Industrial Furnace
5. ☐ Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - ☐ a. Generator Marketing to Burner
   - ☐ b. Other Markerer
   - ☐ c. Burner – indicate device(s) – Type of Combustion Device
     - ☐ 1. Utility Boiler
     - ☐ 2. Industrial Boiler
     - ☐ 3. Industrial Furnace
2. ☐ Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes *(Use additional sheets if necessary)*

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 – 261.24)*

1. Ignitable *(D001)*	2. Corrosive *(D002)*	3. Reactive *(D003)*	4. Toxicity Characteristic *(D000)*	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
☐	☐	☐	☐	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 – 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

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 fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Donald R. Young	Donald R. Young, Vice President - Operations	November 20, 1991

XI. Comments

This subsequent notification is submitted for the purpose of giving notice that Ash Grove Cement West, Inc., a wholly-owned subsidiary of Ash Grove Cement Company (Ash Grove), is being merged into and becoming a part of Ash Grove effective January 1, 1992. By operation of law the notification will be transferred to Ash Grove as of that date.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

18-6

ASH GROVE CEMENT COMPANY

8900 INDIAN CREEK PARKWAY, SUITE 600, P.O. BOX 25900
OVERLAND PARK, KANSAS 66225
PHONE 913 / 451-8900
FAX 913 / 451-8324

EILEEN F. SOLLARS
ASSISTANT GENERAL COUNSEL

December 9, 1991

Oregon Department of Environmental Quality
Hazardous Waste Program
811 SW 6th
Portland, Oregon 97204

Re: Notifications of Hazardous Waste Activity - Update

Dear Sir or Madam:

Enclosed are Notifications of Hazardous Waste Activity respecting DEQ/EPA Identification Numbers ORD027627181 and ORD027707256. These subsequent notifications are submitted in order to update your records in connection with the merger of Ash Grove Cement West, Inc., a Nevada corporation, into its parent, Ash Grove Cement Company, a Delaware corporation, effective January 1, 1992.

Sincerely,

Eileen F. Sollars

EFS/kp

Enclosures

MEMBER PCA PORTLAND CEMENT ASSOCIATION

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
811 SW SIXTH AVE. PORTLAND, OREGON 97204

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

PLEASE REFER TO THE INSTRUCTIONS AND GUIDANCE DOCUMENT, SEVEN STEPS FOR IDENTIFYING HAZARDOUS WASTES, BEFORE COMPLETING THIS FORM. THE INFORMATION REQUESTED HERE IS REQUIRED BY OREGON ADMINISTRATIVE RULE 340-102-012. THIS FORM IS USED IN LIEU OF EPA NOTIFICATION FORM 8700-12 IN THE STATE OF OREGON.

OFFICIAL USE ONLY
DEQ 102-012-89
DATE RECEIVED

1. NAME OF SITE

NAME
ASH GROVE CEMENT COMPANY

☐ **2. DO NOT GENERATE HAZARDOUS WASTE** DELETE NAME FROM LIST
(CHECK BOX IF APPLICABLE) COMPLETE SECTION 5

3. DEQ/EPA IDENTIFICATION NUMBER

IF BUSINESS INSTALLATION HAS DEQ/EPA ID NUMBER

ENTER HERE
(12 digit number) ORD027707256

4. REASON FOR NOTIFICATION

(MARK ONE BOX ONLY)
REQUEST IS TO

☐ 1. OBTAIN DEQ/EPA ID NUMBER
☐ 2. WITHDRAW DEQ/EPA ID NUMBER
☐ 3. CANCEL DEQ/EPA ID NUMBER
☐ 4. REACTIVATE DEQ/EPA ID NUMBER
☒ 5. UPDATE NOTIFICATION INFORMATION

5. SITE INFORMATION

A. PHYSICAL LOCATION OF SITE

STREET ADDRESS
13939 N RIVERGATE BOULEVARD

COUNTY

CITY, STATE, ZIP
PORTLAND OR 97203

B. MAILING ADDRESS OF SITE

STREET/P.O. BOX
PO BOX 83007

CITY, STATE, ZIP
PORTLAND OR 97203

C. LEGAL OWNER OF SITE

NAME
ASH GROVE CEMENT COMPANY

STREET
6720 SW MACADAM AVENUE

P.O. BOX
SUITE 300

CITY, STATE, ZIP
PORTLAND OR 97219

D. CONTACT AT THE SITE

NAME
WILLIAM A KISTLER

TITLE
PLANT MANAGER

TELEPHONE
5032861677 (WITH AREA CODE)

E. STANDARD INDUSTRIAL CODE (SIC)

(REFER TO ENCLOSED SIC LISTING)

3241 PRIMARY

SECONDARY

F. SITE CLASSIFICATION

(SEE INSTRUCTIONS FOR EXPLANATION)

IDENTIFY ONE CATEGORY FOR EACH "TYPE"

(MARK ONE BOX ON EACH LINE)

	PRIVATE	FEDERAL	STATE	COUNTY	DISTRICT	MUNICIPAL	INDIAN
OWNER TYPE	X						
OPERATOR TYPE	X						
PROPERTY TYPE	X						

6. TYPE OF HAZARDOUS WASTE ACTIVITY

(MARK ALL APPROPRIATE BOX(ES))

YES NO

☐ ☐ A. HAZARDOUS WASTE TRANSPORTERS (FOR TRANSPORTERS ONLY)
- 1. TYPE OF TRANSPORTER (MARK APPROPRIATE BOX(ES))
  - ☐ a. FOR OWN WASTE ONLY
  - ☐ b. FOR COMMERCIAL PURPOSES
- 2. MODE OF TRANSPORTATION
  - ☐ a. AIR ☐ b. RAIL ☐ c. HIGHWAY ☐ d. WATER ☐ e. OTHER

☐ ☐ B. HAZARDOUS WASTE GENERATOR

☐ ☐ C. HAZARDOUS WASTE TREATMENT (NOTE: PERMIT MAY BE REQUIRED.)

☐ ☐ D. HAZARDOUS WASTE STORAGE (NOTE: PERMIT MAY BE REQUIRED.)

☐ ☐ E. HAZARDOUS WASTE DISPOSAL (NOTE: PERMIT MAY BE REQUIRED.)

☐ ☐ F. HAZARDOUS WASTE RECYCLER
- ☐ 1. On-site ☐ 2. Off-site

☐ ☐ G. MARKET OR BURN HAZARDOUS WASTE FUELS
(MARK APPROPRIATE BOXES)
- ☐ 1. GENERATOR MARKETING TO BURNER
- ☐ 2. OTHER MARKETER
- ☐ 3. BURNER (INDICATE TYPE OF COMBUSTION DEVICE)

TYPE OF COMBUSTION DEVICE
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH HAZARDOUS WASTE FUEL IS BURNED)
- ☐ a. UTILITY BOILER
- ☐ b. INDUSTRIAL BOILER
- ☐ c. INDUSTRIAL FURNACE
- ☐ d. OTHER (PLEASE SPECIFY): _____

☐ ☐ H. USED OIL FUEL ACTIVITIES (MARK APPROPRIATE BOXES)
- ☐ 1. GENERATOR MARKETING TO BURNER
- ☐ 2. OTHER MARKETER OF OFF-SPECIFICATION USED OIL
- ☐ 3. SPECIFICATION USED OIL FUEL MARKETER WHO FIRST CLAIMS USED OIL MEETS SPECIFICATIONS
- ☐ 4. BURNER OF OFF-SPECIFICATION USED OIL (INDICATE TYPE OF COMBUSTION DEVICE)

TYPE OF COMBUSTION DEVICE
(MARK ALL APPROPRIATE BOXES TO INDICATE TYPE OF COMBUSTION DEVICE(S) IN WHICH OFF-SPECIFICATIONS USED OIL IS BURNED)
- ☐ a. UTILITY BOILER
- ☐ b. INDUSTRIAL BOILER
- ☐ c. INDUSTRIAL FURNACE
- ☐ d. OTHER (PLEASE SPECIFY): _____

7. DESCRIPTION OF HAZARDOUS WASTE - WASTE CODE

A. LISTED HAZARDOUS WASTE (SEE 40 CFR 261.30-33) USE ADDITIONAL SHEETS IF NECESSARY

K	K	K	K	F	F	F	F
P	P	P	P	U	U	U	U

B. CHARACTERISTIC HAZARDOUS WASTE (SEE 40CFR 261.20-24)

☐ IGNITABLE (D001)
☐ CORROSIVE (D002)
☐ REACTIVE (D003)
☐ EPTOXIC (MARK SPECIFIC CONTAMINANTS BELOW:)

☐ D004	☐ D008	☐ D012	☐ D016
☐ D005	☐ D009	☐ D013	☐ D017
☐ D006	☐ D010	☐ D014	
☐ D007	☐ D011	☐ D015	

C. OTHER WASTES (STATE OR NON-REGULATED WASTES REQUIRING AN ID NUMBER - SEE INSTRUCTIONS)

☐ X 001 ☐ X 002 ☐ X ☐☐☐ ☐ X ☐☐☐ ☐ X ☐☐☐ ☐ OTHER (PLEASE SPECIFY) _____
USE ADDITIONAL SHEETS IF NECESSARY

8. HAZARDOUS WASTE GENERATOR STATUS

(COMPLETE IF APPLICABLE)

(MARK ONE ONLY) DETERMINE MAXIMUM AMOUNT OF HAZARDOUS WASTE GENERATED IN ANY ONE CALENDAR MONTH

☐ FRG (Fully Regulated Generator)
- generate 2,200 or more pounds of hazardous waste
- generate 2,200 or more pounds of spill cleanup debris
- generate more than 2.2 pounds of acutely hazardous waste
- generate more than 220 pounds of spill cleanup debris containing an acutely hazardous waste
- accumulate, at any time, more than 2.2 pounds of acutely hazardous waste on-site

☐ SQG (Small Quantity Generator)
- generate more than 220 pounds and less than 2,200 pounds of hazardous waste
- generate more than 220 pounds and less than 2,200 pounds of spill cleanup debris containing hazardous waste
- accumulate, at any time, more than a total of 2,200 pounds of hazardous waste on-site

☐ CEG (Conditionally Exempt Generator)
- generate 220 pounds or less of hazardous waste
- generate 220 pounds or less of spill cleanup debris containing hazardous waste
- generate 2.2 pounds or less of acutely hazardous waste
- accumulate, at any time, up to 2,200 pounds of hazardous waste on-site

(NOTE: RESPONSE IS OPTIONAL FOR CONDITIONALLY EXEMPT GENERATORS)

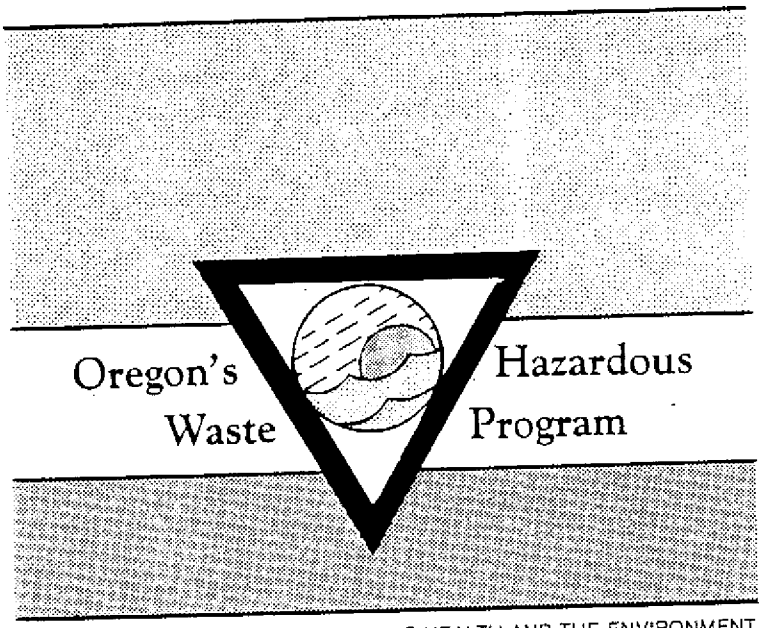
9. CERTIFICATION

SIGNATURE Donald R. Young

Donald R. Young	Vice President - Operations	12/9/91
NAME (please print or type)	OFFICIAL TITLE	DATE SIGNED

I certify that the information provided herein and appended hereto is true and accurate to the best of my knowledge, information and belief. Title 18 U > S > C > 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false or fraudulent statements as to any matter within its jurisdiction.

OREGON HAZARDOUS WASTE NOTIFICATION FORM



PRINTED ON RECYCLED PAPER

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING OREGON NOTIFICATION FORM

Please type or print in black ink all items except Section 9, "Signature," leaving a blank box between words. If you use additional sheets, indicate the Section number on the form to which information applies. For additional information and definitions of terms, please refer to the **Seven Steps For Identifying Hazardous Wastes** and the Glossary of Terms available from the DEQ. The DEQ 102-012-89 form is a modified EPA notification form as described in Oregon Administrative Rule 340-102-012 and is used in lieu of EPA Notification Form 8700-12.

This form will remain in effect until DEQ receives an updated form.

1. **NAME OF SITE**
   Please print legal business name.

2. **DO NOT GENERATE HAZARDOUS WASTE**
   Please mark box if you do not generate hazardous waste at this business location and complete Section 5. This will remove your name from the DEQ Hazardous Waste Activity list.

3. **DEQ/EPA IDENTIFICATION NUMBER**
   If site location has been issued a DEQ/EPA I.D. Number, please enter this 12-digit code in the boxes provided.

4. **REASON FOR REQUEST**
   A. Obtain DEQ/EPA I.D. Number - mark box if this is a new registration identifying hazardous waste activity at this location.
   B. Withdraw - mark only if hazardous waste activity is now not conducted at this site but is expected to resume in the future.
   C. Cancel - mark only if hazardous waste activity is no longer conducted at this site and will not resume in the future.
   D. Reactivate - mark only if site DEQ/EPA I.D. number was withdrawn and site has resumed hazardous waste activity.
   E. Update Information - mark only if site has been issued DEQ/EPA identification number and notification information needs to be updated.

5. **SITE INFORMATION**
   A. Physical Location
   Enter the street address, city, county, state, and zip code for the site.

   B. Mailing Address
   Enter street address or Post Office Box, city, state, and zip code. If the mailing address and physical location are the same, print "same" in box for item 5B.

   C. Legal Owner of Site
   Enter the names and addresses of the legal owner(s) of the site, including the property owner. Use additional sheets if necessary to list more than one owner.

   D. Contact at the Site
   Enter the name, title, and business telephone number of the person who should be contacted regarding information submitted on this form.

   E. Standard Industrial Classification Code (SIC)
   Use the enclosed SIC listing, and enter the four-digit code which most closely describes your chief business activity under primary SIC. Enter the four digit code which most closely describes other business activity under secondary SIC, if applicable.

   F. Site Classification
   Select the most appropriate classification (Private, Federal, County, District, Municipal, State, and Indian) and mark the correct box in each of the three categories for "owner type," "operator type," and "property type." "Owner" refers to the type of owner for the site, "Operator" refers to the type of operator for the site. "Property" refers to the legal ownership type for the property on which the business is located. Examples are:

   (1) If site is federally owned and operated on privately owned property, under "owner type," and "operator type" check Federal, and under "property type" check Private.

   (2) If site is privately owned and operated on federal property, under "owner type" and under "operator type" check Private, and under "property type" check Federal.

6. TYPE OF HAZARDOUS WASTE ACTIVITY

Mark the appropriate box(es) to show which hazardous waste activities are going on at this site. Transporters need not complete questions 7 and 8 of this form but must complete all other sections and sign the Certification Statement in Section 9.

A. Hazardous Waste Transporter
For additional transporter requirements, contact the Oregon Public Utility Commission.

(1) If you transport only your own waste, mark "own waste." Mark "commercial waste" if you transport hazardous waste from other businesses.

(2) If you move hazardous waste by air, rail, highway, or water, mark the appropriate box(es).

B. Hazardous Waste Generator
If you generate a hazardous waste, mark the appropriate box.

C. Hazardous Waste Treatment
If you treat hazardous waste, mark the appropriate box.

D. Hazardous Waste Storage
If you store hazardous waste, mark the appropriate box.

E. Hazardous Waste Disposal
If you dispose of hazardous waste off-site, mark the appropriate box.

F. Hazardous Waste Recycler
If you recycle hazardous waste on-site or ship off-site to recycler, mark the appropriate box(es).

G. Market or Burn Hazardous Waste Fuel

1. Generator Marketing to Burner
Generators are required to notify for waste-as-fuel activities only if they market directly to the burner. Mark box if applicable.

2. "Other Marketer"
Other Marketer is defined as any person, other than the generator, who markets hazardous waste fuel.

3. Burner
Burner is defined as one who burns hazardous waste as fuel. If you mark Burner, you must complete Type of Combustion Device.

Type of Combustion Device
Mark appropriate box(es) to indicate type(s) of combustion device(s) in which hazardous waste fuel is burned.

H. Used Oil Fuel Activities
Mark appropriate box(es) to indicate specific activity.

1. Generator Marketing to Burner
Used oil generators are required to notify only if they market used oil directly to the burner.
2. "Other Marketer" of Off-Specification Used Oil
Other Marketer is defined as any person other than the generator who markets off-specification used oil fuel.
3. Specification Used Oil Fuel Marketer
Mark this box if you are a used oil marketer or burner who first claims that the used oil meets the specification set forth in 40CFR 266.40.
4. Burner of Off-Specification Used Oil
Burner is defined as anyone who burns off-specification used oil. If you mark Burner, you must complete Type of Combustion Device.

Type of Combustion Device
Mark appropriate box(es) to indicate type(s) of combustion devices in which used oil is burned.

7. DESCRIPTION OF HAZARDOUS WASTE: WASTE CODE

A. Please refer to 40CFR 261.30-33 to determine if you handle listed hazardous waste. Enter the 4-digit waste code for each waste you handle. Listed wastes include the "F," "K," "U," and "P" wastes. Listed wastes generated separately and mixed together with other listed wastes must have each waste code reported.

B. Please refer to Title 40CFR 261.20-24 to determine if you handle characteristic hazardous waste. Mark the appropriate box(es) to indicate if you handle characteristic waste. A waste that contains more than one characteristic must have all characteristic wastes identified and each waste code reported.

Please mark the specific contaminants of EP Toxicity waste, D004 through D017. Mark the appropriate box(es) or describe.

C. If you handle hazardous wastes which are not listed in any of the above categories and which are state or non-regulated wastes requiring a DEQ/EPA Identification Number, enter the four-digit waste code for each waste you handle or describe. For state-only wastes, check the X001 box for pesticide wastes and the X002 for PCB wastes. (OPTIONAL: Other wastes include X003 for Other DEQ regulated wastes; X004 for non-hazardous wastes; X005 for miscellaneous, X006 for lab-packs, and X007 for waste which is hazardous in other states.)

8. HAZARDOUS WASTE GENERATOR STATUS

From your company records, determine the maximum amount of hazardous waste generated in any single calendar month during the last calendar year. Based on the definitions for each category, check one box only indicating your appropriate generator status. For example, if you generate 200 lb. of hazardous waste in eleven of twelve months, and 225 lb. in the twelfth month, check the Small Quantity Generator category. (NOTE: Conditionally Exempt Generators are not required to notify. Response is optional.)

"Acutely hazardous wastes" are wastes that have been determined to be toxic in small amounts and are regulated the same as large amounts of other hazardous wastes. Examples of acutely hazardous waste include certain pesticides and dioxin-containing wastes.

(NOTE: The amount of spill cleanup debris containing hazardous waste is also used to determine your regulatory status.)

9. CERTIFICATION

This certification must be signed by the owner, operator or an authorized representative of your installation. An "authorized person" is a person responsible for the overall operation of the installation (e.g., plant manager or superintendent or a person of equal responsibility). All notifications are incomplete unless accompanied by this signed certification

INSTRUCTIONS

Please read the enclosed **Seven Steps for Identifying Hazardous Wastes** and the instructions **BEFORE** completing and correcting the Notification of Hazardous Waste Activity form. Make corrections in area provided and return to DEQ in the enclosed envelope.

PLEASE MAKE COPIES FOR YOUR RECORDS

DEC 1 1 1991

7. DESCRIPTION OF HAZARDOUS WASTE: WASTE CODE

A. Please refer to 40CFR 261.30-33 to determine if you handle listed hazardous waste. Enter the 4-digit waste code for each waste you handle. Listed wastes include the "F," "K," "U," and "P" wastes. Listed wastes generated separately and mixed together with other listed wastes must have each waste code reported.

B. Please refer to Title 40CFR 261.20-24 to determine if you handle characteristic hazardous waste. Mark the appropriate box(es) to indicate if you handle characteristic waste. A waste that contains more than one characteristic must have all characteristic wastes identified and each waste code reported.

Please mark the specific contaminants of EP Toxicity waste, D004 through D017. Mark the appropriate box(es) or describe.

C. If you handle hazardous wastes which are not listed in any of the above categories and which are state or non-regulated wastes requiring a DEQ/EPA Identification Number, enter the four-digit waste code for each waste you handle or describe. For state-only wastes, check the X001 box for pesticide wastes and the X002 for PCB wastes. (OPTIONAL: Other wastes include X003 for Other DEQ regulated wastes; X004 for non-hazardous wastes; X005 for miscellaneous, X006 for lab-packs, and X007 for waste which is hazardous in other states.)

8. HAZARDOUS WASTE GENERATOR STATUS

From your company records, determine the maximum amount of hazardous waste generated in any single calendar month during the last calendar year. Based on the definitions for each category, check one box only indicating your appropriate generator status. For example, if you generate 200 lb. of hazardous waste in eleven of twelve months, and 225 lb. in the twelfth month, check the Small Quantity Generator category. (NOTE: Conditionally Exempt Generators are not required to notify. Response is optional.)

"Acutely hazardous wastes" are wastes that have been determined to be toxic in small amounts and are regulated the same as large amounts of other hazardous wastes. Examples of acutely hazardous waste include certain pesticides and dioxin-containing wastes.

(NOTE: The amount of spill cleanup debris containing hazardous waste is also used to determine your regulatory status.)

9. CERTIFICATION

This certification must be signed by the owner, operator or an authorized representative of your installation. An "authorized person" is a person responsible for the overall operation of the installation (e.g., plant manager or superintendent or a person of equal responsibility). All notifications are incomplete unless accompanied by this signed certification

INSTRUCTIONS

Please read the enclosed **Seven Steps for Identifying Hazardous Wastes** and the instructions **BEFORE** completing and correcting the Notification of Hazardous Waste Activity form. Make corrections in area provided and return to DEQ in the enclosed envelope.

PLEASE MAKE COPIES FOR YOUR RECORDS

DEC 1991

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

PLEASE REFER TO THE INSTRUCTIONS AND GUIDANCE DOCUMENT, SEVEN STEPS FOR IDENTIFYING HAZARDOUS WASTES, BEFORE COMPLETING THIS FORM. THE INFORMATION REQUESTED HERE IS REQUIRED BY OREGON ADMINISTRATIVE RULE 340-102-0 THIS FORM IS USED IN LIEU OF EPA NOTIFICATION FORM 8700-12 IN THE STATE OF OREGON.

OFFICIAL USE ONLY
DEQ 100-012-99
DATE RECEIVED

1. NUMBER OF SITES

NAME
ASH GROVE CEMENT COMPANY

☐ 2. DO NOT GENERATE HAZARDOUS WASTE — DELETE
(CHECK BOX IF APPLICABLE) — COMPLETE SECTION 5

3. DEQ/EPA IDENTIFICATION NUMBER

IF BUSINESS INSTALLATION HAS DEQ/EPA ID NUMBER

ENTER HERE (12 digit number) ORD027707256

4. REASON FOR NOTIFICATION

(MARK ONE BOX ONLY)
REQUEST IS TO

☐ 1. OBTAIN DEQ/EPA ID NUMBER
☐ 2. WITHDRAW DEQ/EPA ID NUMBER
☐ 3. CANCEL DEQ/EPA ID NUMBER
☐ 4. REACTIVATE DEQ/EPA ID NUMBER
☒ 5. UPDATE NOTIFICATION INFORMATION

RECEIVED
DEC 12 1991
Hazardous & Solid Waste Division
Department of Environmental Quality

5. SITE INFORMATION

A. PHYSICAL LOCATION OF SITE

STREET ADDRESS
13939 N RIVERGATE BOULEVARD

COUNTY

CITY, STATE, ZIP
PORTLAND OR 97203

B. MAILING ADDRESS OF SITE

STREET OR P.O. BOX
P.O. BOX 83007

CITY, STATE, ZIP
PORTLAND OR 97203

C. LEGAL OWNER OF SITE

NAME
ASH GROVE CEMENT COMPANY

STREET
6720 SW MACADAM AVENUE

P.O. BOX
SUITE 300

CITY, STATE, ZIP
PORTLAND OR 97219

D. CONTACT AT THE SITE

NAME
WILLIAM A KISTLER

TITLE
PLANT MANAGER

TELEPHONE
5032861677 (WITH AREA CODE)

E. STANDARD INDUSTRIAL CODE (SIC)
(REFER TO ENCLOSED SIC LISTING)

3241 PRIMARY

SECONDARY

11/13/91
#4070
CC's EPA
NW2
Gen
Spend.

F. SITE CLASSIFICATION
(SEE INSTRUCTIONS FOR EXPLANATION)

IDENTIFY ONE CATEGORY FOR EACH "TYPE"

(MARK ONE BOX ON EACH LINE)

	FEDERAL	STATE	COUNTY	DISTRICT	CORPORATION	OTHER
OWNER TYPE	X						
OPERATOR TYPE	X						
PROPERTY TYPE	X						

SIC #103839 / mailer

Notification for Underground Storage Tanks

FORM APPROVED
OMB NO. 2050-0049
APPROVAL EXPIRES 6-30-88

Return To: **Oregon Department of Environmental Quality**
Underground Storage Tank Program
P.O. Box 1760
Portland, Oregon 97207

MAILED 3/6/86

STATE USE ONLY
I.D. Number
Date Received

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or, in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

(a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

(b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use.

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that **(1)** is used to contain an accumulation of "regulated substances," and **(2)** whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: **1.** gasoline, used oil, or diesel fuel, and **2.** industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;
2. tanks used for storing heating oil for consumptive use on the premises where stored;
3. septic tanks;
4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Completed notification forms should be sent to the address given at the top of this page.

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. **2.** Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed $10,000 for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS

Please type or print in ink all items except "signature" in Section V. **This form must be completed for each location containing underground storage tanks.** If more than 5 tanks are owned at this location, photocopy the reverse side, and staple continuation sheets to this form.

Indicate number of continuation sheets attached. **0**

I. OWNERSHIP OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)
ASH GROVE CEMENT CO.

Street Address
13939 N RIVERGATE BLVD.

County
MULTNOMAH

City: Portland | State: OR. | Zip Code: 97203

Area Code: 503 | Phone Number: 286-1677

Type of Owner (**Mark all that apply** ☒)

- ☒ Current
- ☐ Former
- ☐ State or Local Gov't.
- ☐ Federal Gov't.
- ☐ (GSA facility I.D. no.) _____
- ☒ Private or Corporate
- ☐ Ownership uncertain

II. LOCATION OF TANK(S)

(If same as Section 1, mark box here ☒)

Facility Name or Company Site Identifier, as applicable

Street Address or State Road, as applicable

County

City (nearest) | State | Zip Code

Indicate number of tanks at this location: 2

Mark box here if tank(s) are located on land within an Indian reservation or on other Indian trust lands ☐

III. CONTACT PERSON AT TANK LOCATION

Name (if same as Section 1, mark box here ☐): WILLIAM A. KISTLER
Job Title: Supt
Area Code: 503
Phone Number: 286-1677

IV. TYPE OF NOTIFICATION

☐ Mark box here only if this is an amended or subsequent notification for this location.

V. CERTIFICATION (Read and sign after completing Section VI.)

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.

Name and official title of owner or owner's authorized representative: W. A. KISTLER
Signature: W.A. Kistler
Date Signed: 3/3/86

CONTINUE ON REVERSE SIDE

...se complete the voluntary UST Survey on Page 4.

Appendix58-000909

Owner Name (from Section I) Ash Grove Location (from Section II) Station 1 Page No. 1 of 2 Pages

VI. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

Tank Identification No. (e.g., ABC-123), or Arbitrarily Assigned Sequential No. (e.g., 1, 2, 3...)	Tank No. 1	Tank No. 2	Tank No.	Tank No.	Tank No.
1. Status of Tank (Mark all that apply ☒)					
Currently in Use	☒	☒	☐	☐	☐
Temporarily Out of Use	☐	☐	☐	☐	☐
Permanently Out of Use	☐	☐	☐	☐	☐
Brought into Use after 5/8/86	☐	☐	☐	☐	☐
2. Estimated Age (Years)	22	22			
3. Estimated Total Capacity (Gallons)	5000	5000			
4. Material of Construction (Mark one ☒)					
Steel	☒	☒	☐	☐	☐
Concrete	☐	☐	☐	☐	☐
Fiberglass Reinforced Plastic	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐
Other, Please Specify					
5. Internal Protection (Mark all that apply ☒)					
Cathodic Protection	☒	☒	☐	☐	☐
Interior Lining (e.g., epoxy resins)	☐	☐	☐	☐	☐
None	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐
Other, Please Specify					
6. External Protection (Mark all that apply ☒)					
Cathodic Protection	☒	☒	☐	☐	☐
Painted (e.g., asphaltic)	☒	☒	☐	☐	☐
Fiberglass Reinforced Plastic Coated	☐	☐	☐	☐	☐
None	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐
Other, Please Specify					
7. Piping (Mark all that apply ☒)					
Bare Steel	☐	☐	☐	☐	☐
Galvanized Steel	☒	☒	☐	☐	☐
Fiberglass Reinforced Plastic	☐	☐	☐	☐	☐
Cathodically Protected	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐
Other, Please Specify					
8. Substance Currently or Last Stored in Greatest Quantity by Volume (Mark all that apply ☒)					
a. Empty	☐	☐	☐	☐	☐
b. Petroleum					
Diesel	☐	☐	☐	☐	☐
Kerosene	☐	☐	☐	☐	☐
Gasoline (including alcohol blends)	☒	☒	☐	☐	☐
Used Oil	☐	☐	☐	☐	☐
Other, Please Specify					
c. Hazardous Substance	☐	☐	☐	☐	☐
Please Indicate Name of Principal CERCLA Substance					
or Chemical Abstract Service (CAS) No.					
Mark box ☒ if tank stores a mixture of substances	☐	☐	☐	☐	☐
d. Unknown	☐	☐	☐	☐	☐
9. Additional information (for tanks permanently taken out of service)					
a. Estimated date last used (mo/yr)	/	/	/	/	/
b. Estimate quantity of substance remaining (gal.)					
c. Mark box ☒ if tank was filled with inert material (e.g., sand, concrete)	☐	☐	☐	☐	☐

EPA Form 7530-1 (11-85) Reverse

THANK YOU FOR YOUR ASSISTANCE

Owner Name (from Section I EPA Form) ASH GROVE Location (from Section II EPA form) PORTLAND Page _____ of _____ Pages

OREGON UNDERGROUND STORAGE TANK (UST) SURVEY

The underground storage tank program will soon include performance standards for new tanks and regulations for leak detection/ prevention and corrective actions which will affect owners and operators of underground storage tanks. In preparation for these new requirements, the Department has prepared a state-wide survey. The Department requests that owners of underground storage tanks complete the survey questions.

Your response to these questions will assist the Department in developing a cost-effective and responsive state-wide regulatory program. In addition, owners of underground storage tanks may find the survey useful in the management of such tanks.

INSTRUCTIONS

Please type or print in ink all items. Please complete one survey form for each location containing underground storage tanks. Tank I.D. should correspond to Tank I.D. on EPA form 7530-1 for the respective facility location. If more than five tanks are owned at this location, photocopy this survey or request additional forms from DEQ, and staple continuation sheets to this survey.

Tank Identification No.	Tank No. 1	Tank No. 2	Tank No.	Tank No.	Tank No.
1. Status of Tank *(Check One)* — If temporarily out of use, Estimated time out of use:					
1 month - 6 months	☐	☐	☐	☐	☐
6 months - 1 year	☐	☐	☐	☐	☐
1 year - 5 years	☐	☐	☐	☐	☐
5 years or more	☐	☐	☐	☐	☐
Estimated date to be brought back into use (mo/yr)	/	/	/	/	/
2. Was tank new at time of installation? (Y/N)	Y	Y			
3. Containment Systems *(check one)* — Single-walled tank	☒	☒	☐	☐	☐
Double-walled tank	☐	☐	☐	☐	☐
Pit-lining system	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐
4. Leak Detection System *(check all that apply)* — Visual	☒	☒	☐	☐	☐
Stock inventory	☒	☒	☐	☐	☐
Tile drain	☐	☐	☐	☐	☐
Vapor wells	☐	☐	☐	☐	☐
Sensor instrument (specify type):					
In-ground detector	☐	☐	☐	☐	☐
Within walls of double-walled tank	☐	☐	☐	☐	☐
Ground water monitoring wells	☐	☐	☐	☐	☐
Continuous in piping	☐	☐	☐	☐	☐
Pressure test	☐	☐	☐	☐	☐
Internal inspection	☐	☐	☐	☐	☐
Other, specify					
None	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐
5. Overfill Protection (Yes/No)	NO	NO			
6. Location of Piping *(check all that apply)* — No parts in contact with soil	☐	☐	☐	☐	☐
Parts contacting the soil which are:					
Unprotected metal	☐	☐	☐	☐	☐
Made of corrosion resistant materials	☐	☐	☐	☐	☐
Corrosion-resisted coated	☐	☐	☐	☐	☐
Cathodically protected	☒	☒	☐	☐	☐
Double-walled	☐	☐	☐	☐	☐
Within a secondary containment	☐	☐	☐	☐	☐
Interior lined	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐
7. History of Tank Repairs *(check one except as indicated)* — If tank repaired, indicate date of last repairs (mo/yr)	/	/	/	/	/
None	☒	☒	☐	☐	☐
Unknown	☐	☐	☐	☐	☐
8. History of Pipe Repairs *(check one except as indicated)* — If pipe repaired, indicate date (mo/yr)	/	/	/	/	/
None	☒	☒	☐	☐	☐
Unknown	☐	☐	☐	☐	☐

THANK YOU FOR YOUR ASSISTANCE

NOTICE OF UNDERGROUND STORAGE TANK PERMANENT DECOMMISSIONING

Facility

Name Ash Grove Cement
Address 13939 N. Rivergate Blvd.
Portland, Oregon 97203

Phone
Facility ID Number 2979

Tank Owner

Name Same
Address

Phone

Permanent Decommissioning Performed By:

Company Petroleum Equipment Maintenance Co. (PEMCO) Phone 288-7541
Scheduled Date for Permanent Decommissioning
Method to be used: Removal XX In-Place Fill Material

Tanks to be Decommissioned

Tank ID#	Tank Age	Tank Size	Last Product Stored
2979-1	Unknown	550 gal.	Gasoline
2979-2	"	550 gal.	Gasoline

Are the decommissioned tanks to be replaced by new underground storage tanks? Yes ☐ No ☒
If yes, please submit a new permit application containing information on the new tanks.

Where and how will the old tanks be disposed?

Scrap Name Schnitzer Steel Location Portland, Oregon
Landfill Name Location
Stored Name Location
Other Comment

Signature Judy Palermo Date 12/4/89
ENVIRONMENTAL DIVISION - PEMCO

Return Completed Form To:

Department of Environmental Quality
UST Program - Decommissioning Notice
811 SW Sixth Ave.
Portland, Oregon 97204

For Information: (503) 229-5559 or Toll Free in Oregon 1-800-452-4011

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
Underground Storage Tank Program

UNDERGROUND STORAGE TANK SYSTEM MODIFICATION AND ADDITION REPORT AND CHECKLIST

RECEIVED
JUN 16 2006

Ash Grove Rivergate

Modification or addition work conducted at one UST facility may be reported together by completing pages 3, 4, 5, 6, and 7 once for the entire facility. Make additional copies of page 4, as needed.

1. UST SYSTEM PERMITTEE AND LOCATION (*PLEASE PRINT*):

DEQ Facility ID Number: 2979
DEQ UST Facility Name: Ash Grove Cement
Facility (location) Address: 13939 N Rivergate Blvd, Portland, OR 97203

UST permittee name:
Permittee mailing address:

Permittee Telephone: 503-286-1677 #423

2. TANK MODIFICATION OR ADDITION PERFORMED BY:

Service Provider: VAI (*Please Print*) DEQ License Number 12630
Address: 2357 SE 50th Ave, Portland, OR Lic. Expiration Date: 4/2007
Telephone: 503-236-6359

Licensed Supervisor: Gregory Brennan (*Please Print*) DEQ License Number 10438
Lic. Expiration Date: 09/07

Appendix58-000913

IMPORTANT NOTE REGARDING USE OF THIS PAGE (Page 4 of 7)

If the same work is completed on each tank and associated piping system, fill out this page just once. If different work is completed on each tank and associated piping system, make copies of this page and fill one out for each tank and associated piping system that has been modified, added to, or that has had metal underground piping and fittings repaired or replaced.

3. TANK AND ASSOCIATED PIPING SYSTEM INFORMATION

TANK #	DEQ-UST PERMIT #	TANK SIZE IN GALLONS	PRODUCT STORED		TYPE OF ASSOCIATED PIPING (i. e. metal, fiberglass, flexible, single-walled, double-walled, etc.)	
			CURRENT	FUTURE	CURRENT	FUTURE
1	BAAGG	500	GAS	GAS	Contained in	
					Flex Plastic	

4. MODIFICATION, ADDITION, AND METAL PIPING REPAIR OR REPLACEMENT INFORMATION (Please write a narrative description of the work that was completed).

Added anode to suction Line In Manway the pipe was Contained Beyond Manway to the Dispenser where it is not in Contact with the Ground. Added Over fill prevention Valve in the Drop tube

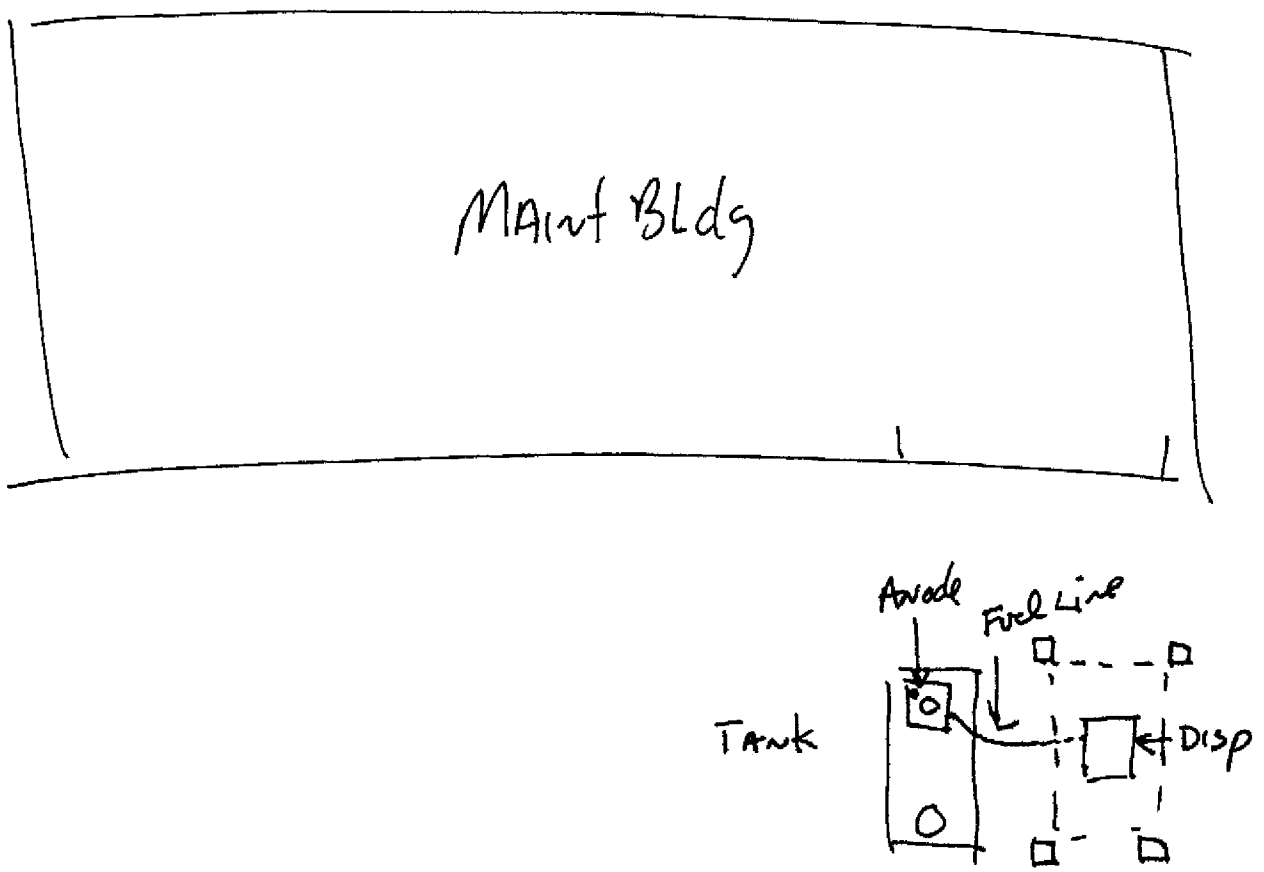
Appendix58-000914

5. CHECKLIST: (Check YES or NO. Where a specific item is "not applicable" to the situation, please check the N/A box)

	YES	NO	N/A
Was the DEQ Regional Office notified at least 30 days in advance of the planned modification or addition start date?	✓		
Was the DEQ Regional Office notified 72 hours in advance prior to beginning the modification or addition? If yes, indicate 3-day number issued: 26-3M-06-049	✓		
Was external cathodic protection (CP) installed, modified or added to?	✓		
Was a separate CP report submitted or attached?	✓		
Was a CP test station installed? Anode In Sump Area Designated test station		✓	
Is a 6-month CP follow-up inspection/test scheduled? Projected inspection date: 12/06	✓		
Was a site assessment conducted?			✓
Was contamination, including simple overfill, encountered and was it reported to DEQ? If so, indicate DEQ LUST number issued: ___-___-_____			✓
Were internal inspections of all USTs completed before lining began on any UST?			✓
Have the results of the internal tank inspections been submitted to and/or discussed with DEQ?			✓
If there were holes in any of the USTs, has a SUSPECTED release been reported to DEQ? If yes, indicate date reported: _____			✓
Was the system tight-tested before placing back into service?			✓
Do all tank and piping materials comply with OAR 340-150-0300? Piping to dispenser Contained	✓		
Have all items checked above been modified or added to in accordance with all codes, manufacturer's requirements and federal and state regulations?	✓		
Has the UST system permittee been provided with written documentation of the item(s) modified or added to and has the permittee been instructed to preserve these records?	✓		

Appendix58-000915

6. AS-BUILT DRAWING OF TANK SYSTEM MODIFICATION OR ADDITION



Attach documentation, including equipment receipts, for any equipment that was modified or added, including the repair or replacement of metal piping and fittings.

Appendix58-000916

7. SUPERVISOR'S OATH: I certify that I have been the Oregon DEQ licensed supervisor present on site during the above listed modification or addition work and to the best of my knowledge the work has been conducted in compliance with all local, state and federal laws, regulations and industry standards and procedures pertaining to underground storage tank systems. I further certify that the information contained in this report and checklist is true to the best of my belief and knowledge.

Supervisor: GREGORY BRENNAN _____
(Print Name) *(Signature)*

Service Provider: UAI Date: 6/5/06

UST Service Provider Firm, Executive Officer:

Gregory Br _____ 6/5/06
(Print Name) *(Signature)* (Date)

8. UST PERMITTEE MODIFICATION OR ADDITION CERTIFICATION STATEMENT:

I hereby certify that the information provided on this report and checklist concerning the modification or addition work on my tank and associated piping system is accurate.

_____ _____ _____
(Print Permittee Name) *(Signature)* (Date)

For information, call the appropriate DEQ Regional Office (see Page 2) or the toll free number, 1-800-742-7878. Two copies of this form must be mailed within 30 days after the modification or addition work is completed to:

1. **One copy to the appropriate DEQ Regional Office (see page 2)**

   Check ☐ here that this copy has been mailed

2. **One copy to the UST Program Office at:**
   Department of Environmental Quality
   UST Program
   811 SW 6th Avenue
   Portland, OR 97204

   Check ☐ here that this copy has been mailed

DEQ INSPECTIONS: This form may be used by DEQ Inspectors for oversight purposes. A DEQ inspector is not required to inspect the modification or addition

DEQ Inspector's Signature: _____ Inspection Date(s): _____

Appendix58-000917

Oregon Department of Environmental Quality
Cathodic Protection Test Information Page

UST Owner		UST Facility	
NAME: Ash Grove Cement		NAME:	ID#: 2977
ADDRESS: 13939 N Rivergate Blvd		ADDRESS:	
CITY: Portland	STATE: OR	CITY:	STATE: OR
97203			

Cathodic Protection Tester

TESTER'S NAME: Greg Brennan	CP TESTER'S LICENSE #: 10438
COMPANY NAME: Universal Applicators Inc	EXPIRATION DATE: 9/16/07
ADDRESS: 2357 SE 50th Ave	PHONE NUMBER: 503-236-6359
CITY: Portland, STATE: OR	NACE CERTIFICATION #:

Cathodic protection system is: [x] Galvanic [ ] Impressed current Date Last Tested:

Weather Conditions at Time of Testing/Inspection: Cloudy.

Temperature: 60°F Soil/Backfill Conditions (circle): (moist) dry sand (gravel) soil Describe: Limestone fill

Cathodic Protection System Certification

Identify which of the following testing situations is being recorded:

- ☐ Test required within 6 months of installation of CP system (installation date was 6/15/06)
- ☐ Test required at least every 3 years after installation/test noted above
- ☑ Test required within 6 months of any repair activity

The cathodic protection system is effective, testing was performed according to NACE Standard RP-0285-2002, and is providing cathodic protection to all tanks and product lines: [✓] Yes [ ] No

Signature of Tester Greg G. Brennan Date 9/15/06

UST SYSTEM INFORMATION

TANK #	YR TANK INSTALLED	CAPACITY	TANK MATERIAL	LINED? Y/N Date	YR CP INSTALLED	PIPING MATERIAL	YR CP INSTALLED
1	BAAGG	550	FRP	N	NA	Booted except at tank	06

UST SITE PLAN – On the back draw a diagram showing the important parts of the facility (tanks, lines, manway locations, turbines, vents, rectifier, pump islands, buildings). Indicate reference cell locations where structure-to-soil potential or continuity measurements have been made and label(R-1, R-2, R-3); location of all anodes and wires; location of CP test stations.

Appendix58-000918

Facility Name Ash Grove Test Date 9/15/06 Facility # 2979

GALVANIC (SACRIFICIAL) CP TEST RESULTS REPORT PAGE

STRUCTURE TO SOIL POTENTIAL MEASUREMENTS

ID	STRUCTURE	CONTACT POINT	REFERENCE CELL ID	mV	COMMENTS
1	Pipe At tank	IN Man Way	1	-1.102	600mV Shift

CP TEST STATION REQUIREMENTS

Have previous CP system test records been reviewed? New

Has this CP test been performed consistent with previous CP system tests? New.

If test procedures have changed since last test please explain: Test IN Manway w/ Sewer lid.

Have potential measurements been made at all tanks and piping including any buried flex-connectors? Yes.

COMPLETE IF ANY REPAIRS OR MODIFICATIONS TO THE CP SYSTEM ARE MADE OR ARE NECESSARY

Describe any repairs or modifications to the cathodic protection system that are made or are necessary.

Added Anode to Line at Man Way

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT
Permit Evaluation Review Report

Oregon Department of Environmental Quality
2020 SW Fourth Avenue, Suite 400
Portland, Oregon 97201
503-229-5263 FAX 503-229-6945

Public Notice draft

Permittee: Ash Grove Cement Company, Rivergate Lime Division – Western Region	**Facility Location:** 13939 N. Rivergate Blvd. Portland, Oregon
Sources Covered: Non-contact cooling water	**Receiving Stream:** Willamette River
Source Category: Lime (calcium oxide) Manufacturing Minor Industrial Source	**Proposed Action:** Renew National Pollutant Discharge Elimination System wastewater discharge permit
File Information: WQ-Multnomah County File No. 3690 EPA Reference No.: OR 000160 1 Application Date: 16 September 2004 Application No. 982875 Permit No. 102465	**Source Contact:** Glenn Dollar 503/286-1677
Preparer: Elliot Zais, PhD, PE Water Quality Source Control Section Northwest Region 503/229-5292	**Date Prepared:** 5 January 2005 **Preparer Signature:** _____

INTRODUCTION

Ash Grove Cement Company, Rivergate Lime Division, Western Region, operates a lime manufacturing facility at 13939 N. Rivergate Blvd., Portland, Oregon. The facility was built in 1963 on a 30-acre tract of land located on the east bank of the Willamette River in the Rivergate Industrial Park. The raw materials, limestone and dolomite, are imported from quarries located on Texada Island, British Columbia, Canada and are delivered by barge.

Facility's NPDES permit will expire on 31 December 2004. The proposed permit will expire in 2010.

FACILITY DESCRIPTION AND UPDATE

The Rivergate Lime Plant is a quicklime manufacturing and agricultural lime grinding facility. The facility has three Calcimetic kilns for calcining limestone, four roller mills for crushing limestone and dolomite, and a hydrator for hydrating quicklime. Water generated at the facility is primarily non-contact cooling water and storm water runoff. As shown on the water flow schematic several ancillary sources contribute water also. These include wash down, belt spray runoff, kiln lab, air conditioning condensate, truck wash, air compressor cooling, and hydrate clean out. However, the flow contributions from these sources are quite small compared to the non-contact cooling water flow. Treatment is several in-series settling basins. Typically, all water is used for irrigation. This amounts to about 380 000 liters per day. The only recent discharge to surface waters occurred between April and July 2000 when a new sewer hookup was being installed and the facility was temporarily unable to irrigate.

All of the water that is used at the Rivergate Plant, with the exception of bottled drinking water, is from a well. The well is located in the Locker/Stores building. It extends to a depth of 45 meters and the installation specifications indicate a minimum production rate of 1895 liters per minute. The pump pumps at a rate of 950 liters per minute. The water is pumped from the well to an elevated storage tank located on top of a hydrate storage silo at approximately 27 meters elevation. The tank holds 45 425 liters. The water is then gravity-fed throughout the plant.

There are four lines running from the water tank. One goes to the kiln department, which also branches to the locker/stores building, and branches again to supply makeup water to the wash truck. Another extends to the hydrate/warehouse department and from there to the wash racks and from there to the agricultural department. Another goes to the river for washing activities, and the last goes to the front office. None of these lines discharge to surface waters.

The line going to the kilns first branch is to the locker/stores department where it is used for sanitary purposes, in the main lab, and for cooling for a compressor. All sources in the locker/stores building are connected to the sanitary sewer. Another branch from this line is to the valve used for filling the water truck, which is used to keep the dust down on the roads. The

truck is also equipped with a wash down hose that is used for plant clean up. The largest user of water at the plant is the kiln department and the main usage in the kiln department is for keeping the damper blocks cooled. The water is constantly circulated through the damper blocks and runs from the blocks to two settling basins where the water cools enough for recirculation back through the damper blocks. There is a ditch connected to the kiln settling basins that also runs to the field. The ditch also extends in the opposite direction to the settling basins at the river and then to an outfall. The Rivergate Plant does not discharge to the Willamette River under full operations and normal climatic conditions. Other uses in the kiln department are for washing down, and for cleaning troughs and for spraying on belt lines to clean the belts. It is also used for the restroom. Again, the restroom is connected to the sanitary sewer. It is also constantly being sprayed onto the combustion fan blade in order to keep a buildup of material from forming on the fan blade. As a result of high temperatures, there is no runoff from the kiln #3 combustion fan blade.

Another line runs from the storage tank to the Hydrate Department. In the Hydrate department it is used for making hydrate and for the restrooms. This same line then extends to a wash rack used for washing down trucks before they leave the plant, and then it goes to the Agricultural Mill. It is used in the Agricultural mill to keep a compressor cool. There is also a sink.

Another line runs to the river where it is used for cleanup work. There is no discharge to the river. Water from this line is also sprayed on limestone for dust suppression as it comes off the barge and at the triple deck that is used for the sizing of material. This same line also extends to the North and South tunnels and there it is used for cleanup work and also for keeping the belt lines clean.

The last line extends to the front office. This line supplies the water for irrigation and for the air conditioner and for sanitary purposes.

All the restrooms and the main lab are now connected to the sanitary sewer. They were previously attached to a drain field located in the field.

With the addition of the new hydrator Ash Grove does not anticipate an increase in water usage unless we experience increased sales.

During the current permit period, the Rivergate Lime Plant has not discharged. Under full operations and normal climatic and operating conditions, the Rivergate lime plant does not discharge to the Willamette River outfall. The only recent discharges to surface waters occurred between April and July 2000 when a new sewer hookup was being installed and the facility was temporarily unable to irrigate. The maximum parameter measurements during those discharges compare to permit values as follows:

	Maximum Measured	Maximum Permitted
Flowrate	1700 L/hour	2000 L/hour

Suspended Solids	10.1 mg/L	50 mg/L
	Range Measured	Range Permitted
pH	8.03 - 8.72	6.0 - 9.0

There have been no significant changes to the facility since the last permit renewal.

UNIQUE OPERATING CONDITIONS AND PROBLEMS

No unique operating conditions or problems are known.

STORM WATER

Although the plant site is located adjacent to the Willamette River, the site actually slopes away from the river, except for the riverbank itself. Storm water runoff on this site that would contact process or storage areas is controlled either by seeping into the ground or by flowing into the settling basins/irrigation system. Since the proposed permit already addresses possible storm water discharges, no other storm water permits are needed

GROUNDWATER

Groundwater is not an issue at this facility.

OUTFALL

If a discharge were to occur, water would flow from the last settling basin located near the river shore, through a small ditch to the river. This is outfall 001.

THREATENED AND ENDANGERED SPECIES REVIEW

The following narrative was taken from the draft Willamette Basin Total Maximum Daily Load Document (DEQ, 2004). Chapter 1 (Basin Overview).

Threatened or Endangered Fish

Of the 32 native species of fish in the basin, 6 are listed as threatened or endangered; Chinook salmon (*Oncorhynchus tshawytscha*), Coho salmon (*Oncorhynchus kisutch*), Steelhead (*Oncorhynchus mykiss*), Chum Salmon (*Oncorhynchus keta*), bull trout (*Salvelinus confluentus)*, and Oregon chub (*Oregonichthys crameri*).

NOAA Fisheries developed evolutionarily significant units (ESU) to delineate genetically unique subgroups within a species. Each salmonid species has a specific ESU, which may overlap with other species.

Spring Chinook

Spring Chinook (*Oncorhynchus tshawytscha*) were listed as threatened under the ESA in March of 1999. The Willamette Falls create a differentiation within the Willamette spring Chinook necessitating different ESUs. In Willamette River tributaries downstream of Willamette Falls, spring Chinook are classified as belonging to the Lower Columbia River ESU while spring Chinook appearing in the Willamette River and tributaries upstream of Willamette Falls are categorized as Upper Willamette River ESU. Adult Spring chinook enter the Willamette beginning in February with migration to upstream holding areas mostly complete by May. Spawning takes place between August and November (ODFW, 1992). After hatching, juveniles will rear in the freshwater from 3 to 18 months. Sub-yearlings begin emigration in late winter to early spring, a few months after hatching. Yearlings emigrate approximately 12 to 18 months after hatching, spending an extended period in their natal stream.

In addition to wild juvenile emigration, approximately 3 million hatchery juveniles have been released in the Willamette from nine sites located throughout the basin. Release sites and hatcheries are located on mainstem Willamette River, Middle Fork Willamette River, McKenzie River, North and South Fork Santiam Rivers, Clackamas River, and Molalla River. A majority of hatchery sub-yearlings are released in February and March and moderately sized yearlings are released in October and November.

During the 1950's and 1960's, dams constructed by the USACE blocked approximately 400 river miles of spawning habitat on the Santiam, Middle Fork Willamette, and McKenzie rivers historically utilized by native spring Chinook. Currently, most natural production of spring Chinook occurs in the McKenzie, Santiam, and Clackamas rivers, the McKenzie sustaining the majority of the population (Willis et al, 1995).

Winter Steelhead

Just as with Willamette spring chinook, the Willamette winter steelhead (*Oncorhynchus mykiss*) are broken into two ESUs. Willamette Falls is the division between the Lower Columbia River and Upper Willamette River steelhead ESUs with the Lower Columbia downstream of the falls and the Upper Willamette upstream of the falls.

The upper Willamette steelhead were listed as threatened in March of 1999. The Upper Willamette ESU habitat was designated as the Willamette River and its tributaries up to and including the Calapooia River. Construction of the Big Cliff Dam on the North Santiam River and the Green Peter Dam on the South Santiam River in the 1950's and 1960's prevented passage upstream. The dams have became the upper bounds of steelhead habitat in the Santiam basin.

There are currently three hatchery runs of steelhead on the Willamette River: They are Big Creek early run winter steelhead, Skamania summer steelhead stock, and Marion Forks Hatchery stock. Marion Forks Hatchery stock on the North Santiam is the only hatchery run included in the Upper Willamette ESU (NOAA Fisheries, 1999). The primary production areas for native late run winter steelhead are located on the east side of the Willamette Basin in the Molalla, Santiam and Calapooia subbasins (Busby et al, 1996). The mainstem Willamette does not sustain a substantial amount of spawning, as most spawning takes place in Willamette tributaries (ODFW, 1990b). The Little North Fork, Rock Creek, and Mad Creek watersheds are the major spawning areas in the North Santiam Basin, while Thomas Creek, Crabtree Creek, Wiley Creek, Canyon Creek, and Moose Creek are the primary spawning areas in the South Santiam watershed (Wevers et al, 1992b). Other principal spawning grounds include North Fork, Table Rock Fork, Milk Creek, and Copper Creek in the Molalla River and Butte, and Abiqua Creeks in the Pudding River. Winter steelhead begin passing through the Willamette Falls fish ladder in February with the greatest counts in March. Migration is typically complete in May. Spawning on the west side of the basin occurs in April while spawning in the Cascade drainage is most frequent in May (ODFW, 1990a; Wevers et al, 1992a). Juvenile steelhead utilize the mainstem Willamette and it tributaries for rearing, spending approximately 2 years in freshwater before emigration in March to late May (Wevers et al, 1992a, 1992b).

Lower Columbia River steelhead occupy the Willamette and its tributaries below Willamette Falls and were listed as threatened in March of 1998. There are two steelhead runs in the Lower Columbia ESU, a winter run entering freshwater between November and April and a summer run entering between May and October. Steelhead typically move into the Willamette and Clackamas between February and March. Spawning begins in April with peak activity in May and June. Just as with the upper Willamette ESU, lower Columbia steelhead spend approximately 2 years rearing in freshwater before emigration begins.

Bull Trout

Bull trout (*Salvelinus confluentus*) occurring in the Willamette Basin are included in the Lower Columbia River Distinct Population Segment (DPS) which was listed as threatened under the ESA by the USFWS in June of 1998. The DPS represents an isolated population found in the upper reaches of Columbia River tributaries such as the Willamette. Historically bull trout occurred throughout the Willamette Basin but particularly on the west side of the Cascade Range (Buchanan and Hemmingsen, 1995). Historically bull trout populations have been found to occur in the Clackamas River, North Santiam River, South Santiam River, McKenzie River, Middle Fork Willamette River, and Long Tom River subbasins (Goetz, 1994). Bull trout populations are both geologically and reproductively isolated. At present only the McKenzie River is known to contain a viable production of bull trout (Buchanan et al, 1997). The population in the McKenzie contains three sub-populations, the middle McKenzie River

basin between Leaburg and Trail Bridge dams, the upper McKenzie River basin above Trail Bridge Dam up to Tamolitch Falls, and the South Fork McKenzie River basin above Cougar Dam (Buchanan et al, 1997). The middle McKenzie population is believed to be stable or increasing in production while the South Fork and upper McKenzie are at high risk of extinction (Buchanan et al, 1997; ODFW 1999). The McKenzie River populations utilize two types of migratory paths: fluvial from natal streams to larger rivers, and adfluvial from natal streams to lakes or reservoirs. Migration from the middle McKenzie to spawning areas located in Anderson and Olallie creeks takes place in July and August. Spawning follows in September through November (Taylor and Reasoner, 1998). In the South McKenzie migration occurs in late June to spawning areas in Roaring River (Buchanan et al, 1997; Unthank 1998). Specific information on upper McKenzie sub-population migration habits was not available. Juvenile bull trout spend from several months to years rearing in natal streams before emigration to larger rivers or lakes begin. In the McKenzie juveniles spend about 2 to 3 years in natal streams. The optimal rearing temperature for bull trout has been determined to be between 7°C and 8°C (Goetz, 1989). Bull trout distribution may be limited by water temperature above 15°C.

Coho Salmon

In 1995 the NOAA Fisheries (formerly known as NMFS) listed the Southern Washington/Lower Columbia River coho salmon ESU as a candidate species under the ESA. Coho salmon (*Oncorhynchus kisutch*) included in this ESU occupy the lower Willamette and its tributaries below Willamette Falls. The Clackamas River above North Fork Dam contains the only native coho salmon population in the basin. This population is identified from other hatchery based populations by the late return of adult that enter the system in October and spawn in February and March. Runs of coho that return in August and spawn in November are considered to be hatchery stock that are sustaining a naturally spawning population. Coho salmon rear in freshwater for slightly longer than a year emigrating to saltwater in April and May. Observations at the North Fork Dam have revealed the juvenile coho are passing over the dam throughout the year with the highest presence recorded in April and May (Cramer and Cramer, 1994).

Oregon Chub

Oregon Chub (*Oregonichthys crameri*) are endemic throughout the entire Willamette Basin upstream of the Willamette Falls to Cottage Grove and Hills Creek reservoirs in the southern valley. Tributaries of the Willamette that historically supported Oregon chub are the Clackamas River, Molalla River, Mill Creek, Luckiamute River, North Santiam River, South Santiam River, Calapooia River, Long Tom River, Muddy Creek, McKenzie River, Coast Fork Willamette River, Middle Fork Willamette River drainages, and the mainstem Willamette River. Presently known populations of chub are located in the following tributaries, Santiam River, Muddy Creek, Camas Creek, and the Middle Fork Willamette River drainages with the Middle Willamette supporting the largest population (Scheerer, 1999). Prime chub habitat is located in off-channel backwaters,

flooded marshes and other area of slow velocities. Oregon chub spawn in the summer months from May through August. The eggs are adhesive and usually attached to vegetation located in spawning habitat. Oregon Chub were listed as endangered in 1993 after extreme reduction in habitat and restricted distribution.

Chum Salmon

In March of 1999, NOAA Fisheries listed Lower Columbia Chum Salmon (*Oncorhynchus keta*) ESU as threatened under the ESA. Included in the ESU are all naturally spawned populations of chum salmon in the Columbia River and its tributaries in Washington and Oregon. As identified in Kostow, 1995, Chum population in Oregon occur in the following tributaries of the Columbia: Youngs Bay, Mill Creek, John Day River, Mary's Creek, Bear Creek, Ferris Creek, Big Creek, Fertile Valley Creek, Gnat Creek, and Hunt Creek . Although historic populations of chum occurred throughout the lower Willamette, current records do not identify any populations in the Lower Willamette and its tributaries, which is the extent of the potential habitat in the Willamette Basin. Chum salmon enter freshwater between June and March with spawning taking place mid-November through January. Chum fry have a low tolerance for freshwater, therefore after emerging they proceed directly to estuaries. There are no current recovery plans underway for chum salmon in the lower Willamette Basin.

Previously Listed as Threatened or Endangered

Coastal Cutthroat

Coastal cutthroat trout (*Oncorhynchus clarki clarki*) are the most complex salmonids of the Willamette Basin utilizing freshwater and saltwater migration and non-migratory strategies within the same populations. Cutthroat trout occur above and below Willamette Falls, however, the anadormous component only exist in areas below the Falls based on an absences of cutthroat trout observations at the falls. The U.S. Fish and Wildlife Service determined in June of 2002 that the Southwest Washington/Lower Columbia Cutthroat Trout ESU did not qualify for listing under the ESA. In August of 1999 the NOAA Fisheries determined that listing under the ESA was not warranted for the upper Willamette ESU.

POLLUTANTS DISCHARGED AND PROPOSED LIMITS
Schedule A—Waste Discharge Limitations

EFFLUENT LIMITS

Technology-Based Effluent Limits

This facility manufactures calcium oxide (lime) and has effluent limitation guidelines in 40 CFR 415 - Inorganic Chemicals Manufacturing Point Source Category, Subpart E, Calcium Oxide Production Subcategory. The limits are for Total Suspended Solids (TSS) - 50 mg/L daily

maximum and 25 mg/L monthly average and for pH - 6 to 9. These standards are the best practicable control technology currently available (BPT).

Water Quality-Based Effluent Limits

The basin standard for pH is 6.5 to 8.5 and this will be the permit limit. There are no water quality-based limits for TSS.

Flowrate will continue to be limited to 2 000 liters per hour.

In order to issue a permit, the Department must perform a review per the requirements of Oregon Administrative Rules, OAR 340-041-0004. The Department must determine that the discharge will not cause or contribute to any water quality violations before allowing a new mass load discharge. This is a not a new or increased load, but the review is still useful. Below is a listing of the required findings and considerations, followed by the Department's conclusions. Numbered paragraphs are taken from the Oregon Administrative Rules.

340-041-004 Antidegradation.

(1) Purpose. The purpose of the Antidegradation Policy is to guide decisions that affect water quality such that unnecessary further degradation from new or increased point and nonpoint sources of pollution is prevented, and to protect, maintain, and enhance existing surface water quality to ensure the full protection of all existing beneficial uses. The standards and policies set forth in OAR 340-041-0007 through 340-041-0350 are intended to supplement the Antidegradation Policy.

> Conclusion. The NPDES permit for Ash Grove Cement's discharge is a permit renewal with no increase in discharged load. Permit renewals with the same discharged load as the previous permit are not considered to lower water quality from existing water quality. Thus, the Department finds that the discharge is not subject to an in-depth antidegradation review. (*Antidegradation Policy Implementation Internal Management Directive for NPDES Permits and Section 401 Water Quality Certifications, ODEQ March 2001*).

(2) Growth Policy. In order to maintain the quality of waters in the State of Oregon, it is the general policy of the Commission to require that growth and development be accommodated by increased efficiency and effectiveness of waste treatment and control such that measurable future discharged waste loads from existing sources do not exceed presently allowed discharged loads except as provided in section (3) through (9) of this rule.

> Conclusion. There has been no discharge under this permit during the current permit period. The equipment already in place is sufficient to deal with any likely discharges.

(9)(a)(C) The new or increased discharged load will not unacceptably threaten or impair any recognized beneficial uses or adversely affect threatened or endangered species. In making this

determination, the Commission or Department may rely upon the presumption that if the numeric criteria established to protect specific uses are met the beneficial uses they were designed to protect are protected. In making this determination the Commission or Department may also evaluate other State and federal agency data that would provide information on potential impacts to beneficial uses for which the numeric criteria have not been set.

Conclusion. Based on the above review, the Department believes that the continuing load will not unacceptably threaten or impair any recognized beneficial uses.

(9)(b) The activity, expansion or growth necessitating a new or increased discharge load is consistent with the acknowledged local land use plans as evidenced by a statement of land use compatibility from the appropriate local planning agency.

Conclusion. Ash Grove Cement has filed a land use compatibility statement with the City of Portland. It has been approved.

(9)(c) Oregon's water quality management policies and programs recognize that Oregon's water bodies have a finite capacity to assimilate waste. Unused assimilative capacity is an exceedingly valuable resource that enhances in-stream values and environmental quality in general. Allocation of any unused assimilative capacity should be based on explicit criteria. In addition to the conditions in subsection (a) of this section, the Commission or Department may consider the following:

(A) Environmental Effects Criteria:

(i) Adverse Out-of-Stream Effects. There may be instances where the discharge or limited discharge alternatives may cause greater adverse environmental effects than the increased discharge alternative.

Conclusion. Not applicable to this situation**.**

(ii) Instream Effects. Total stream loading may be reduced through elimination or reduction of other source discharges or through a reduction in seasonal discharge. A source that replaces other sources, accepts additional waste from less efficient treatment units or systems, or reduces discharge loadings during periods of low stream flow may be permitted an increased discharge load year-round or during seasons of high flow, so long as the loading has no adverse effect on threatened and endangered species;

Conclusion. Not applicable to this situation.

(iii) Beneficial Effects. Land application, upland wetlands application, or other non-discharge alternatives for appropriately treated wastewater may replenish groundwater levels and increase streamflow and assimilative capacity during otherwise low streamflow periods.

Conclusion. Not applicable.

(9)(c)(B) Economic Effects Criteria:

(i) Value of Assimilative Capacity. The assimilative capacity of Oregon's streams is finite, but the potential uses of this capacity are virtually unlimited. Thus it is important that priority be given to those beneficial uses that promise the greatest return (beneficial use) relative to the unused assimilative capacity that might be utilized. In-stream uses that benefit from reserve assimilative capacity, as well as potential future beneficial use, will be weighed against the economic benefit associated with increased loading.

Conclusion. The assimilative or loading capacity is defined as "the greatest amount of loading that a water body can receive without violating water quality standards." The rare discharge will use a small fraction of the river's flowrate. This discharge is not expected to use a significant portion of the Willamette River's assimilative capacity.

(ii) Cost of Treatment Technology. The cost of improved treatment technology, nondischarge, and limited discharge alternatives may be evaluated.

Conclusion. The currently used technology (settling basins) is appropriate. Based on extremely low discharge rates and the size of the settling basins and retention time, it is unlikely that solids would get into the discharge outfall. Furthermore, a trace amount of calcium hydroxide is used as a flocculant to settle suspended solids.

As with all NPDES permits issued for facilities that propose to discharge wastewater to waters of the state, the proposed draft permit for the Ash Grove Cement facility was drafted to ensure that all state wide water quality standards contained in OAR 340-041-0007 through 340-041-0053 and all basin-specific water quality standards would be achieved.

Each of the parameters listed is discussed below followed by the conclusions reached during this review.

340-041-0007
Statewide Narrative Criteria

(1) Notwithstanding the water quality standards contained in this Division, the highest and best practicable treatment and/or control of wastes, activities, and flows must in every case be provided so as to maintain dissolved oxygen and overall water quality at the highest possible levels and water temperatures, coliform bacteria concentrations, dissolved chemical substances, toxic materials, radioactivity, turbidities, color, odor, and other deleterious factors at the lowest possible levels.

Conclusion. The proposed treatment is appropriate to meet this condition.

(2) Where a less stringent natural condition of a water of the State exceeds the numeric criteria set out in this Division, the natural condition supersedes the numeric criteria and becomes the standard for that water body. However, there are special restrictions, described in OAR 340-041-0004(9)(a)(C)(iii), that may apply to discharges that affect dissolved oxygen.

Conclusion. Not applicable in this situation. No less stringent natural condition has been identified. Therefore, the established numeric criteria will be used for this site.

(11) Fungi.

Conclusion. The Ash Grove Cement facility's discharge is not expected to contain fungi or to promote their growth.

(12) Tastes or odors.

Conclusion. Based on the known pollutants in the facility's process stream, the Ash Grove Cement facility's discharge is not expected to create tastes or odors or toxic or other conditions deleterious to aquatic life or to affect potability of drinking water or palatability of fish or shellfish.

(13) Deposits.

Conclusion. The primary wastewater treatment is residence time in the settling basins for a long enough period to allow the suspended solids to settle out. A trace amount of calcium hydroxide is used as a flocculant. The solids are taken to the milling department and used for agricultural purposes. The wastewater is non-contact cooling water plus storm water runoff, cleanup water, and other minor flows.

(14) and (15) Objectionable conditions and offensive aesthetic conditions.

Conclusion. Based on previous operation, the Ash Grove Cement facility's discharge is not expected to cause offensive aesthetic conditions.

(16) Radioisotopes.

Conclusion. No radioactive materials are used in the facility's processes. The Ash Grove Cement facility's discharge is not expected to contain radioisotopes.

340-041-0009
Bacteria

Conclusion. There is no sewage connected with this discharge. The Ash Grove Cement facility's discharge is not expected to contain bacteria.

340-041-0016
Dissolved Oxygen

(1) Dissolved oxygen (DO): No wastes may be discharged and no activities must be conducted that either alone or in combination with other wastes or activities will cause violation of the following standards: The changes adopted by the Commission on January 11, 1996, become effective July 1, 1996. Until that time, the requirements of this rule that were in effect on January 10, 1996, apply:

(a) For water bodies identified as active spawning areas in the places and times indicated on the following Tables and Figures set out in OAR 340-041-0101 to OAR 340-041-0340: Tables 101B, 121B, 180B, 201B and 260B, and Figures 130B, 151B, 160B, 170B, 220B, 230B, 271B, 286B, 300B, 310B, 320B, and 340B, (as well as any active spawning area used by resident trout species), the following criteria apply during the applicable spawning through fry emergence periods set forth in the tables and figures:

(A) The dissolved oxygen may not be less than 11.0 mg/L. However, if the minimum intergravel dissolved oxygen, measured as a spatial median, is 8.0 mg/L or greater, then the DO criterion is 9.0 mg/L;

(B) Where conditions of barometric pressure, altitude, and temperature preclude attainment of the 11.0 mg/L or 9.0 mg/L criteria, dissolved oxygen levels must not be less than 95 percent of saturation;

(C) The spatial median intergravel dissolved oxygen concentration must not fall below 8.0 mg/L.

(b) For water bodies identified by the Department as providing cold-water aquatic life, the dissolved oxygen may not be less than 8.0 mg/L as an absolute minimum. Where conditions of barometric pressure, altitude, and temperature preclude attainment of the 8.0 mg/L, dissolved oxygen may not be less than 90 percent of saturation. At the discretion of the Department, when the Department determines that adequate information exists, the dissolved oxygen may not fall below 8.0 mg/L as a 30-day mean minimum, 6.5 mg/L as a seven-day minimum mean, and may not fall below 6.0 mg/L as an absolute minimum (Table 21);

(c) For water bodies identified by the Department as providing cool-water aquatic life, the dissolved oxygen may not be less than 6.5 mg/L as an absolute minimum. At the discretion of the Department, when the Department determines that adequate information exists, the dissolved oxygen may not fall below 6.5 mg/L as a 30-day mean minimum, 5.0 mg/L as a seven-day minimum mean, and may not fall below 4.0 mg/L as an absolute minimum (Table 21);

(d) For water bodies identified by the Department as providing warm-water aquatic life, the dissolved oxygen may not be less than 5.5 mg/L as an absolute minimum. At the discretion of the Department, when the Department determines that adequate information exists, the dissolved oxygen may not fall below 5.5 mg/L as a 30-day mean minimum, and may not fall below 4.0 mg/L as an absolute minimum (Table 21);

(e) For estuarine water, the dissolved oxygen concentrations may not be less than 6.5 mg/L (for coastal water bodies);

(f) For ocean waters, no measurable reduction in dissolved oxygen concentration may be allowed.

Conclusion. Based on the pollutants in the Ash Grove Cement facility's wastewater this discharge will not have a substantive BOD load.

340-041-0021
pH

(1) Unless otherwise specified in OAR 340-041-0101 through 340-041-0350, pH values (Hydrogen ion concentrations) may not fall outside the following ranges:
(a) Marine waters: 7.0 – 8.5;
(b) Estuarine and fresh waters: 6.5 – 8.5.
(2) Waters impounded by dams existing on January 1, 1996, which have pHs that exceed the criteria are not in violation of the standard, if the Department determines that the exceedance would not occur without the impoundment and that all practicable measures have been taken to bring the pH in the impounded waters into compliance with the criteria.

.

Willamette Basin
(1) pH (hydrogen ion concentration). pH values may not fall outside the following ranges:
(a) All basin waters (except main stem Columbia River and Cascade lakes): 6.5 to 8.5;

The effluent limitation guideline as stated above is 6.0 to 9.0 for the calcium oxide subcategory. This renewal will modify the existing mixing zone to be a strip one meter wide. This is nominally one six-hundredth of the river's 7Q10 flow. The river's 7Q10 flowrate is about 6000 cfs. The mixing zone will allow mixing with 10 cfs. The maximum recorded effluent flowrate was 450 gallons/hour or 0.0167 cfs. 10 cfs divided by 0.0167 cfs gives a dilution of about 600. This dilution was used in the attached Excel spreadsheets to calculate pH at the edge of the mixing zone. There is an equation for discharge-induced mixing on page 77 of EPA's Technical Support Document. A rough calculation with that equation confirms that the pH of the effluent will go to background within a few centimeters downflow. The Willamette River normally has a pH in the range of 6.9 to 7.7.

Conclusion. The permit limit range will narrowed to the basin standard, 6.5 to 8.5.

340-041-0028
Temperature

(4) Biologically Based Numeric Criteria. Unless superseded by the natural conditions criteria described in section (8) of this rule, or by subsequently adopted site-specific criteria approved by EPA, the temperature criteria for State waters supporting salmonid fishes are as follows:

(d) The seven-day-average maximum temperature of a stream identified as having a migration corridor use on subbasin maps and tables OAR 340-041-0101 to OAR 340-041-0340; Tables 101B and 121B, and Figures 151A, 170A, and 340A, may not exceed 20.0 degrees Celsius (68.0 degrees

Fahrenheit). In addition, these water bodies must have coldwater refugia that's sufficiently distributed so as to allow salmon and steelhead migration without significant adverse effects from higher water temperatures elsewhere in the water body.

(8) Natural Conditions Criteria. Where the department determines that the natural thermal potential of all or a portion of a water body exceeds the biologically-based criteria in section (4) of this rule, the natural thermal potential temperatures supersede the biologically-based criteria, and are deemed to be the applicable temperature criteria for that water body.

> Conclusion. The Department believes that there is no reasonable potential for any possible discharges from Ash Grove Cement to measurably increase the 7-day mean maximum temperature outside of their mixing zone. The discharge is very infrequent and small. See above. We believe that any discharged water will be at ambient temperature because of long residence time in the settling pond. However, continuous temperature monitoring during discharge is required in Schedule B of the permit.

340-041-0031
Total Dissolved Gas.
(1) Waters will be free from dissolved gases, such as carbon dioxide hydrogen sulfide, or other gases, in sufficient quantities to cause objectionable odors or to be deleterious to fish or other aquatic life, navigation, recreation, or other reasonable uses made of such water

> Conclusion. Water cascading over dams commonly entrains air to a supersaturated level. Elevated TDG can cause gas bubble disease in aquatic organisms. There is no gas used or generated at this facility. The Ash Grove Cement facility's discharge is not expected to cause increases of dissolved gases in sufficient quantities to cause objectionable odors or to be deleterious to fish or other aquatic life, navigation, recreation, or other reasonable uses made of the receiving water.

340-041-0032
Total Dissolved Solids
The concentrations listed below may not be exceeded unless otherwise specifically authorized by DEQ upon such conditions as it may deem necessary: All Fresh Water Streams and Tributaries - 100 mg/L.

Willamette Basin. 340-041-0345 (2) Total Dissolved Solids. Guide concentrations listed may not be exceeded unless otherwise specifically authorized by DEQ upon such conditions as it may deem necessary to carry out the general intent of this plan and to protect the beneficial uses set forth in OAR 340-041-0340: Willamette River and Tributaries —100.0 mg/L.

> Conclusion. This facility discharges wastewater very infrequently. See above. The inorganic products and materials stockpiled on site are essentially insoluble in water.

Therefore, the Ash Grove Cement facility's effluent is not expected to contain significant amounts of dissolved solids.

340-041-0033
Toxic Substances

(1) Toxic substances may not be introduced above natural background levels in the waters of the State in amounts, concentrations, or combinations that may be harmful, may chemically change to harmful forms in the environment, or may accumulate in sediments or bioaccumulate in aquatic life or wildlife to levels that adversely affect public health, safety or welfare, aquatic life, wildlife, or other designated beneficial uses;

(2) Levels of toxic substances may not exceed the criteria listed in Table 20 which were based on criteria established by EPA and published in *Quality Criteria for Water* (1986), unless otherwise noted

Conclusion. The wastewater from this facility does not contain any listed toxic substances. Many toxic substances have limits set in OAR 340-041-Table 20. When appropriate, these limits are explicitly stated in NPDES permits. Some toxics are explicitly dealt with in promulgated TMDLs. See discussion below.

The discharge is not expected to contain toxic substances exceeding applicable water quality standards.

340-041-0036
Turbidity
Turbidity (Nephelometric Turbidity Units, NTU): No more than a ten percent cumulative increase in natural stream turbidities shall be allowed, as measured relative to a control point immediately upstream of the turbidity causing activity.

Conclusion. The Department doesn't have turbidity data for the effluent. Recent total suspended solids were measured at 4.4 mg/L. Background turbidity in the Willamette at the SP&S Bridge is typically less than 40 NTU and recently averaged about 16 NTU for field measurements. We have suspended solids measurements for the 2000 discharges. The highest value was 10.1 mg/L with an average very close to 2 mg/L. This value is lower than background suspended solids for the river. A sample taken at the St. Johns Bridge by the DEQ Laboratory in February 2004 had suspended solids of 18 mg/L. The range for samples taken between 1996 and 2004 is 2 to 18 mg/L with an average of 6 mg/L. Turbidity provides an indirect measure of suspended solids. We would expect effluent turbidity to be similar to that of the river. There does not appear to be any reasonable potential to exceed criteria.

340-041-0046

Water Quality Limited Waters
(5) For water bodies designated as water quality limited under OAR 340-041-0002(62)(b), requests for load increases may be considered using the process set out in OAR 340-041-0004(9)(a)

Conclusion: The receiving stream is WQL for the following parameters:

Fecal Coliform	Winter/Spring/Fall
Dieldrin	Year Around
DDT	Year Around
DDT Metabolite (DDE)	Year Around
Polynuclear Aromatic Hydrocarbons	Year Around
Biological Criteria	
Mercury	Year Around
Aldrin	Year Around
Temperature	Summer
PCB	Year Around
DDT	Year Around
Manganese	Year Around
Iron	Year Around
Pentachlorophenol	

This discharge is not expected to cause or contribute to any exceedances involving the above parameters in the receiving stream.

340-041-0344
Approved TMDLs in the Basin:

The following TMDLs have been approved by EPA: Dioxin

The Draft Willamette Basin TMDL is currently on public notice and includes proposed TMDLs for temperature, mercury, and bacteria.

340-041-0053
Mixing Zones

(1) The Department may allow a designated portion of a receiving water to serve as a zone of dilution for wastewaters and receiving waters to mix thoroughly and this zone will be defined as a mixing zone;

Conclusion. This permit modifies the previously established regulatory mixing zone (RMZ) to have the following dimensions:

The allowable mixing zone shall not exceed a strip of the river one meter wide extending from the riverbank. This is nominally one six-hundredth of the river's flow. The buffering capacity of the river is such that pH of the effluent will go to background within a very short distance.

The Department believes that this mixing zone is as small as feasible and that it takes tidal effects into consideration. The discharge is too small and infrequent for the Department to require a mixing zone study.

COMPLIANCE HISTORY

There has been no noncompliance during the current permit period.

PROPOSED PERMIT

The permit will be identical to the current permit. The proposed permit is attached.

DEQ USE ONLY
Application #:
File #:
EPA #:
ACD Rec Paid:
DOC Conf:
Notes:

NAME CHANGE AND/OR PERMIT TRANSFER FOR NPDES* OR WPCF** PERMIT

Oregon Department of Environmental Quality
*National Pollutant Discharge Elimination System
**Water Pollution Control Facilities

DEQ USE ONLY
Received:
Amount Received:
On Site Surcharge:
Check #:
Deposit #:
☐ IND ☐ COM ☐ OSS ☐ UIC
Notes:

A. ACTION TO BE PERFORMED

☐ Name Change / Effective or Scheduled Date:

☑ Transfer of Permit / Scheduled Date:

B. PREVIOUS INFORMATION

1. Previous Legal Name: Goldendale Aluminum Company
2. Previous Common Name: Same
3. DEQ Facility ID #: 107213 ORR80-0082
   Permit #: 1200-Z
4. Facility Physical Address: 2600 N. River Road
   City, State, Zip Code: Portland, OR 97227

C. NEW INFORMATION

1. New Legal Name: Ash Grove Cement Company
2. New Common Name: Same
3. Responsible Official: Francis L. Streitman
   Mailing Address: 11011 Cody
   Telephone #: 913-319-6057 Email: fran.streitman@ashgrove.com
   City, State, Zip Code: Overland Park, KS 66210
4. Facility Contact: John Hone
   Facility Mailing Address: 4098 N. Port Center Way
   Telephone #: 503-285-9153 Email: john.hone@ashgrove.com
   City, State, Zip Code: Portland, OR 97227
5. Invoice to: Ash Grove Cement Company - Attn: F.L. Streitman
   Billing Address: 11011 Cody
   Telephone #: 913-319-3057 Email: fran.streitman@ashgrove.com
   City, State, Zip Code: Overland Park, KS 66210
6. Will the name change or transfer of ownership result in a change in the character of pollutants being discharged or a new or increased discharge not addressed by current permit conditions? ☑ No ☐ Yes (attach explanation)

D. SIGNATURE REQUIRED FOR NAME CHANGE

I hereby authorize the above referenced name change.

Name of Legally Authorized Representative (Type or Print) — **Title**

Signature of Legally Authorized Representative — **Date**

E. SIGNATURES REQUIRED FOR TRANSFER OF PERMIT

PREVIOUS OWNER: I hereby acknowledge the pending transfer of the above referenced permit.

Name of Legally Authorized Representative (Type or Print) — **Title**

Signature of Legally Authorized Representative — **Date**

NEW OWNER:

I hereby apply for permission to transfer the above referenced permit and certify that I have acquired a property interest in the permitted activity. I agree to fully comply with all terms and conditions of the permit and the rules of the Environmental Quality Commission.

Charles T. Wiedenhoft — President

Name of Legally Authorized Representative (Type or Print) — **Title**

Charles T. Wiedenhoft — 11-30-2005

Signature of Legally Authorized Representative — **Date**

SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN
FOR
ASH GROVE CEMENT COMPANY
13939 N. Rivergate Blvd.
Portland, Oregon 97203

Registration Number: 13,489

State: Oregon

Expiration Date: June 2006

ADDENDUM

Purpose:

The purpose of this addendum is to address regulatory requirements for preparedness in the event an oil leak should occur from mobile equipment parked on the plant site with fuel capacities greater than 55 gallons.

Procedures:

Loaders not in use shall be parked on the South side of the locker room/lab building. A spill kit is present at this location. The area is frequented by plant personnel at a minimum of every 8 hours 365 days per year for shift change

The water truck, vacuum truck, and Kenworth haul truck have all been equipped with spill kits. These trucks are to be parked on the East side of the maintenance shop. This area is frequented by plant personnel at a minimum of every 8 hours 365 days per year for shift change.

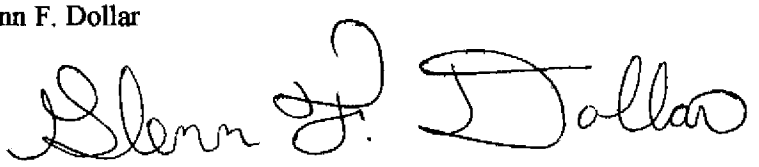
Training:

All plant personnel receive annual documented refresher training. The training includes a review of the SPCC plan, spill prevention requirements and spill reporting procedures.

Note:

There are no drains located in the areas designated for parking of mobile equipment.

Glenn F. Dollar



Environmental Health and Safety Manager
Ash Grove Cement Company

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

OR0200160-1 (PERMIT NUMBER) | 01 (DISCHARGE NUMBER) (17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	03	01	TO	08	04	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☑ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 08 | MO 04 | DAY 02

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

Appendix58-000940

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
OR0200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	02	01	TO	98	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 98 | MO 03 | DAY 03

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

Appendix58-000941

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

PERMIT NUMBER (2-10)	DISCHARGE NUMBER (11-12)
OR0200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	01	01	TO	08	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 imprisonment for a term of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 NUMBER 286-1677

DATE: YEAR 08 MO 02 DAY 01

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

Appendix58-000942

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(7-15)

PERMIT NUMBER (7-15)	DISCHARGE NUMBER (17-19)
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	08	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677	08	01	03

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

EPA Form 3320-1 (10-96) (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1 OF 1

Appendix58-000943

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	12	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☑ Check here if No Discharge

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 (36-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
(TYPED OR PRINTED)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 02 MO 12 DAY 03

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

Appendix58-000944

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

PERMIT NUMBER (17-19)	DISCHARGE NUMBER
OR0200160-L	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	11	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 07 | MO 11 | DAY 02

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

Appendix58-000945

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-15) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	09	01	TO	07	10	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677	07	10	01

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

Appendix58-000946

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR0200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	08	01	TO	07	09	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1671	07	09	10

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

Appendix58-000947

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) PERMIT NUMBER: OR0200160-1
(17-19) DISCHARGE NUMBER: 01

MONITORING PERIOD
FROM YEAR (20-21) 07 MO (22-23) 07 DAY (24-25) 01 TO YEAR (26-27) 07 MO (28-29) 08 DAY (30-31) 01

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 07 MO 08 DAY 01

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

Appendix58-000948

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

PERMIT NUMBER (7-16)	DISCHARGE NUMBER (17-18)
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	06	01	TO	07	07	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-90

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1671

DATE

YEAR	MO	DAY
07	07	02

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

Appendix58-000949

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-18)
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	06	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and a 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
503	286-1677	07	06	01

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

Appendix58-000950

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	05	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1671	07	05	04

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

Appendix58-000951

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-18)
OR0200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	03	01	TO	07	04	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☑ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 07 MO 04 DAY 04

COMMENT - EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Appendix58-000952

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR0200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)

Glenn Dallas
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
503	286-1677

DATE

YEAR	MO	DAY
07	02	01

COMMENTS & EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Appendix58-000953

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	07	01	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1671	07	01	03

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

Appendix58-000954

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	96	11	01	TO	06	12	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)		503 286-1677		06	12	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000955

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	06	11	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1671	06	11	03

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

Appendix58-000956

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	09	01	TO	06	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles P. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677

DATE

YEAR	MO	DAY
06	10	02

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

Appendix58-000957

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	08	01	TO	06	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)

Glenn Dollar
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503	286-1677	06	09	05
AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000958

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	07	01	TO	06	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Glenn Dollar SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	503 (AREA CODE)	286-1677 (NUMBER)	06 (YEAR)	08 (MO)	01 (DAY)
TYPED OR PRINTED							

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

Appendix58-000959

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	06	01	TO	06	07	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 06 | MO 07 | DAY 25

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

Appendix58-000960

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	05	01	TO	06	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 06 MO 06 DAY 01

COMMENT: EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Appendix58-000961

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	04	01	TO	06	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677	06	05	01

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

Appendix58-000962

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) PERMIT NUMBER: OR200160-1
(17-19) DISCHARGE NUMBER: 01

MONITORING PERIOD
FROM YEAR 06 MO 03 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 06 MO 04 DAY 01 (26-27) (28-29) (30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE
YEAR 06 MO 04 DAY 07

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

Appendix58-000963

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	02	01	TO	06	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677

DATE

YEAR	MO	DAY
06	03	01

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

1

Appendix58-000964

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-10) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	01	01	TO	06	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
(TYPED OR PRINTED)

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)

Glenn T. Dallas
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
503	286-1677	06	02	01

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

Appendix58-000965

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	12	01	TO	06	01	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 06 | MO 01 | DAY 03

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

Appendix58-000966

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	11	01	TO	05	12	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Albert F. Dollar	503	286-1677	05	12	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000967

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	10	01	TO	05	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Lloyd T. Dollar	503 286-1677	05	11	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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

Appendix58-000968

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	09	01	TO	05	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Glenn Dollar	503	286-1677	05	10	11
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000969

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	08	01	TO	05	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503	286-1677	05	09	06
AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000970

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203
FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	07	01	TO	05	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Glenn Dollar	503	286-1677	05	08	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000971

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	06	01	TO	05	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
503	286-1677	05	07	01

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

Appendix58-000972

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	05	01	TO	05	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Glenn F. Dollar	503	286-1677	05	06	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000973

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	04	01	TO	05	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Glenn H. Dollar	503 (AREA CODE)	286-1677 (NUMBER)	05 (YEAR)	5 (MO)	2 (DAY)
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

1

Appendix58-000974

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	03	01	TO	05	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503	286-1677	05	04	05
AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000975

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-15) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	02	01	TO	05	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here If No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677

DATE

YEAR	MO	DAY
05	05	01

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

EPA Form 3320-1 (10-96) (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1 OF 1

Appendix58-000976

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-15) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM / TO	05	01	01		05	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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	286-1677	05	02	01
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

Appendix58-000977

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) OR200160-1 PERMIT NUMBER

(17-19) 01 DISCHARGE NUMBER

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	05	01	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503 286-1677
AREA CODE NUMBER

DATE
05 01 03
YEAR MO DAY

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

Appendix58-000978

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	11	01	TO	04	12	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft, President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)		503 286-1677	04	12	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

T
1

Appendix58-000979

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	11	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 04 | MO 11 | DAY 01

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

Appendix58-000980

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	10	01	TO	04	11	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Harry Wright	503 286-1677		04	10	06
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)

1.

Appendix58-000981

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-18) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	08	01	TO	04	09	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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	503	286-1677	04	09	03
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-000982

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	07	01	TO	04	08	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1671	04	08	05

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

1

Appendix58-000983

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	06	01	TO	04	07	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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	286-1677	04	07	01
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)

Appendix58-000984

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	05	01	TO	04	06	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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	503 286-1677 AREA CODE NUMBER	04 06 01 YEAR MO DAY		
TYPED OR PRINTED						

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

Appendix58-000985

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) PERMIT NUMBER: OR200160-1
(17-19) DISCHARGE NUMBER: 01

MONITORING PERIOD
FROM YEAR 04 MO 04 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 04 MO 05 DAY 01 (26-27) (28-29) (30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 04 MO 05 DAY 02

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

Appendix58-000986

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	03	01	TO	04	04	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)

Glenn L. Dollar
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 | NUMBER 286-1677

DATE: YEAR 04 | MO 04 | DAY 01

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

EPA Form 3320-1 (10-96) (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1 OF 1

Appendix58-000987

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	02	01	TO	04	03	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Glenn T. Dalton	503 286-1677	04	03	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

Appendix58-000988

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER: OR200160-1
(17-19) DISCHARGE NUMBER: 01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	02	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)

Glenn T. Dallas
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 NUMBER 286-1677

DATE: YEAR 04 MO 02 DAY 02

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

EPA Form 3320-1 (10-96) (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1 OF 1

Appendix58-000989

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	12	01	TO	04	01	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 04 | MO 01 | DAY 06

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

1

Appendix58-000990

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	11	01	TO	03	11	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677	12	01	03

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

Appendix58-000991

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	10	01	TO	03	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677	03	11	03

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

Appendix58-000992

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	09	01	TO	03	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503	286-1677	03	10	03
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Appendix58-000993

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	08	01	TO	03	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Gary Wright	503	286-1677	03	09	02
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Appendix58-000994

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

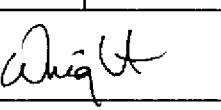
MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	07	01	TO	03	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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 (82-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 (AREA CODE)	286-1677 (NUMBER)	05 (YEAR)	08 (MO)	01 (DAY)
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

1

Appendix58-000995

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

PERMIT NUMBER	DISCHARGE NUMBER (17-19)
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	06	01	TO	03	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles T. Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)		503 286-1677	03	07	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

Appendix58-000996

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles T. Wiedenhoft, President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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	286-1677	03	06	02
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)

Appendix58-000997

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	01

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

File # 3690

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	04	01	TO	03	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286-1677

DATE

YEAR	MO	DAY
03	05	01

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

Appendix58-000998

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) OR200160-1 PERMIT NUMBER

(17-19) 01 DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	03	01	TO	03	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)

Darcy Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 503 NUMBER 286-1677

DATE: YEAR 03 MO 04 DAY 01

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

Appendix58-000999

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-15) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR0001601	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	02	01	TO	03	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☑ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles T Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Mary M Wright SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	503	286-1677	03	03	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

1.

Appendix58-001000

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Company
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	01	01	TO	03	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 3690

☑ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
503	286-1677	03	02	03

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

Appendix58-001001

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Co.
ADDRESS 13939 N Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	12	01	TO	02	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

File # 8690

☑ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles T. Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503	286-1677	03	01	02
AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-001002

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Company
ADDRESS 13939 N. Rivergate Blvd
Portland, OR 97203

FACILITY LOCATION Same as above

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

(2-18) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	

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

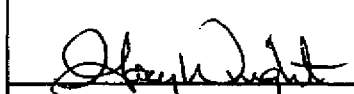
MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	11	01	TO	02	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☑ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Charles T Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)		503 286-1677	02	12	9
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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

L

Appendix58-001003

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Company
ADDRESS 13939 N Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above

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

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

(2-16) PERMIT NUMBER: OR200160-1
(17-19) DISCHARGE NUMBER:

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	10	01	TO	02	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☑ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 02 | MO 11 | DAY 04

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

EPA Form 3320-1 (10-96) (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1 OF 1

Appendix58-001004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Company
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203
FACILITY LOCATION Same as above

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Charles Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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.)	Glenn Dallas	503	286/677	02	10	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Company
ADDRESS 13939 N. Rivergate Blvd.
Portland, OR 97203

FACILITY LOCATION Same as above.

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160 -- 1	

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	08	01	TO	02	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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
503	286/677	02	09	03

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

Appendix58-001006

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Company
ADDRESS 13939 N. Rivergate Blvd
Portland, OR 97203
FACILITY LOCATION 13939 N. Rivergate Blvd.
Portland, OR 97203

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) PERMIT NUMBER: OR200160-1
(17-19) DISCHARGE NUMBER:

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	07	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☑ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 02 MO 07 DAY 01

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

Appendix58-001007

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Company
ADDRESS 13939 N. Rivergate Blvd
Portland, OR 97203
FACILITY LOCATION 13939 N. Rivergate Blvd.
Portland, OR 97203

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

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

(2-16) PERMIT NUMBER: OR200160-1
(17-19) DISCHARGE NUMBER:

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	06	01	TO	02	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☑ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles Wiedenhoft
President
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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 286-1677

DATE: YEAR 02 MO 07 DAY 01

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

Appendix58-001008

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Ash Grove Cement Company
ADDRESS 13939 N. Rivergate Blvd
Portland, OR 97203

FACILITY LOCATION 13939 N. Rivergate Blvd.
Portland, OR 97203

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
OR200160-1	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

☒ Check here if No Discharge

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)
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Charles Wiedenhoft President	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. 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	503 (AREA CODE)	286-1677 (NUMBER)	02 (YEAR)	06 (MO)	03 (DAY)
TYPED OR PRINTED						

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

Appendix58-001009

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME 4 [illegible] Company
ADDRESS [illegible] Rainforest Blvd
[illegible] OR 97203
FACILITY [illegible] Rainforest Plant
LOCATION [illegible] Rainforest Blvd.
[illegible] OR 97203

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

Form Approved.
OMB No. 2040-0004

OR2C0160-1	
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	04	01	TO	02	04	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
[illegible] Wisconsott President	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	[illegible]	503 286-1677	02	05	C1
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Appendix58-001010

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME Ash Grove Cement Company
ADDRESS 12939 N Rivergate Blvd
Portland OR 97203
FACILITY Rivergate Lime Plant
LOCATION Same As Above.

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
OR2001601	

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	02	01	TO	02	02	21

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
George Weitz President	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	503 286-6771	02	04	02
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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

Appendix58-001011

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME Ash Grove Cement Company
ADDRESS [illegible] N.W. RiverGate Blvd
Portland OR 97209
FACILITY Rivergate Lime Plant
LOCATION Same as Above.

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
OR-GOOO-1	

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	01	28

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

No Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
George Wells President	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Dick Wright	503 9861677	02	02	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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

4.0

Appendix58-001012

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME Ash Grove Cement Co.
ADDRESS 7180 N.W. Alocta Rd. Suite 150 Portland OR 97208
FACILITY Ash Grove Cement Co. - Lime Plant
LOCATION 2420 N.W. Alocta Rd. Portland OR 97208

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

Form Approved.
OMB No. 2040-0004

OR 000160-1	
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	03	01

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
George Wells President	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is , to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	503 / 286-1677	02	02	01
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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

Appendix58-001013

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. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	02	01	01

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		30								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

Discharge

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
George Wells President	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		503 286-1677	02	01	02
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (REV 3/99) Previous editions may be used. THIS IS A 4-PART FORM PAGE OF

Appendix58-001014

MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
7223 NE Hazel Dell Avenue, Suite B | Vancouver, Washington 98665 | Phone 360.694.2691 | Fax 360.906.1958 | www.MFAinc.org

CELEBRATING 10 YEARS 1996-2006

May 4, 2006
Project No. 0168.01.02

Dennis Jurries
Northwest Water Quality Division
Oregon Department of Environmental Quality
2020 SW 4th Avenue, Suite 400
Portland, Oregon 97201-4987

Aaron Wieting
Industrial Stormwater Program
Bureau of Environmental Services
Water Pollution Control Laboratory
6543 N. Burlington Avenue
Portland, Oregon 97203-5452

Re: Submittal of SWPCP for Ash Grove Cement Company (File No. 107213)

Dear Mr. Jurries and Mr. Wieting:

On behalf of Ash Grove Cement Company (Ash Grove), Maul Foster & Alongi, Inc. (MFA) is submitting the attached Storm Water Pollution Control Plan (SWPCP) for Ash Grove's facility at 2600 North River Road in Portland, Oregon. A National Pollutant Discharge Elimination System (NPDES) 1200-Z General Permit (file number 107213) was recently transferred to Ash Grove. The attached SWPCP fulfills the requirements of Schedule A of the permit. The SWPCP describes pollution control measures at the recently acquired north terminal (which was previously permitted), as well as operations at the existing south terminal.

Please call if you have any questions.

Sincerely,

Maul Foster & Alongi, Inc.

Alistaire Clary, P.E.
Senior Engineer

Michael Rounds, E.I.T.
Staff Engineer

Attachments: SWPCP

cc/att: Bob Vantuyl, Ash Grove Cement
Glenn Dollar, Ash Grove Cement
John Hone, Ash Grove Cement (2)

R:\0168.01 Ash Grove Cement Co\Report\02_SWPCP Rpt. 5.4.06\Lf-A Wieting.doc

ASH GROVE CEMENT COMPANY

STORM WATER POLLUTION CONTROL PLAN

FILE NUMBER 107213

Prepared for

Ash Grove Cement Company
3737 North Port Center Way
Multnomah County
Portland, Oregon 97217

May 4, 2006

Prepared by

Maul Foster & Alongi, Inc.
7223 NE Hazel Dell Avenue, Suite B
Vancouver, Washington 98665

Project No. 0168.01.02

The material and data in this report were prepared under the supervision and direction of the undersigned.

Maul Foster & Alongi, Inc.

Alistaire Clary, P.E.

Michael Rounds, E.I.T.

Appendix58-001017

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information. The information presented is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Responsible Corporate Officer:

Signature: Gary Wright Date: 5/2/06
Printed Name: Gary Wright
Title: Portland Operations Manager

Appendix58-001018

CONTENTS

TABLES AND ILLUSTRATIONS ix

1 INTRODUCTION 1-1
- 1.1 Background 1-1
- 1.2 Purpose 1-1

2 SWPCP REVIEW 2-1

3 SITE DESCRIPTION 3-1
- 3.1 Industrial Activities 3-2
- 3.2 Storm Water Drainage Basins and Discharge Points 3-3
- 3.3 Potential Pollutants 3-6
- 3.4 Receiving Waters 3-6
- 3.5 Storm Water Monitoring 3-6

4 SITE CONTROLS AND BEST MANAGEMENT PRACTICES 4-1
- 4.1 Pollution Prevention Team 4-1
- 4.2 Best Management Practices 4-1
- 4.3 Spill Prevention and Response Procedures 4-4
- 4.4 Preventive Maintenance 4-5
- 4.5 Employee Education 4-6
- 4.6 Additional Best Management Practices 4-6

5 RECORD KEEPING AND INTERNAL REPORTING PROCEDURES 5-1
- 5.1 Record Keeping 5-1
- 5.2 Reporting Procedures 5-1
- 5.3 Implementation Schedule 5-2

LIMITATIONS

REFERENCES

FIGURES

Appendix58-001019

CONTENTS (Continued)

APPENDIX A 1200-Z NPDES PERMIT

APPENDIX B SWPCP REVIEW AND REVISION DOCUMENTATION FORM

APPENDIX C VISUAL MONITORING LOG

APPENDIX D SPILL INCIDENT REPORT FORM AND EMERGENCY CONTACTS

APPENDIX E MONTHLY STORM WATER INSPECTION LOG

APPENDIX F EMPLOYEE TRAINING DOCUMENTATION

ILLUSTRATIONS

Following Report:

Figures

Figure 1 Site Location
Figure 2A – 2F Existing Conditions

Appendix58-001021

1 INTRODUCTION

1.1 Background

In 1990 the U.S. Environmental Protection Agency (USEPA) adopted regulations requiring National Pollutant Discharge Elimination System (NPDES) permits for discharges of storm water to surface waters from certain industrial activities. The Oregon Department of Environmental Quality (DEQ) is responsible for implementing these regulations and issuing permits. On July 26, 2002 the DEQ issued a 1200-Z General National Pollutant Discharge Elimination System (NPDES) Storm Water Discharge Permit to Goldendale Aluminum Company (GAC) (File Number 107213). The current permit expires on June 30, 2007. Ash Grove Cement Company (Ash Grove) purchased the GAC property on December 28, 2005. On January 10, 2006, Ash Grove received confirmation from DEQ that the NPDES permit 1200-Z (file no. 107213) has officially been transferred to Ash Grove. A copy of the 1200-Z NPDES permit is included as Appendix A.

1.2 Purpose

This Storm Water Pollution Control Plan (SWPCP) was prepared in compliance with Schedule A of the 1200-Z permit. The SWPCP includes both the north terminal (former GAC property) and the south terminal (property to the south located at 3737 North Port Center Way that has been owned and operated by Ash Grove since 1995 as a cement distribution terminal).

The SWPCP is a guidance document intended for use by Ash Grove personnel to minimize releases of pollutants to surface water from the facility's cement transfer operations. The SWPCP is intended to describe the permit requirements, relevant site information, and Best Management Practices (BMPs) applicable to the Ash Grove facility.

Appendix58-001022

2 SWPCP REVIEW

Maul Foster & Alongi, Inc. prepared this comprehensive update of the SWPCP in April 2006, based on a 1998 SWPCP for the facility that was prepared by CH2MHILL of Portland, Oregon, and on revisions to the SWPCP made by Ash Grove in January of 2006. Ash Grove will continue to review the SWPCP according to the following schedule:

- Within 60 days of exceeding a benchmark.
- If site conditions change materially.

As part of the SWPCP review, Ash Grove will verify implementation and internal compliance with the plan and identify any additional controls necessary. The SWPCP will be revised as needed, based upon the review. Revisions will be submitted to the DEQ within 14 days of completion. An SWPCP Review and Revision Documentation Form is included in Appendix B to track modifications to the SWPCP.

Appendix58-001023

3 SITE DESCRIPTION

Ash Grove has operated a cement distribution facility at 3737 North Port Center Way since 1995. Ash Grove purchased the property north of its existing operations from GAC on December 28, 2005. The combined property (facility) includes a north terminal (former GAC property) and a south terminal (existing Ash Grove facility). The facility is rectangular in shape and encompasses approximately 14.52 acres. The facility is located on the east bank of the Willamette River approximately nine miles upstream of the confluence of the Willamette River into the Columbia River and one mile northwest of the Fremont Bridge (see Figure 1). The facility is bordered on the west by the Willamette River, north by the City of Portland combined sewage outfall project, and east and south by Union Pacific railroad. The facility is located in the South 1/2 of Section 21 and the North 1/2 of Section 28 of Township 1 North, Range 1 East.

The facility is located in the northern portion of the Willamette Valley physiographic province. The region is underlain with sand and silt deposited on the flood plain and includes areas of artificial fill, largely derived from Recent alluvium.[1] The *Soil Survey of Multnomah County Area, Oregon*, compiled by the U.S. Soil Conservation Service, describes the soil at the subject property as Urban land, 0 to 3 percent slopes. No hydric soil components are listed for this soil series in the May 31, 1989, Hydric Soils in Multnomah County Area, Oregon, compiled by the U.S. Soil Conservation Service. Hydric soils are an essential characteristic of wetlands and are defined as soils which are saturated, flooded, or ponded long enough to develop anaerobic conditions in the upper part of the soil profile. From the published soil survey information available, it would appear that the subject site does not meet the soil criteria for jurisdictional wetlands. However, a comprehensive and site specific wetlands determination, including characterization of the soils using onsite assessment methods and assessment of hydrophytic vegetation and wetland hydrology, has not been performed.

The north terminal (8.22 acres) was originally completed in January 1982 as an alumina transfer facility. It includes ship mooring dolphins, a dock, a pneumatic conveyance system with a blower room (for material transfer from the ship to the silos), a reclaim system (for material transfer from the silos to the rail load-out building), three silos, a rail load-out building, a shop and administration building, a garage, a boat house, railroad spur tracks with car movers, and paved roadways (see Figures 2A, 2B, & 2C). Physical modifications

[1] United States Geological Survey, "Geologic Map of Oregon," 1991.

Appendix58-001024

planned for the north terminal will include bulk handling equipment changes to facilitate the handling of Portland cement in addition to powdered alumina.

The south terminal (6.30 acres) was completed in December 1995 and operates as a cement distribution facility. It includes a barge mooring structure, a dock, six concrete storage silos, a physical testing lab, a rail unload structure, a shop area, railroad spur tracks with car indexer, a truck wash area, an operations building, and paved roadways (see Figures 2C, 2D, 2E, & 2F).

3.1 Industrial Activities

3.1.1 Material Handling

Ash Grove Cement intends to utilize the north terminal to unload Portland cement and alumina from ocean vessels and shipping the product out via railcar and truck. The initial permitted transfer limits will be 1,050,000 tons annually. Ships containing up to 60,000 tons of cement or alumina will be moored at the north terminal periodically. The cement or alumina will be transferred from the ship to one of the three 90-foot-diameter by 90-foot-high silos. The combined storage capacity of the silos is approximately 60,000 tons. The transfer will be accomplished by a pneumatic system which employs a large blower in the concrete blower room located on the east side of the dock. The pneumatic piping consists of a series of air lifts and slides. The facility will operate 24 hours a day when offloading is taking place. A reclaim system is used to transfer the cement and alumina from the silos to the rail load-out building into covered rail hopper cars. The hopper cars are moved on two parallel railroad spur tracks from the south to the north by car movers located on either end of the rail load-out building. The hopper cars are loaded by an automatic system that is monitored in a control room. Flexible chutes form a tight seal around the hopper opening during transfer operations. When the chute is raised off of the opening, the cover to the opening is closed and secured. The hopper cars are then transported offsite.

Following proposed site modifications, the south terminal will receive cement from the north terminal via an enclosed conveyor system. The south terminal will also receive cement from rail cars. Cement will be transferred to trucks at the south terminal.

3.1.2 Truck Wash Area and Drain Table

Ash Grove has a designated truck wash area at the south terminal where pressurized water is used to clean trucks hauling cement before they leave the facility (see Figure 2D). The truck wash area is constructed on a concrete pad and wash water is collected through a racked floor drain that conveys the wash water to a pH adjustment system. From the pH adjustment system water is discharged into a large pond where it is infiltrated into the

Appendix58-001025

ground. The truck wash operation is permitted under WPCF Permit 17B (file no. 110230) and is not part of the activities permitted under the facility's NPDES permit.

3.1.3 Equipment Refueling and Garage

Ash Grove utilizes motorized equipment to conduct daily operations (e.g., bobcat, front end loader, and forklift). These items require daily fueling and lubrication. A 500-gallon double-walled diesel aboveground storage tank (AST) is located at the north terminal on the north side of the garage (see Figure 2B). The tank and dispenser are protected against collision by concrete-filled steel pipe bollards. Ash Grove plans to upgrade secondary containment around this tank to accommodate containment of fuel deliveries.

Truck and equipment maintenance activities are conducted inside the garage. Vehicles are stored under cover in the garage when they are not being used. Ash Grove plans to start storing 55-gallon drums of motor oil and hydraulic oil in the garage. Ash Grove will also store a 300-gallon waste oil tank with secondary containment in the garage. These activities do not impact storm water.

3.1.4 Garden Storage Shed and Boat House

A garden storage shed and boat house are located at the north terminal (see Figure 2A). The buildings are north of the garage, west of the paved roadway, and near the top of the river bank. Gardening equipment (lawn mowers, hedge shears, etc.) is stored in shed. The equipment is used to maintain the grounds. Ash Grove intends to store the boat in the Boat House. Gasoline and oil will not be stored in the garden shed or boat house except for that which is in the equipment.

3.2 Storm Water Drainage Basins and Discharge Points

The facility lies within the Lower Willamette Basin. A survey of the facility shows the property ranges from an elevation of 17 feet near the water to 31 feet NGVD 29(47). The site is generally flat with little topographic relief except for the bank extending to the Willamette River. Precipitation occurs mainly in the form of rain with an annual average of 37.07 inches per year.[2]

In the north terminal, impervious areas, including all roofed and asphalt paved areas, account for 1.54 acres of the total 8.22 acres, or approximately 19 percent of the area. Note that the north terminal property area includes a portion of the Willamette River beyond the

[2] *Monthly Station Normals of Temperature, Precipitation, and Heating and Cooling Degree Days 1971-2000.* National Ocean and Atmospheric Administration, January 2006. Information recorded at Portland WSFO AP Station No. 6751.

Appendix58-001026

low water line. In the south terminal, impervious areas account for 1.59 acres of the total 6.30 acres, or approximately 25 percent of the area.

The north terminal is divided into four local drainage basins (Drainage Basins 1 through 4) and the south terminal is divided into two local drainage basins (Drainage Basins 5 and 6). Drainage patterns for each basin are shown on Figures 2A through 2F, with arrows indicating local flow patterns of storm water runoff. Note that the rail-spur covered in ballast rock is not included in the impervious area inventory. Each basin is described in the following sections. Operations in each drainage basin have been reviewed. Potential pollutants have been identified where a reasonable potential exists for contributing significant amounts of pollutants to storm water runoff from the drainage basin.

3.2.1 Drainage Basin 1

Drainage Basin 1 is approximately 0.24 acres, all of which is impervious. Basin 1 includes the paved areas south of the rail load out building, east of the silos, and west of the rail car movers (see Figure 2B). Basin 1 also includes storm water that drains off the hopper rail cars during their movement through the building and that is collected in catch basins inside the rail load-out building and trench drains at both end of the rail load-out building. Cement and alumina are potential pollutants to the storm water runoff from this area. Site controls for these potential pollutants are discussed in Section 4. All storm water drains through catch basins or trench drains to a pipe network and vault before discharging from Outfall 4. The vault, measuring 5.2 feet long by 3.7 feet wide by 6 feet deep, acts as a settling basin before storm water is discharged from Outfall 4 to the Willamette River.

3.2.2 Drainage Basin 2

Drainage Basin 2 includes the northern portion of the property, the graveled railroad spur tracks, the garden storage shed, the boat house, an asphalt parking lot, the 500-gallon diesel AST, and the garage (see Figures 2A and 2B). Petroleum products from fueling and servicing operations of mobile equipment are potential pollutants to the storm water runoff from this area. Site controls for these potential pollutants are discussed in Section 4. Storm water runoff from this area infiltrates into the railroad gravel bed or into the grassy area west of the asphalt surface.

3.2.3 Drainage Basin 3

Drainage Basin 3 includes the piling-supported concrete dock; including the shop, administration building, and the pneumatic unloading system (see Figure 2B). Ship unloading operations pose little potential impacts to the storm water runoff from this area because the cement or alumina being transported is totally enclosed. Most storm water runoff from this area discharges directly to the Willamette River by sheet flow. Storm

Appendix58-001027

water that falls within the reclaim system air lift pit and the ship unloading air lift pit is pumped directly to the river and is checked for oil sheen regularly. There are no discharges other than storm water to the pits.

3.2.4 Drainage Basin 4

Drainage Basin 4 includes the south part of the north terminal, the graveled railroad spur tracks, and the reclaim system (see Figures 2B and 2C). Reclaim operations pose little potential impacts to the storm water runoff from this area because the cement or alumina being transported is enclosed. Storm water runoff from this area either infiltrates into the railroad bed or grassy strip west of the asphalt surface.

3.2.5 Drainage Basin 5

Drainage Basin 5 includes the facility roadway and landscaped areas in the north part of the south terminal (see Figures 2C, 2D, and 2E). Storm water from most of the roadway runs off the road and infiltrates in the area west of the road. Storm water from the landscaped areas infiltrates directly into the ground.

Storm water in the immediate area around the truck wash flows to the truck wash rack floor drain that conveys the wash water to a pH adjustment system and then to an infiltration pond. Hydrochloric acid is used in the pH adjustment system and is a potential pollutant. The acid is stored in 55-gallon drums. Any spills or leaks of the acid would be contained in the pH adjustment system. Cement, oil and grease, and metals are also potential pollutants to the truck wash area. However, the truck wash operation is permitted under WPCF Permit 17B (file no. 110230) and is not part of the facility's NPDES permit.

3.2.6 Drainage Basin 6

Drainage Basin 6 includes the facility roadway and landscaped areas in the south part of the south terminal. It also includes the area around the south terminal silos and the silo bypass road (see Figures 2E,and 2F). Storm water either infiltrates into pervious areas adjacent to the roadway or flows as shallow concentrated flow toward the dock where it discharges to the Willamette River.

3.2.7 Drainage Basin 7

Drainage Basin 7 includes the bank of the Willamette River and the three north terminal storage silos (see Figures 2A through 2F). Storm water from Basin 7 either infiltrates or discharges via sheet flow to the Willamette River. Storm water runoff from the roofs of the three storage silos flows directly to the Willamette River by sheet flow.

Appendix58-001028

3.3 Potential Pollutants

Potential pollutants that could impact storm water are listed below.

- Cement dust
- Alumina (north terminal)
- Petroleum products including fuel, oil and grease from fueling operations and from vehicles operating or parking at the site
- Heavy metals (copper, lead, nickel, and zinc) from roofs and equipment stored on site
- Hydrochloric acid (south terminal)

Site controls for these potential pollutants are discussed in Section 4.

3.4 Receiving Waters

Storm water from the Ash Grove facility is discharged to the Willamette River through Outfall 4 and as sheet flow from the loading docks at the north and south terminals. The Willamette River has been identified as Water Quality Limited by the DEQ. Storm water from much of the site infiltrates directly into the ground through graveled or grassy areas.

3.5 Storm Water Monitoring

As required by Schedule B of the 1200-Z permit, Ash Grove will collect storm water samples twice each year, at least 60 days apart, during a storm water runoff event when runoff is occurring from the site. It is preferred, but not required that one sample is collected in the fall and one sample is collected in the spring. The samples will be analyzed for the parameters specified in the facility Permit and compared to the respective benchmarks set forth in the Permit and listed below.

Parameter	Benchmark	Frequency	Sample Type
Total Copper	0.10 mg/l	Twice per Year	Grab
Total Lead	0.04 mg/l	Twice per Year	Grab
Total Zinc	0.60 mg/l	Twice per Year	Grab
pH	5.5-9.0 Std Units	Twice per Year	Grab
Total Suspended Solids	130 mg/l	Twice per Year	Grab
Oil and Grease	10 mg/l	Twice per Year	Grab

Ash Grove collects samples at two representative sampling locations: Outfall 4 (Basin 1) and at the south terminal dock (Basin 6). Ash Grove performs visual observations on a

Appendix58-001029

monthly basis, if a storm event has occurred, to identify oil and grease sheen and floating solids. Ash Grove also measures temperature monthly during the visual observations. Visual monitoring is completed at the Outfall 4 and south terminal dock sampling locations. The results are logged on the Visual Monitoring Log (see Appendix C).

If the benchmarks listed in the Permit are met (or if exceeded parameters have been due to natural or background conditions as described in Schedule A.9.b of the Permit) for at least four consecutive storm water monitoring events over 24 continuous months, a written request may be submitted to DEQ requesting a cessation of monitoring. Visual observations must be continued.

Appendix58-001030

4 SITE CONTROLS AND BEST MANAGEMENT PRACTICES

4.1 Pollution Prevention Team

The SWPCP implementor is the Portland Terminal Manager. Operational employees will receive training in the site BMPs and goals of the SWPCP, spill prevention and control, good housekeeping, and significant materials management practices.

4.2 Best Management Practices

Schedule A of the Permit lists several BMP that are required if technically and ecconomically feasible. These BMPs are described below.

4.2.1 Containment/Fueling Operations

All hazardous materials must have secondary containment to prevent leaks and spills. Hazardous materials used at the facility are stored inside enclosed buildings. The buildings provide containment of these materials. Containment of waste oil is described below in Section 4.2.3

Fueling operations for motorized equipment are conducted at the fueling station located adjacent to the garage. The 500-gallon double walled diesel tank is located on the outside north wall of the garage. Ash Grove intends on adding secondary containment to the fueling area to contain 110% of the capacity of the fuel tank. The tank is protected from heavy traffic and vehicles by concrete filled steel pipe bollards. The fueling areas include absorbent material and oil booms to prevent petroleum spills from entering the storm water catch basins. This multi-level approach reduces the risk of petroleum spills from entering the Willamette River. The following protocol is used during fueling operations to reduce the risk of spills:

- Drip pans are placed under the fuel tank during fueling operations, as an extra precaution, to capture fuel that may spill. Any spilled fuel will be immediately transferred from the drip pan to a waste fuel container and properly disposed.

- Spills will be immediately addressed in accordance with the provisions of this SWPCP.

Appendix58-001031

- An adequate supply of response material is maintained.
- Employees are trained on the proper use of fuel dispensers. "No Topping off" signs are posted in reduce spillage and venting of gas fumes to the air.

4.2.2 Oil and Grease

Each catch basin has a sump and an elbow to collect sediment and to provide an initial trap for floating debris, oils and grease. The catch basins are routinely inspected and cleaned.

4.2.3 Waste Chemicals and Material Disposal

Used oil is generated as a result of site operations. The waste oil collection and containment area is located inside the garage (see Figure 2B). A 300-gallon waste oil tank within secondary containment will be located in the garage. This containment area will be covered and will not be exposed to the elements. The configuration of the used oil area will have separate tanks for anti-freeze and used oil.

Used oil generated as a result of routine maintenance will be collected in drip pans and designated containers. The used oil will immediately be transferred to the used oil container. Drip pans will be clearly marked. No used oil or byproducts will be kept or stored outside the garage.

A local waste oil company is retained as required to pick up all waste oil products. The waste petroleum products are recycled and the absorbent pads properly disposed of offsite. Accumulated oil will be recycled through licensed, certified processors.

4.2.4 Erosion and Sediment Control

Site roadways are paved to eliminate erosion in those areas. Unpaved areas are vegetated and/or rocked to help prevent erosion and to control sedimentation.

4.2.5 Debris Control

Each catch basin has a sump and an elbow to collect sediment and to provide an initial trap for floating debris and oils. The catch basins are routinely inspected and cleaned. Storm water from the catch basins at the north terminal is conveyed through a vault. The vault allows solids to settle out before they are discharged from Outfall 4.

Appendix58-001032

4.2.6 Storm water Diversion

Storm water runoff is not currently diverted away from any particular areas of potential storm water contamination since all significant industrial activities are enclosed or covered.

4.2.7 Covering Activities

The ships are securely moored to the dock before any unloading operations are started. One compartment of the ship is unloaded at a time. Precautions are taken to ensure the containment of the cement or alumina. The unloading operation by Ash Grove is performed with a pneumatic system that keeps the cement and alumina enclosed and covered as it is transported from the ships to the storage silos. The pneumatic system and the silos are inspected and maintained to avoid any leakage.

Cement and alumina are reclaimed from the silos to either covered hopper rail cars or to the truck loadout silos. The reclaim system keeps the materials enclosed and covered as they are transported. In the rail load-out building, the cement and alumina are enclosed and covered as they are transported to the rail hopper cars. The operators in the rail load-out control room meter the flow and quantity to each hopper and remove the sealed chute from the opening when the flow has stopped and secure the hopper cover before it leaves the building. Rail hopper cars are closed and sealed before they leave the building.

A totally enclosed conveyor system will be installed that will transfer cement to the adjacent truck loadout located north of the storage silos.

Oil drums and the 300-gallon waste oil tank will be stored under cover in the garage, and the blower for the pneumatic system is contained under cover in a concrete building on the loading dock at the north terminal.

4.2.8 Housekeeping

Ash Grove maintains rigorous housekeeping standards for the facility, including the following:

- Equipment and especially hydraulic equipment is maintained in good working order.
- Cement and alumina are conveyed and stored in enclosed systems.
- A vacuum system located at the rail loadout building is used to cleanup any cement spills that may occur.
- A mobile sweeper is used to maintain the surface area of the facility.
- Catch basins, manholes, and vaults are cleaned out as necessary.

Appendix58-001033

- Leaks and spills, including oils, fuels, and dust from site operations are promptly contained and cleaned up. Spill response kits are strategically located in the garage and the shop next to the administrative office to facilitate expeditious cleanup.
- Preventive maintenance for vehicles and equipment is performed regularly and equipment with leaks will be removed from service until the source of the leak has been repaired.
- Cleaning of oily parts is completed in the designated maintenance area of the garage. The containment area will be maintained to prevent spillage or overfill.
- Cement and alumina are stored within the silos to prevent exposure to weather and runoff.

4.2.9 Other Site Controls

4.2.9.1 Truck Wash Area

Ash Grove uses pressurized water to clean trucks leaving the site. The washing activities take place at a designated facility located at the south terminal. The truck washing facility is covered and the pad material is constructed of concrete, forming an impenetrable barrier to the subsurface. Wash water is conveyed through a racked floor drain and is processed through a settling tank and pH adjustment system. The effluent is discharged to a large infiltration pond. Wash water does not enter the storm water system. The truck wash operation is permitted under WPCF Permit 17B (file no. 110230) and is not included in the permitted activities for the facility's NPDES permit. Maintenance of equipment (e.g., oil changing, hydraulic line maintenance, etc.) is not conducted within the wash area.

4.3 Spill Prevention and Response Procedures

Ash Grove will make every effort to reduce the possibility of spills. In the event of a spill, immediate response is required to prevent the spill from entering the storm water system. A spill incident report form and emergency response contact list are provided in Appendix D. The following action will take place in the event of a spill.

- Immediately assess the situation.

- If the spill is minor (e.g., and can be contained and cleaned with minimal effort):

  - Proceed with cleanup and report the event to the environmental manager as soon as reasonably possible. Response actions may include pumping the material into containers or using absorbent material to contain the spill, or both. Spill kits consisting of floor sweep and oil booms are stored in the garage and in the shop next to the administrative office (see Figure 2B) Floor sweep (e.g., kitty litter) and booms may be used to absorb liquid spills. Spills

Appendix58-001034

that are in close proximity to catch basins may be contained by placing booms, catch basin plugs, and floor sweep around the catch basin.

- The material used to contain/clean the spill will be disposed of in containers provided specifically for this purpose. Spill drums (salvage drums) are located next in the garage.

- Report the event to management.

- If the spill is beyond the ability of a single employee to control, notify management and your supervisor immediately.

4.4 Preventive Maintenance

A preventative maintenance program is implemented at the site and summarized below:

- Monthly inspections are completed of areas where potential spills may occur (e.g., loading buildings, equipment fueling station, truck wash area, and equipment maintenance areas). Monthly Inspections are logged on the forms provided in Appendix E.

- Monthly inspections of the storm water system including catch basins, vault, manholes, outfalls, and roof drain downspouts are completed. Supplies in spill kits and floor sweep supplies are replenished during inspections. Monthly inspections are logged on the forms provided in Appendix E. Remove oil, debris, sludge, etc. from catch basins, manholes, and vault as necessary.

  During cleaning activities, the following precautions are taken:

  - Conduct cleaning operations during periods of dry weather.
  - Take appropriate measures to prevent the discharge of materials to the outfalls during conducting cleaning operations.
  - Clean sediment from the trap inside the catch basin each time the catch basin inserts are cleaned or replaced.

- Preventative maintenance also includes maintaining equipment in good working condition.

- The AST containment area is inspected monthly and cleaned as needed.

Appendix58-001035

4.5 Employee Education

Ash Grove educates operational personnel in identifying pollutant sources and potential pollutants; and understanding pollutant control measures, and spill response procedures. A storm water pollution prevention message is discussed at selected monthly general health and safety meetings. Documentation is kept in Appendix F.

In addition, all pertinent employees are required to review the SWPCP and sign an Employee Training Form that indicates the policies and procedures are understood (see Appendix F). Suggestion boxes are made available for new suggestions.

4.6 Additional Best Management Practices

If necessary in order to maintain pollutant discharges below the established benchmarks for the site, Ash Grove shall select and implement additional BMPs from the BMP guidance document (Best Management Practices for Storm Water Associated with Industrial Activities, July 1999, DEQ NWR) or equivalent BMPs. The type and scope of any additional BMPs will depend on the chemical(s) of concern, their respective source(s), concentrations, and other pertinent information.

Appendix58-001036

5 RECORD KEEPING AND INTERNAL REPORTING PROCEDURES

5.1 Record Keeping

Ash Grove will maintain the following information on-site:

- Results of storm water quality monitoring program.
- Inspection and maintenance of storm water control and treatment facilities. Monthly inspection forms are located in Appendix E.
- Spills or leaks of significant materials that may have impacted storm water runoff and the corrective actions taken.
- A SWPCP review report form (see Appendix B) filed in this notebook for documenting periodic reviews (e.g., if benchmarks are not met, a review is required).
- Copies of employee signature pages associated with the SWPCP training program (Appendix F).

Storm water system inspection forms and reports, including scope of inspection, personnel conducting inspection, date(s) of the inspection, major observations relating to the implementation of the SWPCP (i.e., performance of the BMPs, etc.) and actions taken to correct BMP inadequacies should be retained for five years.

Additionally, reports on spills of oil or hazardous substances in greater than "Reportable Quantities" (Code of Federal Regulations Tile 40, Parts 302.4 and 177) including oils, gasoline, or diesel fuel, that causes a violation of the State of Oregon Water Quality Standards will be retained on file for a period of five years.

5.2 Reporting Procedures

Grab sampling data for the previous monitoring period (July 1 – June 30) will be submitted to the DEQ Northwest Regional Office by July 15 of each year. In the case of insufficient rainfall for storm water-discharge-sample collection, sampling may be

Appendix58-001037

rescheduled. Sampling performed by regulatory agencies may not be submitted as one or both of the required sampling events.

The annual report will be submitted by mail and will include:

- Site (facility) name as it appears on the Permit (Ash Grove Cement Company)
- File or site number (107213),
- Complete date of each sampling event,
- Sampling point,
- Analysis results for parameters in the Permit.

5.3 Implementation Schedule

If storm water quality fails to meet benchmarks, additional BMPs will be implemented at the facility as soon as practicable.

Appendix58-001038

FIGURES

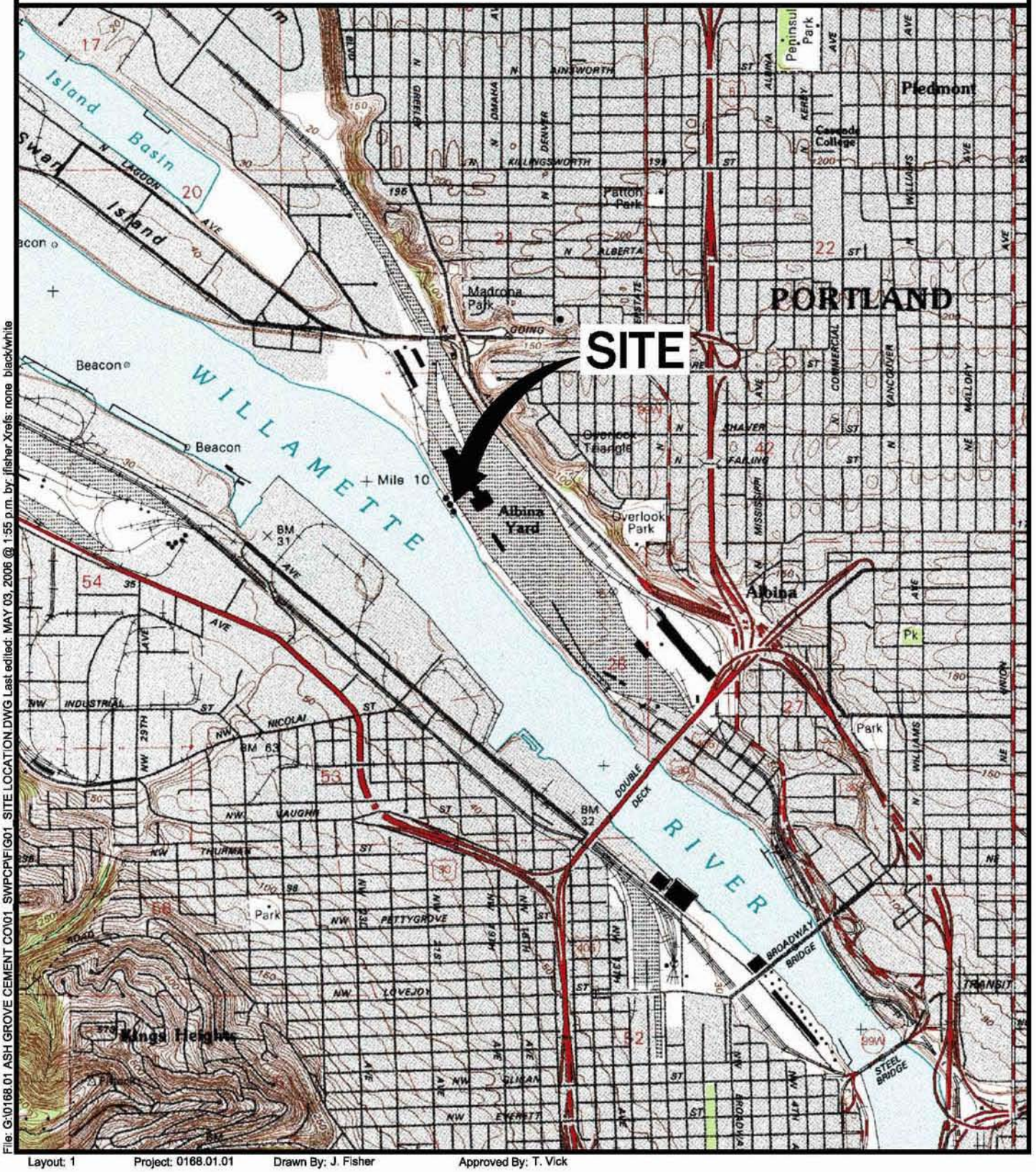
MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA | Portland, OR | www.MFAinc.org

0 2000 4000
Approximate Scale in Feet

N

Figure 1
Ash Grove Cement Company
Portland, Oregon
Site Location

Source: U.S.G.S. 7.5 minute Quadrangel
Site Address: 2737 North Port Center Way
Section: 21 Township: 1N Range: 1E Of Willamette Meridian

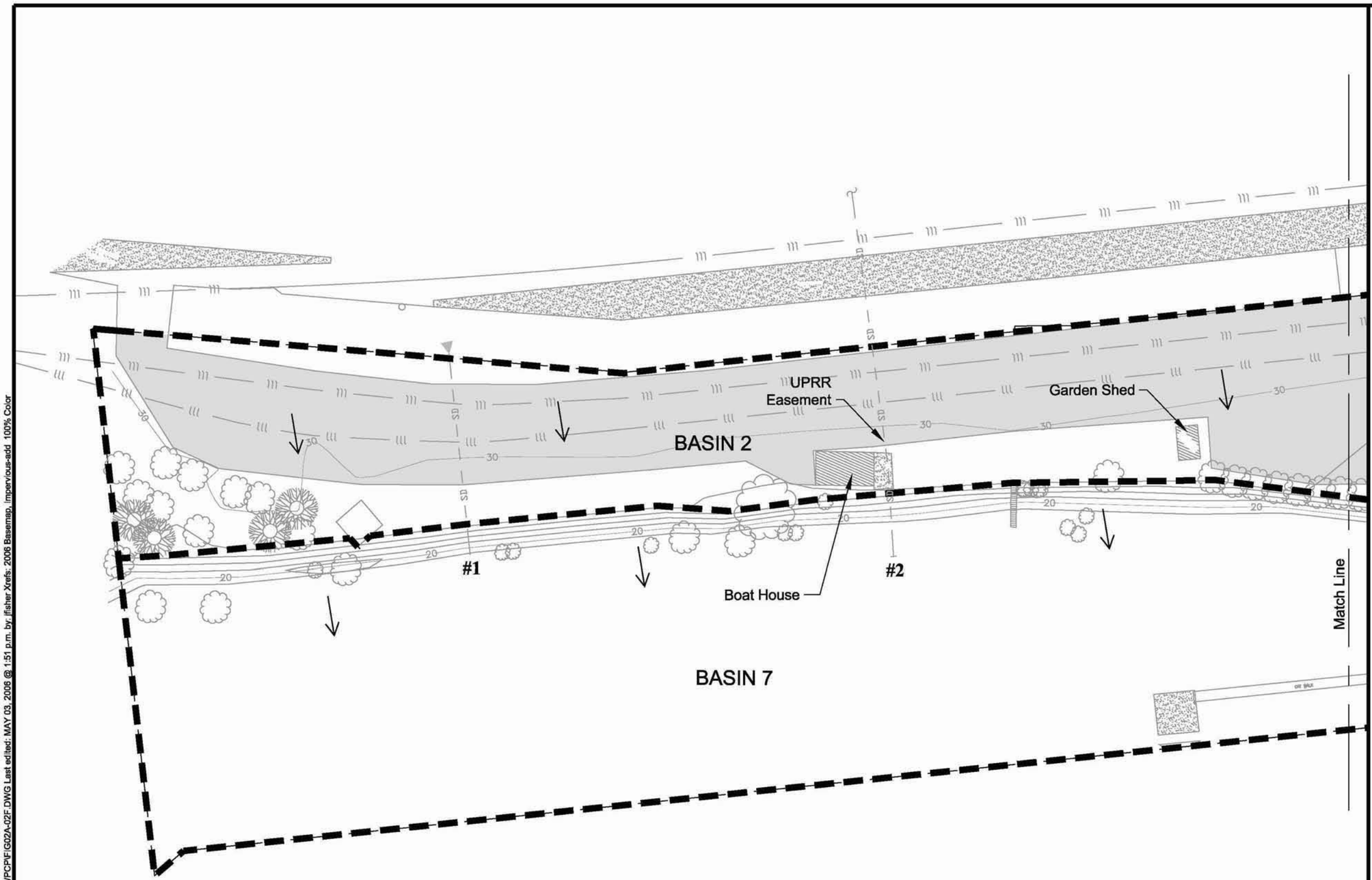


File: G:\0168.01 ASH GROVE CEMENT CO\01_SWPCP\FIG01_SITE LOCATION.DWG Last edited: MAY 03, 2006 @ 1:55 p.m. by: jfisher Xrefs: none black/white

Layout: 1 Project: 0168.01.01 Drawn By: J. Fisher Approved By: T. Vick

Figure 2A
Existing Conditions

Ash Grove Cement Co.
Portland, Oregon



Legend:
- Property Boundary
- Fence
- Railroad Tracks
- #2 Outfall Location and Designation
- Rock Collector (buried)
- SD Stormwater Line (not used by Ash Grove)
- Drainage Basin Boundary
- Direction of Surface Water Flow
- Asphalt Pavement
- Concrete
- Buildings

N

0 50 100
FEET

Note:
Based on Alta Land Title survey by Caswell/Hertel Surveyors on Sept. 26, 2005, and updated in February 2006 and March 2006.

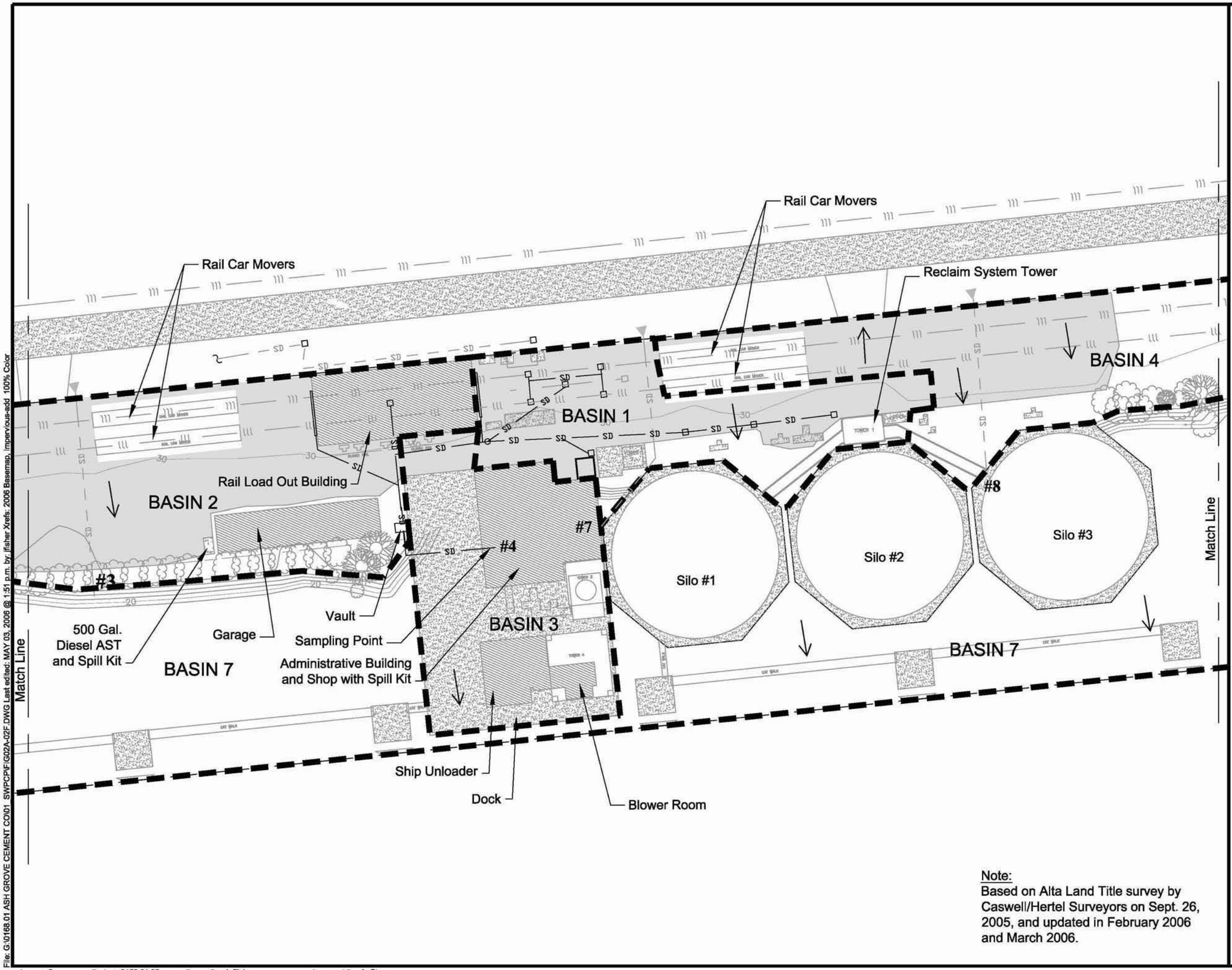
MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA | Portland, OR | www.MFAinc.org

File: G:\0168.01 ASH GROVE CEMENT CO\01 SWPCP\FIG02A-02F.DWG Last edited: MAY 03, 2006 @ 1:51 p.m. by: jfisher Xrefs: 2006 Basemap, impervious-add 100% Color

Layout: 1 Project: 0168.01.02 Drawn By: J. Fisher Approved By: A. Clary

Figure 2B
Existing Conditions

Ash Grove Cement Co.
Portland, Oregon



Legend:

- Property Boundary
- Fence
- Railroad Tracks
- #2 Outfall Location and Designation
- Rock Collector (buried)
- SD Ash Grove Stormwater Line (configuration estimated)
- SD Stormwater Line (not used by Ash Grove)
- Catch Basin
- Manhole
- Drainage Basin Boundary
- Direction of Surface Water Flow
- Asphalt Pavement
- Concrete
- Buildings

N

0 50 100

FEET

Note:
Based on Alta Land Title survey by Caswell/Hertel Surveyors on Sept. 26, 2005, and updated in February 2006 and March 2006.

MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA | Portland, OR | www.MFAinc.org

File: G:\0168.01 ASH GROVE CEMENT CO\01 SWPCP\FIG02A-02F.DWG Last edited: MAY 03, 2006 @ 1:51 p.m. by: jfisher Xrefs: 2006 Basemap, impervious-add 100% Color

Layout: 2 Project: 0168.01.02 Drawn By: J. Fisher Approved By: A. Clary

Figure 2C
Existing Conditions

Ash Grove Cement Co.
Portland, Oregon

BASIN 4

BASIN 5

BASIN 7

BASIN 7

North Terminal

South Terminal

Infiltration Pond

Match Line

Match Line

Legend:
- Property Boundary
- Fence
- Railroad Tracks
- Drainage Basin Boundary
- Direction of Surface Water Flow
- Concrete

N

0 50 100

FEET

Note:
Based on Alta Land Title survey by Caswell/Hertel Surveyors on Sept. 26, 2005, and updated in February 2006 and March 2006.

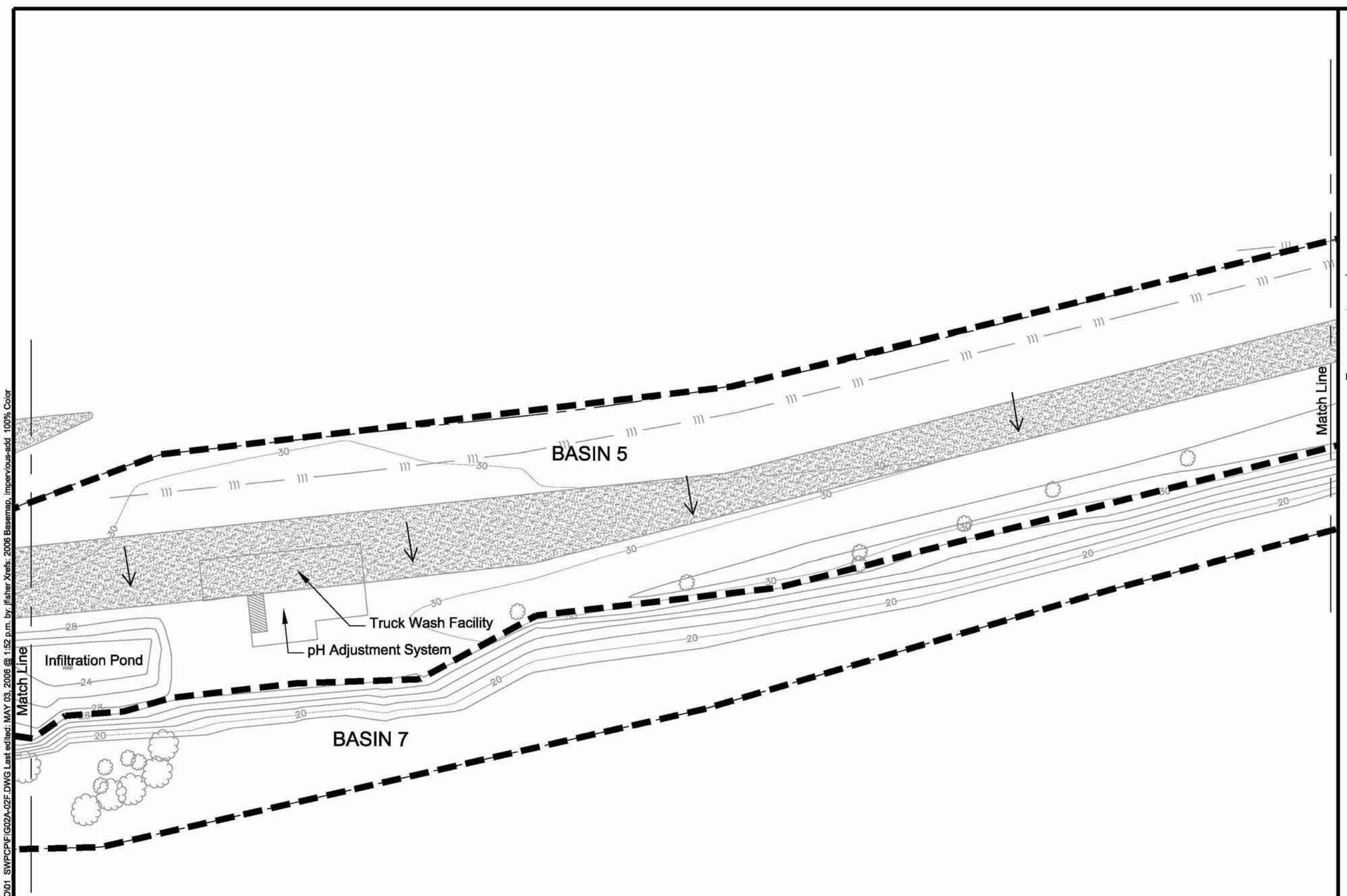
MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA | Portland, OR | www.MFAinc.org

File: G:\0168.01 ASH GROVE CEMENT CO\01 SWPCPVF\G02A-02F.DWG Last edited: MAY 03, 2006 @ 1:52 p.m. by: jfisher Xrefs: 2006 Basemap, Impervious-add 100% Color

Layout: 3 Project: 0168.01.02 Drawn By: J. Fisher Approved By: A. Clary

Figure 2D
Existing Conditions

Ash Grove Cement Co.
Portland, Oregon



Legend:
- Property Boundary
- Fence
- Railroad Tracks
- Drainage Basin Boundary
- Direction of Surface Water Flow
- Concrete

N

0 50 100
FEET

Note:
Based on Alta Land Title survey by Caswell/Hertel Surveyors on Sept. 26, 2005, and updated in February 2006 and March 2006.

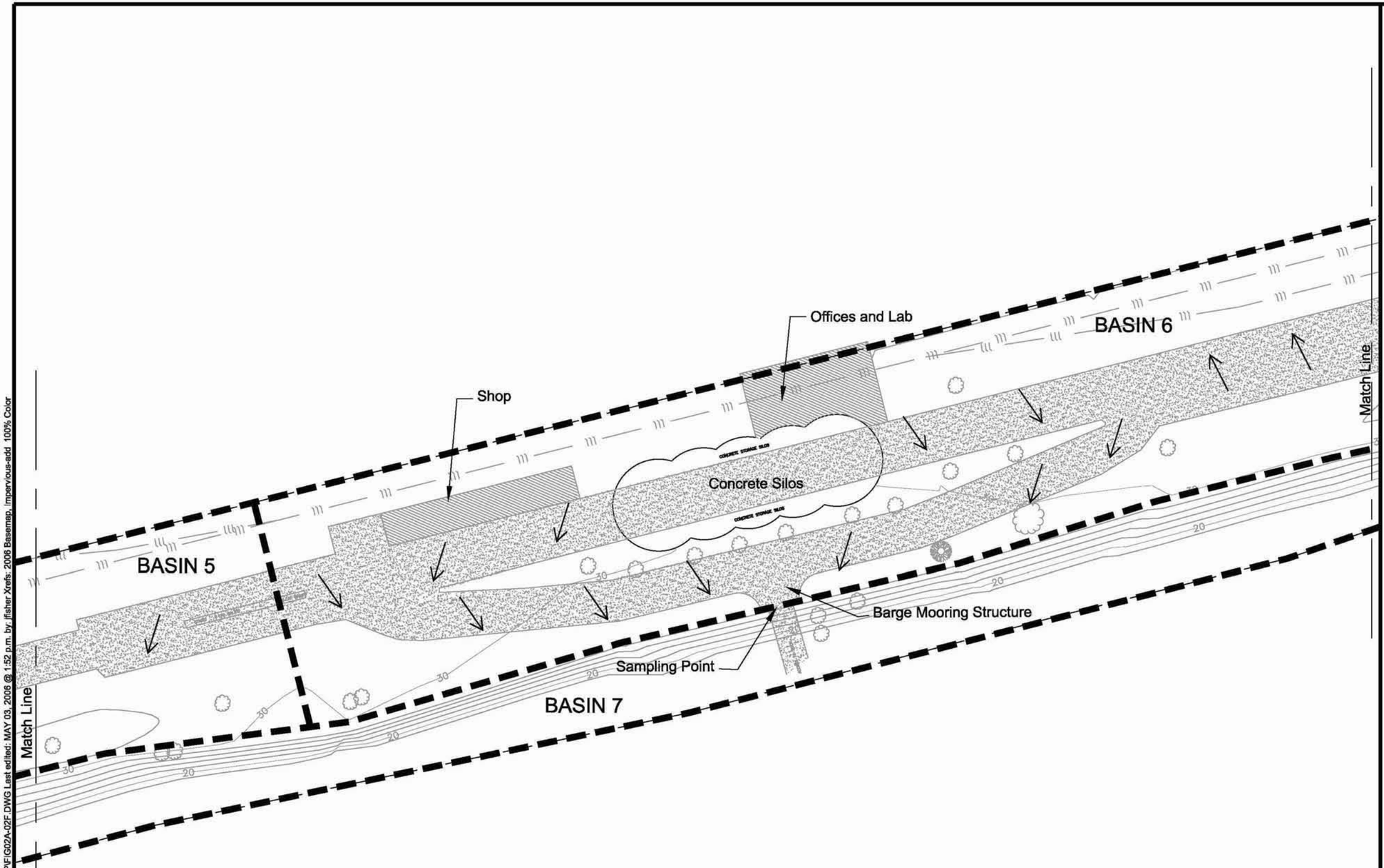
MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA | Portland, OR | www.MFAinc.org

File: G:\0168.01 ASH GROVE CEMENT CO\01 SWPCP\F\G02A-02F.DWG Last edited: MAY 03, 2006 @ 1:52 p.m. by: jfisher Xrefs: 2006 Basemap, Impervious-add 100% Color

Layout: 4 Project: 0168.01.02 Drawn By: J. Fisher Approved By: A. Clary

Figure 2E
Existing Conditions

Ash Grove Cement Co.
Portland, Oregon



Legend:
- Property Boundary
- Fence
- Railroad Tracks
- Drainage Basin Boundary
- Direction of Surface Water Flow
- Concrete
- Buildings

N

0 50 100

FEET

Note:
Based on Alta Land Title survey by Caswell/Hertel Surveyors on Sept. 26, 2005, and updated in February 2006 and March 2006.

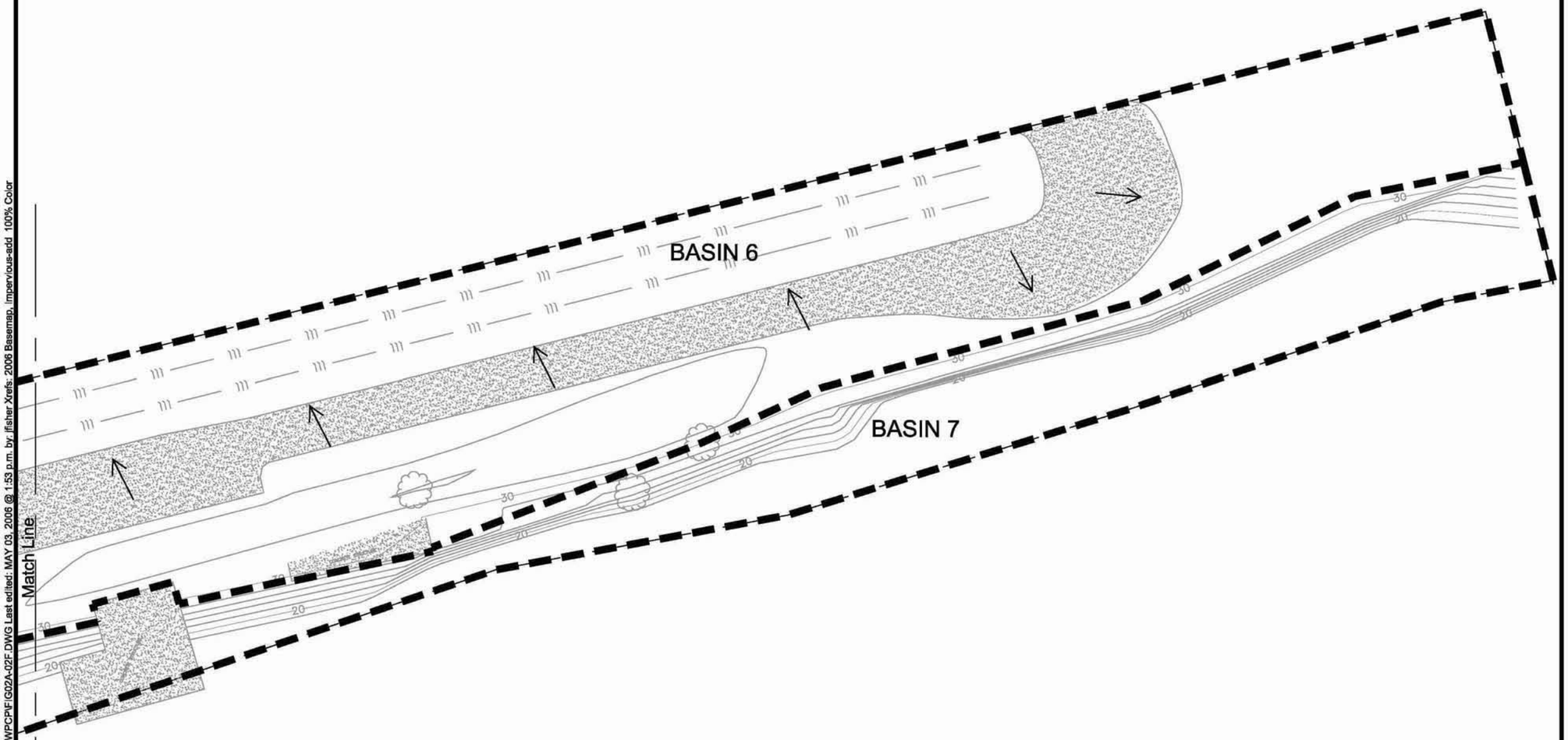
MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA | Portland, OR | www.MFAinc.org

File: G:\0168.01 ASH GROVE CEMENT CO\01 SWPCP\Fi\G02A-02F.DWG Last edited: MAY 03, 2006 @ 1:52 p.m. by: jfisher Xrefs: 2006 Basemap, impervious-add 100% Color

Layout: 5 Project: 0168.01.02 Drawn By: J. Fisher Approved By: A. Clary

Figure 2F
Existing Conditions

Ash Grove Cement Co.
Portland, Oregon



Legend:
- Property Boundary
- Fence
- Railroad Tracks
- Drainage Basin Boundary
- Direction of Surface Water Flow
- Concrete

Note:
Based on Alta Land Title survey by Caswell/Hertel Surveyors on Sept. 26, 2005, and updated in February 2006 and March 2006.

N

0 50 100

FEET

MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA | Portland, OR | www.MFAinc.org

File: G:\0168.01 ASH GROVE CEMENT CO\01 SWPCPF\G02A-02F.DWG Last edited: MAY 03, 2006 @ 1:53 p.m. by: jfisher Xrefs: 2006 Basemap, impervious-add 100% Color

Layout: 6 Project: 0168.01.02 Drawn By: J. Fisher Approved By: A. Clary

APPENDIX A

1200-Z NPDES PERMIT

GENERAL PERMIT
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
STORM WATER DISCHARGE PERMIT

Department of Environmental Quality
811 Southwest Sixth Avenue, Portland, OR 97204
Telephone: (503) 229-5630 or 1-800-452-4011 toll free in Oregon
Issued pursuant to ORS 468B.050 and The Federal Clean Water Act

ISSUED TO:

All Owners or Operators of Storm Water Point Source Discharges that are Covered by this Permit

SOURCES COVERED BY THIS PERMIT

Facilities identified in 40 Code of Federal Regulation (CFR) §122.26(b)(14)(i - ix, xi) with storm water discharges. See *Table 1: Sources Covered* on p. 2 for more information on the CFR regulated industries covered by this permit. Facilities may qualify for a conditional exclusion from the requirement to obtain coverage under a permit if there is no exposure of industrial activities and materials to storm water pursuant to 40 CFR §122.26(g); see *Permit Coverage and Exclusion from Coverage* on p. 3 for more information.

Construction activities, asphalt mix batch plants, concrete batch plants and Standard Industrial Classification code 14, *Mining and Quarrying of Nonmetallic Minerals, Except Fuels*, are excluded from this permit. These activities are regulated under separate permits.

Issued: July 26, 2002
Effective: August 9, 2002

Michael T. Llewelyn, Administrator
Water Quality Division

PERMITTED ACTIVITIES

Until this permit expires or is modified or revoked, the permittee is authorized to construct, install, modify, or operate storm water treatment and/or control facilities, and to discharge storm water to public waters in conformance with all the requirements, limitations, and conditions set forth in the attached schedules as follows:

		Page
Permit Coverage and Exclusion From Coverage		3
Schedule A -	Storm Water Pollution Control Plan, Additional Requirements, Limitations, and Benchmarks	5
Schedule B -	Monitoring and Reporting Requirements	10
Schedule C -	Compliance Conditions and Schedules	12
Schedule D -	Special Conditions	13
Schedule F -	General Conditions	14

Unless specifically authorized by this permit, by another NPDES or WPCF permit, or by Oregon Administrative Rule, any other direct or indirect discharge to waters of the state is prohibited, including discharges to an underground injection control system.

Appendix58-001048

TABLE 1: SOURCES COVERED

Facilities with the following primary Standard Industrial Classification codes: 10 Metal Mining 12 Coal Mining 13 Oil and Gas Extraction 20 Food and Kindred Products 21 Tobacco Products 22 Textile Mill Products 23 Apparel and Other Finished Products Made From Fabrics and Similar Material 24 Lumber and Wood Products, Except Furniture (excluding 2491 Wood Preserving and 2411 Logging) 25 Furniture and Fixtures 27 Printing, Publishing and Allied Industries 28 Chemicals and Allied Products (excluding 2874 Phosphate Fertilizer Manufacturing) 29 Petroleum Refining and Related Industries 30 Rubber and Miscellaneous Plastics Products 31 Leather and Leather Products 32 Stone, Clay, Glass, and Concrete Products 33 Primary Metal Industries 34 Fabricated Metal Products, Except Machinery and Transportation Equipment 35 Industrial and Commercial Machinery and Computer Equipment 36 Electronic and Other Electrical Equipment and Components, Except Computer Equipment 37 Transportation Equipment 38 Measuring, Analyzing, and Controlling Instruments; Photographic, Medical and Optical Goods; Watches and Clocks 39 Miscellaneous Manufacturing Industries 4221 Farm Product Warehousing and Storage 4222 Refrigerated Warehousing and Storage 4225 General Warehousing and Storage 5015 Motor Vehicle Parts, Used 5093 Scrap and Waste Materials
Facilities with the following primary Standard Industrial Classification codes that have vehicle maintenance shops (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication), equipment cleaning operations, or airport deicing operations: 41 Local and Suburban Transit and Interurban Highway Passenger Transportation 42 Motor Freight Transportation and Warehousing (excluding 4221 Farm Product Warehousing and Storage, 4222 Refrigerated Warehousing and Storage, and 4225 General Warehousing and Storage) 43 United States Postal Service 44 Water Transportation 45 Transportation by Air 5171 Petroleum Bulk Stations and Terminals
Steam Electric Power Generation including coal handling sites
Landfills, land application sites and open dumps [excluding landfills regulated by 40 CFR §445 that discharge "contaminated storm water" (as defined by 40 CFR §445.2) to waters of the U.S.]
Hazardous Waste Treatment, Storage and Disposal Facilities [excluding hazardous waste landfills regulated by 40 CFR §445 that discharge "contaminated storm water" (as defined by 40 CFR §445.2) to waters of the U.S.]
Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage, recycling, and reclamation of municipal or domestic sewage (including land dedicated to the disposal of sewage sludge that are located within the confines of the facility) with the design flow capacity of 1.0 mgd or more, or required to have a pretreatment program under 40 CFR §403.

PERMIT COVERAGE AND EXCLUSION FROM COVERAGE

1. **Application for General Permit Coverage**
   a) *New facilities and existing facilities obtaining coverage for the first time*
   Owners or operators of sources covered by this permit must:
      i) Submit a complete copy of the Department-approved application form to the Department requesting coverage under this permit at least 180 days prior to the planned activity that will result in the discharge to waters of the state, unless otherwise approved by the Department.
      ii) Provide payment of all fees applicable to this permit prior to obtaining coverage.

   b) *Renewal of permit coverage for existing permittees*
   Owners or operators of sources covered by this permit must:
      i) Submit a complete copy of the Department approved application form 180 days prior to permit expiration, unless otherwise approved in writing by the Department.
      ii) Provide payment of all applicable fees for permit renewal.
      iii) The existing permit will continue to be in effect through administrative extension after the permit expiration date if a complete renewal application is submitted.

   c) *Notification that permit coverage has been obtained*
      i) The Department will notify the applicant by mail that they have received coverage and is authorized to operate under the conditions of this permit.
      ii) If the applicant's operation cannot be approved for coverage under this permit, the applicant may apply for an individual permit.

2. **"No Exposure" Conditional Exclusion from Permit Coverage**
Application for permit coverage is not required to obtain the "No Exposure" conditional exclusion described below.
   a) To qualify for this exclusion, the owner or operator must:
      i) Provide a storm resistant shelter to protect industrial materials and activities from exposure to rain, snow, snow melt, and runoff.
      ii) Complete and sign a certification, on a form approved by the Department, that there are no discharges of storm water contaminated by exposure to industrial materials and activities from the entire facility, except as provided in 40 CFR §122.26(g)(2).
      iii) Submit the signed certification to the Department once every five years.
      iv) Allow the Department to inspect the facility to determine compliance with the "no exposure" conditions, and allow the Department to make any "no exposure" inspection reports available to the public upon request.
      v) For facilities that discharge through a municipal separate storm sewer system (MS4), upon request, submit a copy of the "no exposure" certification to the MS4 operator (i.e., local municipality), as well as allow inspection and public reporting by the MS4 operator.
      vi) Use the Environmental Protection Agency (EPA) *Guidance Manual for Conditional Exclusion from Storm Water Permitting Based on "No Exposure" of Industrial Activities to Storm Water* (EPA 833-B-00-001, June 2000) to determine "no exposure."

   b) Limitations for obtaining and/or maintaining the exclusion:
      i) This exclusion is available on a facility-wide basis only, not for individual outfalls. If a facility has some discharges of storm water that would otherwise be "no exposure" discharges, individual permit requirements should be adjusted accordingly.

ii) If circumstances change and industrial materials or activities become exposed to rain, snow, snow melt, and/or runoff, the conditions for this exclusion no longer apply. In such cases, the discharge becomes subject to enforcement for un-permitted discharge. Any conditionally exempt discharger who anticipates changes in circumstances should apply for and obtain permit coverage prior to the change of circumstances.

iii) The Department retains the authority to require permit coverage (and deny this exclusion) upon making a determination that the discharge causes, has reasonable potential to cause, or contributes to an instream excursion above an applicable water quality standard, including designated uses.

iv) The Department will notify the permittee in writing of its approval of the "no exposure' conditional exclusion and termination of permit coverage. The owner or operator must maintain this notification on site.

SCHEDULE A
STORM WATER POLLUTION CONTROL PLAN

1. **Preparation and Implementation of the Storm Water Pollution Control Plan (SWPCP)**
The permittee must prepare and implement the SWPCP according to the following:
   a) The SWPCP must be prepared according to the requirements in Schedule A.2 by a person knowledgeable in storm water management and familiar with the facility. The person(s) preparing the plan must be identified in the plan.
   b) The SWPCP must be signed in accordance with 40 CFR §122.22. Updates and revisions to the SWPCP must also be signed and certified pursuant to 40 CFR §122.22.
   c) The SWPCP must be prepared and implemented according to the time frames set forth in Schedule C.
   d) The SWPCP must be kept current and updated as necessary to reflect any changes in facility operation.
   e) The SWPCP and updates to the SWPCP must be submitted to the Department in accordance with Schedule B.3.
   f) A copy of the SWPCP must be kept at the facility and made available upon request to government agencies responsible for storm water management in the permittee's area.

2. **Storm Water Pollution Control Plan Requirements**
   a) **Site Description** The SWPCP must contain the following information:
      i) A description of the industrial activities conducted at the site. Include a description of the significant materials (see Schedule D.3, Definitions) that are stored, used, treated and/or disposed of in a manner that allows exposure to storm water. Also describe the methods of storage, usage, treatment and/or disposal.
      ii) A general location map showing the location of the site in relation to surrounding properties, transportation routes, surface waters and other relevant features.
      iii) A site map including the following:
         (1) drainage patterns
         (2) drainage and discharge structures
         (3) outline of the drainage area for each storm water outfall
         (4) paved areas and buildings within each drainage area
         (5) areas used for outdoor manufacturing, treatment, storage, and/or disposal of significant materials
         (6) existing structural control measures for reducing pollutants in storm water runoff
         (7) material loading and access areas
         (8) hazardous waste treatment, storage and disposal facilities
         (9) location of wells including waste injection wells, seepage pits, drywells, etc.
         (10) location of springs, wetlands and other surface water bodies.
      iv) Estimates of the amount of impervious surface area (including paved areas and building roofs) relative to the total area drained by each storm water outfall.
      v) For each area of the site where a reasonable potential exists for contributing pollutants to storm water runoff, identify the potential pollutants that could be present in storm water discharges.
      vi) The name(s) of the receiving water(s) for storm water drainage. If drainage is to a municipal storm sewer system, the name(s) of the ultimate receiving waters and the name of the municipality.
      vii) Identification of the discharge outfall(s) and the point(s) where storm water monitoring will occur as required by Schedule B. If multiple discharge outfalls exist but will not all be monitored (as allowed in Schedule B.1.c), a description supporting this approach must also be included.

b) **Site Controls** The permittee must maintain existing controls and/or develop new controls appropriate for the site. The purpose of these controls is to eliminate or minimize the exposure of pollutants to storm water. In developing a control strategy, the SWPCP must have the following minimum components. A description of each component must be included in the SWPCP.

i) *Storm Water Best Management Practices* If technically and economically feasible, the following best management practices must be employed at the site. A schedule for implementation of these practices must be included in the SWPCP if the practice has not already been accomplished. This schedule must be consistent with the requirements for developing and implementing the SWPCP in Schedule C of the permit.

(1) Containment - All hazardous substances (see Schedule D.3, Definitions) must be stored within berms or other secondary containment devices to prevent leaks and spills from contaminating storm water. If the use of berms or secondary containment devices is not possible, then hazardous substances must be stored in areas that do not drain to the storm sewer system.

(2) Oil and Grease - Oil/Water separators, booms, skimmers or other methods must be employed to eliminate or minimize oil and grease contamination of storm water discharges.

(3) Waste Chemicals and Material Disposal - Wastes must be recycled or properly disposed of in a manner to eliminate or minimize exposure of pollutants to storm water. All waste contained in bins or dumpsters where there is a potential for drainage of storm water through the waste must be covered to prevent exposure of storm water to these pollutants. Acceptable covers include, but are not limited to, storage of bins or dumpsters under roofed areas and use of lids or temporary covers such as tarps.

(4) Erosion and Sediment Control - Erosion control methods such as vegetating exposed areas, graveling or paving must be employed to minimize erosion of soil at the site. Sediment control methods such as detention facilities, sediment control fences, vegetated filter strips, bioswales, or grassy swales must be employed to minimize sediment loads in storm water discharges. For activities that involve land disturbance, the permittee must contact the local municipality to determine if there are other applicable requirements.

(5) Debris Control - Screens, booms, settling ponds, or other methods must be employed to eliminate or minimize debris in storm water discharges.

(6) Storm Water Diversion - Storm water must be diverted away from fueling, manufacturing, treatment, storage, and disposal areas to prevent exposure of uncontaminated storm water to potential pollutants.

(7) Covering Activities - Fueling, manufacturing, treatment, storage, and disposal areas must be covered to prevent exposure of storm water to potential pollutants. Acceptable covers include, but are not limited to, permanent structures such as roofs or buildings and temporary covers such as tarps.

(8) Housekeeping - Areas that may contribute pollutants to storm water must be kept clean. Sweeping, prompt clean up of spills and leaks, and proper maintenance of vehicles must be employed to eliminate or minimize exposure of storm water to pollutants.

ii) *Spill Prevention and Response Procedures* Methods to prevent spills along with clean-up and notification procedures must be included in the SWPCP. These methods and procedures must be made available to appropriate personnel. The required clean up

material must be on-site or readily available. Spills prevention plans required by other regulations may be substituted for this provision providing that storm water management concerns are adequately addressed.

iii) *Preventative Maintenance* A preventative maintenance program must be implemented to ensure the effective operation of all storm water best management practices. At a minimum the program must include:
   (1) Monthly inspections of areas where potential spills of significant materials or industrial activities could impact storm water runoff.
   (2) Monthly inspections of storm water control measures, structures, catch basins, and treatment facilities.
   (3) Cleaning, maintenance and/or repair of all materials handling and storage areas and all storm water control measures, structures, catch basins, and treatment facilities as needed upon discovery. Cleaning, maintenance, and repair of such systems must be performed in such a manner as to prevent the discharge of pollution.

iv) *Employee Education* An employee orientation and education program must be developed and maintained to inform personnel of the components and goals of the SWPCP. The program must also address spill response procedures and the necessity of good housekeeping practices. A schedule for employee education must be included in the SWPCP. The Department recommends this education and training occur at the time of an employee's hire and annually thereafter.

c) **Record Keeping and Internal Reporting Procedures** The following information must be recorded and maintained at the facility and provided to the Department and other government agencies upon request. This information does not need to be submitted as part of the SWPCP.
   i) Inspection, maintenance, repair and education activities as required by the SWPCP.
   ii) Spills or leaks of significant materials that impacted or had the potential to impact storm water or surface waters. Include the corrective actions to clean up the spill or leak as well as measures to prevent future problems of the same nature.

ADDITIONAL REQUIREMENTS

3. **Oregon Administrative Rule 340-041-0026(3)(a)(D), Surface Water Temperature Management Plan** Individual storm water discharges are not expected to cause a measurable increase in stream temperature because the storm water discharges mainly occur at a time of year when ambient stream and runoff temperatures are relatively low. Compliance with this permit meets the requirement of OAR 340-041-0026(3)(a)(D) to develop and implement a surface water temperature management plan. If permitted storm water discharges in a particular basin are assigned waste load allocations under a Total Maximum Daily Load for temperature, then permittees in this basin will be required to implement additional management practices to reduce the temperature of the discharges. These practices include, but are not limited to, increased vegetation to provide for shading, underground conveyance systems or detention vaults, and filter treatment systems to reduce detention times.

4. **Storm Water Only** This permit only regulates the discharge of storm water. It does not authorize the discharge or on-site disposal of process wastewater, wash water, boiler blowdown, cooling water, air conditioning condensate, deicing residues, or any other non-storm discharges associated with the facility. The Department recommends that piping and drainage systems for floor drains and other process wastewater discharge points be separated from the storm drainage system to prevent inadvertent discharge of pollutants to waters of the state.

Any other wastewater discharge or disposal must be permitted in a separate permit. A separate Department permit may not be required if the wastewater is reused or recycled without discharge or disposal, or discharged to the sanitary sewer with approval from the local sanitary authority.

5. **Water Quality Limited Streams** - If Total Maximum Daily Loads are established and the discharge from a permitted source is assigned a waste load allocation, application for an individual or different general permit or other appropriate tools may be required to address the allocation.

6. **Water Quality Standards** The ultimate goal for permittees is to comply with water quality standards in OAR 340-041. In instances where a storm water discharge adversely impacts water quality, the Department may require the facility to implement additional management practices, apply for an individual permit, or take other appropriate action.

CODE OF FEDERAL REGULATION STORM WATER DISCHARGE LIMITATIONS

7. The permittee with the following activities must be in compliance with the applicable limitations at the time of permit assignment:

CFR Industry		Parameter	Limitation	
Category	**Subcategory**			
Cement manufacturing (40 CFR §411)	Materials storage piles runoff	pH	6.0 - 9.0 SU	
		Total Suspended Solids (TSS)	50 mg/l	
Steam powered electric power generating (40 CFR §423)	Coal pile runoff	TSS	50 mg/l, Daily Maximum	
Paving and roofing materials (tars and asphalt) (40 CFR §443)	Runoff from manufacturing of asphalt paving or roofing emulsion	Oil & Grease	20 mg/l, Daily Maximum	15 mg/l, 30 Day Average
		pH	6.0 - 9.0 SU	

STORM WATER DISCHARGE BENCHMARKS

8. **Benchmarks** Benchmarks are guideline concentrations not limitations. They are designed to assist the permittee in determining if the implementation of their SWPCP is reducing pollutant concentrations to below levels of concern. For facilities that are subject to federal limitations, benchmarks apply to only those pollutants that are not limited by the federal regulations. The following benchmarks apply to each point source discharge of storm water associated with industrial activity:

Parameter	Benchmark
Total Copper	0.1 mg/l
Total Lead	0.4 mg/l
Total Zinc	0.6 mg/l
pH	5.5 – 9.0 SU
Total Suspended Solids	130 mg/l
Total Oil & Grease	10 mg/l
E. coli**	406 counts/100 ml
Floating Solids (associated with industrial activities)	No Visible Discharge
Oil & Grease Sheen	No Visible Sheen

** The benchmark for E. coli applies only to landfills, if septage and sewage biosolids are disposed at the site, and sewage treatment plants.

9. **Review of SWPCP** If benchmarks are not achieved, the permittee must investigate the source of the elevated pollutant levels and review and, if necessary, revise the SWPCP within 60 days of receiving sampling results. The purpose of this review is to determine if the SWPCP is being followed and to identify any additional technically and economically feasible site controls that need to be implemented to further improve the quality of storm water discharges. These site controls include best management practices, spill prevention and response procedures, preventative maintenance, and employee education procedures as described in Schedule A.2.b.

   a) **SWPCP Revision** Any newly identified site controls must be implemented in a timely manner and incorporated into the SWPCP as an update. A new SWPCP is not required. If no additional site controls are identified, the permittee must state as such in an update to the SWPCP.

   b) **SWPCP Revision Submittal** Results of this review must be submitted to the Department in accordance with Schedule B.3 and made available upon request to government agencies responsible for storm water management in the permittee's area.

   c) **Background or Natural Conditions** If the permittee demonstrates that background or natural conditions not associated with industrial activities at the site cause an exceedance of a benchmark, then no further modifications to the SWPCP are required for that parameter. Upon successful demonstration of natural or background conditions through monitoring of the same storm event used to evaluate benchmarks the permittee would be eligible for the monitoring reduction as outlined in Schedule B.2.

SCHEDULE B
MONITORING AND REPORTING REQUIREMENTS

1. **Minimum Monitoring Requirements**
   a) All permittees must monitor storm water associated with industrial activity for the following:

GRAB SAMPLES OF STORM WATER	
Parameter*	**Frequency**
Total Copper	Twice per Year
Total Lead	Twice per Year
Total Zinc	Twice per Year
pH	Twice per Year
Total Suspended Solids	Twice per Year
Total Oil & Grease	Twice per Year
E. coli**	Twice per Year

* Parameters should be analyzed on samples collected from the same storm event.

** The monitoring for E. coli applies only to landfills, if septage and sewage biosolids are disposed at the site, and sewage treatment plants.

VISUAL MONITORING OF STORM WATER	
Parameter	**Frequency**
Floating Solids (associated with industrial activities)	Once a Month (when discharging)
Oil & Grease Sheen	Once a Month (when discharging)

   b) **Grab Samples** Grab samples that are representative of the discharge must be taken at least 60 days apart. It is preferred, but not required, that one sample be collected in the fall and one in the spring. Compositing of samples from different drainage areas is not allowed.

   c) **Multiple Point Source Discharges** The permittee may reduce the number of storm water monitoring points provided the outfalls have substantially identical effluents. Substantially identical effluents are discharges from drainage areas serving similar activities where the discharges are expected to be similar in composition. Outfalls serving areas with no exposure of storm water to industrial activities are not required to be monitored.

   d) **Monitoring Location** All samples must be taken at monitoring points specified in the SWPCP before the storm water joins or is diluted by any other wastestream, body of water or substance unless otherwise approved in writing by the Department.

2. **Monitoring Reduction**
   a) **Visual Observations** There is no reduction allowed of the required visual observations.

   b) **Grab Samples** The permittee is not required to conduct sampling if the benchmarks specified in Schedule A.8 are met, or if the exceedance is due to natural or background conditions for at least four consecutive storm water monitoring events conducted by the permittee over 24 continuous months. Note that there is no reduction in monitoring allowed for facilities subject to limitations under CFR (Schedule A.7).
      i) Results from sampling events cannot be averaged to meet the benchmarks.
      ii) Monitoring waivers may be allowed for individual parameters.

iii) Parameters in exceedance or not previously sampled must be monitored as required in Schedule B.1 until the monitoring waiver condition above is met.
iv) Monitoring data from the previous permit period may be used to meet the waiver requirement. This data must be evaluated against the benchmarks specified in this permit.
v) Monitoring data from the same storm event must be used to demonstrate that background or natural conditions not associated with industrial activities at the site are contributing to the exceedance of a benchmark.
vi) The permittee must submit written notification to the Department when exercising the monitoring waiver condition (refer to Schedule B.3.b).

c) **Reinstatement of Monitoring Requirements**
i) The permittee must conduct monitoring as specified in Schedule B.1 if changes to site conditions are expected to affect storm water discharge characteristics.
ii) The Department may reinstate monitoring requirements as specified in Schedule B.1 if prior monitoring efforts were improper or results were incorrect. The Department will notify the permittee of reinstatement in writing.
iii) Monitoring may also be reinstated if future sampling efforts by the permittee or the Department indicate benchmarks are being exceeded.
iv) If no monitoring was performed during the previous permit period, the permittee must reinitiate monitoring as specified in Schedule B.1 to qualify for the monitoring reduction allowed in Schedule B.2.

3. **Reporting Requirements** The permittee must submit the following to the appropriate DEQ regional office (DEQ will provide regional office information when the permittee is notified that permit coverage has been obtained):

a) **Monitoring Data** The permittee must submit by July 15 of each year grab sampling and visual monitoring data for the previous monitoring period (July 1- June 30). If there was insufficient rainfall to collect samples, the permittee must notify the Department by July 15 of each year. The permittee must also report the minimum detection levels and analytical methods for the parameters analyzed.

b) **Monitoring Reduction Notification** The permittee must submit written notification when exercising the monitoring reduction condition in Schedule B.2.b.

c) **Initial Completion or Update of SWPCP** The permittee must prepare or update the SWPCP in accordance with Schedule C of the permit. The permittee must submit an updated or completed SWPCP within 14 days after completion.

d) **SWPCP Revision (when benchmarks are exceeded)** The permittee must submit any revisions to the SWPCP required by Schedule A.9 within 14 days after the SWPCP is revised. If the Department does not review and comment on the revised SWPCP within 30 days, the permittee must implement the revisions as proposed. The permittee may proceed immediately with implementation of the following management practices as described in Schedule A.2.b without waiting for Department comment: waste chemical and materials disposal, debris control, storm water diversion, covering activities, housekeeping, and preventative maintenance.

SCHEDULE C
COMPLIANCE CONDITIONS AND SCHEDULES

1. **Existing Permittee** (for a facility with an NPDES storm water discharge permit assigned prior to June 30,2002):

   a) Not later than 90 days after receiving this permit, the existing permittee must revise and begin implementation of the SWPCP to meet any new permit requirements.

   b) Except for site controls that require capital improvements (see Schedule D.3, Definitions), the SWPCP must be implemented within 90 days after revision of SWPCP. Site control activities that require capital improvements must be completed in accordance with the schedule set forth in the SWPCP.

2. **New Permittee with Existing Facility** (for a facility operating prior to June 30, 2002, without an NPDES storm water discharge permit):

   a) Not later than 90 days after receiving this permit, the new permittee must prepare and begin implementation of the SWPCP.

   b) Except for site controls that require capital improvements (see Schedule D.3, Definitions), the SWPCP must be implemented within 90 days after completion of SWPCP. Site control activities that require capital improvements must be completed in accordance with the schedule set forth in the SWPCP.

3. **New Permittee with New Facility** (for a facility beginning operation after June 30, 2002):

   a) Prior to starting operations, a new permittee must prepare and begin implementation of the SWPCP.

   b) Except for site controls that require capital improvements (see Schedule D.3, Definitions), the SWPCP must be implemented within 90 days after beginning operation. Site control activities that require capital improvements must be completed in accordance with the schedule set forth in the SWPCP.

4. **New Permittee Discharging to Clackamas River, McKenzie River above Hayden Bridge (River Mile 15) or North Santiam River.** Not later than 180 days after receiving this permit, new permittees discharging to Clackamas River, McKenzie River above Hayden Bridge (river mile 15) or North Santiam River must submit to the Department a monitoring and water quality evaluation program. This program must be effective in evaluating the in-stream impacts of the discharge as required by OAR 340-041-0470. Within 30 days after Department approval, the permittee must implement the monitoring and water quality evaluation program. For the purpose of this condition, new permittees include potential or existing dischargers that did not have a permit prior to January 28, 1994, and existing dischargers that have a permit but request an increased load limitation.

SCHEDULE D
SPECIAL CONDITIONS

1. **Releases in Excess of Reportable Quantities.** This permit does not relieve the permittee of the reporting requirements of 40 CFR §117 Determination of Reportable Quantities for Hazardous Substances and 40 CFR §302 Designation, Reportable Quantities, and Notification.

2. **Availability of SWPCP and Monitoring Data.** The Storm Water Pollution Control Plan and/or storm water monitoring data must be made available to government agencies responsible for storm water management in the permittee's area.

3. **Definitions**

   a) *Capital Improvements* means the following improvements that require capital expenditures:
      i) Treatment best management practices including but not limited to settling basins, oil/water separation equipment, catch basins, grassy swales, detention/retention basins, and media filtration devices.
      ii) Manufacturing modifications that incur capital expenditures, including process changes for reduction of pollutants or wastes at the source.
      iii) Concrete pads, dikes and conveyance or pumping systems utilized for collection and transfer of storm water to treatment systems.
      iv) Roofs and appropriate covers for manufacturing areas.

   b) *Hazardous Substances* as defined in 40 CFR §302 Designation, Reportable Quantities, and Notification.

   c) *Material Handling Activities* include the storage, loading and unloading, transportation or conveyance of raw material, intermediate product, finished product, by-product or waste product.

   d) *Point Source* means a discharge from any discernible, confined, and discrete conveyance, including but not limited to, any pipe, ditch, channel, tunnel, or conduit.

   e) *Significant Materials* includes, but is not limited to: raw materials; fuels; materials such as solvents, detergents, and plastic pellets; finished materials such as metallic products; raw materials used in food processing or production; hazardous substances designated under section 101(14) of CERCLA; any chemical that a facility is required to report pursuant to section 313 of title III of SARA; fertilizers; pesticides; and waste products such as ash, slag, and sludge that have the potential to be released with storm water discharges.

4. **Local Public Agencies Acting as the Department's Agent**
   The Department authorizes local public agencies to act as its Agent in implementing this permit. The Department's Agent may be authorized to conduct the following activities, including but not limited to: application review and approval, inspections, monitoring data review, storm water and wastewater monitoring, SWPCP review, and verification and approval of no-exposure certifications. Where the Department has entered into such an agreement, the Department or its Agent will notify the permittee of where to submit monitoring data, SWPCPs, no-exposure certifications, and other notifications or correspondence associated with this permit.

SCHEDULE F
NPDES GENERAL CONDITIONS

SECTION A. STANDARD CONDITIONS

1. Duty to Comply
   The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of Oregon Revised Statutes (ORS) 468B.025 and is grounds for enforcement action; for permit termination, suspension, or modification; or for denial of a permit renewal application.

2. Penalties for Water Pollution and Permit Condition Violations
   Oregon Law (ORS 468.140) allows the Director to impose civil penalties up to $10,000 per day for violation of a term, condition, or requirement of a permit.

   Under ORS 468.943, unlawful water pollution, if committed by a person with criminal negligence, is punishable by a fine of up to $25,000 or by imprisonment for not more than one year, or by both. Each day on which a violation occurs or continues is a separately punishable offense.

   Under ORS 468.946, a person who knowingly discharges, places or causes to be placed any waste into the waters of the state or in a location where the waste is likely to escape into the waters of the state, is subject to a Class B felony punishable by a fine not to exceed $200,000 and up to 10 years in prison.

3. Duty to Mitigate
   The permittee must take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. In addition, upon request of the Department, the permittee must correct any adverse impact on the environment or human health resulting from noncompliance with this permit, including such accelerated or additional monitoring as necessary to determine the nature and impact of the noncomplying discharge.

4. Duty to Reapply
   If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply to have the permit renewed. The application must be submitted at least 180 days before the expiration date of this permit.

   The Director may grant permission to submit an application less than 180 days in advance but no later than the permit expiration date.

5. Permit Actions
   This permit may be modified, suspended, revoked and reissued, or terminated for cause including, but not limited to, the following:

   a. Violation of any term, condition, or requirement of this permit, a rule, or a statute;
   b. Obtaining this permit by misrepresentation or failure to disclose fully all material facts; or
   c. A change in any condition that requires either a temporary or permanent reduction or elimination of the authorized discharge.
   d. The permittee shall pay the fees required to be filed with this permit application and to be paid annually for permit compliance determination as outlined in the Oregon Administrative Rules, Chapter 340, Division 045.

   The filing of a request by the permittee for a permit modification or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

6. Toxic Pollutants
   The permittee must comply with any applicable effluent standards or prohibitions established under Section 307(a) of the Clean Water Act for toxic pollutants within the time provided in the regulations that establish those standards or prohibitions, even if the permit has not yet been modified to incorporate the requirement.

7. Property Rights
   The issuance of this permit does not convey any property rights of any sort, or any exclusive privilege.

8. Permit References
Except for effluent standards or prohibitions established under Section 307(a) of the Clean Water Act for toxic pollutants and standards for sewage sludge use or disposal established under Section 405(d) of the Clean Water Act, all rules and statutes referred to in this permit are those in effect on the date this permit is issued.

SECTION B. OPERATION AND MAINTENANCE OF POLLUTION CONTROLS

1. Proper Operation and Maintenance
The permittee must at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls, and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit.

2. Duty to Halt or Reduce Activity
For industrial or commercial facilities, upon reduction, loss, or failure of the treatment facility, the permittee must, to the extent necessary to maintain compliance with its permit, control production or all discharges or both until the facility is restored or an alternative method of treatment is provided. This requirement applies, for example, when the primary source of power of the treatment facility fails or is reduced or lost. It is not a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

3. Bypass of Treatment Facilities
   a. Definitions
      (1) "Bypass" means intentional diversion of waste streams from any portion of the treatment facility. The term "bypass" does not include nonuse of singular or multiple units or processes of a treatment works when the nonuse is insignificant to the quality and/or quantity of the effluent produced by the treatment works. The term "bypass" does not apply if the diversion does not cause effluent limitations to be exceeded, provided the diversion is to allow essential maintenance to assure efficient operation.
      (2) "Severe property damage" means substantial physical damage to property, damage to the treatment facilities or treatment processes which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

   b. Prohibition of bypass.
      (1) Bypass is prohibited unless:
         (a) Bypass was necessary to prevent loss of life, personal injury, or severe property damage;
         (b) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate backup equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventative maintenance; and
         (c) The permittee submitted notices and requests as required under General Condition B.3.c.
      (2) The Director may approve an anticipated bypass, after considering its adverse effects and any alternatives to bypassing, when the Director determines that it will meet the three conditions listed above in General Condition B.3.b.(1).

   c. Notice and request for bypass.
      (1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it must submit prior written notice, if possible at least ten days before the date of the bypass.
      (2) Unanticipated bypass. The permittee must submit notice of an unanticipated bypass as required in General Condition D.5.

4. Upset
   a. Definition. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operation error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventative maintenance, or careless or improper operation.

b. Effect of an upset. An upset constitutes an affirmative defense to an action brought for noncompliance with such technology based permit effluent limitations if the requirements of General Condition B.4.c are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.

c. Conditions necessary for a demonstration of upset. A permittee who wishes to establish the affirmative defense of upset must demonstrate, through properly signed, contemporaneous operating logs, or other relevant evidence that:
(1) An upset occurred and that the permittee can identify the causes(s) of the upset;
(2) The permitted facility was at the time being properly operated;
(3) The permittee submitted notice of the upset as required in General Condition D.5, hereof (24-hour notice); and
(4) The permittee complied with any remedial measures required under General Condition A.3 hereof.

d. Burden of proof. In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof.

5. Treatment of Single Operational Event
For purposes of this permit, A Single Operational Event which leads to simultaneous violations of more than one pollutant parameter must be treated as a single violation. A single operational event is an exceptional incident which causes simultaneous, unintentional, unknowing (not the result of a knowing act or omission), temporary noncompliance with more than one Clean Water Act effluent discharge pollutant parameter. A single operational event does not include Clean Water Act violations involving discharge without a NPDES permit or noncompliance to the extent caused by improperly designed or inadequate treatment facilities. Each day of a single operational event is a violation.

6. Overflows from Wastewater Conveyance Systems and Associated Pump Stations
a. Definitions
(1) "Overflow" means the diversion and discharge of waste streams from any portion of the wastewater conveyance system including pump stations, through a designed overflow device or structure, other than discharges to the wastewater treatment facility.
(2) "Severe property damage" means substantial physical damage to property, damage to the conveyance system or pump station which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of an overflow.
(3) "Uncontrolled overflow" means the diversion of waste streams other than through a designed overflow device or structure, for example to overflowing manholes or overflowing into residences, commercial establishments, or industries that may be connected to a conveyance system.

b. Prohibition of overflows. Overflows are prohibited unless:
(1) Overflows were unavoidable to prevent an uncontrolled overflow, loss of life, personal injury, or severe property damage;
(2) There were no feasible alternatives to the overflows, such as the use of auxiliary pumping or conveyance systems, or maximization of conveyance system storage; and
(3) The overflows are the result of an upset as defined in General Condition B.4. and meeting all requirements of this condition.

c. Uncontrolled overflows are prohibited where wastewater is likely to escape or be carried into the waters of the State by any means.

d. Reporting required. Unless otherwise specified in writing by the Department, all overflows and uncontrolled overflows must be reported orally to the Department within 24 hours from the time the permittee becomes aware of the overflow. Reporting procedures are described in more detail in General Condition D.5.

7. Public Notification of Effluent Violation or Overflow
If effluent limitations specified in this permit are exceeded or an overflow occurs, upon request by the Department, the permittee must take such steps as are necessary to alert the public about the extent and nature of the discharge. Such steps may include, but are not limited to, posting of the river at access points and other places, news releases, and paid announcements on radio and television.

8. Removed Substances
Solids, sludges, filter backwash, or other pollutants removed in the course of treatment or control of wastewaters must be disposed of in such a manner as to prevent any pollutant from such materials from entering public waters, causing nuisance conditions, or creating a public health hazard.

SECTION C. MONITORING AND RECORDS

1. Representative Sampling
Sampling and measurements taken as required herein must be representative of the volume and nature of the monitored discharge. All samples must be taken at the monitoring points specified in this permit and must be taken, unless otherwise specified, before the effluent joins or is diluted by any other waste stream, body of water, or substance. Monitoring points must not be changed without notification to and the approval of the Director.

2. Flow Measurements
Appropriate flow measurement devices and methods consistent with accepted scientific practices must be selected and used to ensure the accuracy and reliability of measurements of the volume of monitored discharges. The devices must be installed, calibrated and maintained to insure that the accuracy of the measurements is consistent with the accepted capability of that type of device. Devices selected must be capable of measuring flows with a maximum deviation of less than ± 10 percent from true discharge rates throughout the range of expected discharge volumes.

3. Monitoring Procedures
Monitoring must be conducted according to test procedures approved under 40 CFR §136, unless other test procedures have been specified in this permit.

4. Penalties of Tampering
The Clean Water Act provides that any person who falsifies, tampers with, or knowingly renders inaccurate, any monitoring device or method required to be maintained under this permit must, upon conviction, be punished by a fine of not more than $10,000 per violation, or by imprisonment for not more than two years, or by both. If a conviction of a person is for a violation committed after a first conviction of such person, punishment is a fine not more than $20,000 per day of violation, or by imprisonment of not more than four years or both.

5. Reporting of Monitoring Results
Monitoring results must be summarized each month on a Discharge Monitoring Report form approved by the Department. The reports must be submitted monthly and are to be mailed, delivered or otherwise transmitted by the 15th day of the following month unless specifically approved otherwise in Schedule B of this permit.

6. Additional Monitoring by the Permittee
If the permittee monitors any pollutant more frequently than required by this permit, using test procedures approved under 40 CFR §136 or as specified in this permit, the results of this monitoring must be included in the calculation and reporting of the data submitted in the Discharge Monitoring Report. Such increased frequency must also be indicated. For a pollutant parameter that may be sampled more than once per day (e.g., Total Chlorine Residual), only the average daily value must be recorded unless otherwise specified in this permit.

7. Averaging of Measurements
Calculations for all limitations which require averaging of measurements must utilize an arithmetic mean, except for bacteria which must be averaged as specified in this permit.

8. Retention of Records
Except for records of monitoring information required by this permit related to the permittee's sewage sludge use and disposal activities, which must be retained for a period of at least five years (or longer as required by 40 CFR §503), the permittee must retain records of all monitoring information, including all calibration and maintenance records of all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least 3 years from the date of the sample, measurement, report or application. This period may be extended by request of the Director at any time.

9. Records Contents

Records of monitoring information must include:
a. The date, exact place, time and methods of sampling or measurements;
b. The individual(s) who performed the sampling or measurements;
c. The date(s) analyses were performed;
d. The individual(s) who performed the analyses;
e. The analytical techniques or methods used; and
f. The results of such analyses.

10. Inspection and Entry
The permittee must allow the Director, or an authorized representative upon the presentation of credentials to:
a. Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
c. Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit, and
d. Sample or monitor at reasonable times, for the purpose of assuring permit compliance or as otherwise authorized by state law, any substances or parameters at any location.

SECTION D. REPORTING REQUIREMENTS

1. Planned Changes
The permittee must comply with Oregon Administrative Rules (OAR) 340, Division 052, "Review of Plans and Specifications". Except where exempted under OAR 340-052, no construction, installation, or modification involving disposal systems, treatment works, sewerage systems, or common sewers must be commenced until the plans and specifications are submitted to and approved by the Department. The permittee must give notice to the Department as soon as possible of any planned physical alternations or additions to the permitted facility.

2. Anticipated Noncompliance
The permittee must give advance notice to the Director of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.

3. Transfers
This permit may be transferred to a new permittee provided the transferee acquires a property interest in the permitted activity and agrees in writing to fully comply with all the terms and conditions of the permit and the rules of the Commission. No permit must be transferred to a third party without prior written approval from the Director. The permittee must notify the Department when a transfer of property interest takes place.

4. Compliance Schedule
Reports of compliance or noncompliance with, or any progress reports on interim and final requirements contained in any compliance schedule of this permit must be submitted no later than 14 days following each schedule date. Any reports of noncompliance must include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirements.

5. Twenty-Four Hour Reporting
The permittee must report any noncompliance which may endanger health or the environment. Any information must be provided orally (by telephone) within 24 hours, unless otherwise specified in this permit, from the time the permittee becomes aware of the circumstances. During normal business hours, the Department's Regional office must be called. Outside of normal business hours, the Department must be contacted at 1-800-452-0311 (Oregon Emergency Response System).

A written submission must also be provided within 5 days of the time the permittee becomes aware of the circumstances. If the permittee is establishing an affirmative defense of upset or bypass to any offense under ORS 468.922 to 468.946, and in which case if the original reporting notice was oral, delivered written notice must be made to the Department or other agency with regulatory jurisdiction within 4 (four) calendar days. The written submission must contain:
a. A description of the noncompliance and its cause;
b. The period of noncompliance, including exact dates and times;
c. The estimated time noncompliance is expected to continue if it has not been corrected;
d. Steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance; and

e. Public notification steps taken, pursuant to General Condition B.7.

The following must be included as information which must be reported within 24 hours under this paragraph:
a. Any unanticipated bypass which exceeds any effluent limitation in this permit.
b. Any upset which exceeds any effluent limitation in this permit.
c. Violation of maximum daily discharge limitation for any of the pollutants listed by the Director in this permit.

The Department may waive the written report on a case-by-case basis if the oral report has been received within 24 hours.

6. Other Noncompliance
The permittee must report all instances of noncompliance not reported under General Condition D.4 or D.5, at the time monitoring reports are submitted. The reports must contain:
a. A description of the noncompliance and its cause;
b. The period of noncompliance, including exact dates and times;
c. The estimated time noncompliance is expected to continue if it has not been corrected; and
d. Steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

7. Duty to Provide Information
The permittee must furnish to the Department, within a reasonable time, any information which the Department may request to determine compliance with this permit. The permittee must also furnish to the Department, upon request, copies of records required to be kept by this permit.

Other Information: When the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or any report to the Department, it must promptly submit such facts or information.

8. Signatory Requirements
All applications, reports or information submitted to the Department must be signed and certified in accordance with 40 CFR §122.22.

9. Falsification of Reports
Under ORS 468.953, any person who knowingly makes any false statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance, is subject to a Class C felony punishable by a fine not to exceed $100,000 per violation and up to 5 years in prison.

10. Changes to Indirect Dischargers - **[Applicable to Publicly Owned Treatment Works (POTW) only]**
The permittee must provide adequate notice to the Department of the following:
a. Any new introduction of pollutants into the POTW from an indirect discharger which would be subject to section 301 or 306 of the Clean Water Act if it were directly discharging those pollutants and;
b. Any substantial change in the volume or character of pollutants being introduced into the POTW by a source introducing pollutants into the POTW at the time of issuance of the permit.
c. For the purposes of this paragraph, adequate notice must include information on (i) the quality and quantity of effluent introduced into the POTW, and (ii) any anticipated impact of the change on the quantity or quality of effluent to be discharged from the POTW.

11. Changes to Discharges of Toxic Pollutant - **[Applicable to existing manufacturing, commercial, mining, and silvicultural dischargers only]**
The permittee must notify the Department as soon as they know or have reason to believe of the following:

a. That any activity has occurred or will occur which would result in the discharge, on a routine or frequent basis, of any toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels:
(1) One hundred micrograms per liter (100 µg/l);
(2) Two hundred micrograms per liter (200 µg/l) for acrolein and acrylonitrile; five hundred micrograms per liter (500 µg/l) for 2,4-dinitrophenol and for 2-methyl-4,6-dinitrophenol; and one milligram per liter (1 mg/l) for antimony;
(3) Five (5) times the maximum concentration value reported for that pollutant in the permit application in accordance with 40 CFR §122.21(g)(7); or
(4) The level established by the Department in accordance with 40 CFR §122.44(f).

b. That any activity has occurred or will occur which would result in any discharge, on a non-routine or infrequent basis, of a toxic pollutant which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels":
   (1) Five hundred micrograms per liter (500 µg/l);
   (2) One milligram per liter (1 mg/l) for antimony;
   (3) Ten (10) times the maximum concentration value reported for that pollutant in the permit application in accordance with 40 CFR §122.21(g)(7); or
   (4) The level established by the Department in accordance with 40 CFR §122.44(f).

SECTION E. DEFINITIONS

1. BOD means five-day biochemical oxygen demand.
2. TSS means total suspended solids.
3. mg/l means milligrams per liter.
4. kg means kilograms.
5. m^3/d means cubic meters per day.
6. MGD means million gallons per day.
7. Composite sample means a sample formed by collecting and mixing discrete samples taken periodically and based on time or flow.
8. FC means fecal coliform bacteria.
9. Technology based permit effluent limitations means technology-based treatment requirements as defined in 40 CFR §125.3, and concentration and mass load effluent limitations that are based on minimum design criteria specified in OAR 340-041.
10. CBOD means five day carbonaceous biochemical oxygen demand.
11. Grab sample means an individual discrete sample collected over a period of time not to exceed 15 minutes.
12. Quarter means January through March, April through June, July through September, or October through December.
13. Month means calendar month.
14. Week means a calendar week of Sunday through Saturday.
15. Total residual chlorine means combined chlorine forms plus free residual chlorine.
16. The term "bacteria" includes but is not limited to fecal coliform bacteria, total coliform bacteria, and E. coli bacteria.
17. POTW means a publicly owned treatment works.

APPENDIX B

SWPCP REVIEW AND REVISION DOCUMENTATION FORM

SWPCP REVIEW AND REVISION DOCUMENTATION FORM

This Stormwater Pollution Control Plan (SWPCP) will be revised and updated as necessary to include modifications of site conditions, new or revised regulatory requirements, and additional on-site stormwater pollution controls. It shall be modified whenever there is a change in design, construction, operation, or maintenance that causes the Plan to be less effective in controlling the pollutants.

All revisions to the SWPCP should be documented and should be included in the original report as Appendix B, Plan Review and Revision Documentation Form. The Plan Review and Revision Documentation Form should be used to record the date, author, name, and signature of the facility representative that authorized the revision. The authorized facility representative should be an individual at or near the top of the facility's management organization, such as the facility manager or environmental manager. The signature of the authorized facility representative attests that the revision information is true and accurate. Previous authors are not responsible for the new revisions.

Plan Review and Revision Documentation Form

Revision Number	Revision Date	Revision Author	Facility Representative's Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

APPENDIX C

VISUAL MONITORING LOG

Visual Monitoring Log
Ash Grove Cement
NPDES Permit File No. 107213

Monitoring Location:_____

Month	Monitoring Date	Oil and Grease Sheen Present? (Yes/No)	Color or Floating Solids Present? (Yes/No)	Action Taken	Sampler's Initials
July					
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
For months when no discharges occur, write in "No Discharge" for that month.					

Signature Requirement

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Responsible Official:_____

Name and Title (Please Print):_____

Date of Signature:_____ **Telephone:**_____

APPENDIX D

SPILL INCIDENT REPORT FORM AND EMERGENCY CONTACTS

EMERGENCY RESPONSE CONTACT LIST

The following space is a list of names and telephone numbers of those persons and agencies whose services may be required in the event of a release of significant material.

SWPCP Implementor and Back-up

John Hone, Terminal Manager	Office: (503) 285-4621	Cell: (503) 784-3463
Glenn Dollar, Environmental Health and Safety Manager	Office: (503) 286-1677	

Health and Safety

Fire Department	Emergency: 911
Police Department	Emergency: 911
Local Rescue Unit	Emergency: 911
Good Samaritan Hospital	Emergency: (503) 686-6931

Environmental Agencies

DEQ Portland Main Office	(800)452-4011
DEQ Northwest Regional Office	(503) 229-5263
Oregon Emergency Response System	In Oregon: (800) 452-0311 Outside Oregon: (503) 378-6377

Hazardous Materials Spills

To report spills of reportable quantities (RQs) of oil or hazardous materials:

National Response Center (NRC): (800) 424-8802

SPILL INCIDENT REPORT FORM

A Spill Incident Report shall be completed following each spill or leak of significant materials which could impact storm water runoff.

Date of Incident _____ Time of Incident _____

Location of Release _____

Description of Materials _____

_____

Approximate quantity of material _____

Is substance Hazardous? _____

Was DEQ notified? _____

Did spill or leak impact storm water? _____

Weather conditions_____

Describe the incident including the cause, response procedures, methods used to contain the spill, and practices which could prevent similar incidents.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Plan Implementor Date

APPENDIX E

MONTHLY STORM WATER INSPECTION LOG

MONTHLY STORM WATER INSPECTION LOG

Ash Grove's SWPCP Plan Implementor shall sign and date the inspection log upon completion of monthly inspections and maintenance on the storm water controls identified below:

Containment

- The 500-gallon diesel AST and fueling area containment shall be inspected for leaks, cracks, and general operating condition. Repairs and maintenance shall be performed as required. Absorbent material and oil booms should be present near the fueling area

- The garage shall be inspected, maintained, cleaned, and secured. All drip pans, drums, and tanks shall be inspected. Leaks and spills shall be removed and properly disposed, cleaned, and replaced.

- Any spill shall be recorded on the Spill Incident Report Form.

Waste Chemcials and Material Disposal

- Used absorbent materials used in cleanup shall be disposed in an approved manner. Waste petroleum products and coolants collected from throughout the site shall be consolidated for recycling and disposed as required in an approved manner.

Debris, Sediment, and Oil Controls

- All rain gutters and downspouts shall be kept free of debris and sediment.

- All paved surfaces, catch basins, outfalls, manhole, vault and drainage pipes shall be kept free of debris and sediment.

- The pneumatic system shall be inspected, cleaned, maintained, and secured as required. All cement and alumina residue shall be returned to the cleanup drums in the rail load-out building.

Covering Activities

- Wherever practical, materials shall be stored under covered areas to prevent contact with storm water.

- Collect and consolidate miscellaneous waste products from throughout the site and store under cover in the rail load-out building.

Monthly Storm Water Inspection Log

Date Inspected:_____ Signature _____

Spill Kits All present and properly stocked _____ (yes/no)

Containment

Equipment Fueling Area (500-gallon diesel AST) clean, with no appreciable staining or noticeable spillage?	_____	(yes/no)
Garage and Oil Storage Area clean, with no appreciable staining or noticeable spillage?	_____	(yes/no)
Availability of drip pans	_____	(adequate/not adequate)
Absorbent Materials	_____	(adequate/not adequate)

Debris, Sediment, and Oil Controls

Rail Loadout Building downspouts (north terminal) connected property and free of obstruction?	_____	(yes/no)
Garage downspouts (north terminal) connected property and free of obstruction?	_____	(yes/no)
Administration Office and Shop downspouts (north terminal) connected property and free of obstruction?	_____	(yes/no)
Boat House downspouts connected property and free of obstruction?	_____	(yes/no)
Offices and Lab downspouts (south terminal) connected property and free of obstruction?	_____	(yes/no)
Shop downspouts (south terminal) connected property and free of obstruction?	_____	(yes/no)
Rail Loadout Building trench drains and catch basin clean and free of debris?	_____	(yes/no), if no indicate problem areas and date maintained below
Catch Basins Between tracks south of loadout building clean and free of debris?	_____	(yes/no), if no indicate problem areas and date maintained below
Four Catch Basins along road surface east of silos clean and free of debris?	_____	(yes/no), if no indicate problem areas and date maintained below
Manhole and vault clean and free of debris?	_____	(yes/no), if no indicate problem areas and date maintained below
Parking Lot and Road Surfaces - any excessive debris present?	_____	(yes/no), if yes indicate problem areas and date maintained below
Vegetated Areas - any excessive erosion present?	_____	(yes/no), if yes indicate problem areas and date maintained below

Covering Activities

Pneumatic System and conveyors are clean and properly operating?	_____	(yes/no), if no indicate problem areas and date maintained below

Notes and Miscellaneous observations:

APPENDIX F

EMPLOYEE TRAINING DOCUMENTATION

APPENDIX F
EMPLOYEE TRAINING FORM

Ash Grove shall provide training for all personnel regarding the SWPCP using any medium or forum appropriate for such education. The following topics are to be included with any program addressing storm water regulations. Signature below indicates that policies and procedures related to the listed topic are understood.

Topic	Date Covered	Signature

Goals and Purpose of the Plan _____ _____

- Prevent contamination of storm water discharge into waters.

  Comments: _____

  _____

  _____

- Promote cleaner and safer industrial activities

  Comments: _____

  _____

  _____

Materials Management Practices _____ _____

- Spill Prevention and Response Procedures

  Comments: _____

  _____

  _____

- Preventive maintenance

  Comments: _____

  _____

  _____

Storm Water Management _____ _____

- Containment, oil and grease separation, sediment control, chemical waste disposal, and storm water diversion.

  Comments: _____

  _____

Reason for Not Preparing Plan

This form is for reporting year 2001. Refer to the fact sheet "Oregon's Toxics Use Reduction and Hazardous Waste Reduction Act" and to the Act and regulations for clarification on when the following reasons for not preparing a Plan may apply.

Name of Company: Ash Grove Cement Co. SIC code(s): 3274

Physical Address: 13939 NW Rivergate Blvd, Portland, OR 97203

Mailing Address: Same as above

Contact Person: Glenn F. Dollar Title: EH&S Manager

Phone number: 503-286-1677 E-mail address: glenn.dollar@ashgrove.com

TRI ID #: 97203SHGRV13939 DEQ ID #: ORD027707256

State of Oregon Department of Environmental Quality

Toxics Use/Waste Reduction Assistance Program
811 SW 6th Avenue
Portland, OR 97204
Phone: (503) 229-6015
Fax: (503) 229-6977
Contact: Elaine Glendening
www.deq.state.or.us/wmc/tuwrap.html

I have not prepared a Reduction Plan under the Toxics Use Reduction and Hazardous Waste Reduction Act for the following reason (check one box):

I am not subject to these requirements, because:

- ☐ I manufactured the toxic substance as a product.
- ☐ I generated the hazardous waste solely as a result of remedial activities.
- ☑ I was a Conditionally-Exempt Generator and not a Large User, And Only generate TRI PBTs

or

I am claiming or applying for an exemption from these requirements:

- ☐ I certify that I generated the hazardous waste as a result of a one-time cleanout event and that I was previously a Conditionally-Exempt Generator.
- ☐ I certify that I have an Environmental Management System that meets the conditions for this exemption.
- ☐ I am applying for an exemption from these requirements because I have a consumer education program that meets the conditions for this exemption.

or

One of these special situations applies to me:

- ☐ A prior owner of my facility prepared a Reduction Plan that is still valid and that is retained at the facility. (Please note that you may need to prepare a Pounds Report, depending on your status.)
- ☐ My facility has moved out of state or gone out of business.

My signature below certifies that the information above is correct.

9-12-02

Name of Senior Manager or Business Owner: Gary Wright

ASH GROVE

Signature: Gary Wright Date: 9/12/02

As per Elaine Glendening DEQ 503-229-6015

Send this form by October 15, 2002 to:

DEQ – HWPPD-TU/WRAP
811 SW Sixth Avenue
Portland, OR 97204

Notice of Plan Completion

NPCDlq 8

This form is for reporting year 2001. Refer to the fact sheet "Oregon's Toxics Use Reduction and Hazardous Waste Reduction Act" and to the Act and regulations for information on planning requirements.

Name of Company: ASH GROVE CEMENT CO

SIC Code(s): 3274: LIME

Physical Address: 13939 N RIVERGATE BLVD, PORTLAND, OR 97203

Mailing Address: 13939 N RIVERGATE BLVD, PORTLAND, OR 97203

Contact Person: Unknown

Title: Unknown

Phone Number: Unknown

E-Mail Address: Unknown

TRI ID#: 97203SHGRV13939

DEQ ID#: ORD027707256

State of Oregon
Department of Environmental Quality

Toxics Use/Waste Reduction Assistance Program
811 SW 6th Avenue
Portland, OR 97204
Phone: (503)229-5316
Fax: (503)229-6977
Contact: Mark Ralston
www.deq.state.or.us/wmc/tuwrap

I certify that the business identified on this form has completed a Reduction Plan, as required under Oregon's Toxics Use Reduction and Hazardous Waste Reduction Act, and that this Plan is kept on site.

Name of Senior Manager or Business Owner: _____

Signature: _____ Date _____

Send this form by October 15, 2002 to: DEQ - HWPPD - TU/WRAP
811 SW Sixth Avenue
Portland, OR 97204

ASH GROVE CEMENT COMPANY

PORTLAND PLANT

POLLUTANT DISCHARGE INVENTORY

AND

INSTALLED DUST COLLECTING EQUIPMENT

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-1

COMPANY EQUIPMENT NUMBER A DC 350

A. ITEM NAME Transfer Point, Barge Hopper

B. COLLECTOR EQUIPMENT

TRADE NAME Water Spray

MODEL NUMBER —

C. OPERATING SCHEDULE 12 HOURS PER DAY

3 DAYS PER WEEK

10 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 10' From Deck

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE — DEGREE F.

(2) VELOCITY & FLOWRATE — ACFM AND

— SCFM

(3) INFORMATION DETERMINED BY —

(4) DATE —

F. (1) AIR CONTAMINANTS EMITTED Limestone Dust

(2) EMISSION RATES Zero - Water Sprays Used to Eliminate Dust.

(3) INFORMATION DETERMINED BY Visual Estimate

Appendix58-001084

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-2

COMPANY EQUIPMENT NUMBER A-HB-C-102

A. ITEM NAME Transfer Point Hinged Belt Conveyor

B. COLLECTOR EQUIPMENT

TRADE NAME Water Sprays

MODEL NUMBER —

C. OPERATING SCHEDULE 12 HOURS PER DAY

3 DAYS PER WEEK

10 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 4' From Deck

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE — DEGREE F.

(2) VELOCITY & FLOWRATE — ACFM AND

— SCFM

(3) INFORMATION DETERMINED BY —

(4) DATE —

F. (1) AIR CONTAMINANTS EMITTED Limestone

(2) EMISSION RATES Zero - Water Sprays Used to Elimfnate Dust.

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-3

COMPANY EQUIPMENT NUMBER A-SC-103

A. ITEM NAME Transfer Point Stockpile Conveyor

B. COLLECTOR EQUIPMENT

TRADE NAME Water Sprays

MODEL NUMBER —

C. OPERATING SCHEDULE 12 HOURS PER DAY

3 DAYS PER WEEK

10 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 10'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE — DEGREE F.

(2) VELOCITY & FLOWRATE — ACFM AND

— SCFM

(3) INFORMATION DETERMINED BY —

(4) DATE —

F. (1) AIR CONTAMINANTS EMITTED Limestone Dust

(2) EMISSION RATES Zero - Water Sprays Used to Eliminate Dust.

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-4

COMPANY EQUIPMENT NUMBER A-TRC-104

A. ITEM NAME Transfer Point - Tripper

B. COLLECTOR EQUIPMENT

TRADE NAME Water Sprays

MODEL NUMBER ---

C. OPERATING SCHEDULE 12 HOURS PER DAY

3 DAYS PER WEEK

10 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 50'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Liquid Ammonia Storage

E. (1) DISCHARGE TEMPERATURE --- DEGREE F.

(2) VELOCITY & FLOWRATE --- ACFM AND

--- SCFM

(3) INFORMATION DETERMINED BY ---

(4) DATE ---

F. (1) AIR CONTAMINANTS EMITTED Limestone Dust

(2) EMISSION RATES Zero - Water Sprays Used to Eliminate Dust.

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-5

COMPANY EQUIPMENT NUMBER B-SFC-114

A. ITEM NAME Transfer Point Screen Feed Conveyor

B. COLLECTOR EQUIPMENT

TRADE NAME Water Sprays

MODEL NUMBER —

C. OPERATING SCHEDULE 8 HOURS PER DAY

4 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 4'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE — DEGREE F.

(2) VELOCITY & FLOWRATE — ACFM AND

— SCFM

(3) INFORMATION DETERMINED BY —

(4) DATE —

F. (1) AIR CONTAMINANTS EMITTED Limestone Dust

(2) EMISSION RATES Zero - Water Sprays Used to Eliminate Dust.

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-6

COMPANY EQUIPMENT NUMBER B-TDS-121

A. ITEM NAME Triple Deck Screen

B. COLLECTOR EQUIPMENT

TRADE NAME Water Sprays

MODEL NUMBER ---

C. OPERATING SCHEDULE 8 HOURS PER DAY

4 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 65'

(2) DISTANCE 200 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE --- DEGREE F.

(2) VELOCITY & FLOWRATE --- ACFM AND

--- FPM

(3) INFORMATION DETERMINED BY ---

(4) DATE ---

F. (1) AIR CONTAMINANTS EMITTED Limestone Dust

(2) EMISSION RATES Zero - Water Sprays Used to Eliminate Dust.

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-7

COMPANY EQUIPMENT NUMBER C-SS-131

A. ITEM NAME Scalping Screen

B. COLLECTOR EQUIPMENT

TRADE NAME Water Sprays

MODEL NUMBER ---

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 65'

(2) DISTANCE 200 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE --- DEGREE F.

(2) VELOCITY & FLOWRATE --- ACFM AND

--- SCFM

(3) INFORMATION DETERMINED BY ---

(4) DATE ---

F. (1) AIR CONTAMINANTS EMITTED Limestone Dust

(2) EMISSION RATES Zero - Water Sprays Used to Eliminate Dust.

(3) INFORMATION DETERMINED BY Visual Estimate

Appendix58-001090

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-8

COMPANY EQUIPMENT NUMBER C-SFC-132

A. ITEM NAME Stone Fines Conveyor

B. COLLECTOR EQUIPMENT

TRADE NAME Water Sprays

MODEL NUMBER ---

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 45'

(2) DISTANCE 250 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE --- DEGREE F.

(2) VELOCITY & FLOWRATE --- ACFM AND

--- SCFM

(3) INFORMATION DETERMINED BY ---

(4) DATE ---

F. (1) AIR CONTAMINANTS EMITTED Limestone Dust

(2) EMISSION RATES Zero - Water Sprays Used to Eliminate Dust.

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-9-10

COMPANY EQUIPMENT NUMBER C-K-134-1

A. ITEM NAME Kiln #1 ~~By-Pass Stack~~ Preheater Vent

B. COLLECTOR EQUIPMENT

TRADE NAME —

MODEL NUMBER —

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 59' and 66'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE 100 DEGREE F.

(2) VELOCITY & FLOWRATE 1,595 ACFM Each

1,515 SCFM Each

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Calcium Oxide Dust Limestone Dust

(2) EMISSION RATES Zero - air is filtered thru a bed of wet Reinstone

(3) INFORMATION DETERMINED BY Visual Estimate

Appendix58-001092

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-11

COMPANY EQUIPMENT NUMBER C-BC-134-1-4

A. ITEM NAME Kiln #1 Exhaust Stack

B. COLLECTOR EQUIPMENT Baghouse

TRADE NAME Western Precipitator

MODEL NUMBER HT-15-N

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 37'6"

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) PRESENTLY USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE 415 DEGREE F.

(2) VELOCITY & FLOWRATE 17,390 ACFM

10,670 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Calcium Oxide Dust

(2) EMISSION RATES Less Than 2# Per Hour.

(3) INFORMATION DETERMINED BY Visual Estimate

Appendix58-001093

AIR CONTAMINANT SOURCE NUMBER: 3A-11

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER C-BC-134-1-4

EQUIPMENT LOCATION Kiln Area - Between Preheater and Exhaust Fan.

MANUFACTURED BY Joy Manufacturing Company

TYPE COLLECTOR Fiber Glass Bag

DATE PURCHASED June 3, 1963

P. O. NUMBER Calcimatic C-101-3 S.C.O. NUMBER Original Equipment

RATED C.F.M. OF COLLECTOR 16,000

PRESSURE DROP ACROSS COLLECTOR 11.4 W. G.

SYSTEM PRESSURE DROP 15.0 W. G.

DESIGN AIR TO CLOTH RATIO 2.2 - 1

NUMBER OF COMPARTMENTS 6

NUMBER OF BAGS EACH COMPARTMENT 104 1450 Sq. Ft.

TOTAL BAGS 624 8,700 Sq. Ft.

TYPE CLOTH Silicone Treated, Graphite Glass Bags

BAG DIMENSION 6" x 9'3"

RATED TEMP OF COLLECTOR & BAGS 600°F

FAN DATA:

MAKE Garden City

TYPE 26 BF

SIZE Wheel Diameter 45-1/8" Outlet - 3.69 Sq. Ft.

DESIGN RPM 1855 CFM 20,000

DESIGN PRESSURE DROP SP 40" H_2O

HORSE POWER G. E. 150 HP - 1800 RPM - Frame 8143

DESIGN TEMP. Maximum 900°F Operating 550°F

ORDER NUMBER Calcimatic C-101-9 DATE: June 5, 1963

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-12

COMPANY EQUIPMENT NUMBER C-BC-134-1-15

A. ITEM NAME Cooler Exhaust

B. COLLECTOR EQUIPMENT Cyclones

TRADE NAME Buell

MODEL NUMBER 44 Series 75-2B

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 35'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE 310 DEGREE F.

(2) VELOCITY & FLOWRATE 7,119 ACFM

4,912 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Calcium Oxide Dust.

(2) EMISSION RATES Less Than 10# Per Hour

(3) INFORMATION DETERMINED BY Visual Estimate

Appendix58-001095

AIR CONTAMINANT SOURCE NUMBER: 3A-12

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER C-BC-134-1-15 Buell Cyclone

EQUIPMENT LOCATION Kiln Area Between Kiln #2 Cooler and #2 Cooler Fan

MANUFACTURED BY Buell Engineering Company, Inc.

TYPE COLLECTOR Cyclone

DATE PURCHASED July 8, 1963

P. O. NUMBER Calcimatic C-101-16 #1 C.C.O. NUMBER Orirnal Equipment

RATED C.F.M. OF COLLECTOR 10,800

PRESSURE DROP ACROSS COLLECTOR 2.8 W. G.

SYSTEM PRESSURE DROP 3.3 W. G.

DESIGN AIR TO CLOTH RATIO —

NUMBER OF COMPARTMENTS —

NUMBER OF BAGS EACH COMPARTMENT —

TOTAL BAGS —

TYPE CLOTH —

BAG DIMENSION —

RATED TEMP OF COLLECTOR & BAGS 900°F

FAN DATA:

MAKE Garden City

TYPE 23 RF C

SIZE Wheel Diameter 40" Outlet 2.89 Sq. Ft.

DESIGN RPM 1835 CFM 14,800

DESIGN PRESSURE DROP SP 30° H_2O

HORSE POWER 75 HP 1800 RPM F. E. 405U Frame

DESIGN TEMP. 900°F

ORDER NUMBER Calcimatic C-101-9 DATE: 5-14-63

AIR CONTAMINANT SOURCE NUMBER: 3A-9-10-11-12

KILN PLANT

1. Equipment No. C-K-134-1 Equipment Calcimatic Kiln No. 1

2. Area Burning & Handling Capacity 100 Tons per Day

3. Operating Schedule 24 Hours per Day, 7 Days a Week

4. Process Information Limestone Received From British Columbia - $(CaCO)_3$ is converted to Quicklime (CaO), 200 Tons of Stone is Processed into 100 Tons of Lime by Driving off 100 Tons of CO_2 Gas.

5. Number of Stacks or Vents to Atmosphere Four

6. Stack or Vent Height from Ground:
   #9 59' ~~By-Pass Stack~~ Preheater Vent
   #10 66' ~~By-Pass Stack~~ Preheater Vent
   #11 37'6" Preheater Exhaust
   #12 35'0" Cooler Exhaust Readings Taken 4-3-73

7. Stack Diameter
   #9 41" I.D.
   #10 41" I.D.
   #11 3'0" I.D.
   #12 2'2" I.D.

9. Exhaust Velocity
   #9 174 F.P.M.
   #10 174 F.P.M.
   #11 2460 F.P.M.
   #12 1931 F.P.M.

8. Exhaust Volume
   #9 1,595 ACFM
   #10 1,595 ACFM
   #11 17,390 ACFM
   #12 7,119 ACFM

10. Exhaust Temperature Range
   #9 100°F
   #10 100°F
   #11 415°F
   #12 310°F

Appendix58-001097

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-13

COMPANY EQUIPMENT NUMBER C-BC-134-1-4

A. ITEM NAME Baghouse Discharge

B. COLLECTOR EQUIPMENT

TRADE NAME ---

MODEL NUMBER ---

C. OPERATING SCHEDULE 1/2 HOURS PER DAY

5 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 10'

(2) DISTANCE 310 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE --- DEGREE F.

(2) VELOCITY & FLOWRATE --- ACFM

--- SCFM

(3) INFORMATION DETERMINED BY ---

(4) DATE ---

F. (1) AIR CONTAMINANTS EMITTED Calcium Dust

(2) EMISSION RATES Undetermined - Wind Carried When Dumping

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-14-15

COMPANY EQUIPMENT NUMBER C-K-134-2

A. ITEM NAME ~~Kiln #2 By-Pass Stacks~~ Preheater Vent

B. COLLECTOR EQUIPMENT

TRADE NAME —

MODEL NUMBER —

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 59' and 37'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE 240 DEGREE F.

(2) VELOCITY & FLOWRATE 9,443 ACFM Each

7,176 SCFM Each

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED ~~Calcium Oxide~~ Limestone Dust

(2) EMISSION RATES Zero - air is filtered through bed of wet limestone

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-16

COMPANY EQUIPMENT NUMBER C-BC-134-2-15

A. ITEM NAME Cooler Stack

B. COLLECTOR EQUIPMENT Cyclones - (2)

TRADE NAME Buell

MODEL NUMBER 44 - Series 75-2B

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 37'6"

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE 290 DEGREE F.

(2) VELOCITY & FLOWRATE 8,609 ACFM

6,112 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Calcium Oxide Dust

(2) EMISSION RATES Less Than 10# Per Hour

(3) INFORMATION DETERMINED BY Visual Estimate

AIR CONTAMINANT SOURCE NUMBER: 3A-16

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER C-BC-134-2-15 Buell Cyclone

EQUIPMENT LOCATION Kiln Area Between Kiln #2 Cooler and #2 Cooler Fan

MANUFACTURED BY Buell Engineering Company, Inc.

TYPE COLLECTOR Cyclone

DATE PURCHASED July 8, 1963

P. O. NUMBER Calcimatic C-101-16 #1 G.C.O. NUMBER Original Equipment

RATED C.F.M. OF COLLECTOR 10,800

PRESSURE DROP ACROSS COLLECTOR 2.6 W. G.

SYSTEM PRESSURE DROP 3.5 W. G.

DESIGN AIR TO CLOTH RATIO —

NUMBER OF COMPARTMENTS 2

NUMBER OF BAGS EACH COMPARTMENT —

TOTAL BAGS —

TYPE CLOTH —

BAG DIMENSION —

RATED TEMP OF COLLECTOR & BAGS 900°F

FAN DATA:

MAKE Garden City

TYPE 23 RF C

SIZE Wheel Diameter 40" Outlet 2.89 Sq. Ft.

DESIGN RPM 1835 CFM 14,800

DESIGN PRESSURE DROP SP 30" H_2O

HORSE POWER 75 HP 1800 RPM G. E. 405U Frame

DESIGN TEMP. 900°F

ORDER NUMBER Calcimatic 3-101-9 DATE: 5-14-63

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-17

COMPANY EQUIPMENT NUMBER C-BC-134-2-4

A. ITEM NAME Kiln #2 Exhaust Stack

B. COLLECTOR EQUIPMENT Baghouse

TRADE NAME Western Precipitator

MODEL NUMBER HT-15-7

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 376'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE 460 DEGREE F.

(2) VELOCITY & FLOWRATE 18,655 AFPM

10,819 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Calcium Oxide Dust

(2) EMISSION RATES Less Than 2# Per Hour

(3) INFORMATION DETERMINED BY Visual Estimate

AIR CONTAMINANT SOURCE NUMBER: 3A-17

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER C-BC-134-2-4

EQUIPMENT LOCATION Kiln Area - Between Preheater and Exhaust Fan

MANUFACTURED BY Joy Manufacturing Company

TYPE COLLECTOR Bag

DATE PURCHASED June 3, 1963

P. O. NUMBER C-101-3 C.C.O. NUMBER Original Equipment

RATED C.F.M. OF COLLECTOR 16,000

PRESSURE DROP ACROSS COLLECTOR 12.0 W. G.

SYSTEM PRESSURE DROP 15.1 W. G.

DESIGN AIR TO CLOTH RATIO 2.2 - 1

NUMBER OF COMPARTMENTS 6

NUMBER OF BAGS EACH COMPARTMENT 104 1450 Sq. Ft.

TOTAL BAGS 624 8,700 Sq. Ft.

TYPE CLOTH Silicone Treated Graphite Glass Bags

BAG DIMENSION 6" x 9'3"

RATED TEMP OF COLLECTOR & BAGS 600°F Max.

DMIT

FAN DATA:

MAKE Garden City

TYPE 26 RP

SIZE Wheel Diam. 45-1/8" Outlet 3.69 Sq. Ft.

DESIGN RPM 1855 CFM 20,000

DESIGN PRESSURE DROP Sp 40" H_2O

HORSE POWER G. E. 150 HP 1800 RPM Frame 8143

DESIGN TEMP. Max. 900°F Operating 550°F

ORDER NUMBER Calcimatic C-101-9 DATE: June, 1963

AIR CONTAMINANT SOURCE NUMBER: 3A-14-15-16-17

PORTLAND PLANT

1. Equipment No. C-K-134-2 Equipment- Calcimatic Kiln No. 2

2. Area- Burning and Handling Capacity - 100 Tons Per Day

3. Operating Schedule - 24 Hours a Day , 7 Days a Week

4. Process Information- Limestone received from British Columbia $(CaCO)_3$ is converted to Quicklime (CaO) - 200 Tons of stone is processed into 100 Tons of lime by driving off 100 Tons of CO_2 Gas.

5. Number of Stacks or Vents to Atmosphere - Four

6. Stack or Vent Height (ft. above ground)
#14 59' 0" ~~By-Pass~~ Preheater Vent
#15 59' 0" ~~By-Pass~~ Preheater Vent
#16 37' 6" Cooler Exhaust
#17 36' 0" Preheater Exhaust Readings Taken 4-3-73

7. Stack Diameter
#14 41" I. D.
#15 41" I. D.
#16 2'2" I. D.
#17 3' I. D.

9. Exhaust Velocity
#14 1,030 FPM
#15 1,030 FPM
#16 2,335 FPM
#17 2,639 FPM

8. Exhaust Volume
#14 9,443 ACFM
#15 9,443 ACFM
#16 8,609 ACFM
#17 18,655 ACFM

10. Exhaust Temperature Range
#14 240° F
#15 240° F
#16 390° F
#17 460° F

Appendix58-001104

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-18

COMPANY EQUIPMENT NUMBER C-BC-134-2-4

A. ITEM NAME Baghouse Discharge

B. COLLECTOR EQUIPMENT --

TRADE NAME --

MODEL NUMBER

C. OPERATING SCHEDULE 1/2 HOURS PER DAY

5 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 10'

(2) DISTANCE 320 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Paper Storage

E. (1) DISCHARGE TEMPERATURE -- DEGREE F.

(2) VELOCITY & FLOWRATE -- ACFM

-- SCFM

(3) INFORMATION DETERMINED BY --

(4) DATE --

F. (1) AIR CONTAMINANTS EMITTED Calcium Oxide Dust

(2) EMISSION RATES Minor Amount of Wind Carried Dust

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-19

COMPANY EQUIPMENT NUMBER D-BC-141

A. ITEM NAME Storage Bin Dust Collector

B. COLLECTOR EQUIPMENT Bag Type Collector

TRADE NAME Rees

MODEL NUMBER 4-1100 A

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 98'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Liquid Ammonia Storage

E. (1) DISCHARGE TEMPERATURE 60 DEGREE F.

(2) VELOCITY & FLOWRATE 8,762 ACFM And

8,937 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Calcium Oxide Dust

(2) EMISSION RATES Less Than 1# Per Hour

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT A

Combine w/ 3A-19

AIR CONTAMINANT SOURCE NUMBER 3A-20

COMPANY EQUIPMENT NUMBER D-UBG-157-A To F

A. ITEM NAME Storage Bin Loading Spouts

B. COLLECTOR EQUIPMENT Bag Type Collector

TRADE NAME Rees

MODEL NUMBER 4-1100 A

C. OPERATING SCHEDULE 6 Hr. Average HOURS PER DAY

5 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 98'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Liquid Ammonia Storage

E. (1) DISCHARGE TEMPERATURE 60 DEGREE F.

(2) VELOCITY & FLOWRATE 8762 ACFM

8937 SCFM

(3) INFORMATION DETERMINED BY

Same Collector as 3A-19

(4) DATE —

F. (1) AIR CONTAMINANTS EMITTED

(2) EMISSION RATES

(3) INFORMATION DETERMINED BY

AIR CONTAMINANT SOURCE NUMBER:

3A-19-20

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER D-BC-141

EQUIPMENT LOCATION Lime Storage Building

MANUFACTURED BY Rees Blow Pipe Manufacturing Company

TYPE COLLECTOR Bag

DATE PURCHASED May 14, 1963

P. O. NUMBER 2273-SF-6015 G.C.O. NUMBER Original Equipment

RATED C.F.M. OF COLLECTOR #4-1100 A 10,000 CFM at 8" SP - 1170 RPM

PRESSURE DROP ACROSS COLLECTOR 3.7 W. G

SYSTEM PRESSURE DROP 4.0 W. G.

DESIGN AIR TO CLOTH RATIO 2.84 - 1

NUMBER OF COMPARTMENTS 4 Cloth Area 1100 Sq. Ft. Ea.

NUMBER OF BAGS EACH COMPARTMENT 80 4400 Sq. Ft. Total Cloth

TOTAL BAGS 320

TYPE CLOTH Cotton

BAG DIMENSION 6" x 110" Looped Top

RATED TEMP OF COLLECTOR & BAGS Ambient

FAN DATA:

MAKE Rees

TYPE H. E. Exhauster

SIZE 19 HE

DESIGN RPM 1170 (2) .5 BHP CFM 10,000

DESIGN PRESSURE DROP

HORSE POWER 25 HP - 1800 RPM

DESIGN TEMP. Ambient

ORDER NUMBER DATE:

AIR CONTAMINANT SOURCE NUMBER: 3A-19-20

PORTLAND PLANT

1. Equipment No. - D-BC-141 Equipment Rees Bag House

2. Area - Lime Storage Capacity - 10,000 ACFM

3. Operating Schedule - 24 Hours a Day, 7 Days a Week

4. Process Information Collects Fine Dust from Crushing and Screening Operation

5. Number of Stacks or Vents to Atmosphere - One

6. Stack or Vent Height From Ground:
#19 & 20 98' From Ground

Readings Taken ——

7. Stack Diameter
#19 & 20 17" x 17"

9. Exhaust Velocity
#19 & 20 4,381 FPM

8. Exhaust Volume
#19 & 20 6,762 ACFM

10. Exhaust Temperature Range
#19 & 20 60°

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-21

COMPANY EQUIPMENT NUMBER E-DSS-410

A. ITEM NAME Hydrator Stack

B. COLLECTOR EQUIPMENT Wet Scrubber

TRADE NAME Ducon

MODEL NUMBER 111 - Size 30

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 93'

(2) DISTANCE 320 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Liquid Ammonia Storage

E. (1) DISCHARGE TEMPERATURE 100 DEGREE F.

(2) VELOCITY & FLOWRATE 1,674 ACFM And

1,500 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Fine Hydrated Lime Dust & Steam

(2) EMISSION RATES Less than 1# of dust per hour - Steam not known but calculated at 1,475 CFM of water vapor generated.

(3) INFORMATION DETERMINED BY Visual Extimate

Appendix58-001110

AIR CONTAMINANT SOURCE NUMBER: 3A-21

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER E-DSC-410

EQUIPMENT LOCATION Hydrate Mill - Hydrator Stack

MANUFACTURED BY Ducon

TYPE COLLECTOR Wet UWA Model 111 Size 30

DATE PURCHASED May 28, 1969

P. O. NUMBER Thompson Metal 19865 G.C.O. NUMBER

RATED C.F.M. OF COLLECTOR 2500 Saturatee

PRESSURE DROP ACROSS COLLECTOR 4.2 W. G.

SYSTEM PRESSURE DROP 6.1 W. G.

DESIGN AIR TO CLOTH RATIO —

NUMBER OF COMPARTMENTS —

NUMBER OF BAGS EACH COMPARTMENT —

TOTAL BAGS —

TYPE CLOTH —

BAG DIMENSION —

RATED TEMP OF COLLECTOR & BAGS —

FAN DATA:

MAKE —

TYPE —

SIZE —

DESIGN RPM 2400 CFM 1980 Outlet at 195° F

DESIGN PRESSURE DROP 2.5 Static at Operating Condition

HORSE POWER 7-1/2

DESIGN TEMP. 200°F

ORDER NUMBER DATE:

AIR CONTAMINANT SOURCE NUMBER: 3A-21

PORTLAND PLANT

1. Equipment No. - E-DSC-410 Equipment - Ducon Stack Scrubber

2. Area - Hydrate Mill Capacity - 1980 ACFM @ 195° F

3. Operating Schedule - 24 Hours Day - 7 Days a Week

4. Process Information - Stop fine lime from being carried from the Hydrator in the steam. Traps this material and returns it to the process.

5. Number of Stacks or Vents to Atmosphere - One

6. Stack or Vent Height From Ground:
#21 93' From the Floor

Readings Taken —

7. Stack Diameter
#21 42"

9. Exhaust Velocity
#21 174 FPM

8. Exhaust Volume
#21 1,674 ACFM

10. Exhaust Temperature Range
#21 100°F

Appendix58-001112

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-22

COMPANY EQUIPMENT NUMBER E-BDC-202

A. ITEM NAME Hydrate Bag Dust Collector

B. COLLECTOR EQUIPMENT Bag Type

TRADE NAME Rees

MODEL NUMBER 4-1100 AR

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 66'

(2) DISTANCE 300 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Liquid Ammonia Storage

E. (1) DISCHARGE TEMPERATURE 70 DEGREE F.

(2) VELOCITY & FLOWRATE 9,287 ACFM And

9,287 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Hydrated Lime Dust

(2) EMISSION RATES Less Than 1# Per Hour

(3) INFORMATION DETERMINED BY Visual Estimate

AIR CONTAMINANT SOURCE NUMBER: 3A-22

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER E-BDC-202

EQUIPMENT LOCATION Mill Building

MANUFACTURED BY Rees

TYPE COLLECTOR Bag

DATE PURCHASED May 14, 1963

P.O. NUMBER 2273-SE-6015 E.C.O. NUMBER Original

RATED C.F.M. OF COLLECTOR 12,500

PRESSURE DROP ACROSS COLLECTOR 2.0 W. G.

SYSTEM PRESSURE LOSS 3.6 W. G.

DESIGN AIR TO CLOTH RATIO 2.84 to 1

NUMBER OF COMPARTMENTS 4

NUMBER OF BAGS EACH COMPARTMENT 80

TOTAL BAGS 320

TYPE CLOTH Cotton

BAG DIMENSIONS 6" x 110"

RATED TEMP. OF COLLECTOR & BAGS Ambient

FAN DATA:

MAKE Rees

TYPE 23 HF Exhauster

SIZE 23

DESIGN RPM 900 24.17 BHP CFM 12,500

DESIGN PRESSURE DROP 8" SP

HORSE POWER 30 G. E. 1800 RPM

DESIGN TEMP. Ambient

ORDER NUMBER DATE:

AIR CONTAMINANT SOURCE NUMBER: 3A-22

PORTLAND PLANT

1. Equipment No. - E-BDC-202 Equipment - Rees Bag House

2. Area - Hydrate Mill Capacity - 12,500 ACFM

3. Operating Schedule 24 Hours a Day - 7 Days a Week

4. Process Information - Picks up dust from Hydrate Packing Machines

5. Number of Stacks or Vents to Atmosphere - One

6. Stack or Vent Height From Ground:
#22 66' From Floor

Readings Taken

7. Stack Diameter
#22 19" x 19"

9. Exhaust Velocity
#22 3,715 FPM

8. Exhaust Volume
#22 9,287 ACFM

10. Exhaust Temperature Range
#22 70°

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-23

COMPANY EQUIPMENT NUMBER E-DCF-198

A. ITEM NAME Hydrate Dust Collector Vent

B. COLLECTOR EQUIPMENT Bag Type

TRADE NAME Rees

MODEL NUMBER 2-650 A

C. OPERATING SCHEDULE 24 HOURS PER DAY

7 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 64'

(2) DISTANCE 310 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Liquid Ammonia Storage

E. (1) DISCHARGE TEMPERATURE 70 DEGREE F.

(2) VELOCITY & FLOWRATE 1,644 ACFM And

1,644 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Hydrated Lime Dust

(2) EMISSION RATES Less Than 1# Per Hour

(3) INFORMATION DETERMINED BY Visual Estimate

AIR CONTAMINANT SOURCE NUMBER: [redacted]

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER E-BDC-198

EQUIPMENT LOCATION Mill Building

MANUFACTURED BY Rees

TYPE COLLECTOR Bag 2-650 A

DATE PURCHASED May 14, 1963

P. O. NUMBER 2273-SF-6015 G.C.O. NUMBER Original Equipment

RATED C.F.M. OF COLLECTOR 2,000 at 6" SP

PRESSURE DROP ACROSS COLLECTOR 3.0 W. G.

SYSTEM PRESSURE DROP 3.8 W. G.

DESIGN AIR TO CLOTH RATIO 1.5 - 1

NUMBER OF COMPARTMENTS 2 650 Sq. Ft. Each

NUMBER OF BAGS EACH COMPARTMENT 48

TOTAL BAGS 96 1300 Sq. Ft. Total

TYPE CLOTH Cotton

BAG DIMENSION 6" x 110"

RATED TEMP OF COLLECTOR & BAGS Ambient

OMIT

FAN DATA:

MAKE Rees - #11 Exhauster HE

TYPE HE - "V" Belt Drive

SIZE 2,000 CFM

DESIGN RPM 1570 CFM 2,000

DESIGN PRESSURE DROP 6" S.P.

HORSE POWER 5 G. E.

DESIGN TEMP. Ambient

ORDER NUMBER DATE:

AIR CONTAMINANT SOURCE NUMBER: 3A-23

PORTLAND PLANT

1. Equipment No. - E-BDC-198 Equipment - Rees Bag House

2. Area - Hydrate Mill Capacity - 2,000 ACFM

3. Operating Schedule - 24 Hours a Day - 7 Days a Week

4. Process Information - Picks up dust from transfer points and all other equipment, except bagging machines.

5. Number of Stacks or Vents to Atmosphere - One

6. Stack or Vent Height from Ground:
#23 64' from the floor

Heights Taken ___

7. Stack Diameter
#23 8" x 12"

9. Exhaust Velocity
#23 2,192 FPM

8. Exhaust Volume
#23 1,644 ACFM

10. Exhaust Temperature Range
#23 70°

Appendix58-001118

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-24

COMPANY EQUIPMENT NUMBER E-DA-407

A. ITEM NAME Hydrate Loading Dust Collector Vent

B. COLLECTOR EQUIPMENT Envelope Type

TRADE NAME American Air Filter

MODEL NUMBER B

C. OPERATING SCHEDULE 4 Hr. Average HOURS PER DAY

5 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 98'

(2) DISTANCE 340 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Liquid Ammonia Storage

E. (1) DISCHARGE TEMPERATURE 70 DEGREE F.

(2) VELOCITY & FLOWRATE 295 ACFM And

295 SCFM

(3) INFORMATION DETERMINED BY Pitot Tube Test

(4) DATE 4-3-73

F. (1) AIR CONTAMINANTS EMITTED Hydrate Lime Dust

(2) EMISSION RATES Less Than 1/2# Per Hour While Operating

(3) INFORMATION DETERMINED BY Visual Estimate

AIR CONTAMINANT SOURCE NUMBER: 3A-24

PORTLAND PLANT

1. Equipment No.- E-DA-407 Equipment- American Air Filter

2. Area - Hydrate Loading Capacity

3. Operating Schedule Whenever Hydrate Trucks are loaded

4. Process Information - Picks up dust from bulk loading of Hydrated Lime

5. Number of Stacks or Vents to Atmosphere - One

6. Stack or Vent Height From Ground:
#24 98' from Ground

Readings Taken ——

7. Stack Diameter
#24 .52 Sq. Ft.

9. Exhaust Velocity
#24 568 FPM

8. Exhaust Volume
#24 295 ACFM

10. Exhaust Temperature Range
#24 70°

AIR CONTAMINANT SOURCE NUMBER: 3A-24

DUST COLLECTOR INVENTORY

EQUIPMENT NUMBER E-DA-407 Dust Arrester - (Airmat)

EQUIPMENT LOCATION Top of Hydrate Storage Bin - For Dust Pick up on Loading Spouts

MANUFACTURED BY American Air Filter

TYPE COLLECTOR Bag

DATE PURCHASED March 11, 1969

P. O. NUMBER Thompson Metal Fab C.C.O. NUMBER

RATED C.F.M. OF COLLECTOR 300

PRESSURE DROP ACROSS COLLECTOR 5.0 W. G.

SYSTEM PRESSURE DROP 5.0 W. G.

DESIGN AIR TO CLOTH RATIO 2-1

NUMBER OF COMPARTMENTS

NUMBER OF BAGS EACH COMPARTMENT 26

TOTAL BAGS 26 312 Sq. Ft.

TYPE CLOTH Cotton

BAG DIMENSION

RATED TEMP OF COLLECTOR & BAGS Ambient

FAN DATA:

MAKE G. E.

TYPE K

SIZE 7 Outlet Area 271 Sq. Ft.

DESIGN RPM 3475 CFM

DESIGN PRESSURE DROP Motor Changed - Information Not Available

HORSE POWER 3

DESIGN TEMP. Ambient

ORDER NUMBER DATE:

EXHIBIT A

AIR CONTAMINANT SOURCE NUMBER 3A-25

COMPANY EQUIPMENT NUMBER E-DGC-224

A. ITEM NAME Hydrate Waste Discharge Gate

B. COLLECTOR EQUIPMENT None

TRADE NAME —

MODEL NUMBER —

C. OPERATING SCHEDULE 1/4 HOURS PER DAY

5 DAYS PER WEEK

52 WEEKS PER YEAR

D. (1) HEIGHT OF DISCHARGE POINT 10'

(2) DISTANCE 220 FEET TO NEAREST STRUCTURE

(3) STRUCTURE USED FOR Liquid Ammonia Storage

E. (1) DISCHARGE TEMPERATURE — DEGREE F.

(2) VELOCITY & QUANTITY — ACFM

ACFM

(3) INFORMATION DETERMINED BY —

(4) DATE —

F. (1) AIR CONTAMINANTS EMITTED Hydated Lime Dust

(2) EMISSION RATES Minor Amount of Dust While Dumping

(3) INFORMATION DETERMINED BY Visual Estimate

EXHIBIT B

1. FUEL BURNING EQUIPMENT Calcimatic Kilns - 21 Burners Each

2. TYPE OF FUEL Natural Gas

3. BACK UP FUEL #2 Fuel Oil

4. ANNUAL USAGE

   A. PRIMARY 250,000 MCF

   B. BACKUP 500,000 Gal.

5. STEAM CAPACITY None

   STEAM PRODUCED None

6. TYPE AND QUANTITY OF WASTE BURNED None

DUE DATE: November 30, 2000

OMB No. 0607-0176: Approval Expires 08/31/2001

FORM **MA-200**
(8-3-2000)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

POLLUTION ABATEMENT COSTS AND EXPENDITURES – 1999

NOTICE – Response to this inquiry **is required by law (Title 13, United States Code).** By Section 9 of the same law, your report to the Census Bureau is **confidential.** It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

IMPORTANT

Please read instructions and definitions before completing form.

In correspondence pertaining to this report refer to the CENSUS ID NUMBER (ID) (11 digits)

ID 50306600370 310 00 9901 01 PACE
10 1 1999A1 MA-200
32741000 0001.8771
SEQ0810-00003

ATTN: JOHN WOODFILL
ASH GROVE CEMENT WEST INC
WESTERN REGION
13939 N RIVERGATE BLVD
PORTLAND OR 97203-6608

Please correct errors in name, address, and ZIP Code. ENTER street and number if not shown.

Item 1 OPERATIONAL STATUS

A. Check **ONE** box that best describes the facility listed on the form label as of December 31, 1999.

101 ☑ In operation
102 ☐ Temporarily idle → **How long?** 103 Months: ____

104 ☐ Sold or leased to another company – *Enter date sold* → 105 Month: ____ Year: ____ } **SOLD TO** →

Name: Ash Grove Cement Company - Rivergate Lime Plant
Street: 13939 N Rivergate Blvd
City: Portland State: OR ZIP Code: 97203

106 ☐ Permanently ceased operations – *Enter date* → 107 Month: ____ Year: ____

B. Check **ONE** box that best describes this facility's pollution abatement and other environmental protection expenditures for 1999.

111 ☐ These expenditures were $0 (zero) in 1999. (There were NO pollution abatement expenditures for 1999, because NO pollutants were released.)
112 ☐ These expenditures were included in rent, taxes, or lease agreements.
113 ☐ These expenditures occurred, but at no charge (used a scavenger service).
114 ☐ The expenditures were between $1 and $999.

} You have no pollution or do not need to report any expenditures. ***Please complete Item 9*** *of the form and return it.*

Thank you.

115 ☑ These expenditures were more than $999. → ***Continue with Item 2.***

Item 2 POLLUTION ABATEMENT, DISPOSAL AND RECYCLING

A. Pollution Abatement Activities

Indicate *(Mark (X))* those pollution abatement activities that occurred at this facility in 1999.

	Yes	No	Don't know
1. Abatement of air emissions through –	201		
a. Physical techniques (gravity deposition, inertial separator, etc.)?	☑	☐	☐
b. Biological techniques (biological filtration, activated sludge, phytoremediation, etc.)?	202 ☐	☑	☐
c. Chemical techniques (scrubbing, desulfurization, etc.)?	203 ☐	☑	☐
d. Thermal techniques (incineration, oxidation, etc.)?	204 ☐	☑	☐
2. Abatement or disposal of water discharge through –	205		
a. Physical techniques (containment, screening, filtration, UV disinfection, etc.)?	☑	☐	☐
b. Biological techniques (activated sludge dewatering, multiplate reactor, etc.)?	206 ☐	☑	☐
c. Chemical techniques (oxidation, reduction, coagulation, neutralization, etc.)?	207 ☐	☑	☐
d. Thermal techniques (incineration, drying, distillation, etc.)?	208 ☐	☑	☐
3. Abatement or disposal of solid wastes through –	209		
a. Physical techniques (containment, dehydration, screening, landfilling, underground injection well, etc.)?	☑	☐	☐
b. Biological techniques (composting, landfarms, etc.)?	210 ☐	☑	☐
c. Thermal techniques (incineration, pyrolysis, etc.)?	211 ☐	☑	☐

B. Pollution Abatement Costs and Expenditures by Medium

Report total pollution abatement costs and expenditures. Also report the percentage of the total capital expenditures and operating costs that are for hazardous emissions, discharges, or wastes. To avoid double counting, please record expenditures in one media category only. Report the total capital expenditures and NOT the financed or depreciated amount.

(REPORT DOLLARS IN THOUSANDS.) What were the TOTAL pollution abatement costs and expenditures for this facility in 1999 for –	Pollution abatement capital expenditures	Pollution abatement operating costs	Information not available or not collected to provide an estimate
1. Abatement of air emissions?	220 $ 000	230 $ 000	240 ☑
What percent of expenditures and costs were for hazardous air emissions?	221 %	231 %	241 ☑
2. Abatement of water discharges?	222 $ 000	232 $ 000	242 ☑
What percent of expenditures and costs were for hazardous water discharges?	223 0 %	233 0 %	243
3. Abatement of solid wastes?	224 $ 000	234 $ 000	244 ☑
What percent of expenditures and costs were for hazardous solid wastes (including mixed wastes)?	225 0 %	235 %	245
4. Abatement of multi-media pollutants?	226 $ 000	236 $ 000	246 ☑
What percent of expenditures and costs were for hazardous multi-media pollutants (including mixed wastes)?	227 0 %	237 %	247

FORM MA-200 (8-3-2000)

Appendix58-001125

Item 2 POLLUTION ABATEMENT, DISPOSAL AND RECYCLING – Continued

C. Disposal and Recycling Costs and Expenditures

Report on-site and off-site disposal and on-site (post process) and off-site recycling costs and expenditures in the appropriate categories below.

(REPORT DOLLARS IN THOUSANDS.)

	Disposal capital expenditures	Disposal operating costs	Information not available or not collected to provide an estimate
1. On-site and off-site disposal?	250 $ 000	260 $ 000	290 ☑
What percent of expenditures were for disposal of hazardous pollutants (including mixed wastes)?	251 %	261 %	291 ☑
	Recycling capital expenditures	**Recycling operating costs**	**Information not available or not collected to provide an estimate**
2. On-site (post process) and off-site recycling?	270 $ 000	280 $ 000	292 ☑

Item 3 POLLUTION PREVENTION

A. Indicate *(Mark (X))* those pollution prevention activities that occurred at this facility in 1999.	Yes	No	Don't know
1. Process or procedure modifications?	301 ☐	☒	☐
2. Redesign or reformulation of products?	302 ☐	☒	☐
3. Substitution or modification of equipment or technologies?	303 ☐	☒	☐
4. In-process recycling, recovery, recirculation, and reuse of materials?	304 ☒	☐	☐
5. Substitution of raw materials?	305 ☐	☒	☐
6. Improvements or modifications to housekeeping, maintenance, training or inventory control?	306 ☒	☐	☐
7. Improvements or modifications to prevent leaks and spills?	307 ☒	☐	☐
8. Other? *Specify in the "Remarks" section, Item 9.*	308 ☐	☒	☐

B. If you check YES to any of the activities, report the total (e.g., capital, operating) costs and expenditures for these activities.	Amount	Information not available or not collected to provide an estimate
(REPORT DOLLARS IN THOUSANDS.)	310 $ 000	311 ☒

Item 4 OTHER ENVIRONMENTAL PROTECTION EXPENDITURES

Report the amount of other environmental protection expenditures in the appropriate categories below.

(REPORT DOLLARS IN THOUSANDS.)

What were TOTAL environmental expenditures for this facility in 1999 for –	Amount	Information not available or not collected to provide an estimate
A. Site cleanup through –		
1. Remediation, including Superfund sites?	401 $ 0 000	411
2. Replacement of leaking or inferior USTs?	402 $ 0 000	412 ☐
3. Other?	403 $ 0 000	413 ☐
B. Habitat protection?	404 $ 000	414 ☒
C. Environmental monitoring and testing?	405 $ 000	415 ☒
D. Administration of environmental programs?	406 $ 000	416 ☒

Item 5 REASON FOR ENVIRONMENTAL PROTECTION EXPENDITURES

	Yes	No	Don't know
Did this facility participate in any voluntary programs? (Refer to instructions for examples.)	501 ☒	☐	☐

Item 6 TAX CREDITS AND SUBSIDIES

Report if you receive any tax credits or subsidies as a result of any of the expenditures in Items 2 through 4. The tax credit or subsidy must be the result of a pollution abatement or other environmental expenditure and may be for capital and/or operating expenses. For example, a facility may receive a state tax credit for the use of recycled materials in their manufacturing process or for the additional labor employed as a result of incorporating recycling into the manufacturing process. Or, a facility may receive a purchase preference (subsidy) for using a certain percent of recycled content in the final product.

	Yes	No	Don't know
Did the facility receive tax credits or subsidies?	601 ☐	☐	☒

Item 7 OTHER PAYMENTS

Report the amount of other payments in the appropriate categories below. *(REPORT DOLLARS IN THOUSANDS.)*

	Amount	Information not available or not collected to provide an estimate
A. Payments to government through –		
1. Permits, fees, and charges?	701 $ 4 000	711 ☐
2. Fines and penalties?	702 $ 0 000	712 ☐
3. Other?	703 $ 0 000	713 ☐
B. Tradable permits –		
1. Bought?	704 $ 0 000	714 ☐
2. Sold?	705 $ 0 000	715 ☐
3. Other?	706 $ 0 000	716 ☐

Item 8 BURDEN

	Number of hours	Information not available or not collected to provide an estimate
Estimate the number of **hours** it took to complete this form:	801 1.0	802 ☐

Item 9 CERTIFICATION

Please provide information on the person to contact regarding this report, as well as the name, signature and title of a person who verified that the information reported in this survey is accurate. The authorizing official may be a plant manager, vice president or environmental health and safety official. Also, feel free to add any additional comments in the space provided below. Thank you.

Name of person to contact regarding this report *(Please print)* 901	Telephone 902		
	Area code	Number	Ext.
GLENN DOLLAR			

Signature of authorized official	Title	Date

Remarks 910

FORM MA-200 (8-3-2000)

Instructions for 1999 Survey of Pollution Abatement Costs and Expenditures Form MA-200

Page

GENERAL INSTRUCTIONS 2

GENERAL DEFINITIONS 4

ITEM BY ITEM INSTRUCTIONS 6

ITEM 1 – OPERATIONAL STATUS 6

ITEM 2 – POLLUTION ABATEMENT, DISPOSAL, AND RECYCLING 6

ITEM 3 – POLLUTION PREVENTION 7

ITEM 4 – OTHER ENVIRONMENTAL PROTECTION EXPENDITURES 7

ITEM 5 – REASON FOR ENVIRONMENTAL PROTECTION EXPENDITURES 8

ITEM 6 – TAX CREDITS AND SUBSIDIES 8

ITEM 7 – OTHER PAYMENTS 8

ITEM 8 – BURDEN 8

ITEM 9 – CERTIFICATION 8

1999
SURVEY OF POLLUTION ABATEMENT COSTS AND EXPENDITURES

GENERAL INSTRUCTIONS

SCOPE

This annual survey collects new capital expenditures and annual operating expenses for pollution prevention and treatment in manufacturing, mining, and electric utility industries. In addition, this survey collects payments for off-site recycling, waste disposal, and expenditures for other environmental activities such as site reclamation, habitat protection, and monitoring and testing. Finally, the survey collects payments to government in the form of charges, permits and fines, and payments, paid or received, for emissions trading.

The statistics from this survey are mainly used to enable the Environmental Protection Agency to better satisfy legislative and executive requirements to track the costs of regulatory programs and to provide meaningful statistics to a variety of users. Some data users include: other Federal agencies, state and local governments, trade associations, manufacturers, marketing and research companies, universities, financial and environmental institutions, and environmental reporters.

AUTHORITY and CONFIDENTIALITY

Response to this inquiry is required by law (Title 13, U.S. Code). By Section 9 of Title 13, U.S. Code, your report to the Census Bureau is ***confidential.*** It may be seen only by sworn Census Bureau employees and may be used only for statistical purposes. The data can not be used for regulation or enforcement. Copies of your report retained in your files are immune from legal process.

WHO SHOULD REPORT

This report is required only for the facility located in the address box on the form. If your company operates more than one location, REPORT ONLY FOR THE PLANT(S) SELECTED FOR THIS SURVEY. **DO NOT COMBINE** with other facilities in your company even though operations may jointly use the same pollution abatement facilities. When this occurs, apportion the costs and expenditures according to the rate of pollution abatement equipment utilization or the relative amounts of pollutants produced.

HOW TO REPORT

Answer all questions. If you can not answer a question from your plant records, please estimate the answer carefully. In some cases, identification of pollution abatement expenditures may require the joint efforts of your facility's financial and environmental staff. Report all value figures in thousands of dollars. Report data for the calendar year. If you are unable to provide estimates because your facility does not keep the necessary records or the records are unavailable (i.e. in storage or archived), please mark the "Information Not Available or Not Collected to Provide an Estimate" box. If your fiscal year ends between October 31 and February 28, fiscal year figures are acceptable.

This booklet contains general definitions and specific instructions for each item. Each item's instructions include a guide listing examples of expenditures. In most cases these lists will provide sufficient information for completing this survey form.

HOW TO REPORT – Continued

For further details or definitions, see the following acts:

Clean Air Act and Amendments
Clean Water Act and Amendments
Resource Conservation and Recovery Act and Amendments
Pollution Prevention Act of 1990
Comprehensive Environmental Responses, Compensation, and Liability Act
Superfund Amendments and Reauthorization Act
Safe Drinking Water Act
Atomic Energy Act

To purchase copies of recent amendments to these acts request "Committee Print 103-B" from the:

Superintendent of Documents,
Government Printing Office,
Washington, DC 20402,
or call 202–512–1800.

This survey is directed to manufacturing, mining, and electric utility industries operations. The information requested supplements the data collected in the Annual Survey of Manufactures. If you think that your facility is ***not a manufacturing, mining, or electric utility establishment***, call the Special Studies Branch on 301–457–4659.

If you have ***questions*** or ***suggestions*** regarding this report, please call the Special Studies Branch on 301–457–4659. Please refer to the Census Bureau ID number (the 11-digit number above the facility name in the address box) when calling or in written correspondence.

NAME AND ADDRESS

Review the name and address of this facility printed in the top right corner of the report form. Line out any errors and make any necessary corrections or additions in the address box.

WHEN TO REPORT

Complete the form and return it by the date indicated on the top of the form in the enclosed prepaid envelope to:

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

If you need ***additional time*** to complete the report or if you need a ***duplicate form,*** please phone our Jeffersonville office on **812–218–3331.**

RESPONSE TIME

Public reporting burden for this collection of information is estimated to vary from 2 hours to 20 hours per form (with an average of 4.5 hours), including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send ***comments*** regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Associate Director for Finance and Administration, Paperwork Reduction Project (0607-0175), Room 3104, FB 3, U.S. Census Bureau, Washington, DC 20233-0001.

ELECTRONIC REPORTING

For ***information*** concerning the possible use of reporting formats other than the form provided, such as computer tape or printouts, please contact our Special Studies Branch on 301–457–4659.

PUBLICATION OF RESULTS OF THIS SURVEY

Industry estimates are tabulated and published in the Current Industrial Report, Pollution Abatement Costs and Expenditures, MA-200. You may obtain a copy online at: http://www.census.gov/mcd. To have a copy of the publication sent to you via email, contact us at mcdinfo@census.gov. If you require further assistance, you may contact the Forms Publications and Customer Services Branch on (301) 457–4673.

GENERAL DEFINITIONS

These definitions are for the purposes of this survey only and are not intended to be representative of official federal, state, or local regulatory language. In certain cases the definitions may be similar to those found in a particular rule or regulation, however, for the purposes of this survey, please use the terms as they are defined below.

Pollution is the presence of a substance in the environment that, because of its chemical composition or quantity, prevents the functioning of natural processes and produces undesirable environmental and/or human health effects. For the purposes of this survey, consider only the release of pollutants that are either used in, or by-products of, the production process.

Pollution abatement is the reduction or elimination of pollution that is created by the production process and has the potential to produce undesirable environmental and/or human health effects or the removal of pollution created by prior years' production. Pollution abatement activities include pollution treatment, pollution prevention, recycling, and/or disposal in an environmentally sound manner. **For this survey, include only those expenditures with the primary purpose of protecting the environment.** While certain expenditures may have multiple benefits, only consider those expenditures where environmental protection is the primary purpose. This survey does not collect expenditures intended to meet worker safety and health requirements. It also does not include expenditures that abate pollution when the primary purpose is to increase profits or efficiency, and the environmental protection is a side benefit.

Pollution abatement is any method, technique, or process designed to remove pollutants, after their creation, from air emissions, effluents, and/or solid waste. In general, pollution abatement includes the use of retrofit technologies, pollution management activities, and contract services (on-site or off-site) that are designed to change the physical, chemical, or biological character or composition of any hazardous substance, pollutant, or contaminant entering any waste stream or otherwise released to the environment (including fugitive emissions) so as to render such waste nonhazardous, or less hazardous, safer to transport, store or dispose. These activities are commonly referred to as **pollution treatment**, or end-of-pipe activities. Pollution treatment occurs after recycling.

Pollution prevention includes the selection and use of technologies, inputs, or practices that reduce or eliminate the creation of pollutants. Pollution prevention includes equipment or technology modifications, process or procedure modifications, reformulation or redesign of products, in-process recycling, recirculation or reuse of materials, substitution of raw materials, improvements or modifications to housekeeping, maintenance, training, or inventory control, and prevention of spills and leaks. Pollution prevention can be an inherent part of the production process, in which case production and pollution prevention may be said to occur jointly in an "integrated process." However, for the purposes of this survey, in order for any expenditures to be attributed to pollution prevention the integrated process must have been selected primarily for environmental protection, i.e., an alternative production process would have been chosen absent this consideration.

Disposal, in an environmentally sound manner, is the final placement, destruction or disposition of waste after pollution abatement or recycling has occurred. For example, solid waste is often managed by landfill disposal and certain liquid wastes may be disposed of using injection wells. For the purposes of this survey only, disposal expenditures associated with municipal solid waste (e.g., office and cafeteria trash) should not be reported.

Recycling is the off-site processing or on-site (post-process) processing of waste for an alternative use. Recycling includes recovering liquid, solid, or gaseous wastes and reusing them in the same or another production process and partially reclaiming materials (e.g., drying materials that contain recoverable metals for the purposes of enhancing a subsequent recovery activity). Activities that closely resemble abatement for the purposes of destruction or disposal, and burning waste materials for fuel are not included in this category. This activity is to be considered distinct from pollution prevention, which can involve the redirection of "used" material inputs, that would otherwise be wasted, back into the production process (also called in-process recycling).

TYPES OF COSTS

Pollution abatement capital expenditures include installation and retrofit that occurred during 1999 for separately identifiable methods, techniques, or process technologies installed exclusively for the purpose of removing pollutants after their creation, from air emissions, water discharges, and/or solid waste or expenditures for technologies that reduce or eliminate the creation of pollutants. Include the total expenditures for pollution abatement. However, for the purposes of Item 2, exclude expenditures associated with pollution prevention activities (report pollution prevention expenditures in Item 3B).

Pollution abatement operating costs: Annual costs for operating and maintaining all pollution abatement technology. Include all costs of materials and fuels, salaries and wages, leasing and contract work and services for pollution abatement. However, for purposes of Item 2, exclude costs associated with pollution prevention activities (report pollution prevention costs in Item 3B).

MEDIUM AND POLLUTANT TYPES

This survey collects expenditures by the pollutants affecting each medium (e.g., air emissions, water discharges, solid wastes) that would be affected if the pollutants were not abated.

Air pollutants are any substances released into the air that could, in high enough concentration, pose a threat to the environment and/or human health.

- **Hazardous air pollutants** are those regulated under Section 112 of the Clean Air Act, including metals, other particles, gases absorbed onto particles, and certain vapors from fuels and other sources. Examples include emissions of toluene, benzene, methanol, chlorine, and vinyl chloride. For the purposes of this survey, lead and lead compounds fall under this category.
- **Nonhazardous air pollutants** include the various criteria air pollutants and their precursors (except lead). Examples include emissions of particulate matter, sulfur dioxide, nitrogen oxide, carbon monoxide, and volatile organic compounds (VOCs). This category also includes Section 111-d designated air pollutants, e.g., total reduced sulfur compounds.

Water pollutants are any substances or pathogens released into water that could, in high enough concentration, pose a threat to the environment and/or human health.

- **Hazardous water pollutants** are those listed by the Clean Water Act, including toxic metals, toxic inorganic compounds, and toxic organic compounds. Examples of toxic metals and inorganic compounds include antimony, arsenic, beryllium, cadmium, chromium, copper, cyanide, lead, mercury, nickel, silver, thallium, and zinc. Examples of organic compounds include benzene, chlorethane, toluene, and xylene.
- **Nonhazardous water pollutants** include discharges of nutrients, fecal coliform, and suspended solids, as well as adverse changes in temperature and pH balance.

Solid wastes are any discarded materials, including solid, liquid, semi-solid, or contained gaseous materials, that pose a threat to the environment and/or human health by contaminating soil and groundwater.

- **Hazardous solid wastes** are by-products of production that can pose a substantial or potential hazard to the environment and/or human health when improperly managed. As defined within the Resource Compensation and Recovery Act (RCRA) Subtitle C, hazardous solid wastes possess one or more of the following characteristics: ignitability, corrosivity, reactivity, toxicity, appear on special EPA lists, or are designated as hazardous under state hazardous waste laws. Mixed wastes are defined as any waste containing both RCRA Subtitle C hazardous waste and radioactive waste. The expenditures associated with mixed wastes are to be included with hazardous waste expenditures.

- **Nonhazardous industrial solid wastes** (Industrial D wastes) are wastes that are neither municipal wastes nor wastes that are currently identified as hazardous wastes under RCRA Subtitle C. Nonhazardous industrial wastes (Industrial D wastes) consist primarily of manufacturing process wastes, including wastewater and non-wastewater sludges and solids.

Multi-media activities comprise the remaining pollution abatement category and are simply those expenditures not attributable primarily to one type of pollution or that deal with pollution affecting more than one medium.

ITEM BY ITEM INSTRUCTIONS

ITEM 1: OPERATIONAL STATUS

A. Check the **ONE** that best describes the facility listed on the form label as of December 31, 1999.

Temporarily idle, for the purposes of this survey, is defined as seasonal, shutdown for maintenance, on strike, not operating due to bad weather, etc.. Temporarily idle plants intend to resume operations again. In other words, the facility has not been sold, dismantled, or permanently ceased operations.

B. Check the **ONE** box that best describes this facility's pollution abatement and other environmental protection expenditures for 1999.

ITEM 2: POLLUTION ABATEMENT, DISPOSAL, AND RECYCLING

A. Pollution Abatement Activities

Indicate (check) those pollution abatement activities that occurred at the facility in 1999.

B. Pollution Abatement Costs and Expenditures by Medium

Report total pollution abatement costs and expenditures. Also report the percentage of the total capital expenditures and operating costs that are for hazardous (including mixed) emissions, discharges, or wastes. To avoid double counting, please record expenditures in one media category only. Report the total capital expenditures and NOT the financed or depreciated amount. Payments for site services that involve both treatment and disposal should be allocated to each category according to the total cost attributable to each activity. If it is not possible to allocate the costs in this manner, record the total treatment and disposal costs under pollution abatement.

Include costs and expenditures for

- pollution abatement and disposal activities attributed to air, water, and solid wastes (Item 2.B.1, 2.B.2, and 2.B.3, respectively)
- pollution abatement activities not readily attributable to a single environmental medium (Item 2.B.4)
- on-site and off-site landfill disposal and on-site (post process) and off-site recycling (Item 2.C)
- payments to a private or government contractor for solid waste disposal (Item 2.C)
- activities that occurred in 1999 only

Exclude costs and expenditures for

- pollution prevention (report in Item 3.B), other environmental protection expenditures (report in Item 4), and other payments (report in Item 7)
- health, safety, aesthetics, or employee comfort (OSHA)
- research and development services
- manufacture of pollution treatment equipment for sale
- insurance

Appendix58-001133

ITEM 2: POLLUTION ABATEMENT, DISPOSAL AND RECYCLING – Continued

Illustrative Examples:

- The costs to use an injection well to dispose of liquid waste are reported in 2.C.
- A facility installs a scrubber to treat air pollutants. The capital and operating costs associated with the scrubber are reported under 2.B.1.
- The costs for hazardous waste abatement and disposal are allocated to the abatement and disposal categories, if possible, according to the portion of the total costs attributable to each activity. If this is not possible, then the total costs are reported in Item 2.B.3.

C. Disposal and recycling costs and expenditures

Report on-site and off-site disposal costs and expenditures and on-site (post-process) and off-site recycling in the appropriate categories.

ITEM 3: POLLUTION PREVENTION

A. Indicate (check) those pollution prevention activities that occurred at the facility in 1999.

Examples of Pollution Prevention Activities

- Equipment or technology modifications
- Process or procedure modifications
- Reformulation or redesign of products
- In-process recycling, recirculation, or reuse of materials
- Substitution of raw materials
- Improvements or modifications to housekeeping, maintenance, training, and inventory control
- Prevention of spills and leaks

B. If you checked YES to any of the activities, report the total (e.g., capital, operating) costs and expenditures for these activities.

ITEM 4: OTHER ENVIRONMENTAL PROTECTION EXPENDITURES

Site cleanup is the remediation of contamination due to leaks, spills, waste disposal, or other releases from current or past on-site production processes.

Habitat protection is the maintenance, protection, and restoration of areas vital to populations, or communities of sensitive or valuable plant or animal life that could be damaged as a result of pollution at the facility. Wetlands mitigation banking (Clean Water Act, Section 404) and actions undertaken to comply with the Endangered Species Act may be reasons for habitat protection expenditures.

Report the amount of other environmental protection expenditures in the appropriate categories. Report expenditures in one category only (i.e., if you report expenditures for the categories below elsewhere in the survey, then do not also report them here).

Include expenditures for:

- operation and maintenance of Superfund site (Item 4.A.1)
- replacement of leaking or inferior underground storage tanks (USTs) (Item 4.A.2)
- cleanup of leaks and spills of hazardous substances (Item 4.A.3)
- wetlands mitigation banking and riparian buffer strips (Item 4.B)
- testing and monitoring of emissions or wastes (Item 4.C)
- environmental auditing (Item 4.D)
- salaries and wages for time spent completing environmental reporting requirements, training, and preparing documents related to environmental protection (Item 4.D)
- developing pollution abatement operating procedures (Item 4.D)

Exclude expenditures for:

- pollution abatement, disposal, and recycling (report in Item 2) and pollution prevention (report in Item 3.B)
- health, safety, aesthetics or employee comfort (OSHA)
- permits, fees, and charges (report in Item 7.A.1)
- fines and penalties (report in Item 7.A.2)
- other payments to government (report in Item 7.A.3)
- emissions trading programs (report in Item 7.B)

ITEM 5: REASON FOR ENVIRONMENTAL PROTECTION EXPENDITURES

There are governmental and private sector environmental management initiatives that are not associated with enforceable regulatory requirements, but rather are a result of the promotion of voluntary measures to reduce pollution emissions and encourage waste minimization. Some examples of voluntary programs include Green Lights, Energy Star, WasteWise, the 33/50 Program, Environmental Leadership Programs, Water Alliances for Voluntary Efficiency (WAVE), and Climate Wise.

Check the appropriate box indicating if any of the expenditures reported in Items 2 through 4 were voluntary (NOT MANDATED by enforceable government rules or regulations).

ITEM 6: TAX CREDITS AND SUBSIDIES

Report whether you receive any tax credits or subsidies as a result of any of the expenditures in Items 2 through 4. The tax credit or subsidy must be the result of a pollution abatement or other environmental expenditure and may be for capital and/or operating expenses. For example, a facility may receive a state tax credit for the use of recycled materials in their manufacturing process or for the additional labor employed as a result of incorporating recycling into the manufacturing process. Or, a facility may receive a purchase preference (subsidy) for using a certain percent of recycled content in the final product.

ITEM 7: OTHER PAYMENTS

Report the amount of other payments in the appropriate categories.

Include expenditures for:

- payments to governments for expenditures not reported in Items 2-4 (Item 7.A)
- other expenditures as a result of penalties, such as payments for supplemental environmental projects (Item 7.A.3)
- nitrous oxide (NOx) and sulfur dioxide (SO2) trading programs (Item 7.B)

Exclude expenditures for:

- pollution abatement, disposal, and recycling (report in Item 2), pollution prevention (report in Item 3.B), and other environmental protection expenditures (report in Item 4)
- health, safety, aesthetics, or employee comfort (OSHA)

ITEM 8: BURDEN

Estimate the number of hours it took to complete this form.

ITEM 9: CERTIFICATION

Please provide the name and telephone number of the person to contact regarding this report, as well as the name, signature, and title of a person who verified that the information reported in this survey is accurate. This authorizing official may be a plant manager, vice president, or environmental health and safety official. Also, feel free to add any additional comments in the space provided. Thank you.

Registration Verification Report '94

This report is for **DEQ/EPA ID ORD027707256 assigned to Ash Grove Cement Co** located at **13939 N RIVERGATE BLVD, PORTLAND ~~97283~~ 97203 in MULTNOMAH county.**

Did the ownership of this facility CHANGE in calendar year 1994? **NO** ☒
YES ☐ **Date:** ☐

The MAILING ADDRESS of this facility is:
Name: **Ash Grove Cement Co**
Address: ~~PO Box 83007~~ 13939 N. RIVERGATE BLVD.
City: **Portland** State: **OR** ZIP: ~~97283~~ 97203

The LEGAL OWNER of this facility is
Name: **Ash Grove Cement Co**
Address: **PO Box 25900** Phone: **913 451-8900**
City: **Overland Park** State: **KS** ZIP: **66225**

The OPERATOR of this facility is:
Organization: **Ash Grove Cement Co** Contact:
Address: **PO Box 25900** Phone: **913 451-8900**
City: **Overland Park** State: **KS** ZIP: **66225**

The OWNER of the LAND on which this facility is located is:
Name:
Address: Phone:
City: State: ZIP:

The BILLING ADDRESS for hazardous waste fees for this facility is:
Organization: **Ash Grove Cement Co** Contact: **Albert Collinet**
Address: **13939 N Rivergate Blvd** Phone: **503 286-1677**
City: **Portland** State: **OR** ZIP: **97283**

The contact for SITE VISITS and INSPECTIONS for this facility is:
Name: **Albert Collinet / ~~Assistant~~ Plant Manager** Phone: **503 286-1677**

The contact for QUESTIONS ABOUT THESE FORMS is:
Name: **Albert Collinet /~~Assistant~~ Plant Manager** Phone: **503 286-1677**

The Standard Industrial Classification (SIC) code that best describes this facility's operations is:
3275 GYPSUM PRODUCTS
If this SIC code is UNKNOWN or (NOT correct), please enter a new one 3274

In prior years, this facility reported the number of regular employees as **From 1 to 50**
How many people were employed in 1994? 54

Hazardous Waste Generator Status
This facility last reported its generator status to DEQ **in 1992 as a Conditionally Exempt Generator**
Check the appropriate box below to indicate this facility's generator status for calendar year **1994**
☐ Large Quantity Generator ☐ Small Quantity Generator ☒ Conditionally Exempt Generator

1. Does this facility recycle hazardous waste generated on site?
☐ YES ☒ NO--If your answer is no, skip to question 2.

If your answer is yes, what type of recycling activities occur at your facility? (Check as many boxes as appropriate.)

☐ use as an ingredient in a process
☐ use as a substitute as a commercial chemical product
☐ solvent recycling
☐ acid regeneration
☐ precious metal recovery
☐ energy recovery
☐ other

2. Is this facility a designated recycling facility receiving waste from offsite for recycling
☒ YES ☐ NO--If your answer is no, skip to question 3.

If your answer is yes, what type of recycling activities occur at your facility? (Check as many boxes as appropriate.)

☐ use as an ingredient in a process
☐ use as a substitute as a commercial chemical product
☐ solvent recycling
☐ acid regeneration
☐ precious metal recovery
☒ energy recovery
☐ other

3. Is this facility a generator that treats in accumulation tanks or containers?
☐ YES ☒ NO--If your answer is no, skip to certification statement.

If your answer is yes, what type of recycling activities occur at your facility? (Check as many boxes as appropriate.)

☐ solidification
☐ chemical precipitation
☐ settling/clarification
☐ neutralization
☐ stabilization
☐ other

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, or imprisonment.

Albert A. Collinet — 2/10/95
Signature — Date

ALBERT A. COLLINET — PLANT MANAGER
Name (please print) — Title

OREGVR94

Registration Verification Report '95

DEQ ID No: **ORD027707256** Name: **Ash Grove Cement Co**

Location: **13939 N RIVERGATE BLVD**

PORTLAND, OR 97203

Current name if different from above: _____

Did the ownership of this generator change in 1995?

NO ☒

YES ☐ Date: ☐

If yes, provide new owner information below.

Verify the information in the left column, and make any corrections in the right column:

The owner of Ash Grove Cement Co is:

Organization: **Ash Grove Cement Co** Address: **PO Box 25900** **Overland Park, KS 66225** Phone: **913 451-8900**	Organization: _____ Address: _____ _____ Phone: _____

The owner of the Property on which Ash Grove Cement Co is located is:

Organization: Address: Phone:	Organization: _____ Address: _____ _____ Phone: _____

The mailing address for Ash Grove Cement Co is:

Organization: **Ash Grove Cement Company** Address: **13939 North Rivergate Boulevard** **Portland, OR 97203**	Organization: _____ Address: _____ _____

The billing address for hazardous waste fees for Ash Grove Cement Co is:

Organization: **Ash Grove Cement Co** Address: **13939 N Rivergate Blvd** **Portland, OR 97203**	Organization: _____ Address: _____ _____

The contacts for Ash Grove Cement Co are:

Fees:	**Albert Collinet**	**503 286-1677**	Fees:	_____ _____
Site visits:	**Albert Collinet**	**503 286-1677**	Site visits:	_____ _____
Forms:	**Albert Collinet**	**503 286-1677**	Forms:	_____ _____

Hazardous waste generator status:

Ash Grove Cement Co last reported in 1994 as a Conditionally Exempt Generator.

What was the generator status for Ash Grove Cement Co in 1995?

☐ Large Quantity Generator ☐ Small Quantity Generator ☒ Conditionally Exempt Generator

1. Does this facility treat hazardous waste on-site in units exempt from RCRA permitting requirements?

☐ YES ☒ NO (Skip to question 2.)

If yes, indicate how many units of each type listed below:

____ Elementary neutralization units

____ Totally enclosed treatment units

____ Wastewater treatment units that release to a POTW

____ Wastewater treatment units that release to surface under a NPDES permit

____ Accumulation tanks

____ Accumulation containers

____ Other (explain) _____

1a. Does this facility treat hazardous waste:

☐ Generated at this facility ☐ Generated at other facilities

1b. Does this facility intend to develop hazardous waste treatment capabilities in the future?

☐ NO ☐ YES - RCRA exempt capabilities only

☐ YES - Units subject to RCRA permitting requirements ☐ YES - Both exempt and permitted

2. Please select the **one** most appropriate classification for the owner of the business that generates hazardous waste, and the owner of the property on which the generator operates.

	Private	Federal	State	County	District	Municipal	Tribal	Other
Business Owner	☒	☐	☐	☐	☐	☐	☐	☐
Land Owner	☒	☐	☐	☐	☐	☐	☐	☐

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 or imprisonment.

Albert A. Collinet 12/29/95

Signature Date

ALBERT A. COLLINET PLANT MANAGER

Name (please print) Title

Registration Verification Report '97

:Q ID No: **ORD027707256** Name: **Ash Grove Cement Co**

Location: **13939 N RIVERGATE BLVD**

PORTLAND, OR 97203

Current name if different from above: _____

How many people are employed at this facility [52]

Your Standard Industrial Classification (SIC) code is currently listed as:

3274: Lime

Current code if different: [ ]

Verify or provide your latitude/longitude coordinates:

Lat: 45 37 0 ___ ___ ___

Long: 122 47 5 ___ ___ ___

Verify the information in the left column, and make any corrections in the right column:

The owner of Ash Grove Cement Co is:

Organization: **Ash Grove Cement Co**	Organization:
Address: **13939 N Rivergate Blvd**	Address:
Overland Park, KS 66225	
Phone: **913 451-8900**	Phone:

The owner of the Property on which Ash Grove Cement Co is located is:

Organization: **Data missing, please update**	Organization: ASH GROVE CEMENT CO
Address: **Data missing, please update**	Address: 13939 N RIVERGATE BLVD
Data missing, please update	OVERLAND PARK KS 66225
Phone: **Data missing, please update**	Phone: 913 451-8900

mailing address for Ash Grove Cement Co is:

Organization: **Ash Grove Cement Company**	Organization:
Address: **13939 North Rivergate Boulevard**	Address:
Portland, OR 97203	

The billing address for hazardous waste fees for Ash Grove Cement Co is:

Organization: **Ash Grove Cement Co**	Organization:
Address: **13939 N Rivergate Blvd**	Address:
Portland, OR 97203	

The contact names and phone numbers for Ash Grove Cement Co are:

Fees:	**Albert Collinet**	**503 286-1677**	Fees:	
Site visits:	**Albert Collinet**	**503 286-1677**	Site visits:	
Forms:	**Albert Collinet**	**503 286-1677**	Forms:	

Hazardous waste generator status:

Ash Grove Cement Co last reported in 1996 as a Conditionally Exempt Generator.

What was the generator status for Ash Grove Cement Co in 1997?

[ ] Large Quantity Generator [ ] Small Quantity Generator [X] Conditionally Exempt Generator

12/16/1997

1. Did this facility change ownership during 1997? ☐ Yes ☒ No (If No, go to question 2)

1a. What was the date of the ownership change? _____

1b. Did the management of this facility change with the ownership?
☐ New management ☐ Same management

1c. Which best describes the conditions of the ownership change?
☐ Sale of business to new owner
☐ Corporate merger
☐ Separation from parent company
☐ Other _____

1d. Indicate one of the following:
☐ I represent the current owner of this facility.
☐ I represent the previous owner of this facility

2. Did this facility quit doing business during 1997? ☐ Yes ☒ No (If No, go to question 3)

2a. What was the date of the closure? _____

If closure was due to an ownership change, be sure to answer question 1.

3. Did this facility stop generating hazardous waste during 1997? ☐ Yes ☒ No

3a. What was the date the facility stopped generating hazardous waste? _____

3b. What best describes the reason the facility stopped generating hazardous waste?
☐ Closure (Complete question 2)
☐ Completion of one-time waste generation activity
☐ Change in production process
☐ Elimination of hazardous materials/chemicals
☐ Change in business activity
☐ Other _____

Remember: If you were a small or large quantity generator during any part of 1997, you must complete the Hazardous Waste Reporting Forms.

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 or imprisonment.

Albert A. Collinet — 1/23/98

Signature — Date

ALBERT A. COLLINET — PLANT MANAGER

Name (please print) — Title

Registration Verification Report '98

DEQ ID No: **ORD027707256** Name: **Ash Grove Cement Co**

Location: **13939 N RIVERGATE BLVD**

PORTLAND, OR 97203

Current name if different from above: _____

Your Standard Industrial Classification (SIC) code is currently listed as:

3274: Lime

Current code if different: [ ]

Your current employee count is listed as 52. Please indicate the correct count if it has changed: 48.5

Verify the information in the left column, and make any corrections in the right column:

The owner of Ash Grove Cement Co is:

Organization:	**Ash Grove Cement Co**	Organization:	
Address:	**PO Box 25900**	Address:	
	Overland Park, KS 66225		
Phone:	**913 451-8900**	Phone:	

The owner of the property on which Ash Grove Cement Co is located is:

Organization:	**Ash Grove Cement Company**	Organization:	
Address:	**13939 N. Rivergate Blvd.**	Address:	
	Portland, OR 97203		
Phone:	**Data missing, please update**	Phone:	(503) 286-1677

address for DEQ to send hazardous waste information to Ash Grove Cement Co is:

Organization:	**Ash Grove Cement Company**	Organization:	
Address:	**13939 North Rivergate Boulevard**	Address:	
	Portland, OR 97203		

The address for DEQ to send hazardous waste fee invoices for Ash Grove Cement Co is:

Organization:	**Ash Grove Cement Co**	Organization:	
Address:	**13939 N Rivergate Blvd**	Address:	
	Portland, OR 97203		

The contact names and phone numbers for Ash Grove Cement Co are:

Fees:	**Albert Collinet**	**503 286-1677**	Fees:	Glenn F. Dollar
Site visits:	**Albert Collinet**	**503 286-1677**	Site visits:	Glenn F. Dollar
Forms:	**Albert Collinet**	**503 286-1677**	Forms:	Glenn F. Dollar

Hazardous waste generator status:

Ash Grove Cement Co last reported as a Conditionally Exempt Generator on the 1997 Annual Report

What was the generator status for Ash Grove Cement Co in 1998?

[ ] Large Quantity Generator [ ] Small Quantity Generator [X] Conditionally Exempt Generator

01/14/1999

1. Has the ownership of this facility changed from what is indicated on the front of this form?
☐ Yes ☑ No (If no, go to question 2)

1a. What was the date of the ownership change? _____

1b. Did the management of this facility change with the ownership?
☐ New management ☐ Same management

1c. Which best describes the conditions of the ownership change?
☐ Sale of business to new owner
☐ Corporate merger
☐ Separation from parent company
☐ Other _____

1d. Indicate one of the following:
☐ I represent the current owner of this facility
☐ I represent the previous owner of this facility

2. Has this facility stopped doing business? ☐ Yes ☑ No (If no, go to question 3)

2a. What was the date of closure? _____

If closure was due to an ownership change, be sure to answer question 1.

3. Has this facility stopped generating hazardous waste? ☐ Yes ☑ No
(Mark "No" if you are still a conditionally exempt small quantity generator.)

3a. What was the date the facility stopped generating hazardous waste? _____

3b. What best describes the reason the facility stopped generating hazardous waste?
☐ Closure (Complete question 2)
☐ Completion of a one-time hazardous waste generation activity
☐ Change in production process
☐ Elimination of hazardous materials/chemicals
☐ Change in business activity
☐ Other _____

Remember: If you were a small or large quantity generator during any part of 1998, you must complete the hazardous waste reporting forms.

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 or imprisonment.

Gary Wright — 1/28/99

Signature — Date

Gary Wright — Plant Manager

Name (please print) — Title

Registration Verification Report '99

DEQ ID No: **ORD027707256** Name: **Ash Grove Cement Co**
Location: **13939 N RIVERGATE BLVD**
PORTLAND, OR 97203
Site Contact: **Glenn F Dollar** Site Phone: **503 286 1677**

Current information, if different from above: _____

Your Standard Industrial Classification (SIC) code is currently listed as:
3274: Lime

Current code if different: _____

Your current employee count is listed as: 49 Please indicate the correct count if it has changed: _____

Verify the information in the left column, and make any corrections in the right column:

The owner of Ash Grove Cement Co is:

2. Owner: **Data missing, please update** Organization: **Ash Grove Cement Co** Address: **PO Box 25900** **Overland Park, KS 66225** Phone: **913 451-8900**	Owner: Ash Grove Cement Co. Organization: Address: Phone:

The owner of the property on which Ash Grove Cement Co is located is:

3. Owner **Data missing, please update** Organization: **Ash Grove Cement Company** Address: **13939 N. Rivergate Blvd.** **Portland, OR 97203-6608** Phone: **503 286 1677**	Property Contact: Glenn F. Dollar Organization: Address: Phone:

The address for DEQ to send hazardous waste information to Ash Grove Cement Co is:

4. Forms Contact: **Glenn F Dollar** Organization: **Ash Grove Cement Company** Address: **13939 North Rivergate Boulevard** **Portland, OR 97203** Internet E-Mail: **Please update.** Phone: **503 286 1677**	Forms Contact: Organization: Address: Internet E-Mail: Phone:

The address for DEQ to send hazardous waste fee invoices for Ash Grove Cement Co is:

5. Fee Contact: **Glenn F Dollar** Organization: **Ash Grove Cement Co** Address: **13939 N Rivergate Blvd** **Portland, OR 97203** Phone: **503 286 1677**	Fee Contact: Organization: Address: Phone:

Hazardous waste generator status:

6. Ash Grove Cement Co last reported as a Conditionally Exempt Generator on the 1998 Annual Report.

What was the generator status for Ash Grove Cement Co in 1999?

Large Quantity Generator ☐ Small Quantity Generator ☒ Conditionally Exempt Generator

12/29/1999 * 59

7. If the information for this facility has changed from what is preprinted in Box 1 from the front of this form, then check all that apply. ☒ Not Applicable (Skip to Box 8)

- ☐ The business (as preprinted) is no longer active at this location. We are a different company or a company new to this location.
  Date we opened for business: _____
- ☐ The business is the same; we have a new name.
- ☐ The location of the business has not changed. The local government modified the address.
- ☐ The business moved to a new location. ☐ I wish to apply for a new site-specific DEQ/EPA ID Number for the company's new location.

8. Has the ownership of this facility changed from what is preprinted in Box 2 from the front of this form?

☐ Yes (If yes, Answer Questions 8a-8b) ☒ No (Skip to Box 9)

8a. What was the date of the ownership change? _____

8b. Are you completing this report for:

- ☐ The previous (preprinted name) company up to the time of closure? (Complete Box 9.)
- ☐ The current (new) company?
  - ☐ Filing for the full calendar year?
  - ☐ Filing for only that part of the year following purchase?

9. Has this facility stopped generating hazardous waste?

☒ Yes (Answer Questions 9a-9b) ☐ No (Skip to Box 10)

9a. What best describes the reason the facility stopped generating and managing hazardous waste?

- ☐ Closure of business (Date of Closure _____)
- ☐ Completion of a one-time cleanup and waste management activity (Date Completed _____)
- ☐ Change in business activity (Explain and Provide Date: _____
  We are a conditionally exempt generator.)

9b. Indicate one of the following:

- ☒ I wish to keep the assigned DEQ/EPA Identification Number Active.
- ☐ I wish to cancel the assigned DEQ/EPA Identification Number (Cancellation Date _____)

Note: The DEQ/EPA Identification Number is assigned to the physical location of the site and cannot be reassigned to a different location. The ID number is required for certain facilities such as: Hazardous Waste (HW) Transporters; Large Quantity HW Generators; Small Quantity HW Generators; Treatment, Storage, Disposal Facilities; HW Recycling Facilities; Marketers or Burners of HW Fuel; and facilities that engaged in some Used Oil or Universal Waste Activities. Conditionally Exempt Generators may also need an ID number for certain waste management activities.

10. *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 or imprisonment.*

Gary Wright — Signature

1-13-00 — Date

Gary Wright — Name (please print)

Plant Manager — Title

Mail completed form to:
Oregon DEQ
Waste Management & Cleanup Division
Attn: Hazardous Waste Forms Clerk
811 SW Sixth Avenue
Portland, OR 97204-1390

Remember: *If you were a small or large quantity generator during **any** part of 1999, you must complete the Waste Generation & Management Answer Sheets and attach them to this form.*

Registration Verification Report 2000

3 * 122

1. DEQ ID No: **ORD027707256** Name: **Ash Grove Cement Co**
Location: **13939 N RIVERGATE BLVD**
PORTLAND, OR 97203
Site Contact Name: **Glenn F Dollar** Site Contact Phone: **(503) 286-1677**

Current information, if different from above: _____

Your Standard Industrial Classification (SIC) code is currently:
3274: Lime
Current code if different:

State of Oregon **Department of Environmental Quality**

Your current employee count is listed as: 49 Please indicate the correct count if it has changed: 48

Verify the information in the left column, and make any corrections in the right column:

The owner of Ash Grove Cement Co is:

2. Indvidual or Organization: **Ash Grove Cement Co** Address: **PO Box 25900** **Overland Park, KS 66225** Phone: **(913) 451-8900**	Indvidual or Organization: Address: Phone:

The owner of the property on which Ash Grove Cement Co is located is:

3. Individual or Organization: **Ash Grove Cement Company** Address: **13939 N Rivergate Blvd** **Portland, OR 97203-6608** Phone: **(503) 286-1677**	Individual or Organization: Address: Phone:

The address for DEQ to send hazardous waste information to Ash Grove Cement Co is:

4. Forms Contact: **Glenn F Dollar** Organization: **Ash Grove Cement Co** Address: **13939 N Rivergate Blvd** **Portland, OR 97203** Internet E-Mail: **Data missing, please update** Phone: **(503) 286-1677**	Forms Contact: Organization: Address: Internet E-Mail: gfdollar@aol.com Phone:

The address for DEQ to send hazardous waste fee invoices for Ash Grove Cement Co is:

5. Fee Contact: **Glenn F Dollar** Organization: **Ash Grove Cement Co** Address: **13939 N Rivergate Blvd** **Portland, OR 97203** Phone: **(503) 286-1677**	Fee Contact: Organization: Address: Phone:

Hazardous waste generator status:

6. Ash Grove Cement Co last reported as a Conditionally Exempt Generator on the 1999 Annual Report.

What was the generator status for Ash Grove Cement Co in 2000, based on monthly generation records?

☐ Large Quantity Generator ☐ Small Quantity Generator ☒ Conditionally Exempt Generator

01/02/2001

7. If the information for this facility has changed from what is preprinted in Box 1 from the front of this form, then check all that apply. If no changes occurred, then skip to Box 8.

- ☐ The business (as preprinted) is no longer active at this location. We are a different company or a company new to this location. Date we opened for business: _____
- ☐ The business is the same; we have a new name.
- ☐ The location of the business has not changed. The local government modified the address.
- ☐ The business moved to a new location. ☐ I wish to apply for a new site-specific DEQ/EPA ID Number for the company's new location.

8. Has the ownership of this facility changed from what is preprinted in Box 2 from the front of this form?

☐ **Yes** (If yes, Answer Questions 8a-8b) ☐ **No** (Skip to Box 9)

8a. What was the date of the ownership change? _____

8b. Are you completing this report for:

- ☐ The previous (preprinted name) company up to the time of closure? (Complete Box 9.)
- ☐ The current (new) company?
- ☐ Filing for the full calendar year?
- ☐ Filing for only that part of the year following purchase?

9. Indicate one of the following:

- ☒ I wish to keep the assigned DEQ/EPA Identification Number Active. (Skip to Box 10)
- ☐ I wish to cancel the assigned DEQ/EPA Identification Number because this facility does not generate or manage hazardous waste for the following reason (**Date must be provided**):
  - ☐ Closure of business (Date of Closure: _____)
  - ☐ Completion of a one-time cleanup and waste management activity (Date Completed: _____)
  - ☐ Change in business activity (Explain and Provide Date: _____ _____)
  - ☐ Other (Explain and Provide Date: _____ _____)

Note: The DEQ/EPA Identification Number is assigned to the physical location of the site and cannot be reassigned to a different location. The ID number is required for certain facilities such as: Hazardous Waste (HW) Transporters; Large Quantity HW Generators; Small Quantity HW Generators; Treatment, Storage, Disposal Facilities; HW Recycling Facilities; Marketers or Burners of HW Fuel; and facilities that engaged in some Used Oil or Universal Waste Activities. Conditionally Exempt Generators may also need an ID number for certain waste management activities.

10. ***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 or imprisonment.*

Glenn F. Dollar — 1-16-01

Signature — Date

Glenn F. Dollar — Environmental, Health & Safety Manager

Name (please print) — Title

Mail completed form to:
Oregon DEQ
Waste Prevention & Management Division
Attn: Hazardous Waste Forms Clerk
811 SW Sixth Avenue
Portland, OR 97204-1390

***Remember:** If you were a small or large quantity generator during <u>any</u> part of 2000, you must complete the Waste Generation & Management Answer Sheets and attach them to this form. If filing Answer Sheets electronically, an Electronic Certification must be attached.*

Questions: (503) 229-5470 or (800) 452-4011 or visit our Website at www.deq.state.or.us/wmc/hw/hwrptonlineforms.htm

Mailed 1-2-03

Registration Verification Report 2002

3 * 90

1. DEQ ID No: **ORD027707256** Name: **Ash Grove Cement Co**
Location: **13939 N RIVERGATE BLVD**
PORTLAND, OR 97203
Site Contact Name: **Glenn F Dollar** Site Contact Phone: **503 286-1677**

Current information, if different from above: _____

Your Standard Industrial Classification (SIC) code is currently: **3274: Lime**

Current code if different: _____

State of Oregon **Department of Environmental Quality**

Your current employee count is listed as 47 Please indicate the correct count if it has change 46

Verify the information in the left column, and make any corrections in the right column:

The owner of Ash Grove Cement Co is:

2. Indvidual or Organization: **Ash Grove Cement Co** Address: **PO Box 25900** **Overland Park, KS 66225** Phone: **(913) 451-8900**	Indvidual or Organization: _____ Address: _____ Phone: _____

The owner of the property on which Ash Grove Cement Co is located is:

3. Individual or Organization: **Ash Grove Cement Company** Address: **13939 N Rivergate Blvd** **Portland, OR 97203-6608** Phone: **(503) 286-1677**	Individual or Organization: _____ Address: _____ Phone: _____

The address for DEQ to send hazardous waste information to Ash Grove Cement Co is:

4. Forms Contact: **Glenn F Dollar** Organization: **Ash Grove Cement Co** Address: **13939 N Rivergate Blvd** **Portland, OR 97203** Internet E-Mail: **glenn.dollar@ashgrove.com** Phone: **503 286-1677**	Forms Contact: _____ Organization: _____ Address: _____ Internet E-Mail: _____ Phone: _____

The address for DEQ to send hazardous waste fee invoices for Ash Grove Cement Co is:

5. Fee Contact: **Glenn F Dollar** Organization **Ash Grove Cement Co** Address: **13939 N Rivergate Blvd** **Portland, OR 97203** Phone: **503 286-1677**	Fee Contact: _____ Organization: _____ Address: _____ Phone: _____

Hazardous waste generator status:

6. Ash Grove Cement Co last reported as a Conditionally Exempt Generator on the 2001 Annual Report.
What was the generator status for Ash Grove Cement Co in 2002, based on monthly generation records?

☐ Large Quantity Generato -
☐ Small Quantity Generato -
☒ Conditionally Exempt Generato -

12/16/2002

7. If the information for this facility has changed from what is preprinted in **Box 1** from the front of this form, then check all that apply. If no changes occurred, then skip to Box 8.

- ☐ The business (as preprinted) is no longer active at this location. We are a different company or a company new to this location. Date we opened for business: _____
- ☐ The business is the same; we have a new name.
- ☐ The location of the business has not changed. The local government modified the address.
- ☐ The business moved to a new location. ☐ I wish to apply for a new site-specific DEQ/EPA ID Number for the company's new location.

8. Has the ownership of this facility changed from what is preprinted in **Box 2** from the front of this form?

☐ **Yes** (If yes, Answer Questions 8a-8b) ☒ **No** (Skip to Box 9)

8a. What was the date of the ownership change? _____

8b. Are you completing this report for:

- ☐ The previous (preprinted name) company up to the time of closure? (Complete Box 9.)
- ☐ The current (new) company?
- ☐ Filing for the full calendar year?
- ☐ Filing for only that part of the year following purchase?

9. Indicate one of the following:

- ☒ I wish to keep the assigned DEQ/EPA Identification Number Active. (Skip to Box 10)
- ☐ I wish to cancel the assigned DEQ/EPA Identification Number because this facility does not generate or manage hazardous waste for the following reason (**Date must be provided**):
  - ☐ Closure of business (Date of Closure: _____)
  - ☐ Completion of a one-time cleanup and waste management activity (Date Completed: _____)
  - ☐ Change in business activity (Explain and Provide Date: _____ _____)
  - ☐ Other (Explain and Provide Date: _____ _____)

Note: The DEQ/EPA Identification Number is assigned to the physical location of the site and cannot be reassigned to a different location. The ID number is required for certain facilities such as: Hazardous Waste (HW) Transporters; Large Quantity HW Generators; Small Quantity HW Generators; Treatment, Storage, Disposal Facilities; HW Recycling Facilities; Marketers or Burners of HW Fuel; and facilities that engaged in some Used Oil or Universal Waste Activities. Conditionally Exempt Generators may also need an ID number for certain waste management activities.

10. ***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 or imprisonment.*

Glenn F. Dollar 1-2-03

Signature Date

Glenn F. Dollar Environmental, Health & Safety Mgr

Name (please print) Title

Mail completed form to:
Oregon DEQ
Land Quality Division
Attn: Hazardous Waste Forms Clerk
811 SW Sixth Avenue
Portland, OR 97204-1390

Remember: *If you were a small or large quantity generator during any part of 2002, you must complete the Waste Generation & Management Answer Sheets and attach them to this form. If filing Answer Sheets electronically, an Electronic Certification must be attached.*

Questions: (503) 229-5470 or (800) 452-4011 or visit our Website at www.deq.state.or.us/wmc/hw/hwrptonlineforms.htm

SOURCE WATER ASSESSMENT REPORT

ASH GROVE CEMENT WEST - RIVERGATE
PWS ID# 4194453
PORTLAND, OREGON 97203
MULTNOMAH COUNTY

July, 2000

Prepared for
Ash Grove Cement West Rivergate

by

Department of Human Services
Oregon Health Division
Drinking Water Program

Available in Alternate Formats by contacting the OHD DWP at (541) 726-2586

Source Water Assessment Report

Ash Grove Cement West Rivergate

Assessment Summary

The Source Water Assessment Program, mandated by the 1996 Amendments to the Safe Drinking Water Act, requires that states provide the information needed by public water systems to develop protection plans if they choose. The information that is provided includes the identification of the area most critical to maintaining safe drinking water, i.e., the Outreach Area, an inventory of potential sources of contaminants within the Outreach Area, and an assessment of the relative threat that these potential sources pose to the water system.

This report identifies the Outreach Area for the Ash Grove Cement West as a circle with radius of 500 feet centered on the system's 1963 well. The aquifer supplying the drinking water to the system is a shallow unconfined silt and sand aquifer, with the water table occurring at a depth of approximately 27 feet.

The aquifer is considered highly sensitive based on the shallow water table, the highly permeable aquifer and overlying materials. The age of the well, possible degradation of it's underground components, and presence of highly permeable soils within the Outreach Area add to the sensitivity of the aquifer.

Thirteen other wells occur in the vicinity and at this time do not pose a significant risk to the system.

Potential sources of contaminants within the Outreach Area include an onsite sewage disposal system (which is undergoing abandonment), a waste oils storage tank with a containment spill system, and truck and railroad transportation corridors. Relevant Best Management Practices for septic systems and drainfields have been included within this report.

The size of the Outreach Area is designed to approximate the next two years of groundwater supply for the Ash Grove Cement West. The two year time frame is used as a conservative estimate of the survival time of some viruses.

The costs associated with contaminated drinking water are high. Developing an approach to protecting that resource will reduce the risks of a contamination event occurring. This report is designed to provide you with the basic information you need to put together an appropriate strategy to protect your drinking water. We have summarized the local geology and well construction issues as they pertain to your drinking water source. We have identified the area we believe to be most critical to preserving your water quality (the Outreach Area) and helped to identify potential sources of contamination within that area. In addition, we've provided you with

recommendations i.e. BMPs, regarding the proper use and practices associated with those potential contaminant sources.

We believe public awareness is a powerful tool in protecting drinking water. The information in this report will help you accomplish the task of increasing the level of public awareness about the relationship between what goes on at the surface and the quality of the water that they drink.

Introduction and Overview

Traditionally, water systems have relied on proper water system management, water quality monitoring and, if necessary, water treatment to ensure that the water they serve meets drinking water standards. In spite of the best of these efforts, however, contamination of drinking water can still occur. The costs, both tangible and intangible, to a water system contending with a contaminated water supply are significant. At minimum, there is the cost of increased monitoring that will be required to make certain that the water does not pose a significant health risk. At contaminant concentrations exceeding a drinking water standard, the system may be dealing with the cost of installing and maintaining treatment, the loss of the drinking water source, i.e., a well, and most assuredly, a concerned and often frightened public.

Beginning with the 1986 Amendments to the Safe Drinking Water Act, an additional "barrier to contamination" was recognized at the federal level. A shift from the "reactive" approach of water treatment to a "proactive" approach of prevention began to take place. Although water treatment may be necessary in some cases, it is much more cost effective to prevent the contamination from happening in the first place. A recent estimate by the Oregon Department of Environmental Quality (DEQ) and the Oregon Health Division's Drinking Water Program (OHD) compared the estimated cost of prevention (less than $15 per resident) to the actual cost of investigation and treatment (more than $1500 per resident) in a small Oregon community impacted by a volatile organic contaminant that exceeded the drinking water standard.

Oregon has a Drinking Water Protection Program in place for groundwater systems, i.e., wells and springs. In order to protect a drinking water resource, a water system must know where the drinking water comes from, what potential sources of pollution exist and what level of threat each presents to the system's drinking water. Up until recently, the costs associated with acquiring this information were the responsibility of the water system, a financial burden that even the most proactive water systems found hard to meet. The 1996 Amendments to the Safe Drinking Water Act lifted that burden from water systems by requiring that the states conduct Source Water Assessments for the water systems within their respective boundaries. The purpose of the Assessment is to provide the water systems with the information that they need to develop a strategy to protect their source of drinking water if they choose.

As mandated by the 1996 Amendments, a Source Water Assessment consists of the following: (1) the identification of the area that directly overlies that part of the aquifer supplying drinking water

to the well or spring, (2) an inventory of potential sources of contamination within that area, and (3) the evaluation of the susceptibility of the water system to contamination from those sources. Funding for assessments was provided to the states through the Act as part of the state's Drinking Water Revolving Loan Fund.

The DEQ and OHD worked with a citizen's advisory committee and with OHD's Drinking Water Advisory Committee to design a program that would meet the needs of Oregon's public water systems. The Environmental Protection Agency (EPA) has certified that Oregon's plan meets the requirements of the Safe Drinking Water Act. Within the program, OHD has the responsibility of working with groundwater systems in general, and with transient noncommunity water systems specifically.

Within this report, you will find general descriptions of the various elements of the Source Water Assessment Program, as well as specific information regarding source of your water system and the threats to your drinking water quality. Although developing a Drinking Water Protection Plan is voluntary in Oregon, it is hoped that the information provided in the Source Water Assessment Report will be used as a basis for reducing the risk of contamination to your source. Later in this report, you will be given some specific recommendations on how to accomplish this risk reduction for your system. The bulk of these recommendations center on an outreach program, providing information to those residences, agricultural operations and businesses that live or operate within the identified area.

Groundwater Basics

In order to protect a groundwater source of drinking water, it is important to understand how the groundwater system works, e.g., where groundwater comes from, how it occurs in the subsurface, how it moves and how it can become contaminated. Included in this report are several Fact Sheets about groundwater that you can use to help increase the awareness of others regarding groundwater and its susceptibility to contamination.

When a well is drilled, the driller passes through a distance of soil, sediments and/or bedrock in which all the open spaces between the soil and sediment particles and in the fractures of the bedrock are filled with air. No water can be derived from this zone, referred to as the vadose zone. If the driller continues, he or she will eventually encounter a depth in which all the open spaces are filled with water. This is groundwater and we have just crossed the water table to reach it. Groundwater, therefore, does not occur as underground rivers, pools or veins, rather it simply occurs within the open spaces within the geologic material. We refer to any geologic material that contains water and that can yield the water to a well as an aquifer. Aquifers can be any geologic material, e.g., sand and gravel, porous lava flows, fractured bedrock, etc., that can hold water and when drilled into will supply that water to the well.

So where does the groundwater in the aquifer come from? Groundwater is part of the hydrologic cycle that controls the distribution of water on the surface of this planet. It is therefore linked to

other sources of water, notably surface water as streams, rivers and lakes. Virtually without exception, the groundwater originates as precipitation at the surface that sinks through the soil and percolates down to the water table. This is what makes groundwater vulnerable to contamination. The water recharging the aquifer originates at the surface. The downward percolating water has to pass through whatever is at the surface or just below it. As it does so, the water can dissolved contaminants and carry them downward to the aquifer.

The direction and speed in which groundwater moves is controlled by the slope of the water table, which has high areas and low areas just like the ground surface, and the permeability of the aquifer. In general, groundwater moves at a velocity of inches to a few feet per day. The pumping of a well can significantly influence the movement of groundwater by drawing down the water table in its vicinity. This produces a "capture zone" that can draw groundwater in from some distance away. We identify this distance during the delineation phase of the assessment. We refer to the delineation of a transient noncommunity water system's drinking water source as the identification of the "Outreach Area".

Source Water Assessment

Above, the Source Water Assessment was described as consisting of three components:

- The identification of the drinking water source, i.e., the Outreach Area;
- Inventory of potential contaminant sources within the Outreach Area;
- The susceptibility of the drinking water source to those contaminant sources

Outreach Area.

The Outreach Area for a transient noncommunity water system is based on the adjusted pump rate, i.e., actual pumpage records or 125% of the estimated average daily use during the three highest use months of the year. The area is a circle, the radius of which reflects the next two years worth of water in the aquifer. A two-year supply was chosen because one of the sources of contamination that we are concerned with for your system is microbial pollutants and data regarding survival rates of bacteria and viruses indicate that some of these organisms, specifically some viruses, may last as long as two years in groundwater. The Outreach Areas are defined as follows:

Population	Radius (feet)	Total Area (mi^2)
< 100	500	0.03
100-499	1,000	0.11

500-3,300	1,500	0.25
> 3,300	2,000	0.45

We have located your source(s) using a Trimble GeoExplorer II Global Positioning System (GPS) unit. The data has been differentially corrected to remove some of the common positioning errors. The location of the source(s), with the corresponding Outreach Area, have been placed in a Geographic Information System (GIS) layer and overlain onto a U.S.G.S. 7.5 minute topographic map. This map is included within this report and will be included in a statewide database being developed for public water systems.

Inventory of Potential Contaminant Sources.

Consistent with the monitoring requirements for transient noncommunity water systems, the Source Water Assessment inventory focuses on contaminants that can cause an acute response, i.e., symptoms can arise from a single exposure, in individuals who drink the water. For the purpose of the inventory, a list of known potential sources of nitrate and micro-organism contamination are included in the report appendix. The primary source of site-specific report data for the inventory has been the result of your work in identifying potential sources of contamination within the outreach area, supplemented by technical assistance from OHD during the field visit. We encourage you to periodically revise the inventory found in this report by identifying any newly developed or altered potential sources of contamination. Although the focus is on sources of nitrate and microbial contamination, it is useful to identify other potential contaminant sources as well, e.g., gas stations, dry cleaners, machine shops, etc.

Susceptibility of the Drinking Water Source.

The final step in the Source Water Assessment is the susceptibility analysis, i.e., how vulnerable is the drinking water source to potential contaminants at or near the surface. Whether or not a given drinking water source is susceptible depends primarily on two issues: are there potential sources of contamination within the Outreach Area, and is the aquifer sensitive to contamination, i.e., is it likely that a contaminant at the surface would migrate to the water table and into the well. The identification of potential contaminant sources within the Outreach Area was accomplished during the inventory phase of the assessment. Aquifer sensitivity depends on a number of factors that can collectively or individually allow the aquifer to become contaminated:

Depth to the water-bearing zone: The shorter the distance downward to the water table, the greater the potential of a contaminant, if released, to migrate to the aquifer.

Nature of the Aquifer: Aquifers are often classified as unconfined or confined. Unconfined aquifers are often shallow and are not separated from the surface by a protective low-permeability layer. Confined aquifers are often deeper and are overlain by a protective low-permeability layer. Unconfined aquifers are more sensitive than confined aquifers.

Characteristics of the Aquifer: Aquifers that are highly permeable, i.e., gravels and boulders, sand and gravel without significant clay layers, etc., or do not provide for natural filtration as water moves through them, i.e., are fractured, are considerably more sensitive than other types of aquifers.

Characteristic of the Confining Layer: The thicker the confining unit the more likely it is to be persistent laterally and the more it retards the movement of contaminants downward. Confining units consisting of plastic clay are much more protective than those consisting of silt.

Soil Types: Some types of soils are thinner and/or have higher permeability than others. We consider those soils in which water could move through under saturated conditions in less than 65 hours as being highly sensitive. Recognition of these soil types and their occurrence within the Outreach Area can indicate those parts of the Outreach Area where contamination is most likely to cross the soil zone.

An additional threat to drinking water quality within the Outreach Area are old wells or production wells that have been improperly constructed. Wells are used to extract groundwater form the aquifer, however if they have lost their integrity or were improperly constructed, they may provide a conduit for contaminants to move directly to the aquifer.

Well Construction: When a well is drilled in soft or loose materials, a casing (steel or plastic pipe) is inserted to hold the hole open during and after drilling. The casing does not in itself provide adequate protection from contaminated shallow water gaining access to the well. Contaminated shallow water can migrate to the casing and follow the casing directly down to the well. The real protection from potentially contaminated shallow water is the casing seal. This seal is put in place by drilling a hole that is at least four inches greater in diameter than the final casing. After the larger hole is drilled, casing is put in and the annular space between the casing and seal is filled with a sealant, either bentonite (an expanding clay), cement, or a combination of the two. The casing seal must by law be placed a minimum of 18 feet below the surface, however, it should be placed to a depth that is controlled by the local geology, e.g., for a confined aquifer, the casing seal should extend down to the confining layer. Having a well drilled by a licensed well constructor greatly reduces the risk that the well will be improperly constructed.

Other Wells: We assume that the greater the number of wells in the vicinity of the public water supply well, the greater the risk of encountering a well has been improperly constructed. Even a properly constructed well has a given life-time. The seal may begin to deteriorate with time and eventually may fail, allowing shallow waters to gain access to the aquifer. As an estimate of the potential risk posed by other wells in the area, we total the number of well reports that are on file at the Water Resources Department in the section containing the system's production well and develop a score based on number and age as follows:

Other Well Score = (No. of wells 1979 or younger) + 4 x (No. of wells older than 1979)

An Other Well score greater than 400 is considered to cause the aquifer to be moderately sensitive to contamination from the surface.

Monitoring History: The record of water quality as indicated by the routine monitoring history of the water system provides an indicator of relative risk to the system. Clearly, if a contaminant is detected at the source, there is a pathway from the surface to the aquifer that allowed that contaminant to reach the water table. Coliform and nitrate detections are particularly useful as indicators of the existence of contaminant pathways. Coliforms are ubiquitous in the environment and their presence in the source water may indicate a microbial source nearby, or that a pathway exists, either naturally as a result of soil and aquifer characteristics, or artificially, through a failed or inadequate casing seal. Nitrate provides similar information, and given its mobility in the subsurface, will arrive at the well sooner than other contaminants that may also be moving toward the aquifer.

Site-Specific Information for Ash Grove Cement West

Location of Ash Grove Cement West's Well

The well was located using Trimble GeoExplorer II GPS unit. Data collection specifics include:

- a minimum of 150 individual measurements,
- linked to a minimum of four satellites,
- a PDOP of less than 6 (pertains to precision of measurement),
- a signal to noise ratio of greater than 5

The raw data was subjected to differential correction using the PATHFINDER software. The location data for your well is as follows:

45° 37' 22.6094" North Latitude
122° 46' 57.1266" West Longitude

Nature and Characteristics of the Aquifer

The aquifer supplying Ash Grove Cement West's well consists of interlayered sands, gravels, clays and silts. These represent alluvial (river) deposits of Holocene age (1.6 million years ago to present day).

The aquifer is overlain by approximately 5 feet of sand, 7 feet of blue clay, and 15 feet of sand and silt. The static water level (water level in the well when it is at rest, i.e. not being pumped) was reported by the driller as 27 feet below the surface. **Therefore the aquifer is considered to be unconfined with a water table depth of approximately 27 feet.**

Well Construction

The well was drilled in May 1963 by R.J. Strasser Well Drilling Co.; the well report accompanies this report. The initial hole was drilled to 212 feet with a 12 inch diameter casing set to 212 feet. The cement grout casing seal was properly set to 25 feet. Perforations were placed from 194 to 206 feet. Water enters through the perforated portion of the well.

Other Wells

Well report records indicate that there are thirteen other wells within the section containing the Ash Grove Cement West's well. Eight were drilled prior to 1979, the others after 1979. This leads to an Other Well score of 37, well below the score of 400 which would be regarded as a significant risk to the system.

Monitoring History

Health Division records show there have been zero mg/L detections of nitrate in the water system and that there have been no detections of coliform within the last 3 years (we do not check back any further than 3 years for coliform monitoring compliance).

Sensitivity Summary

The aquifer sensitivity for Ash Grove Cement West is summarized on the sensitivity summary sheet in the appendix. If a criterion on the form is checked 'no', it implies that, based on our evaluation, that criterion does not contribute significantly to the aquifer's sensitivity. We have identified the following criteria which we believe increases the aquifer's sensitivity to contamination from the surface.

1. Highly Sensitive Criteria.

Our assessment of the well report indicates that the aquifer is unconfined in nature and consists of sand and silts. Aquifers consisting of unconsolidated material are considered to be among the most sensitive types of aquifers. Further, the water table is at a depth of approximately 27 feet. The material making up the aquifer and the layers above the aquifer are likely to be highly permeable. There are no significant clay layers separating the aquifer from the surface. **The shallow nature of the water table and the highly permeable character of the unsaturated zone make the aquifer highly sensitive to potential contaminant sources at the surface.**

2. Moderately Sensitive Criteria.

The age of the well, originally constructed in 1963 also contributes to the sensitivity of the system. Casing seals do deteriorate with time. The system is therefore considered to be moderately sensitive to contamination from surface activities.

There is one soil within the Outreach Area, namely Pilchuck Urban Land Complex. It has a high permeability. Specifically, the estimated travel time for water crossing this highly permeable soil from the surface under saturated conditions is less than 5 hours. Little opportunity for degradation of a contaminant within the soil zone would occur for contaminants such as nitrate. On the soil map in the appendix the Pilchuck Urban Land Complex is labeled as 33A.

Susceptibility Analysis for the Ash Grove Cement West

As described above, the aquifer supplying Ash Grove Cement West well is considered highly sensitive because of the shallow unconfined nature of the aquifer. Highly permeable soils exist within the Outreach Area and also contribute to the sensitivity of the aquifer. Potential contaminate sources located on the highly permeable soils will pose a greater risk to the drinking water supply, with the risk becoming greater as the distance between the source and the well becomes smaller.

The land and land use activities within the outreach area define the potential sources of contamination that may affect the groundwater quality. The following potential sources of contamination were found within the Ash Grove Cement West Outreach Area:

Potential Sources of Contamination	Contaminant of Concern	Approximate Distance from Source	Highly Sensitive Soils? Y/N	Risk to Groundwater
On-site sewage disposal system(s) NOTE: Sewage disposal system is in the process of being abandoned. System is connecting to city sewer.	Total and fecal coliform bacteria and other micro-organisms, nitrates and household hazardous wastes	150' SE	Y	Low
Above ground waste oil storage tank with self containment spill system	Inorganic and volatile organic chemicals	115' W/NW	Y	Moderate
Transportation Corridors: Truck Traffic Railroad	Chemicals from a spill	Within 500' N & W	Y	Moderate

* Y/N implies that some of the potential sources are located in highly sensitive soils and some are not.

Three potential contaminant source types were identified within the Outreach Area, namely sewage disposal system, waste oil tank with self containment spill system, and transportation corridors.

- The location of the sewage disposal system may pose a risk in terms of both microbial

contaminants, nitrate, and discarded household chemicals. However it must be noted that this is currently being abandoned as the facility is connecting to city sewer.

- Storage tanks pose a threat in the form of leaks or spills. However it must be noted that a self containment spill system has been installed under the tank which would greatly reduce the potential for spilled material entering the groundwater.
- Local transportation corridors are potential sources of herbicides, automotive and locomotive wastes, and accidental chemical spills.

Best Management Practices

It is our experience that serious contamination events are rare when prudent practices are followed in the use of potential pollutants. Rather, it is the misuse of chemicals or activities, or the accidental release of a contaminant that poses the greatest threat. We believe that education is the key to reducing the risk of contamination of a water supply. Individuals who work, live or do business within your Outreach Area need to be aware that the things they do at the surface can impact aquifer water quality.

This education can best be accomplished through a combination of increasing the awareness of how the groundwater system works and providing recommendations of the proper use and handling of chemicals or other contaminants, i.e., BMPs or Best Management Practices, that are directed towards specific activities that occur within your Outreach Area. We have included sample hand outs that provide some of this information in the Appendix of this document. We fully realize that you probably do not have complete control of surface activities within your Outreach Area. However, engaging your neighbors in friendly conversations regarding threats to your, and in most cases their, drinking water, while providing BMPs that are tailored to their activities, will probably be successful if they are offered in an informative manner. Simply pointing out that everyone, including yourself, can contribute to long-term drinking water quality by following the simple common sense practices that are outlined in the BMPs can be a great first step.

Based on the inventory conducted, the following BMPs have been provided in the Appendix:

- Groundwater Contamination and Septic Systems
- Household Hazardous Waste
- Improving Petroleum Product Storage
- Improving Hazardous Waste Management
- Improving Household Wastewater Treatment
- Business & Industrial Operation

Conclusions

The Source Water Assessment Program, mandated by the 1996 Amendments to the Safe Drinking Water Act, requires that states provide the information needed by public water systems to develop

protection plans if they choose. The information that is provided includes the identification of the area most critical to maintaining safe drinking water, i.e., the Outreach Area, an inventory of potential sources of contaminants within the Outreach Area, and an assessment of the relative threat that these potential sources pose to the water system.

This report identifies the Outreach Area for the Ash Grove Cement West as a circle with radius of 500 feet centered on the system's 1963 well. The aquifer supplying the drinking water to the system is a shallow unconfined silt and sand aquifer, with the water table occurring at a depth of approximately 27 feet.

The aquifer is considered highly sensitive based on the shallow water table, the highly permeable aquifer and overlying materials. The age of the well, possible degradation of it's underground components, and presence of highly permeable soils within the Outreach Area add to the sensitivity of the aquifer.

Thirteen other wells occur in the vicinity and at this time do not pose a significant risk to the system.

Potential sources of contaminants within the Outreach Area include an onsite sewage disposal system (which is undergoing abandonment), a waste oils storage tank with a containment spill system, and truck and railroad transportation corridors. Relevant Best Management Practices for septic systems and drainfields have been included within this report.

The size of the Outreach Area is designed to approximate the next two years of groundwater supply for the Ash Grove Cement West. The two year time frame is used as a conservative estimate of the survival time of some viruses.

Recommended Use of the Source Water Assessment Report

As outlined above, the costs associated with contaminated drinking water are high. Developing an approach to protecting that resource will reduce the risks of a contamination event occurring. This report is designed to provide you with the basic information you need to put together an appropriate strategy to protect your drinking water. We have summarized the local geology and well construction issues as they pertain to your drinking water source. We have identified the area we believe to be most critical to preserving your water quality (the Outreach Area) and helped to identify potential sources of contamination within that area. In addition, we have provided you with recommendations, i.e., BMPS, regarding the proper use and practices associated with those potential contamination sources. Keep this report with your records, it contains information regarding your system that will be useful to you both in the short- and long-term.

We urge you to make copies of the map of the Outreach Area, as well as the Groundwater Fact sheets, potential contaminant sheets and brochures related to septic systems and household

chemicals, to distribute to neighbors and businesses within your Outreach Area. Let them know that contaminants can move down to the aquifer with infiltrating precipitation, particularly in areas covered by high-permeability soils. Many individuals do not understand that the improper disposal of even small amounts of these chemicals, on the ground, in ditches, or down the drain can potentially cause problems either collectively or individually over time.

We believe public awareness is a powerful tool in protecting drinking water. The information in this report will help you accomplish that task. If you need any assistance from the Health Division, please feel free to contact us.

Appendix

1. Map of the Outreach Area

2. Soil Map for the Outreach Area

3. Sensitivity Summary Sheet

4. Well Report

5. Best Management Practices:

   - Groundwater Contamination and Septic Systems
   - Household Hazardous Waste
   - Improving Petroleum Product Storage
   - Improving Hazardous Waste Management
   - Improving Household Wastewater Treatment
   - Business & Industrial Operation

6. Source Water Assessment Program: Transient Noncommunity Water Systems

7. Groundwater Information Sheets

8. Potential Sources of Source Water Contamination - Transient Noncommunity Water Systems

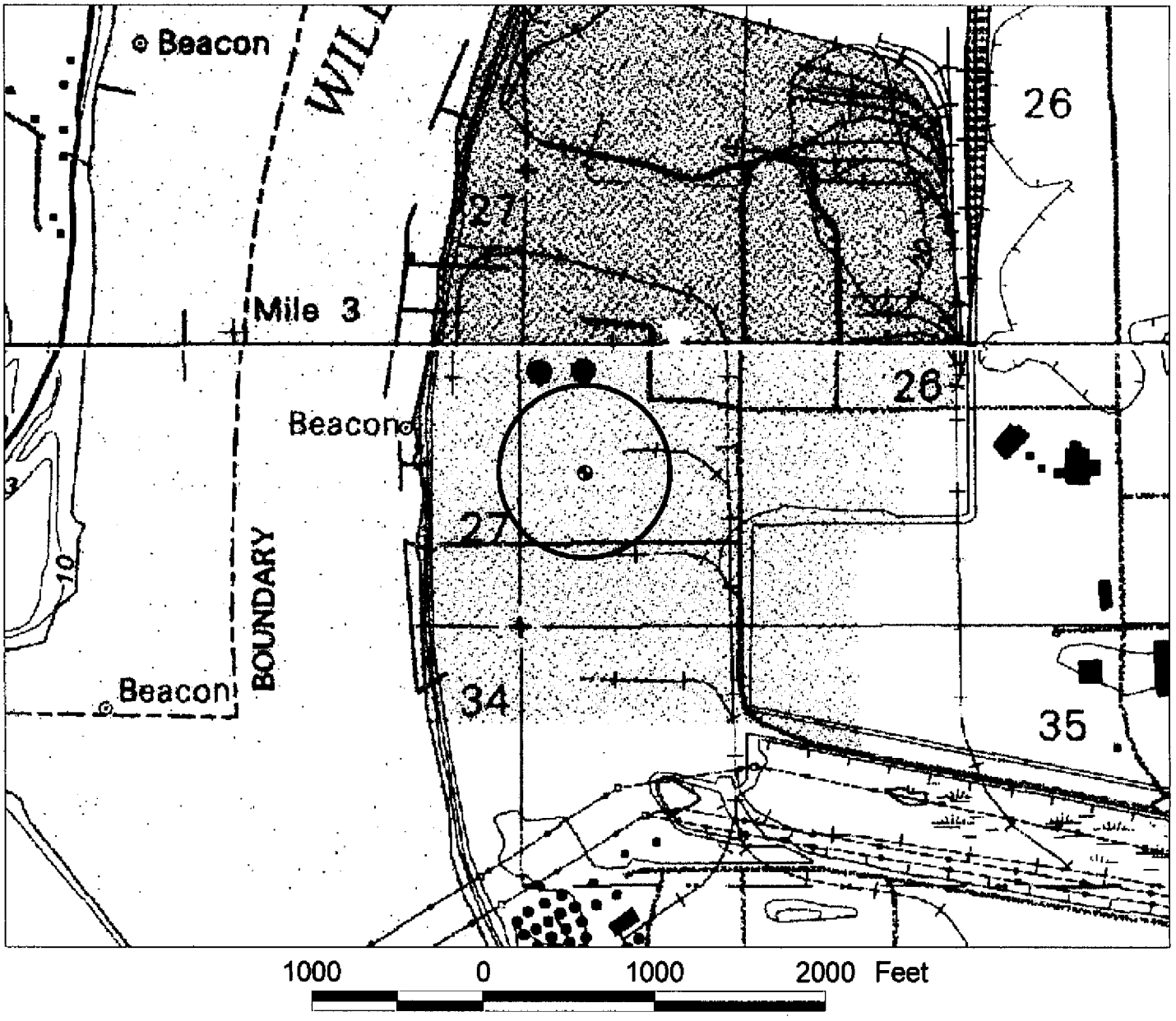
9. Health Effects Information: Nitrate

10. Health Effects Information: Coliform Bacteria

11. Fact Sheet: Coliform Bacteria and Disinfecting a Well

NOTE: **Additional copies of the appendix materials are available upon request by calling (541) 726-2586**

Ash Grove Cement West - Rivergate Industrial Park Public Water System
Source Water Assessment

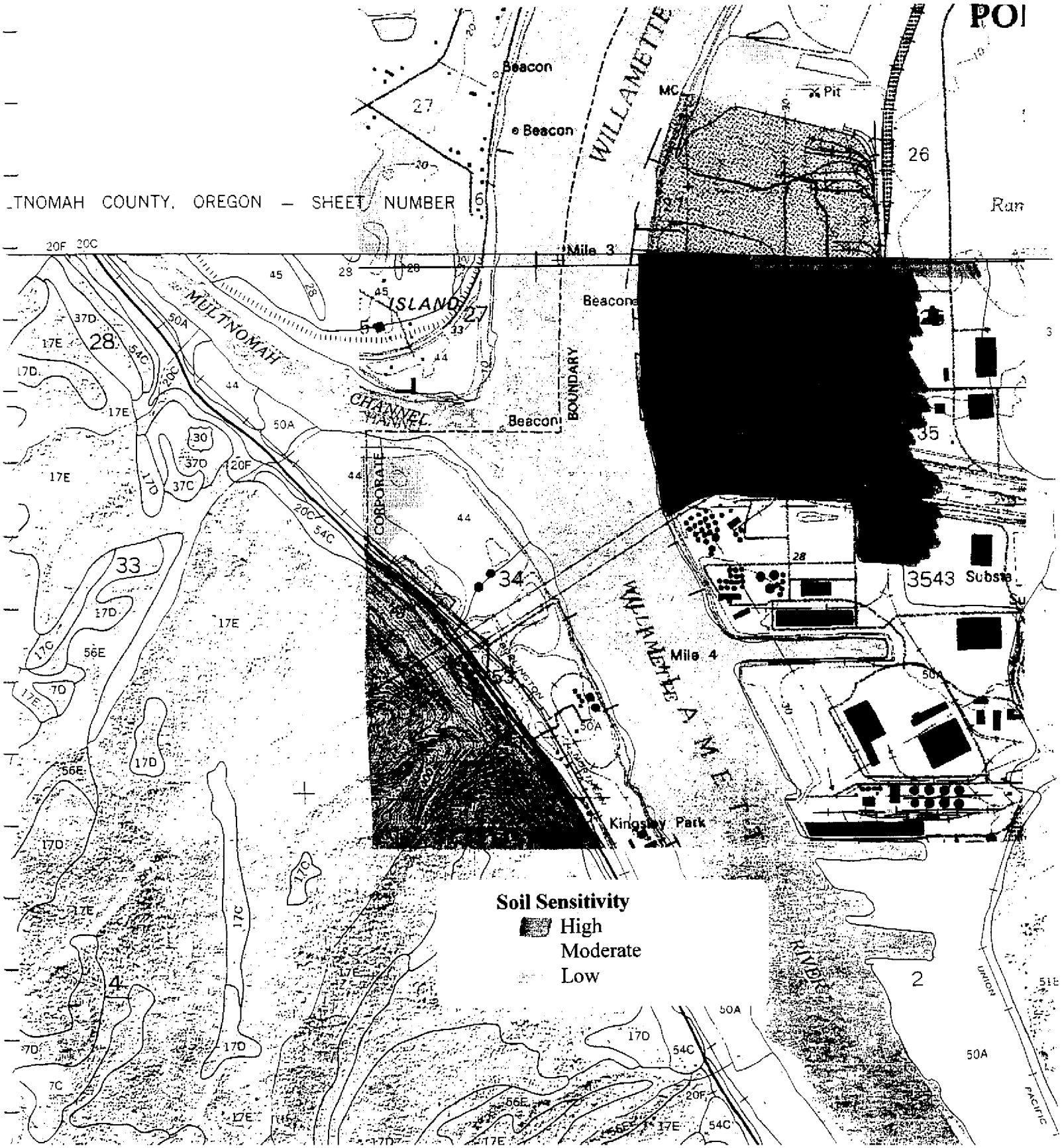


1:12,000

Prepared by: K. Kelley
Reviewed by: D. Nelson
Date: 6/20/2000
File #: 4194453
Radius: 500'

USGS Linnton, OR Quadrangle
USGS Sauvie Island, OR Quadrangle
(Part Sections) 7.5 Series Topographic

GPS Well Data:
45°37'22.6094
122°46'57.1266
GPS Elevation Data: 17.840'


LTNOMAH COUNTY, OREGON – SHEET NUMBER 6
WILLAMETTE
MULTNOMAH
CHANNEL
ISLAND
BOUNDARY
CORPORATE
Beacon
Pit
Mile 3
Mile 4
Kingsley Park
3543 Substa
Soil Sensitivity
High
Moderate
Low

Water System: ASH GROVE CEMENT WEST **PWS ID 41** 94453

Sensitivity Summary[1]

Highly Sensitive Source: ☑ Yes ☐ No

Yes	No	
☑	☐	Unconfined Aquifer: Shallow (< 100 Ft), No significant clay layers
☐	☑	Unconfined Aquifer: Cobbles/gravel
☐	☑	Unconfined Aquifer: Fractured bedrock
☐	☑	Other Aquifer (describe:)
☐	☐ NA	Organic Chemical Detection
☐	☑	Inorganic Chemical Detection (>50% MCL)
☐	☑	Source-related Coliform: total .... fecal ..... Date
☐	☑	Nitrate-N≥ 5mg/L: Concentration ..... Date
☐	☑	Well Construction Deficiencies from Sanitary Survey:
☐	☑	Well Report Missing/Unavailable
☐	☑	Casing Seal Missing/Unknown
☐	☑	Inappropriate Casing Seal Depth (depth recommendation:)
☐	☑	Inappropriate Casing Seal Material
☐	☐ NA	Traverse Potential >5 (Not performed on NTNCWS)
☐	☐ NA	Infiltration Potential >7 (Not performed on NTNCWS)

Moderately Sensitive Source: ☑ Yes ☐ No

Yes	No	
☐	☑	Shallow (<50 feet) Confined Aquifer and Thin (<15ft) Confining Unit
☐	☑	Deep Unconfined Aquifer
☐	☑	Fractured Bedrock at Surface
☐	☑	Aquifer Character unknown
☐	☑	Commingling of Aquifers Suspected
☐	☑	Nitrate-N 1-4.9 mg/L: Concentration ..... Date
☐	☑	Inorganic Chemical Detection (<50% of MCL)
☐	☑	Well Construction Deficiencies from Sanitary Survey.
☑	☐	Well constructed prior to 1979; 1963
☐	☑	Other Wells Score ≥ 400
☑	☐	Soil with TOT <65 hours in DWPA
☐	☐ NA	Infiltration Potential 4 to ≤ 7 (Not performed on NTNCWS)
☐	☑	Surface water within 500 feet

1. Note that it is possible for a single system to have criteria from both the high and moderately sensitive lists. Having a criterion checked "yes" indicates that this characteristic contributes to the sensitivity at the indicated level.

Additional Comments

Sensitivity Analysis Completed by: Alison Schultz **Date:** 6/30/2000

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

WATER WELL REPORT
STATE OF OREGON
(Please type or print)

MULT
001730

State Well No. 2N/1W-27

State Permit No. _____

(1) OWNER:
Name ASH GROVE LIME AND PORTLAND CEMENT
Address PORTLAND, ORE.

(2) LOCATION OF WELL:
County MULT. Driller's well number 4149
¼ ¼ Section 27 T. 2N R. 1W. W.M.
Bearing and distance from section or subdivision corner

(3) TYPE OF WORK (check):
New Well [X] Deepening [ ] Reconditioning [ ] Abandon [ ]
If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):
Domestic [ ] Industrial [X] Municipal [ ]
Irrigation [ ] Test Well [ ] Other [ ]

(5) TYPE OF WELL:
Rotary [ ] Driven [ ]
Cable [X] Jetted [ ]
Dug [ ] Bored [ ]

(6) CASING INSTALLED:
Threaded [ ] Welded [X]
12" Diam. from 0 ft. to 212 ft. Gage .330
_____" Diam. from _____ ft. to _____ ft. Gage _____
_____" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:
Perforated? [X] Yes [ ] No
Type of perforator used STAR
Size of perforations 3/8 in. by 1 1/4 in.
480 perforations from 194 ft. to 206 ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(8) SCREENS:
Well screen installed [ ] Yes [X] No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:
Well seal—Material used in seal CEMENT GROUT
Depth of seal 25 ft. Was a packer used? NO
Diameter of well bore to bottom of seal _____ in.
Were any loose strata cemented off? [ ] Yes [X] No Depth _____
Was a drive shoe used? [X] Yes [ ] No
Was well gravel packed? [ ] Yes [X] No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Did any strata contain unusable water? [ ] Yes [X] No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level 27 ft. below land surface Date 5/18/63
Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:
Drawdown is amount water level is lowered below static level
Was a pump test made? [X] Yes [ ] No If yes, by whom?
Yield: 560 gal./min. with 9 ft. drawdown after 5 hrs.
" " " "
" " " "
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 58° Was a chemical analysis made? [ ] Yes [X] No

(12) WELL LOG:
Diameter of well below casing _____
Depth drilled 212 ft. Depth of completed well 212 ft.

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
SAND	0	5
BLUE CLAY	5	12
SAND AND SILT	12	47
CLAY AND SILT	47	63
PACKED SAND	63	125
SAND SMALL AMOUNT OF GRAVEL	125	181
PACKED SAND	181	190
CEMENTED GRAVEL	190	194
WATER BEARING SAND AND GRAVEL	194	208
SAND GRAVEL AND CLAY	208	212

Work started 4/30 19 63 Completed 5/18 19 63
Date well drilling machine moved off of well 5/18 19 63

(13) PUMP:
Manufacturer's Name _____
Type: _____ H.P. _____

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME R.J. STRASSER DRILLING CO
(Person, firm or corporation) (Type or print)
Address 8110 SE SUNSET LANE PORT 6, ORE

Drilling Machine Operator's License No. _____
[Signed] Robert L. Strasser
(Water Well Contractor)
Contractor's License No. 10 Date APRIL 23, 1963

(USE ADDITIONAL SHEETS IF NECESSARY)

Appendix58-001167

Household Hazardous Waste

CHEMICAL HAZARDS IN THE HOME

PRODUCT	DISPOSAL SUGGESTIONS	SUBSTITUTES AND PRECAUTIONS
Aerosols	**Best:** Put only empty cans in trash. **2nd Best:** Full or partially full cans to HHW collection site.	**Instead:** Use non-aerosol products. **Safe Use:** Store in cool place. Do not burn or put in trash compactor.
Batteries: household (mercury, cadmium, lithium, silver, lead)	**Best:** HHW collection site.	**Instead:** Use rechargeable batteries. Avoid battery-operated products.
Bleach: chlorine	**Best:** Use up/give away. **2nd Best:** Flush small amounts down drain with plenty of water. Large amounts to HHW collection site.	**Instead:** Use 1/2 cup borax per washer load, or use hydrogen peroxide in a 3 percent solution. **Safe Use:** NEVER mix chlorine with ammonia or strong acids like toilet bowl cleaner. The combination produces hazardous fumes.
Detergent cleaners	**Best:** Use up/give away. **2nd Best:** Dilute and wash down sink or take to HHW collection site.	**Instead:** Use nontoxic alternatives. (See below) **Safe Use:** Liquid dishwashing detergent is mildest, laundry detergent is moderate, automatic dishwasher detergent is harshest. Use mildest product for your needs.
Drain cleaners	**Best:** Use up/give away. Put empty container in trash. **2nd Best:** Dilute small amounts and wash down sink or take to HHW collection site.	**Instead:** Use nontoxic alternatives. Do not pour grease down the drain. Pour boiling water down drain weekly. Use plunger or plumber's snake. Pour 1/2 cup baking soda and 1/2 cup vinegar down drain. Let stand 15 minutes. Pour boiling water down drain.
Medicines: unneeded or expired	**Best:** HHW collection site. **2nd Best:** Flush down drain.	**Safe Use:** Check contents of medicine chest regularly. Old medications may lose their effectiveness, but not their toxicity.
Metal polishes	**Best:** Use up/give away. **2nd Best:** HHW collection site. **3rd Best:** Expose to air to evaporate solvents, then put in garbage.	**Instead:** Use nontoxic alternatives. **Safe Use:** Use only in well-ventilated area. (See below)
Mothballs	**Best:** Use up/give away. **2nd Best:** HHW collection site.	**Instead:** Before storing clean articles, double wrap in tightly sealed plastic bags or in tight container (such as a cedar chest). **Safe Use:** Don't use in living areas. Air out clothing before use.
Oven cleaner	**Best:** Use up/give away. **2nd Best:** HHW collection site.	**Instead:** Use a soap/borax combination, followed by a mixture of baking soda and salt for abrasion. Apply with a copper scrubber. Use cleaner without lye. **Safe Use:** Do not use aerosols; they can explode.
Toilet bowl cleaner	**Best:** Use up/give away. **2nd Best:** Flush with lots of water.	**Instead:** Use a paste of borax and lemon juice. Scrub with a stiff brush.
Window cleaner	**Best:** Use up/give away. **2nd Best:** HHW collection site.	**Instead:** Spray on solution of 1/2 water and 1/2 vinegar; wipe dry with newspaper or squeegee. **Safe Use:** Ventilate room.
Wood cleaners, polishes, and waxes	**Best:** Use up/give away. **2nd Best:** HHW collection site.	**Instead:** Damp mop wood floors with mild vegetable oil soap. Rub black heel marks with paste of baking soda and water. For furniture, apply olive or almond oil. Let stand for several hours. Polish with a soft dry cloth.
Mildew remover	**Best:** Use up/give away. **2nd Best:** HHW collection site.	**Instead:** Scrub with a vinegar and salt mixture. Use borax to remove mildew from plastic shower curtains.

PESTICIDES AND YARD PRODUCTS

Insecticides	**Best:** If not banned, use according to label instructions. Empty cardboard containers: Dispose of empty box in garbage. Empty glass and plastic containers: Triple rinse with water and apply according to label directions. Wrap in newspaper and put in garbage. If banned: Take to HHW collection site. Do not pour on ground, in a ditch, or down a drain.	**Instead:** Use nontoxic alternatives. (See below) **Safe Use:** Do not buy more than you need.
Fertilizers	**Best:** Use up/give away. Put empty bag in garbage. **2nd Best:** If it does not contain pesticides, put in heavy bag, tie and dispose of in garbage. If it contains pesticides, take to HHW collection site.	**Instead:** Use compost as fertilizer. Use organic fertilizers: bone meal, fish emulsion, manure.
Herbicides	**Best:** If not banned, use up/give away. Triple rinse empty containers and apply rinse water as directed. Put empty containers in trash. **2nd Best:** HHW collection site. Do not dispose of in garbage, sewer, septic tank or storm drain.	**Instead:** Cover garden with plastic or mulch (such as alfalfa hay) to prevent weed germination. Grow a healthy lawn to out-compete weeds. Pull weeds when they first appear.

What Is Household Hazardous Waste?

Why Is It A Problem?

Many products found in your home can pose a health or environmental hazard if you don't dispose of them properly. Anything labeled as toxic, flammable, corrosive, reactive, infectious or radioactive can threaten family health and safety.

According to national estimates, each home contains 3 - 8 gallons of hazardous materials in kitchens, bathrooms, garages and basements.Throwing these materials into the garbage can result in sanitation workers who may be injured by fires or explosions or poisoned by acids.

Hazardous wastes that reach our landfills can leach into the soil, polluting water and threatening all living things.

Substances poured into Oregon's household drains and toilets enter into the sewage treatment process, eventually impacting fish and wildlife. Substances poured on soil or streets or into storm drains are carried to our streams. As little as one pint of solvent can cause measurable fish kills.

How To Minimize Hazardous Waste In Your Home

- Use safer alternatives.
- Read labels before purchasing. Watch for the words "caution," "warning," and "danger." Follow label directions.
- Buy only what you need and will use up.
- If you do have products left over, give them to friends, neighbors, or charitable institutions to use up.

Handle Hazardous Waste The Recommended Way

Watch For Household Hazardous Waste Collection Days.

Your community may be among those holding household hazardous waste collection events, where residents can bring unused and unwanted hazardous substances to a central location for proper sorting and disposal by local officials and hazardous waste collectors.

For information on collection events, call 1-800-732-9253. For more information, call your garbage hauler, local government solid waste department, or the Oregon Department of Environmental Quality at (503)229-5913, or toll free 1-800-452-4011. If you live in the Portland area, call Metro at (503)234-3000. Ask for household hazardous waste information.

The organizations listed in this brochure assume no responsibility and disclaim any liability for any injury or damage resulting from the use or effect of any product or information specified in this publication.
October 1998

Houshold Hazardous Waste

CHEMICAL HAZARDS IN THE HOME		
PRODUCT	**DISPOSAL SUGGESTIONS**	**SUBSTITUTES & PRECAUTIONS**
Aerosols	**Best:** Put only empty cans in trash. **2nd Best:** Take full or partially full cans to HHW collection site.	**Instead:** Use non-aerosol products. **Safe Use:** Store in cool place. Do not burn or put in trash compactor.
Batteries: *Household (mercury, cadmium, lithium, silver, lead)*	**Best:** Take to HHW collection site.	**Instead:** Use rechargeable batteries. Avoid battery-operated products.
Bleach: Chlorine	**Best:** Use up/give away. **2nd Best:** Flush small amounts down drain with plenty of water. Take large amounts to HHW collection site.	**Instead:** Use ½ cup borax per washer load, or use hydrogen peroxide in a 3% solution. **Safe Use:** Never mix chlorine with ammonia or strong acids such as toilet bowl cleaner. The combination produces hazardous fumes.
Detergent Cleaners	**Best:** Use up/give away. **2nd Best:** Dilute and wash down sink or take to HHW collection site.	**Instead:** Use non-toxic alternatives (see below). **Safe Use:** Liquid dishwashing detergent is mildest, laundry detergent is moderate, automatic dishwasher detergent is harshest. Use mildest product for your needs.
Drain Cleaners	**Best:** Use up/give away. Put empty container in trash. **2nd Best:** Dilute small amounts and wash down sink or take to HHW	**Instead:** Use non-toxic alternatives. Do not pour grease down the drain. Pour boiling water down drain weekly. Use

Fertilizers: *Plant food*	**Best:** Use up/give away. Put empty bag in garbage. **2nd Best:** If it does not contain pesticides, put in heavy bag, tie and dispose of in garbage. If it contains pesticides, take to HHW collection site.	**Instead:** Use compost as fertilizer. Use organic fertilizers: bone meal, fish emulsion, and manure.
Herbicides: *Weed killers*	**Best:** If not banned, use up/give away. Triple-rinse empty containers and apply rinse water as directed. Put empty containers in trash. **2nd Best:** Take to HHW collection site. Do not dispose of in garbage, sewer, septic tank, or storm drain.	**Instead:** Cover garden with plastic or mulch such as alfalfa hay to prevent weed germination. Grow a healthy lawn to out-compete weeds. Pull weeds when they first appear.
Insecticides: *Insect killers*	**Best:** If not banned, use according to label instructions. Empty cardboard containers, dispose of empty box in garbage. Empty glass and plastic containers. Triple-rinse with water and apply according to label directions. Wrap in newspaper and put in garbage. If banned: Take to HHW collection site. Do not pour on ground, in a ditch, or down a drain.	**Instead:** Use non-toxic alternatives (see below). **Safe Use**: Do not buy more than you need.
Rodenticides: *Rat poison*	**Best:** If not banned, use up/give away. Triple-rinse empty containers and apply as directed. Put empty containers in trash. **2nd Best:** Take to HHW collection site. Do not dispose of in garbage, sewer, septic tank, or storm drain.	**Instead:** For mice and rats: Use traps baited with a peanut butter, oatmeal, and honey mixture. Use glue boards or sticky traps. Baits with *warfarin* are lethal to rodents, yet relatively safe for household use. For moles: Do you really want to kill them? They are voracious insect eaters. Scissor traps are effective. For gophers, use spring traps or box traps. Set in burrow runways.

CHEMICAL HAZARDS IN THE GARAGE AND HOME WORKSHOP		
PRODUCT	**DISPOSAL SUGGESTIONS**	**SUBSTITUTES & PRECAUTIONS**
Asphalt Roofing Compounds	**Best:** Use up/give away. **2nd Best:** Take to HHW collection site. **3rd Best:** Expose open container to air to evaporate solvents, then put in garbage.	**Instead:** No substitutes. **Safe Use:** Do not use indoors.
Auto: *Antifreeze*	**Best:** Take to HHW collection site. **2nd Best:** Contact sewage treatment plant for permission to flush small amounts down the sewer. Do not	**Instead:** Propylene glycol-based antifreeze is less toxic than ethylene glycol-based. Check the antifreeze each year to see if it really needs to

Cleaners

- Use baking soda, whiting (powdered chalk, sold at hardware and paint stores), or a non-chlorinated scouring powder such as Bon Ami™ for general cleaning.
- Use full-strength vinegar plus salt to remove grease.
- Use borax to remove spots on counters.
- Use a pumice stick to clean ovens and grills and remove rust from tools.
- Use half the recommended amount of automatic dishwasher detergent.

Recipes For All-Purpose Cleaners:

1. ½ cup household ammonia, ½ cup white vinegar, ½ gallon water, ¼ cup baking soda.
2. 1 tsp. Liquid soap (castile), 1 tsp. Borax, 1 qt. Water, ¼ cup vinegar.

Polish

Copper Polish - Use lemon juice and salt.

Aluminum Polish - Inside pan, use 2 tbsp. of cream of tartar to one quart of water. Bring to boil and simmer 10 minutes. Outside pan, use baking soda and scouring pad.

Chrome Polish - Use baking soda or vinegar. To remove scum, try baby oil.

Brass Polish - Apply thick coating of ½ tsp. salt, ½ cup vinegar and enough flour to make a paste. Let set for 15 - 60 minutes. Rinse with water. (Do not use on metal with a lacquer coating.)

Stainless Steel - Use baking soda and a plastic scouring pad.

Silver - Use baking soda and soft sponge or boil silver for 3 minutes with sheet of aluminum foil, 2 inches of water 1 tsp. baking soda, and 1 tsp. salt.

Insects On Plants:

- Spray with soapy water and rinse after a few minutes.
- Place tobacco on potted plant soil.

For Slugs and Snails:

- Sprinkle sawdust, diatomaceous earth, ashes or lime around affected areas.
- Place bowls of beer around the garden.

For Ants:

- Use commercial sticky barriers to block ants.
- Sprinkle boric acid on trails and where ants are found in nooks and crannies.

HOME•A•SYST
HOMESTEAD ASSESSMENT SYSTEM

Fact Sheet #4

Reducing the Risk of Groundwater Contamination by

Improving Petroleum Product Storage

The purpose of this fact sheet is to raise awareness of the factors involved with and importance of proper petroleum storage. With proper monitoring, installation and maintenance it is possible to avoid problems and significant costs. Worksheet #4 provides a checklist to help you assess the integrity of existing storage facilities.

Why be concerned?

Proper storage is important. Leakage can create a fire hazard, soil contamination, air pollution, and water contamination. In addition to the health and safety risks, improper storage can be very expensive with fines, liability for clean up, and significant loss of property value.

The Environmental Protection Agency estimates that nearly one out of every four underground storage tanks in the United States may now be leaking. If an underground petroleum tank is more than 20 years old, especially if it's not protected against corrosion, the potential for leaking increases dramatically. Newer tanks and piping can leak, too, especially if they aren't installed properly.

Even a small gasoline leak of one drop per second can result in the release of about 400 gallons of gasoline in one year. Only a few quarts of gasoline in groundwater may be enough to severely pollute a drinking water source. At low levels, fuel contaminants in water cannot be detected by smell or taste, yet the seemingly pure water may be contaminated to the point of affecting human health.

Preventing tank spills and leaks is especially important given the speed that gasoline, diesel fuel, and fuel oil can move through surface layers and into groundwater. Also, vapors from an underground leak which collects in basements, sumps, or other underground structures have the potential to explode or cause health problems. Selling property with an old underground tank may be difficult.

Petroleum fuels contain a number of potentially toxic compounds, including common solvents, such as benzene, toluene and xylene, and additives, such as ethylene dibromide (EDB) and organic lead compounds. EDB is a carcinogen (cancer-causer) in laboratory animals, and benzene is considered a human carcinogen.

For glossary, see page 2 of Worksheet #4.

Tank regulations vary depending on the use of the tank, its size, and location above or below ground. Regardless of whether or not your tank is regulated, significant spills need to be reported to the Department of Environmental Quality (DEQ) and can be costly. Spills less than 42 gallons and cleaned up within 24 hours do not need to be reported. Larger spills, smaller spills that are not cleaned up within 24 hours, and any petroleum that remains in soil or water must be reported to DEQ.

OREGON STATE UNIVERSITY EXTENSION SERVICE

Along with maintaining adequate distance from your drinking water well, choose a location for a new tank based on the following considerations:

- **Soil characteristics.** Highly corrosive clays, wet soils, cinders, and acidic (low PH) soils can significantly speed up the rate of corrosion of underground metal tanks and piping. Using clean backfill during installation can decrease the negative effects of surrounding soils.

- **Soil stability.** Assess the ability of the underlying soil to support both underground and above-ground tanks. For special tank locations, such as hillsides, be sure to properly anchor and hold tanks in place. Be sure that pipes cannot twist or break if the tank is bumped or disturbed.

- **Current and previous land use.** Sites that contain abandoned pipes and tanks, agricultural drainage tiles or waste materials pose special installation problems. Any metal already in the ground at your chosen site will increase corrosion rates for the new tank.

- **Traffic.** Assess traffic patterns around the tank. Determine whether the location of the tank or dispenser will block movement of vehicles during refueling or cause special problems if any work needs to be done on the tank. Protect piping from collisions with vehicles.

2. Tank design and installation

Whenever you install a fuel storage tank, carefully follow the manufacturer's recommended practices for installation. Proper installation is one sure way to minimize the leaking potential of the tank or the piping connected to it. Even scratches in a metal tank caused by careless installation can increase corrosion and tank deterioration.

All underground tanks with more than 1,100 gallon capacity (except heating oil for use on premises), must be registered with the Oregon Department of Environmental Quality. Above-ground tanks greater than 1,000 gallons are regulated by the Fire Marshal. It is illegal to reuse an underground tank above ground.

Underground tanks

All new underground petroleum storage tanks and related piping must be constructed of non-metallic materials, such as fiberglass, or have corrosion protection. Methods of corrosion protection include interior liners and "sacrificial anodes."

A sacrificial anode is a special material connected to the tank with a greater tendency to corrode than the tank material. The anode, when combined with a tank coating (either fiberglass or epoxy), will typically protect the tank for up to 30 years. Interior liners are made of noncorrosive synthetic materials and can also be effective in protecting metal tanks.

Use of spill protection and overfill protection equipment is highly recommended. Spill protection typically consists of a catch basin for collecting spills when the tank is filled. Overfill protection is a warning buzzer or an automatic shutoff. Spill and overfill protection are important; they can prevent a number of small releases over a long period of time which in many cases have been found to result in significant pollution.

Above-ground tanks

State regulations for above-ground tank installation seek to reduce the potential for both pollution and fire. Requirements include 1) enclosing the tank within a secure 6-foot fence or well-ventilated building constructed of noncombustible material; and 2) constructing a fire wall between the fuel dispensing area and the tank.

Appendix58-001174

Measuring tank inventories is an inexpensive and easy way to help detect leaks. Leakage is apparent when there is any decrease in level over time without any withdrawal of fuel or an increase in water in the tank. While inventory measurement will not detect very small leaks, it will at least provide a warning that further investigation may be necessary.

If you use a measuring stick to measure tank liquid level, be sure that the stick doesn't puncture or damage the bottom of the tank.

The closer the tank is to a drinking water well or other water supply, the more important it is to ensure that an adequate leak-detection system is in place.

Leaks and spills

If you find a leak or spill from any tank—whether it be above or below ground, or even a vehicle-mounted tank—state law requires that you notify your DEQ regional office within 24 hours or call Emergency Management at 1 (800) 452-0311. Take whatever actions are necessary to remedy the problem, and follow the recommendations you receive when you report the spill or leak.

4. Tank closure

Tanks no longer in use can cause problems for owners and operators many years later. They will continue to corrode and, if they still contain gas or oil, will likely contaminate groundwater.

Try to determine the location of any unused tanks on your property. Also, find out whether the tanks still hold product or have holes. These tanks must be safely emptied and either filled with inert material (typically sand or cement) or pulled from the ground and disposed in a landfill or at a scrap dealer.

State law requires that only the tank owner or a licensed service provider can legally pull a regulated underground storage tank. Always notify your local fire department and DEQ at least 30 days before you have a tank pulled, to ensure that precautions are taken to prevent an explosion or other problem. Improper tank closures have caused deaths.

If you are concerned that your unused tank has been leaking, consult an environmental engineer or the DEQ to determine if further investigation is warranted.

Contacts and References

Who to call about...

To request additional information on tank registration, reporting closure, changes in tank ownership, EPA regulations, petroleum product storage, tank testing methods, and suppliers call:

Department of Environmental Quality, (503) 229-5733
Underground Storage Tank Helpline, 1 (800) 742-7878

To report petroleum product spills contact the appropriate regional office.

Central Region (Bend): (503) 388-6146
Eastern Region (Pendleton): (503) 276-4063
Northwest Region (Portland): (503) 229-6385
Southwest Region (Medford): (503) 776-6010
Willamette Valley (Salem): (503) 378-8240

Appendix58-001175

Notes

HOME•A•SYST
HOMESTEAD ASSESSMENT SYSTEM

Fact Sheet #5

Reducing the Risk of Groundwater Contamination from

Improving Hazardous Waste Management

Two key steps to minimizing the pollution potential on your homestead from farm, household, and shed wastes are to minimize the amount of wastes and recycle what is generated when possible.

Some hazardous materials, such as lubricating oils or solvents for cleaning metal parts, are an unavoidable part of rural life. Take time, though, to examine activities that involve use of hazardous materials, to make sure that you really need all the products you are using. Keep in mind that hazardous waste generated from farm business activities must be managed in accordance with state and federal rules.

When you are certain that you are purchasing and using only essential products, carefully consider how to use the products safely, recycle or reuse them when possible, and dispose of remaining products in a way that will not pose a risk to human health, the environment, or your drinking water. A few simple management principles apply in every situation:

- Use hazardous products away from your well (150 feet or more), even when all your spills and drips will be contained.
- Return excess product, spills or drips to the original activity. For example, reuse filtered waste antifreeze as water in other radiators; contain oil or grease drips and use for future lubrication needs; dispose of pesticide container rinse water by spreading on fields at the proper application rate for the pesticide.
- Contain any unusable wastes, spills, and drips for appropriate disposal.

1. Farm and household trash

This category of potentially hazardous substances includes:

- **Ash and sludge** from burned farm home and garage trash and waste oil
- **Plastic wraps and containers**
- **Personal care products**, such as spot removers; dry cleaning fluids; mothballs; and shoe and leather polishes
- **Hobby products,** such as pesticides used in pet care; artist paints and solvents; undiluted photography and swimming pool chemicals; strong acids
- **Home cleaning and repair products,** such as air fresheners and pest strips; furniture and wood polishes and waxes; lead-based paint; other paints; stains and finishes; paint and finish preparation products; wood-preserving products.

For glossary, see page 2 of Worksheet #5.

OREGON STATE UNIVERSITY EXTENSION SERVICE

2,3,7,8–TCDD dioxin due to burning household trash in a burn barrel are 7,000 times the amount formed during trash burning in a municipal incinerator. Ash and sludge resulting from on-farm burning also contain significant amounts of such toxic substances as lead, cadmium, chromium, dioxin, and furan compounds.

Open burning of household garbage, wet combustible rubbish, oily substances, asphalt, plastic, or rubber products is a pollution and health threat. Household trash can be burned only in incinerators that meet strict state air quality regulations.

Burn waste oil, if uncontaminated with other solvents, in a furnace designed for burning oil as a fuel. Contain and dispose of any resulting ash or sludge in a licensed landfill. Waste contaminated with solvents may be a hazardous waste and must be properly managed if it is.

There are no specific design standards available to adequately protect the environment from air pollution or groundwater contamination resulting from burning and ash disposal of wet trash, plastic product containers, waste oil, and other hazardous products used on the farm.

The typical operation at open burning sites, burn barrels and domestic incinerators is not adequate for burning at the temperatures required to eliminate the production of toxic substances such as dioxin compounds, chlorine products, solvent vapors, and a residue of heavy metals.

While burning may destroy some toxic substances, others will become concentrated in the smoke, ash and sludge resulting from burning wastes. Repeated burning on the same location under similar weather conditions may cause the toxic substances in smoke (especially heavy metals such as lead, mercury and arsenic) to accumulate in a concentrated area around the burn barrel. These substances, as well as the toxic substances in ash and sludge disposed of through land spreading or burial, could also result in groundwater contamination.

Open burning of dry combustibles in small amounts is appropriate to the farm situation where it is permitted by local and state laws. Dry combustibles include clean, untreated, unpainted wood, paper and cardboard. Burn dry combustibles outdoors or in a well-ventilated area to minimize adverse health effects from smoke.

Empty pesticide bags should not be burned. If there is no landfill option, and if local ordinances and state laws allow burning, burn them well away from people, pets and farm stock, because air will carry pesticide particles from the fire. Burn in small quantities and only on fields where the pesticide was applied.

2. Building and wood maintenance cleaners and chemicals

This category of potentially hazardous substances includes:

- **Solvent-based building and wood cleaners,** including wood polishes and products for wood floor and panel cleaning. (Detergent-based cleaners do not pose a threat to groundwater.)

- **Equipment maintenance products**, such as stripping and finishing products, stains and paints, products for brush or spray gun cleaning, and adhesives such as glues and caulk. Also includes solvents as used in degreasers and paint thinners; stains and varnishes; and wood-preservative compounds.

Disposing of these products by dumping them on the ground or in a septic system could allow hazardous constituents to leach and contaminate groundwater. When used for the farm business, on-farm disposal of any of these products is illegal. Avoid on-farm disposal of these liquids whenever possible.

Appendix58-001178

4. Vehicle maintenance chemicals

This category of potentially hazardous substances includes:

- Vehicle maintenance products, such as antifreeze, oil and grease
- Solvents for oil and grease removal and disposal
- Engine, parts and equipment cleaners
- Lubricants
- Rust removers
- Paints and paint preparation products
- Brush or spray gun cleaners
- Lead acid battery replacement

Solvents used for cleaning metal parts, oils and fuels include toxic ingredients. Fortunately, good recycling opportunities exist for both solvents and waste oil. Consider contracting with a solvent recycler to rent a parts washer. Old solvents are picked up by the recycler and you are provided with clean solvent. To recycle waste oil, take it to an oil recycling tank. There is usually at least one in every county, and often more.

Solid and hazardous waste laws prohibit land spreading of waste oil for dust or weed suppression. Waste oil can be burned in a waste oil burner if the oil has not been contaminated with solvents or other materials. The waste oil furnace should be located according to building code requirements.

Use up old fuels (leftover quantity stored for several months) whenever possible. Dilute one part old fuel with five parts new fuel to protect your engine.

If you cannot recycle your antifreeze, it may be diluted and sewered in a municipal sewer system that will accept the waste. Contact a nearby city to find the closest acceptable location. Do not dump antifreeze into your own drain if you have a septic tank. It may kill the organisms that the system depends on to break down wastes in the tank.

If you find yourself doing a lot of painting of vehicles or other farm equipment, use a paint booth. Some booths are structured to collect excess paint and spray gun cleaners for later disposal with a solvent recycler.

The design and location of the equipment maintenance area is important. Some farmers use a grease pit. Others allow drips and spills to collect on the shed floor. In both cases, the area is generally "cleaned" through periodic flushing.

If you prefer to keep your shed floor clean through flushing, you will need a system to contain waste liquids so that they will not be flushed onto soil. Flushing to a **paved** outdoor area is an acceptable method of disposal. Using sawdust to soak up drips and spills is another common practice. Evaporate volatile chemicals in a protected outdoor area with good ventilation and take the sawdust to a licensed landfill. Burning any of these substances can produce air emission deposits that have the potential to contaminate groundwater.

Evaporation of liquid wastes prior to flushing may take care of the problem of contaminated runoff, but it is not recommended due to air quality concerns and the potential for liquids to seep through cracks in floors. Flushing is one of many past waste management methods that should be re-evaluated to determine whether it is worth the risks of contamination to the environment.

Appendix58-001179

Contacts and References

Who to call about...

Health concerns

Oregon Division of Health, 800 N.E. Oregon Street, Portland, OR 97232, (503) 731-4317.

A specific product

Contact the company that makes the product. The company's phone number is frequently on the label. Or, call the Chemical Referral Center, at 1 (800) CMA-8200. Sponsored by the Chemical Manufacturers' Association, this number will refer you to a specific manufacturer for answers about product questions.

Identification and disposal of hazardous wastes

Oregon Department of Environmental Quality regional offices:

Central Region (Bend): (503) 388-6146
Eastern Region (Pendleton): (503) 276-4063
Northwest Region (Portland): (503) 229-6385
Southwest Region (Medford): (503) 776-6010
Willamette Valley (Salem): (503) 378-8240

Hazardous waste contractors

To obtain a publication on how to select a hazardous waste contractor, contact your regional DEQ office (listed above).

Chemicals and their disposal in your county

Your county Extension agent or your regional DEQ office (listed above)

Human poisoning

Your physician, or the Poison Control Center in the nearest city: 1 (800) 452-7165

What to read about...

Managing Used Oil in Business and in Government

Managing Waste Pesticide Residues and Empty Pesticide Containers for Agricultural and Silvicultural Pest Control Operations

These publications are available from the Oregon Department of Environmental Quality, 811 S.W. Sixth Avenue, Portland, OR 97204, (503) 229-5263, or from your regional DEQ office.

Appendix58-001180

HOME•A•SYST
HOMESTEAD ASSESSMENT SYSTEM

Fact Sheet #6

Reducing the Risk of Groundwater Contamination by

Improving Household Wastewater Treatment

A properly installed and maintained system for treating and disposing of household wastewater will minimize the impact of that system on groundwater and surface water. State and local codes specify how wastewater systems must be designed, installed, and maintained. For example, see Oregon Administrative Rules (OAR) Chapter 340, Division 71.

At a minimum, follow the codes. But also consider whether the minimum requirement is sufficient for your site.

Septic tank/soil absorption system: The most common system

The most common form of onsite wastewater treatment is a septic tank/soil absorption system. In this system, wastewater flows from the household pipes into an underground septic tank.

- There the waste components separate—the heavier solids (sludge) settling to the bottom, and the grease and fatty solids (scum) floating to the top.
- Bacteria partially decompose and liquefy the solids.
- Baffles are placed in the tank to provide maximum retention of solids, prevent inlet and outlet plugging, and prevent rapid flow of wastewater through the tank.
- The more liquid portion (effluent) flows through an outlet to the soil absorption field.
- The absorption field is usually a series of parallel trenches (fingers), each containing a distribution pipe or tile embedded in drainfield gravel or rock.
- The effluent leaks out through holes in the pipe or seams between tile sections, then down through the drainfield gravel or rock and into the soil.
- The soil filters out remaining minute solids and pathogens (disease-producing microorganisms), and dissolved substances slowly percolate down to the watertable.

For glossary, see page 2 of Worksheet #6.

OREGON STATE UNIVERSITY EXTENSION SERVICE

1. Quantity of wastewater

Strategy: Minimize the volume of household wastewater

Reducing the volume of wastewater entering the treatment system is important because less flow (volume) means better treatment, longer system life, and less chance of overflow. For holding tanks, less volume reduces costs but increases the number of times the tank has to be emptied.

Reducing the volume of water entering the system will improve the treatment by increasing the time the waste spends in the system, thus providing more time for settling, aeration, and soil contact.

The quantity of water used depends upon the number of people using the dwelling, how water is used, and maintenance of the water supply system. Average water use in rural households is 50-75 gallons per person per day. With low-use fixtures and individual awareness and concern, a reduction to fewer than 25 gallons per person per day is possible. However, even conservative use by several people may exceed the capacity of the wastewater treatment system.

Consider the following ways to minimize water use:

- Eliminate non-functional uses, such as flushing toilets to dispose of tissues or other wastes that should be handled as solid waste. Turn off water between uses, fix plumbing fixture leaks, and try to eliminate sources of clear water and infiltration into the system (e.g., divert roof drains away from the soil absorption field.)

- Consider which actions use the most water. Toilet flushing usually ranks highest. Low-flow models could decrease water use by more than half. In the United States, 35-40 percent of the population has plumbing codes that require 1.5-gallon-or-less toilets on all new construction. Composting toilets allow even greater reductions, but they can present other waste disposal challenges. If interested in installing a composting toilet, contact the Oregon Department of Environmental Quality (DEQ) for pertinent regulations.

- Bathing and laundry are next in order of water use. For bathing, consider such reduction options as installing low-flow or controlled-flow showerheads, which give good cleansing with less water; taking shorter showers; and taking "wet-down-soap-up-without-water-then-rinse" showers.

- For laundry, run only full loads. Front-loading washers use much less water. If you must run small loads, be sure to use the reduced water level setting. Avoid using the permanent press cycle as it uses more water than regular or delicate cycles. If you have adequate room and are willing to change how you do laundry, explore a suds saver attachment for your washer.

- Modern efficient plumbing fixtures, including 0.5 to 1.5-gallon toilets, 0.5-2.0 gallons per minute (gpm) showerheads, faucets of 1.5 gpm or less, and front-loading washing machines of 20 to 27 gallons per 10-to-12-pound dry load offer the potential of substantial reduction in residential water use and wastewater generation. These reductions have commonly amounted to between 30 and 70 percent of total in-house water use. (See Figure 2.)

- In hard water areas, the water softener may use a significant amount of water. Proper adjustment and timing of the softener's flushing mechanism can reduce excessive water use. Spent salts should not be discharged into the septic system.

- Being aware of how your family can reduce its water use is as important as the use of water conservation devices.

Appendix58-001182

- **Nutrients**. Nitrogen from human wastes and phosphorus from detergents and some chemical water conditioners are the most notable. Nitrate-nitrogen is a common groundwater contaminant, and phosphorus over-fertilizes surface water.

Consider the following ways to improve wastewater quality:

Note: Following these steps carefully is the key to a "healthy" septic system. Septic tank additives do not significantly help, and some can even be harmful.

- Minimize use of the garbage disposal unit. Garbage disposal use contributes a large load of suspended solids and organic matter to wastewater, as well as using additional water. They should not be used in homes with septic systems unless the septic tank is increased in size.

- Do not put items down drains that may clog septic tanks (fats, grease, coffee grounds, paper towels, sanitary napkins, tampons, disposable diapers, cigarettes, condoms).

- Do not put toxic substances in drains that might end up in the groundwater, such ash, solvents, degreasers, acids, oils, paints, disinfectants, and pesticides. (This does not include using bleach to disinfect laundry or to wash clothing worn for pesticide applications.) Normal use of household cleaning products will not adversely affect the septic system.

- Do not use chemicals to clean or "sweeten" your system. They may interfere with the biological action in the tank, clog the drain field by flushing sludge and scum into the field, or add toxic chemicals to groundwater.

3. Collection of wastewater

Strategy: Collect all wastes that need treatment. Minimize loss of untreated waste. Exclude from the treatment system water that doesn't need treatment or disposal.

Leaking pipes or treatment tanks ("leakage losses") can allow wastewater to return to the local water supply without adequate treatment. Infiltration of clear water overloads the system and dilutes the wastes. Don't allow water that doesn't need treatment (basement floor drain sumps, foundation drains, infiltration of rain water, roof drainage) to add to your waste volume. Divert clear water, which doesn't require treatment, away from house, well and wastewater treatment system. Plumb the water softener so that backwashing water does not enter the septic system. (This water is very salty.)

4. System design

Septic tanks retain most of the suspended solids (sludge and scum) from wastewater. In the tank, bacteria digest and compact the sludge. The partially treated water moves on to additional treatment or disposal (for example, in a soil absorption field.)

Design and construction of septic tanks influence their water tightness and effectiveness of retaining sludge and scum. Multiple tanks or chambers in series can improve sludge and scum removal. Gas deflectors and filter screens or inclined-plate settling units help to minimize solids carryover. Tanks should be sized to accommodate at least 24 hours of wastewater flow, while still allowing for sludge and scum retention. Pumping the tank before it is more than one-third filled with scum and sludge improves functioning of the system. When the tank is pumped, you should also have the baffles checked and check for tank leaks.

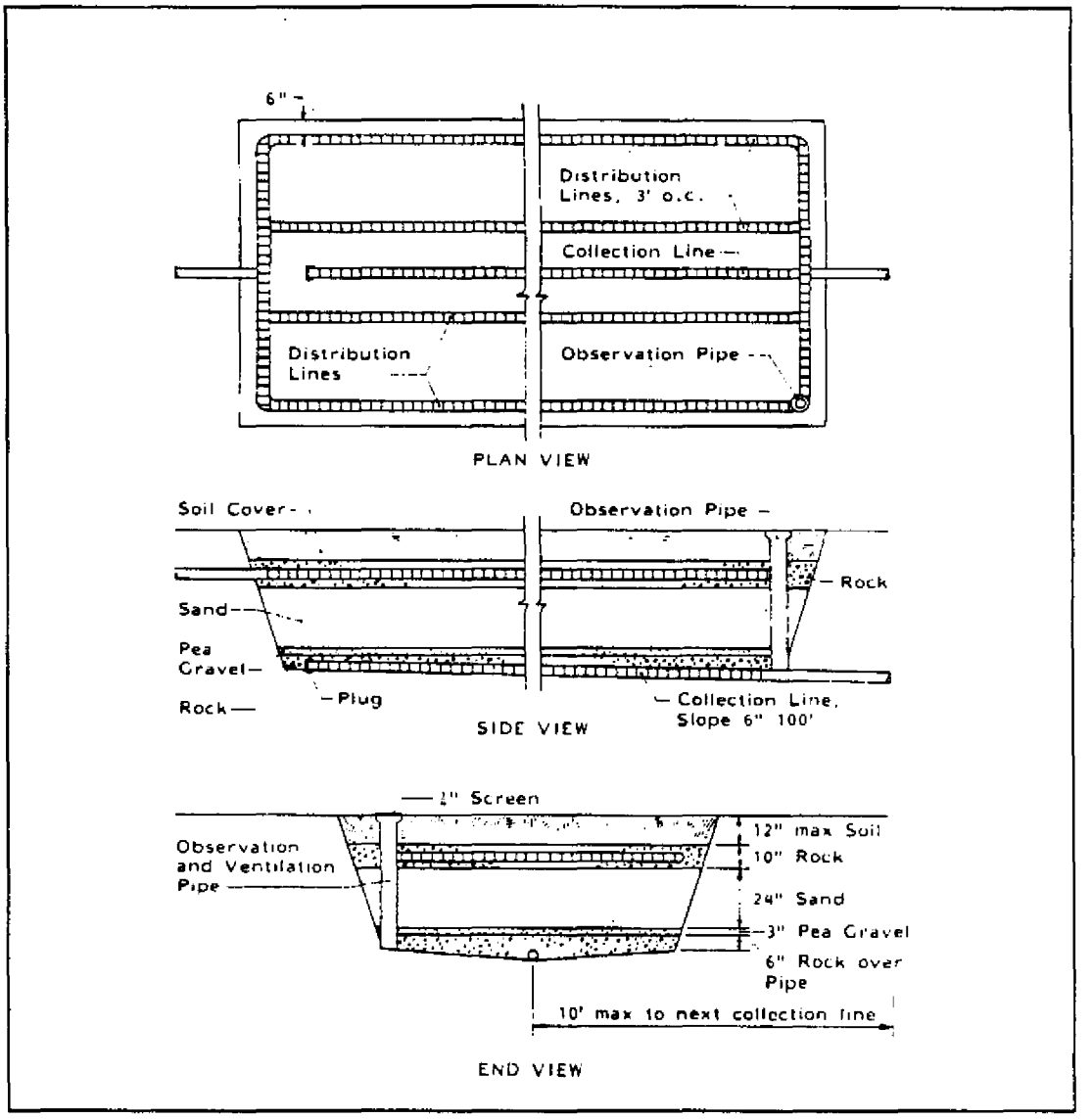


Figure 4: Buried sand filter. *Source: Onsite Domestic Sewage Handbook, MWPS-24, Midwest Plan Service, 1982.*

Nitrogen removal can be achieved through denitrification (conversion of nitrate to nitrogen gas) or ion exchange. Denitrification requires anaerobic conditions in the presence of more decomposable organic matter for bacteria to reduce nitrate to nitrogen gas for removal from wastewater. Denitrification and ion exchange processes are not used extensively at this time, as they are quite expensive to install, operate, and maintain.

Disinfection systems kill disease-causing microorganisms in wastewater and are used where discharge to surface water is permitted. Chlorine, iodine ozone, and ultraviolet light systems are available for treatment of good quality effluent, such as those from properly functioning aerobic units and sand filters.

Disinfection of holding tank waste prior to land spreading has been studied, but it is not in common use. Disinfection with lime is feasible.

Appendix58-001184

7. Assistance with failing systems or new designs

If you suspect your household wastewater treatment system is backing up or your distribution system is clogged, first contact your plumber or septic system installer, who may have suggestions for extending the life of your system. Contact the Department of Environmental Quality (DEQ) or its authorized agent in your area for permits to repair or replace your wastewater treatment system.

- Do not use septic tank cleaners that contain degreasing solvents like TCE. They can contaminate groundwater.
- Do not place more soil over a surfacing soil absorption field; this does not fix the system, and it will soon surface again.
- Do not just pipe the sewage to the road ditch, storm sewer, stream or farm drain tile; this pollutes the water and creates a health hazard.
- Do not run the sewage into a sink hole or drainage well; this pollutes the groundwater.
- Do not wait for the system to fail before pumping the septic tank. Once a system fails, it is too late to pump the tank. Develop a regular tank maintenance and pumping schedule.

A properly designed, constructed and maintained septic system can effectively treat wastewater for many years. For more information on septic systems, contact your County Extension Agent, the DEQ or its authorized agents.

Contacts and References

Who to call about...

Household wastewater treatment and local regulations

Contact the Oregon Department of Environmental Quality (toll free number) 1-800-452-4011, or their authorized agent for your county. Refer to the phone number following your county:

Baker (276-4063)
Benton (757-6841)
Clackamas (655-8521)
Clatsop (325-8660)
Columbia (397-1501)
Coos (269-2721)
Crook (447-8155)
Curry (247-7011 x229)
Deschutes (388-6575)
Douglas (440-3338)
Gilliam (276-4063)
Grant (276-4063)
Harney (388-6146)
Hood River (386-1115)
Jackson (776-7556)
Jefferson (475-4456)
Josephine (471-2850)
Klamath (883-1122)
Lake (388-6146)
Lane (687-3951)
Lincoln (265-4192)
Linn (967-3821)
Malheur (473-5186)
Marion (588-5147)
Morrow (276-4063)
Multnomah (823-7247 or 823-7303)
Polk (623-9237)
Sherman (296-4636)
Tillamook (842-3409)
Umatilla (276-4063)
Union (276-4063)
Wallowa (276-4063)
Wasco (296-4636)
Washington (648-8722)
Wheeler (276-4063)
Yamhill (434-7516)

Appendix58-001185

Publications available from...

1. U.S. Environment Protection Agency, 401 M Street SW, Washington, DC 20460.

2. Midwest Plan Service Publications may be ordered from Bioresource Engineering Department, Oregon State University, Gilmore Hall 116, Corvallis, OR 97331-3906.

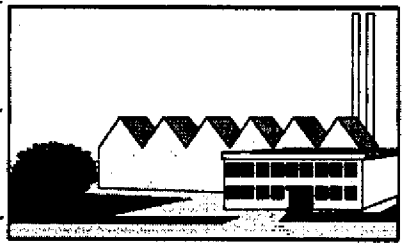
3. West Virginia University, P.O. Box 6064, Morgantown, WV 26506-6064, or call 1 (800) 624-8301.

4. University of Wisconsin-Madison, 1450 Linden Drive, Madison,WI 53706, (608) 262-0853 or (608) 262-6968.

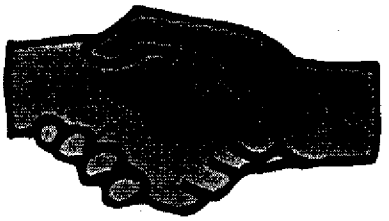
5. Your county Extension office or directly from Publications Orders, Agricultural Communications, Oregon State University, Administrative Services A422, Corvallis, OR 97331-2119, (503) 737-2513. There may be charges for publications.

Appendix58-001186

Drinking Water Protection Fact Sheet
For Business & Industrial Operation



The Oregon business community is a vital partner in the effort to protect Oregon's drinking water resources. The voluntary effort of all businesses, large or small, to incorporate sound management practices in their daily activities helps preserve and protect groundwater and surface water resources for all Oregonians.



What Can Business and Industry Do To Help Protect Drinking Water?

Participate In Existing Pollution Prevention And Waste Reduction Activities

To help protect drinking water in your community, businesses could begin by utilizing the existing resources and programs, which can reduce the risks of drinking water contamination. Oregon Department of Environmental Quality (DEQ) has several established programs that can be extremely useful in those efforts such as the pollution prevention program and the Toxics Use Reduction Program. These programs also have the **added benefit** of:

- Helping you to **reduce operating** and **compliance costs;**
- **Saving you money** by reducing product use or disposal amounts;
- **Reducing liabilities** associated with spills or releases to the environment; and
- **Promoting the health** and **safety** of your workers by eliminating, reducing, or controlling wastes from your activities.

Pollution Prevention: Pollution prevention is any activity that avoids, reduces, or eliminates the creation of pollutants or wastes at the source. It includes practices that reduce the use of hazardous and non-hazardous materials, energy, water, or other resources. It also encourages more efficient use and protection of natural resources. Any reduction in the amount of hazardous material stored or used at the local business is a direct reduction in the risks posed by that potential contaminant to our water supply. The relatively simple activities listed to the left are a good place to start. You can find out more about additional opportunities for pollution prevention, which are more specific to your business, by contacting DEQ *(see "Resources..." on page 4).*

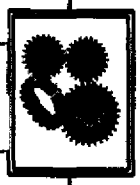
Top P2 Opportunities for Drinking Water Protection

- ***Reduce or Eliminate the Use of Hazardous Chemicals:*** Evaluate your options for eliminating toxic chemical use or using the least hazardous materials in the manufacturing process. Avoid the use of chlorinated solvents / cleaners whenever possible.
- ***Housekeeping and Spill Response:*** Good housekeeping practices, such as keeping containers closed while not in use, and replacing manual transfer operations with pumps or spigots can reduce spills and leaks. Have a spill kit readily available so spills can be cleaned up quickly and properly. Post emergency numbers in a visible location.
- ***Maintenance:*** Properly maintaining equipment can reduce waste from leaks or equipment breakdowns during production runs. Good maintenance programs may include regular equipment inspection, changing worn out parts, regularly replacing seals and gaskets, repairing leaks as they occur, and following manufacturer's suggested maintenance schedules.
- ***System Assessment:*** Conduct an assessment of current operations to identify ways to improve process equipment, substitute raw materials, or reformulate products to save energy, prevent pollution, and enhance business competitiveness.

Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY
811 S.W. Sixth Avenue * Portland, Oregon 97204

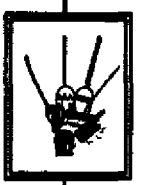
PRINTED ON RECYCLED PAPER

General Best Management Practices



Floor Drains	* Eliminate floor drains discharges to the ground, septic systems (except in sanitary facilities), storm sewers, or to any surface water body from any location in the facility * If no floor drains are installed, all discharges to the floor should be collected, contained, and disposed of by an appropriate waste hauler in accordance with federal and state requirements. * Floor drains in sanitary facilities must either discharge to a septic system, a municipal sanitary sewer, or a holding tank which is periodically pumped out. * Floor drains in work areas can either be connected to a holding tank with a gravity discharge pipe, or to a collection sump which discharges to a holding tank.
Dry Wells	* Dry wells should be eliminated in **ALL** cases unless they receive ***ONLY CLEAN WATER DISCHARGES*** which meets all established Maximum Contaminant Levels (MCLs) promulgated under the *Safe Drinking Water Act* and other state and local standards for drinking water, and is in compliance with any other state and local requirements
Floors	* Floor surfaces in work areas and chemical storage areas should be sealed with an impermeable material resistant to acids, caustics, solvents, oils, or any other substance which may be used or generated at the facility. Sealed floors are easier to clean without the use of solvents. * Work area floors should be pitched to appropriate floor drains. If floor drains are not used, or if they are located close to entrance ways, then berms should be constructed along the full width of entrances to prevent storm water runoff from entering the building. * Berms should also be used to isolate floor drains from spill-prone areas.
Storage Facilities	* Loading and unloading of materials and waste should be done within an enclosed or roofed area with secondary containment and isolated from floor drains to prevent potential spills from contaminating storm water or discharging to the ground. * Tanks and associated appurtenances should be tested periodically for structural integrity. * Storage areas for new and waste materials should be permanently roofed, completely confined within secondary confinement berms, isolated from floor drains, have sealed surfaces, and should not be accessible to unauthorized personnel.
Water Conservation	* Flow restrictions and low-flow faucets for sinks and spray nozzles should be installed to minimize hydraulic loading to subsurface disposal systems.
Storm Water Management	* Storm water contact with materials and wastes must be avoided to the greatest extent possible. Storage of materials and wastes should be isolated in roofed or enclosed areas to prevent contact with precipitation. * Uncovered storage areas should have a separate storm water collection system which discharges to a tank. * Storm water from building roofs may discharge to the ground. However, if solvent distillation equipment or vapor degreasing is used, with a vent that exhausts to the roof, then roof leaders may become cross contaminated with solvent. These potential sources of cross contamination must be investigated and eliminated.
Cross-Connections	* Cross-connections such as sanitary discharges to storm sewers; storm water discharges to sanitary sewers, or floor drain discharges to storm sewer systems, should be identified and eliminated.
Work Areas	* Consolidate waste-generating operations and physically segregate them from other operations. They should preferably be located within a confinement area with sealed floors and with no direct access to outside the facility. This reduces the total work area exposed to solvents, facilitates waste stream segregation and efficient material and waste handling, and minimizes cross combination with other operations and potential pathways for release into the environment. * Waste collection stations should be provided throughout work areas for the accumulation of spent chemicals, soiled rags, etc. Each station should have labeled containers for each type of waste fluid. This provides safe interim storage of wastes, reduces frequent handling of small quantities of wastes to storage areas, and minimizes the overall risk of a release into the environment. * New Solvent can be supplied by dedicated feed lines or dispensers to minimize handling of materials. These feed lines must default to a closed setting to prevent unmonitored release of materials.
Spill Control	* Use emergency spill kits and equipment. Locate them at storage areas, loading and unloading areas, dispensing areas, and work areas. * Clean spills promptly. * Use recyclable rags or absorbent spill pads to clean up minor spills, and dispose of these materials properly. * Clean large spills with a wet vacuum, squeegee and dust pan, absorbent pads, or brooms. Dispose of all clean-up materials properly. * Minimize the use of disposable granular or powder-absorbents. * Spilled materials should be neutralized as prescribed in Material Safety Data Sheets (MSDS), collected handled, and disposed of in accordance with federal, state, and local regulations. * Use shake-proof and earthquake-proof containers and storage facilities to reduce spill potential.
Employee Training	* Employee awareness of the environmental and economic benefits of waste reduction and pollution prevention, and the adverse consequences of ignoring them, can also facilitate employee participation.

Source: Ingber, R. O. 1992. *Best Management Practices for the Protection of Groundwater: A Local Official's Guide to Managing Non-VHC Wells*. Connecticut Department of Environmental Protection, Hartford, CT. 60 pp.



SOURCE WATER ASSESSMENT PROGRAM: TRANSIENT NONCOMMUNITY WATER SYSTEMS

Oregon Health Division
Drinking Water Program

The 1986 Amendments to the Safe Drinking Water Act required states to develop Wellhead Protection Programs to encourage public water systems using groundwater, i.e., wells or springs, to protect their resource from potential contamination. The steps that were developed in Oregon's EPA-approved program included (1) the delineation or identification of the drinking water protection area around the well or spring, (2) identification of potential contaminant sources within that area, and (3) the development, by the local community, of management strategies to reduce the risk of contamination from those sources. Collecting the necessary information to put together a plan was considered the responsibility of the community or water system.

The 1996 Amendments to the Safe Drinking Water Act went a step further by requiring states to conduct Source Water Assessments for all public water systems, including both groundwater and surface water sources. Under the Source Water Assessment program, for each transient noncommunity water system, Oregon Health Division (OHD) will identify an area around the well, spring or intake, called the drinking water outreach area, in which special precautions should be taken to protect the water supply. This area is referred to as the drinking water protection outreach area because it has been demonstrated that education and raising of awareness is the most important tool in protecting drinking water. In addition to identifying the outreach area, OHD will assist in the inventory of that area of potential sources of microbial and nitrate contamination, and the identification of factors that make the system susceptible to these contaminants. This service will be provided at no cost to the water system.

This Fact Sheet provides general information about groundwater and surface water sources, and briefly describes the identification of the outreach area, the inventory process, and the identification of factors or conditions that contribute to the susceptibility of the water system's drinking water to contamination.

Sources of Drinking Water: Groundwater

Groundwater Occurrence. Groundwater occurs in the open spaces and fractures in the geologic materials, e.g., sediment and bedrock, that occur beneath the surface. Aquifers are any geologic material where the open spaces are filled with water (i.e., it is saturated) and through which groundwater can move at a rate and quantity sufficient to supply a well. In Oregon, typical aquifers include alluvial sediments (river sands and gravels), basalt aquifers and fractured bedrock.

Origin of Groundwater. Groundwater is part of the global hydrologic cycle that controls the distribution of water on Earth. It originates through the infiltration of precipitation that falls on the land surface and sinks through the soil. For shallow wells (<100 feet), the recharge area is often the immediate vicinity around the well. For deeper aquifers, the recharge area may be several miles or more away. Obviously, if the infiltrating water encounters any contaminant, at or below the surface, some of the contaminant may be dissolved and carried downward.

Groundwater Movement. The water table is the upper surface of the saturated zone. Groundwater tends to move from areas where the water table is high to where it is low. How fast groundwater moves depends on the permeability of the aquifer and the slope of the water table. Pumping wells can have an influence on the direction and rate of groundwater movement because the draw down they produce changes the shape and slope of the water table.

Facts About Groundwater:

Over 70 percent of Oregonians depend in part on groundwater for their source of drinking water.

On an average day, Oregonians use 1,000,000,000 (one billion) gallons of groundwater!

What is groundwater? Groundwater is water that occurs in the open spaces between soil, rock and sediment particles beneath the Earth's surface. Groundwater does not occur as underground lakes or rivers.

What is an aquifer? Any geologic material, such as sand and gravel or fractured rock, that is below the surface, is filled with water and can provide water to wells. The top of the aquifer is the water table.

Where does groundwater come from? Groundwater comes from precipitation that falls on the ground and then sinks below the surface to the aquifer.

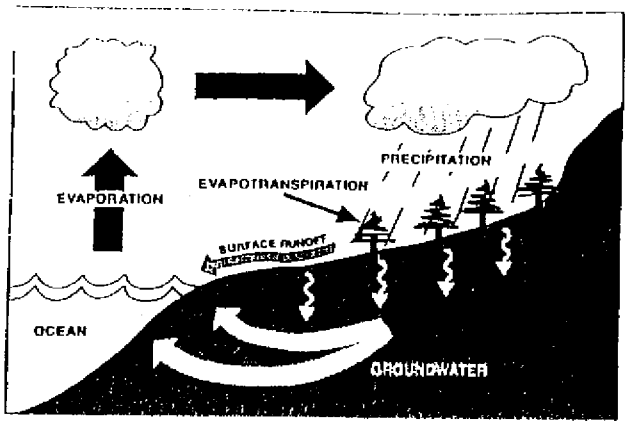
How can groundwater become polluted? What ever is going on at or just below the ground surface has the potential of contaminating groundwater because precipitation has to travel through it on its way to the water table. **Everyone can pollute groundwater**, not just industry, business and agriculture. Improper use, storage or disposal of chemicals, including household cleaners, lawn and garden fertilizers and pesticides, can lead to groundwater pollution.

Can we clean up contaminated groundwater? In some cases yes, however because many contaminants tend to cling to soil particles in the aquifer it is very difficult and expensive to remove them. Once in the ground, some contaminants may contribute to groundwater pollution for a long time.

How can we protect groundwater? You can be careful how you use chemicals. Try to reduce chemical usage and recycle or reuse items. Dispose of chemicals properly. Tell your family and friends how important groundwater is. Help them understand where groundwater comes from, how it can become polluted, and how it can be protected by careful and responsible use of chemicals.

What Is Groundwater and Why Is It Important?

- Groundwater is water that occurs below the ground and is brought to the surface through wells.
- Groundwater comes from precipitation that falls on the ground and sinks below the surface to the aquifer.
- Groundwater does not occur in underground rivers or lakes. It occurs in the open spaces between soil, sediment and rock fragments below the surface.
- Groundwater is part of the hydraulic cycle where water moves from the oceans through the atmosphere to the land surface where it is used by plants and animals, forms our streams and sinks into the ground to become groundwater.
- Over 70% of Oregonians depend at least in part on groundwater as a source of their drinking water.
- Oregonians use over 700,000,000 gallons of groundwater every day!



How Can Groundwater Become Contaminated?

- Because groundwater comes from precipitation sinking into the ground, whatever is going on at or just below the surface has the potential of contaminating the water as it moves downward.
- Everyone is a potential polluter, not just industry, business and agriculture.
- Improper use, storage, or disposal of chemicals, including household cleaners, pesticides, fuel and oil can lead to groundwater pollution.

Everyone Shares Responsibility in Protecting Groundwater Quality.

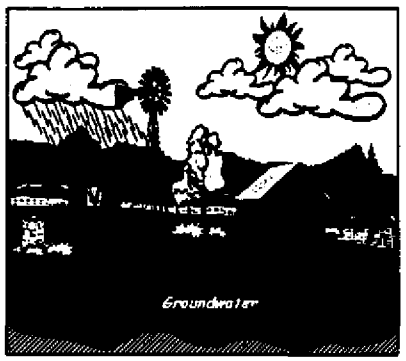
What can individuals do?

- Be careful how you use chemicals. Follow the instructions on the label. Try to reduce chemical usage and recycle or reuse items.
- Choose alternatives for household chemicals. In recent years, alternatives have been more mainstream and are more readily available.
- Store chemicals used in the home, e.g., cleaners, pesticides, fuels, etc., carefully. Follow label directions.
- Dispose of wastes properly. Participate in local chemical round-up activities that provide low-cost or free disposal. Contact your local waste disposal facility to obtain information.

For more information about alternatives to household chemicals call the Department of Environmental Quality
1-800-452-4011

Appendix58-001191

DRINKING WATER PROTECTION FACT SHEET
GROUNDWATER BASICS

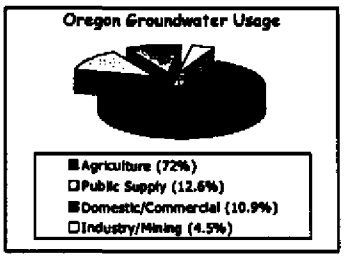


What Is Groundwater?

Groundwater can be found at various depths at any location on the Earth's surface. It is the water that fills the natural open spaces (e.g., fractures or pore spaces between grains) in soil and rocks underground in much the same way as water fills a sponge. Groundwater begins as precipitation and soaks into the ground where it is stored in underground geological water systems called aquifers. An aquifer is any geologic material (like sand and gravel or fractured bedrock) that is filled with water and will yield that water to a well. Groundwater can move sideways as well as up or down in response to gravity, differences in elevation, and differences in pressure. The movement is usually quite slow – frequently as little as a few feet per year – although it can move as much as several feet per day in more permeable zones. Groundwater does not occur as underground lakes or streams.

Who Uses Groundwater?

Of all groundwater used in Oregon, the majority is used for irrigation. Future population growth and land development is increasingly depending on groundwater resources. Prior allocation and rising treatment costs limit future use. Over 70 percent of all Oregonians (that's more than two million people) are at least partially dependent on groundwater for their drinking water supplies. Approximately 95 percent of Oregonians in rural areas are dependent on groundwater. In many areas, groundwater is the only source of drinking water. Protecting our water supply from contamination now will help maintain a clean and safe water supply for generations to come.

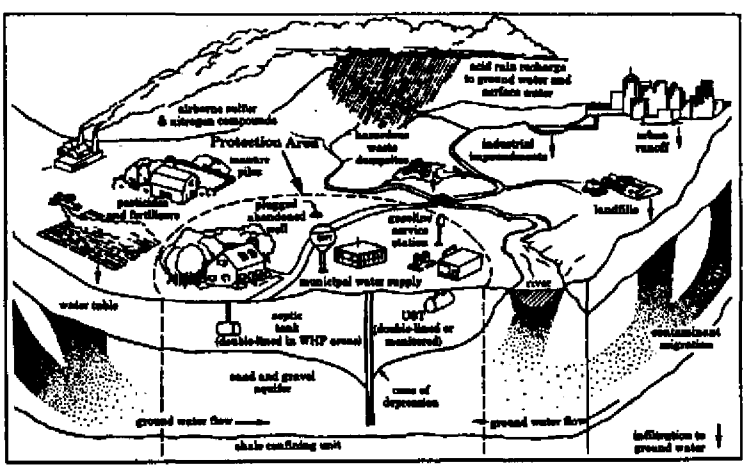


Potential Sources of Contamination

- Household chemicals and cleaning products.
- Excess nitrogen fertilizers including manure and lawn fertilizers.
- Industrial solvents.
- Chemical spills from highway, railroad accidents, or spills from business or manufacturing sites.
- Improperly applied pesticides or pesticide spills.
- Leaking underground storage tanks.
- Improperly installed or old domestic wells.
- Poorly maintained septic systems.
- Urban runoff.
- Waste disposal sites or dumps.

How Does Groundwater Become Contaminated?

With the increased use of chemicals in the 20th century, the contamination of groundwater has become a growing concern. When rainwater comes in contact with any source of contamination at the surface or in the soil, it dissolves some of that contaminant and carries it to the aquifer. Groundwater moves from areas where the water table is high to where the water table is low. Consequently, a contaminant may enter the aquifer some distance upgradient of a public or private drinking water well and move towards the well. When a well is pumping, it lowers the water table in the immediate vicinity of the well increasing the tendency for water to move towards the well.



Although it is common practice to associate contamination with highly visible features such as landfills, gas stations, industry or agriculture, potential contaminants are widespread and often come from common everyday activities as well, such as septic systems, lawn and garden chemicals, pesticides applied to highway right-of-ways, stormwater runoff, auto repair shops, beauty shops, dry cleaners, medical institutions, photo processing labs, etc. Importantly, it takes only a very small amount of some chemicals in drinking water to raise health concerns. For example: 1 gallon of pure trichloroethylene, a common solvent, will contaminate approximately 292 million gallons of water to the health-based limit for drinking water.

Oregon
DEPARTMENT OF ENVIRONMENTAL QUALITY
811 S.W. Sixth Avenue * Portland, Oregon 97204

PRINTED ON RECYCLED PAPER

How Can I Help?

One person can make a difference. By making small changes in our lifestyles, we can make our environment better. We can also encourage our friends, relatives, co-workers, and neighbors to help prevent pollution. Some of the things you can do to protect groundwater in your community are listed below. **Oregon's future depends on us!**

Things You Can Do To Protect Groundwater

In Your Community

- Learn more about where your water supply comes from, potential sources of contamination, and local and state waste protection efforts.
- Organize a groundwater forum, community water festival, water testing or other educational event.
- Support groundwater education in local schools.
- Volunteer to help develop and implement your community's Drinking Water Protection Program.
- Encourage your community to become active in the "Groundwater Guardian" program, a national non-regulatory program that recognizes local groundwater protection efforts. Contact the Groundwater Foundation for information **1-800-858-4844**.

In The Home

- Properly dispose of **household hazardous wastes**. Take toxic chemicals like weed killers, pesticides, paint, thinners, strippers, wood preservatives, furniture polish, cleaning chemicals, and bleach to a hazardous waste collection center. Don't dump toxic chemicals down the drain or on the ground. Call your local garbage hauler for more information.
- Find out if you have **underground storage tanks** (USTs) on your property. Residential USTs typically are used to store heating oil. Rural properties and farms may have USTs for gasoline, diesel, chemical, and waste oil storage. Active USTs should be checked for leakage, which can increase with UST age. DEQ strongly recommends inactive USTs be properly removed or closed in place to prevent expensive leaks that endanger public health or damage the environment. Homeowners that replace or decommission a heating oil tank may be eligible for free technical assistance and grants from DEQ. Contact DEQ's Tank Helpline at **1-800-742-7878**.
- Conserve Water — Turn off the faucet when you are brushing your teeth, shaving, or washing your face and you will save 2-3 gallons of water each minute. Install low flow faucets and fix leaky faucets right away. Clean vegetables and fruits in a pan of water — not under a running faucet. Keep a container of drinking water in the refrigerator instead of letting the faucet run until the water is cold enough to drink. Run the dishwasher and washing machine only when fully loaded. **Make every drop count!**

In Your Garage/ Workshop

- Recycle or properly dispose of **used motor oil, grease and parts cleaners**, and **antifreeze**. Solid and hazardous waste laws prohibit land spreading of waste oil for dust or weed suppression. Call your local garbage hauler for more information.
- Check for **leaking fluids** from vehicles. Clean up drips with an absorbent like kitty litter or sawdust and properly dispose of contaminated absorbent. Do not use water to wash spills since water percolates into the ground or discharges to storm drains in the street (which typically lead to streams and rivers).
- **Inventory** your hazardous household products like thinners, solvents, oil based paints, stains and finishes, paint and finish preparation products, photographic chemicals, and art supplies. Store only what you'll use; properly dispose of waste materials; and give extras to a neighbor for their use. Use less toxic alternatives whenever possible.

Potential Sources of Source Water Contamination

OHD Source Water Assessment Program

Instructions: The following is a list of potential sources of ground water and surface water contamination. Please use the attached map of your water system supply to review and locate the following sources of contamination. If one or more of the listed potential sources of contamination are present within the protection area shown on the attached map, please place the assigned contaminant number on your system supply map in the area in which the potential contaminant source is located.

Waste

Leaks or defects in waste disposal, transportation, storage and treatment are a potential source of water supply contamination. Domestic sewage and garbage can contribute large quantities of unwanted toxic household chemical wastes as well as bacteria, viruses, nitrates and heavy metals to the source water. Commercial and Industrial waste is also a potential source of toxic chemical contamination.

1. Lagoon/Liquid Waste
2. Landfill/Dump Or Transfer Stations
3. Open Burning Sites
4. Sewer Lines
5. Storm Water Drains & Basins
6. Septic Systems (gravity or lift), Cesspools, Drainfields, Mound Systems, & Holding Tanks

Agricultural

Agricultural practices may contribute livestock sewage wastes and run-off, including bacteria, viruses, giardia and nitrates to the water supply. In addition, pesticide and fertilizer application and storage may also contaminate the water source with both nitrates and toxic chemicals.

7. Animal Burial Areas/Rendering Plants
8. Auction Lots
9. Confined Animal Feed Lot (Dairies, Chicken/Turkey, Swine)
10. Fertilizer Storage/Use
11. Irrigated or Non-Irrigated Crops
12. Manure Spreading Areas/Pits
13. Pesticide Storage/Use
14. Land Application of Food or Septage Wastes
15. Agricultural Drainage Well
16. Composting Sites

Oregon
John A. Kitzhaber, M.D., Governor

Department of Human Resources
Health Division
800 NE Oregon Street # 21
Portland, OR 97232-2162
(503) 731-4030 Emergency
(503) 731-4381
FAX (503) 731-4077
TTY-Nonvoice (503) 731-4031

TECHNICAL BULLETIN

HEALTH EFFECTS INFORMATION

Prepared by:
Oregon Health Division
Environmental Toxicology Section
August 1990

NITRATE

For More Information Contact:

Oregon Health Division
Environmental Toxicology Section
(503) 731-4015

Drinking Water Section
(503) 731-4010

Assisting People to Become Independent, Healthy and Safe
An Equal Opportunity Employer

Appendix58-001195

NITRATE

Nitrate is a compound formed when nitrogen combines with oxygen. This combination occurs in nature when nitrogen in the air reacts with oxygen or ozone. Amounts produced in this way however, are generally very small. It is produced by plants and animals, and is an ingredient in smoke and exhaust.

OCCURRENCE AND SOURCES OF NITRATE IN WATER SUPPLIES

Naturally occurring levels of nitrate in surface and groundwater do not generally exceed 2 milligrams per liter (mg/l). Water with less than 10 mg/l nitrate as nitrogen (NO_3-N) is generally safe for use in foods and beverages. Sources of elevated nitrate levels include fertilizers, septic systems, animal feedlots, industrial wastes, and food processing waste. It can also be naturally occuring in certain geological settings, and can result from decaying organic matter. Elevated levels of nitrate found in well water are often used as indicators of inproper well construction or location, overuse of chemical fertilizers or improper disposal of human and animal waste.

HEALTH EFFECTS OF DRINKING NITRATE CONTAMINATED WATER

The United States Environmental Protection Agency (USEPA) has set a maximum contaminate level (MCL) of 10 mg/l for nitrate (NO_3-N) in public water supplies. Nitrate levels above 10 mg/l may represent a serious health concern for infants and pregnant or nursing women. Adults receive more nitrate exposure from food. Infants, however, receive the greatest exposure from drinking water because most of their food is in liquid form. Nitrate can interfere with the ability of the blood to carry oxygen to vital tissues of the body in infants of six months old or younger. The result is called methemoglobinemia, or "blue baby syndrome". Pregnant women may be less able to tolerate nitrate, and nitrate in the milk of nursing mothers may affect infants directly. These persons should not consume water containing more than 10 mg/l nitrate directly, added to food products, or beverages (especially in baby formula). Other domestic use of this water supply is acceptable, including washing and bathing.

The 10 mg/l standard for NO_3-N in public drinking water supplies has been devised to protect a select group of sensitive persons (infants, and pregnant and nursing women). Available health information suggests that non-sensitive persons, including healthy adults and children older than six months in age, can consume water containing up to 20 mg/l nitrate without experiencing adverse health effects. At nitrate levels above 20 mg/l the Division recommends, that alternate water supplies be used by all persons. It has been suggested in preliminary studies that excessive nitrate ingestion may be linked to gastric cancer. This link, however, has not been firmly established and current exposure levels do not appear to put the population at risk.

Oregon
John A. Kitzhaber, M.D., Governor

Department of Human Resources
Health Division
800 NE Oregon Street # 21
Portland, OR 97232-2162
(503) 731-4030 Emergency
(503) 731-4381
FAX (503) 731-4077
TTY-Nonvoice (503) 731-4031

TECHNICAL BULLETIN

HEALTH EFFECTS INFORMATION

Prepared by:
Oregon Health Division
Environmental Toxicology Section
April 1994

COLIFORM BACTERIA

For More Information Contact:

Oregon Health Division
Environmental Toxicology Section
(503) 731-4015

Drinking Water Section
(503) 731-4010

Assisting People to Become Independent, Healthy and Safe
An Equal Opportunity Employer

Appendix58-001197

WATERBORNE DISEASE AND MICROORGANISMS

Microorganisms are widely spread over the earth and throughout its atmosphere. Microorganisms include bacteria, viruses, and protozoan parasites; they are microscopic and therefore invisible to the naked eye. They are found in all surface waters, including lakes, streams, and rivers. They can be found in shallow and unprotected wells and springs and, less often, in deep and protected well waters. Many microorganisms can survive extremes of climate. Most microorganisms in the environment and found in water are not harmful, but enough of them are harmful that we strive to maintain drinking water nearly microorganism-free.

Microorganisms that have the most significance to human health are those that cause disease, called pathogens. Examples of common pathogens include bacteria such as *Salmonella* and *Shigella*, protozoans such as *Giardia* and *Cryptosporidium*, and viruses such as hepatitis A and Norwalk. These pathogens are transmitted by the fecal-oral route of exposure; this means that feces from an infected person or animal are transmitted directly or indirectly to another person's mouth. An example of direct transmission would be from person-to-person, such as in day care settings serving young children in diapers. Examples of indirect transmission include food contaminated due to poor food handling and sanitation practices, and contaminated drinking water.

It is not possible to regularly test drinking water for the presence of disease-causing organisms because they exist in very low numbers in water, are hard to isolate and detect, and there are so many different kinds it would be impractical and expensive to test for them all regularly. Consequently, public health agencies and water suppliers in this country rely on certain kinds of bacteria that are known as "indicator organisms". These indicators do not generally cause disease, but do occur in large numbers, are associated with fecal pollution, are generally hardier in the environment than pathogens, and are easy to test for. In other words, the indicators serve as markers for the kind of fecal contamination that can lead to disease under some circumstances.

The most common of these test organisms is the broad class of bacteria called coliforms. The presence of coliforms in drinking water suggests microbiological contamination of the source water, a failure of the water treatment system, a break or leak in the water mains, or contamination of the water distribution system by backflow from households or commercial establishments. When coliforms are detected in drinking water, immediate action should be taken to identify the source or sources of the bacteria and eliminate them.

PATHOGENIC *E. COLI (E. COLI O157:H7)*

This organism is a very specialized and rare strain of *E. coli* that causes illness and its presence in drinking water would be an extreme health concern. There has been one outbreak of infection by this organism attributed to contaminated public drinking water in the United States. Generally, the source of *E. coli O157:H7* transmission is undercooked or mishandled hamburger or other meat products, raw milk, or other foods that have been contaminated with human or animal fecal waste and not adequately cooked. Current routine water testing methods can not distinguish between this organism and the harmless indicator strains, so water containing any *E. coli* should not be consumed without treatment or boiling.

EMERGENCY TREATMENT MEASURES

Construction or maintenance work, such as pump replacement in an existing well, can temporarily contaminate well water with coliform bacteria. Bacteria from soil, vegetation, and the tools and hands of the maintenance crew could enter the well. Before using the water, disinfect and flush the entire system and then sample for coliform. The safest temorary measure to kill coliforma nd other microorganisms in drinking water is to bring the water to a rolling boil for one full minute. Chlorination or other chemical disinfection techniques are also effective if properly applied.

The procedure for chlorination is as follows:

For each 100 gallons of well water, add two cups (16 ounces) of household bleach (5% sodium hypochlorite) available from grocery stores.

> EXAMPLE: *How much 5% bleach is needed to disinfect a well with a 6 inch diameter casing and now has 65 feet of water? Answer: The table below shows there are 1.5 gallons of water for each foot of water depth for a 6" diameter well. Multiply the total water depth of 65 feet X 1.50 gallons per foot = 97.5 gallons of water in this 6" diameter well. Since 97.5 feet is about 100 gallons, add 2 cups of 5% bleach to the well to disinfect it.*

(503) 731-4317
FAX (503) 731-4077
TDD/Nonvoice (503) 731-4031

Oregon

DEPARTMENT OF
HUMAN
RESOURCES

HEALTH DIVISION

FACT SHEET

COLIFORM BACTERIA

Coliform Bacteria: Bacteria is found in most natural water from surface or shallow ground sources. These bacteria are harmless to humans and essential to the natural decay of organic matter found in water. However, when the water source contains bacteria that comes from human or animal waste, the water can cause illness. Because these bacteria are difficult and time consuming to isolate and identify, microbiologists have developed the "total coliform test" to simplify the task. The presence of coliform bacteria in a water supply shows possible pollution that may contain disease causing organisms. The total coliform group can survive longer in water than most disease causing organisms and are easier to identify. Therefore, safe water is free of total coliform bacteria. The microbiologist uses one of several methods to determine if coliform bacteria are present in water and reports the results as coliform present or absent.

How to Disinfect a Well

Construction or maintenance work, such as pump replacement in an existing well, can temporarily contaminate well water with coliform bacteria. Bacteria from soil, plants, and the tools and hands of the maintenance crew could enter the well. Before using the water, disinfect and flush the entire system and then sample for coliform.

The procedure is as follows:

For each 100 gallons of well water, add two cups (16 ounces) of household bleach (5% sodium hypochlorite) available from grocery stores.

> EXAMPLE: *How much 5% bleach is needed to disinfect a well with a 6 inch diameter casing and has 65 feet of water?*
> *Answer: The table below shows there are 1.5 gallons of water for each foot of water depth for a 6" diameter well. Multiply the total water depth of 65 feet X 1.50 gallons per foot = 97.5 gallons of water in this 6" diameter well. Since 97.5 feet is about 100 gallons, add 2 cups of 5% bleach to the well to disinfect it.*

Barbara Roberts
Governor

800 NE Oregon Street # 21
Portland, OR 97232
(503) 731-4030 Emergency
(503) 252-7978 TDD
Emergency

24-26 (Rev. 1-92)

Withdrawal UIC

ASH GROVE CEMENT COMPANY

11011 CODY STREET
OVERLAND PARK, KANSAS 66210
PHONE 913 / 451-8900

ROBERT V. VANTUYL, QEP
CORPORATE ENVIRONMENTAL MANAGER

WRITER'S DIRECT LINE—913/319-6063
BOB.VANTUYL@ASHGROVE.COM

May 1, 2006

Ms. Barbara Priest
Oregon Department of Environmental Quality
Water Quality Division
811 SW Sixth Avenue
Portland, OR 97201-1390

RE: Goldendale Aluminum/Columbia Gorge Aluminum facility located at 2600 N. River Street, Portland, OR 97208

Dear Ms. Priest:

Ash Grove Cement Company (Ash Grove) has recently closed on the purchase of the former Goldendale Aluminum facility located at 2600 N. River Street, Portland, Oregon. This letter is written in reference to the Underground Injection Control (UIC) Registration that was filed with the Oregon Department of Environmental Quality (DEQ) on October 3, 2005 by Columbia Gorge Aluminum (see attached). Ash Grove recently conducted an evaluation of the sumps listed in the UIC registration, as well as the rock sumps apparently located at the site. The evaluation included a review of historical maps, on site observations, a utility locate, a pipeline video inspection, and the partial excavation of one rock sump. The evaluation determined that there are no UICs on the Ash Grove property. Ash Grove believes the UIC registration was filed in error and wishes to withdraw this UIC registration based on the following information (see attached MFA report dated April 24, 2006).

The UIC registration filed on October 3, 2005, lists Outfall 4 as a UIC and indicates that all of the sumps are conveyed to Outfall 4. Ash Grove has determined that the rock sumps do not discharge to this outfall. Stormwater conveyed to Outfall 4 only includes stormwater collected from paved areas of the site, and no stormwater from this conveyance system discharges into the ground. This outfall discharges to the Willamette River and is sampled twice per year, as required by the site's National Pollutant Discharge Elimination System (NPDES) General Permit 1200-Z.

Ash Grove has determined that the rock sumps consist of corrugated metal collector piping filled with angular rocks. The collector pipes discharge to the Willamette River through Outfalls 1, 3, 7, and 8 (see attached figures). The rock sump collectors are all located outside of the fence surrounding the Ash Grove site (see Figure 1). Ash Grove

PCA
Portland Cement Association
MEMBER

excavated the rock sump collector at Outfall 1 to verify its location and construction. The location of the other rock sumps are based on tracing done by a private utility locator.

Outfall 2 is a 30" CMP storm drain that discharges stormwater from the adjacent Union Pacific Railroad (UPRR) property. No stormwater from the Ash Grove site discharges to this outfall (see Figure 1). Outfalls 5 and 6 were plugged in 2000 to reduce the number of sample locations and no longer discharge to the Willamette River.

Ash Grove does not believe any of the stormwater systems at the site are regulated under the UIC program and wishes to withdraw the application accordingly. If after review of this information you believe the facility is still required to file a registration, for this or any other system at the facility, Ash Grove would like to discuss this matter with you. In the meantime, if you have any questions or if I can provide additional information, please do not hesitate to contact me at 913-319-6063.

Sincerely,

Robert Vantuyl
Corporate Environmental Manager
Ash Grove Cement Company

Enclosures

October 3, 2005

UIC Application

Oregon Department of Environmental Quality
Water Quality Division
811 SW Sixth Avenue
Portland OR 97201-1390

UNDERGROUND INJECTION CONTROL REGISTRATION
Storm Water Drainage Systems

(Submit two copies. See pages 3-4 for detailed instructions)

DEQ USE ONLY
Received: _____
UIC #: _____

A. FACILITY NAME, LOCATION & CONTACT

1. Facility's Legal Name: Columbia Gorge Aluminum
2. Common Name: Portland Unload
3. Facility Physical Address: 2600 N River ST
   City, State, Zip Code: Portland, OR 97208
4. Facility Mailing Address: P.O. Box 4283
   City, State, Zip Code: Portland, OR 97208
5. Latitude: 45 degrees ~~24~~ 65 min. ~~00~~ 05 sec. or decimal: _____ Longitude: ~~29~~ 122 degrees ~~42~~ 68 min. ~~39~~ 4 sec. or decimal: _____
6. Facility Contact Name: Lowell Palmer
   Contact Telephone #: 503-285-4621
   Fax #: 503-286-4987
7. Responsible Official Name: Galen May
   Address: 3313 W 2nd ST
   City, State, Zip Code: The Dalles, OR 97058

B. FACILITY DESCRIPTION (ATTACH DOCUMENTS AS NEEDED)

1. SIC code: _____ or NAICS code: 331312 Secondary SIC/NAICS code: _____
2. Briefly describe the nature of business at this facility: Unloading & Transfer of Raw Materials for Alum. & Cement
3. Briefly describe the types of materials, products, and wastes handled at the facility: Alumina Oxide / Cement
4. ☐ Existing soil/groundwater contamination (brownfield) plan Nearest cleanup site within ½ mile: unknown (attach map)
5. Provide the number of projected trips per day from the traffic report for the site: 6 in operation
6. Land use zoning of facility: ☒ Industrial ☐ Commercial ☐ Residential ☐ Other: _____
7. Drinking water source: ☒ Public water ☐ Private Well
8. Process water source: Monthly average usage (gal./day): 100 ☒ Public water ☐ Private Well ☐ Recycled or Reclaimed
9. Indicate if present and submit a copy of:
   ☐ UIC spill prevention/response plan ☒ Employee training on spill plan ☐ Plug(s) or block(s) for UIC system
   ☒ Spill clean up supplies ☒ Containment structures
   ☐ Maintenance program and schedule for UIC system(s)
   ☐ UIC storm water plan attached ☐ Monitoring plan attached
10. Does an adequate confinement barrier or filtration medium exist at the site to protect groundwater? ☐ Yes ☐ No ☒ Do not know
    If "YES," attach relevant DHS/USGS documentation.
11. Is connection to or construction of a surface discharging storm sewer feasible? ☐ Yes ☒ No
    If "NO," provide relevant documentation as to why a swale or other green options cannot be used: Along ~~river~~ side river have to pump sewer to city
12. Note if the location is a sensitive site: ☐ Steep slope or hazard area ☐ Groundwater Management Area ☒ Flood Plain ☐ Other: _____
13. Sign and attach a UIC non-exposure certificate. ☒ Attached (Not required if land use is residential.)
14. List any other DEQ or public agency permits applied for or issued to this facility: Storm Water Permit
15. Will these UICs be turned over to a municipality once developed? ☐ Yes ☐ No ☒ Do not know

C. UNDERGROUND INJECTION CONTROL INFORMATION – Go to page 2 of this form.

To expedite the registration of your facility, please fill out this form in its entirety.

D. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

I hereby certify that the information contained in this registration is true and correct to the best of my knowledge and belief.

Galen May — Environmental Manager
Name of Legally Authorized Representative (Type or Print) — Title

Galen May — 10/3/05
Signature of Legally Authorized Representative — Date

UIC REGISTRATION FOR STORM WATER DRAINAGE SYSTEMS

Oregon Department of Environmental Quality

(Submit two copies of this form to DEQ. See pages 3-4 for detailed instructions)

LEGAL NAME:

C. UNDERGROUND INJECTION CONTROL INFORMATION

Attach a facility map that clearly identifies the location of each UIC system by name or number.

Provide the information requested below for each UIC storm water drainage system. Attach additional copies of this sheet if necessary.

UIC SYSTEM ID or NAME: #4 **INSTALLATION YEAR:** 2000

1. Lat: 45 degrees 33 min. 105 sec. *or* Decimal: ____
   Long: 122 degrees 68 min. 4 sec. *or* Decimal: ____

2. Type: ☒ Dry well/sump ☐ Drill hole ☐ Drainfield ☐ Infiltration trench ☐ Other discharge

3. Drainage Area: ☐ Roof drain only ☒ Parking area only ☐ Other, specify: Rail area

All sumps plumbed to #4.

4. Distance to nearest: Domestic/public water well: ____
   Wetland: ____ Surface water(s): 50'
   Depth to winter high water table: ____ feet NA.
   If not available, average depth to groundwater: ____ feet
   Attach well log(s) for the nearest water wells. ☐ Attached

5. Status: (see instructions for status definition)
   ☐ Planning stage ☐ Under construction ☒ Active
   ☐ Not in use or Temporarily Abandoned
   ☐ Permanently Abandoned/Decommissioned (date & method):
   (Submit 30-Day Pre-Closure Form UIC 1000-CLO.)

6. Characteristics:
   Depth: 12 ft Diameter: 6 ft
   Design drainage rate: 400 gpm
   Size of impervious area drained: 2 Acres
   Type of treatment prior to discharge: No Treatment Just settling

7. ☐ Located in a delineated source water area NOT sure

UIC SYSTEM ID or NAME: **INSTALLATION YEAR:**

1. Lat: ____ degrees ____ min. ____ sec. *or* Decimal: ____
   Long: ____ degrees ____ min. ____ sec. *or* Decimal: ____

2. Type: ☐ Dry well/sump ☐ Drill hole ☐ Drainfield ☐ Infiltration trench ☐ Other discharge

3. Drainage Area: ☐ Roof drain only ☐ Parking area only ☐ Other, specify: ____

4. Distance to nearest: Domestic/public water well: ____
   Wetland: ____ Surface water(s): ____
   Depth to winter high water table: ____ feet
   If not available, average depth to groundwater: ____ feet
   Attach well log(s) for the nearest water wells. ☐ Attached

5. Status: (see instructions for status definition)
   ☐ Planning stage ☐ Under construction ☐ Active
   ☐ Not in use or Temporarily Abandoned
   ☐ Permanently Abandoned/Decommissioned (date & method):
   (Submit 30-Day Pre-Closure Form UIC 1000-CLO.)

6. Characteristics:
   Depth: ____ ft Diameter: ____ ft
   Design drainage rate: ____
   Size of impervious area drained: ____
   Type of treatment prior to discharge: ____

7. ☐ Located in a delineated source water area

UIC SYSTEM ID or NAME: **INSTALLATION YEAR:**

1. Lat: ____ degrees ____ min. ____ sec. *or* Decimal: ____
   Long: ____ degrees ____ min. ____ sec. *or* Decimal: ____

2. Type: ☐ Dry well/sump ☐ Drill hole ☐ Drainfield ☐ Infiltration trench ☐ Other discharge

3. Drainage Area: ☐ Roof drain only ☐ Parking area only ☐ Other, specify: ____

4. Distance to nearest: Domestic/public water well: ____
   Wetland: ____ Surface water(s): ____
   Depth to winter high water table: ____ feet
   If not available, average depth to groundwater: ____ feet
   Attach well log(s) for the nearest water wells. ☐ Attached

5. Status: (see instructions for status definition)
   ☐ Planning stage ☐ Under construction ☐ Active
   ☐ Not in use or Temporarily Abandoned
   ☐ Permanently Abandoned/Decommissioned (date & method):
   (Submit 30-Day Pre-Closure Form UIC 1000-CLO.)

6. Characteristics:
   Depth: ____ ft Diameter: ____ ft
   Design drainage rate: ____
   Size of impervious area drained: ____
   Type of treatment prior to discharge: ____

7. ☐ Located in a delineated source water area

Appendix58-001205

Use this form to register underground injection control (UIC) systems used for storm water drainage. Common storm water UIC systems include dry wells, sumps, drain holes, infiltration trenches, or infiltration basins.

A. FACILITY NAME, LOCATION & CONTACT

1. Enter the legal Oregon corporate name (i.e., Acme Products, Inc.) or the name of the legal representative of the company if the company operates under an assumed business name (i.e., John Smith, dba Acme Products). The name must be a legal, active name registered with the Oregon Department of Commerce, Corporation Division (503) 378-4752, unless otherwise exempted by the Department of Commerce regulations.
2. Enter the common name of this facility if different than the legal name.
3. Enter the physical location of the facility (not mailing address), including city, state, and zip code.
4. Enter the mailing address of the facility if different from the physical location.
5. Enter the latitude and longitude of the approximate center of the facility or site in decimal degrees if possible. Latitude and longitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic maps by calling 1-888 ASK-USGS, or by accessing DEQ's Profiler at http://deq12.deq.state.or.us/fp20/. If a GPS unit is used to determine lat/long, set the datum to the state standard, NAD83; otherwise, location data will not be accurate.
6. Enter the name, telephone and fax number of the facility contact; this would be the person to call in case there are any questions about this registration.
7. Enter the name and mailing address of the responsible official or organization for this facility, if different than #4. This is the name and address DEQ will use as a contact regarding this site.

B. FACILITY DESCRIPTION

1. Enter the Standard Industrial Classification (SIC) four-digit code or North American Industry Classification System five or six-digit code (NAICS) for the facility. These codes are used to describe the primary activity at the facility that generates the most money and may be found on fire marshal reports, insurance papers, or tax forms. The NAICS codes replaced the SIC system in 1997, however, it is usually easy to convert between the two systems so either code is acceptable. SIC or NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at http://www.naics.com/search.htm. Include a secondary code if applicable.
2. Briefly describe the nature of business at the facility. For example, "retail clothing store," "gasoline service station with repair shop," "retail and wholesale cabinet store with cabinet manufacturing," or "rental service store for home, yard, and contractor equipment with in-house maintenance shop."
3. Briefly describe the types of materials, products, and wastes handled at the facility. For example, from a service station one might expect "new and used gasoline, diesel, transmission oil, brake fluid, antifreeze, solvents and tires; general cleaners (409, Simple Green, etc.); office wastes; and general garbage." Submit a list of materials which are water soluble from the facilities material safety data sheets (MSDS) OR a copy of the Fire Marshall survey (if required for your facility). Note if the site has a cleanup plan or has been remediated, and note the newest cleanup site (location or ECSI number).
4. Check if the site has an existing soil/groundwater contamination (brownfield) plan. List the nearest cleanup site if one exists within one-half mile.
5. New projects usually have a traffic report, providing the projected trips per day for the site. For existing sites, please provide the number of parking spaces. This will be used to determine the category requirements.
6. Indicate if the facility is located on property that is zoned for industrial, commercial, residential, or some other use.
7. Indicate the source of drinking water at this site.
8. Estimate the monthly average usage of water for processing or manufacturing purposes and indicate the source.
9. Check the appropriate boxes to provide information about the facility's ability to prevent spills or leaks of materials that may enter the storm drainage system, as well as employees ability to respond to spills or leaks when they occur. DEQ requires a written spill prevention and response plan and training on the plan so employees will know what to do in case of a spill. In addition, a way to plug or block the UIC drainage system (dry well, sump, drain hole, infiltration trench, etc.) in the event of a spill is required. An adequate supply of appropriate spill containment and clean up material be maintained on site; containment areas should also be used for the storage of materials that could easily drain into the UIC system in the event of a leak or spill. Specify what type of maintenance is performed on the UIC system and the frequency of such maintenance, and a monitoring plan may be applicable (e.g., large lot/heavy use areas).
10. Indicate if an adequate confinement barrier or filtration medium exists at the facility site to protect the local groundwater. Aquifer confinement areas are not easy to determine and you may wish to contact a registered geologist for assistance, or the Department of Human Services (DHS), (541) 726-2587 (you will need information on township, range and section). Some examples of situations where the groundwater may not be protected include: dry wells that are drilled into or very near the groundwater table, areas where soils are very porous so that drainage into a dry well or sump is quickly discharged to groundwater without contaminants being reduced by natural degradation (biological activity, soil attenuation, etc.).
11. Indicate if connection to or construction of surface discharging storm sewer is feasible. If it is not feasible, document alternatives and explain why they are not being used.
12. Indicate if site is considered sensitive due to steep slope, groundwater management area, flood plain, etc.
13. All facilities *except residential* are required to certify that the area serving the UIC does not receive toxic runoff.
14. In order for DEQ to coordinate with other DEQ offices and public agencies, list all permits applied for or issued to this facility.
15. Note if your subdivision, once developed, will be annexed and become part of the municipal system for maintenance.

Appendix58-001206

C. UNDERGROUND INJECTION CONTROL (UIC) INFORMATION

Please submit a locational map (preferably a topographical map from USGS) as well as a facility map that clearly identifies the location of each UIC system (specific point of discharge or injection, e.g. dry well, sump, drain hole, infiltration trench, etc.) by number or name. The facility design map should indicate treatment strategies and grading information to help determine direction of water flow.

For each UIC system, provide the number or name and its installation date. The installation date will be on your city/county permit. Also, for each UIC system provide the following:

1. Enter the latitude and longitude of the approximate center of the facility or site in decimal degrees if possible. Latitude and longitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic maps by calling 1-888 ASK-USGS, or by accessing DEQ's Profiler at http://deq12.deq.state.or.us/fp20/. If a GPS unit is used to determine lat/long, set the datum to the state standard, NAD83; otherwise, location data will not be accurate.
2. Type of UIC system (listed on DEQ's UIC webpage). Storm water systems can be 5D2 (regular), 5D3 (drillhole), or 5D4 (industrial).
3. Where the drainage into the UIC system is coming from. **Please note:** You may need to document no toxic exposure.
4. Estimated distance in feet of the UIC system to the nearest domestic or public water supply well, wetland, and other surface water. This information is used by DEQ to evaluate the risk to sensitive sites and drinking water that could be impacted by accidental spills or contaminated storm water drainage. Provide the depth in feet to the winter high water table. Acquire the newest well logs that show the soil profile for the closest water well. Well logs and water table information are available through the Water Resources Department (WRD): http://www.wrd.state.or.us/groundwater/index.shtml or (503) 378-8455. The Natural Resource Conservation Service or U.S. Geological Survey in your area may also have groundwater information. Note if the site has had past contamination problems, is located on steep shores, in the floodplain, a groundwater management area or a known hazard area. This information should be available at your local planning agency or the Oregon Department of Geology, (503) 731-4100.
5. Indicate status (whether the UIC system is being planned, under construction, active, inactive, temporarily abandoned, or permanently abandoned [closed or decommissioned]). A UIC system is considered "temporarily abandoned" when it is taken out of service but still exists. Owners of temporarily abandoned UICs intend to bring them back into service at a future date. A watertight cap or seal that prevents any materials from entering the UIC must cover temporarily abandoned UICs. A UIC is considered "permanently abandoned" when it is completely filled so that movement of water within the UIC is permanently stopped. With the exception of hand-dug UIC systems, a licensed water well constructor, or the landowner under a Landowner's Water Well Permit, must perform a permanent abandonment. Please see Oregon Administrative Rule (OAR) 690-220-0005 or visit WRD's web page for the rule at http://arcweb.sos.state.or.us/rules/OARS_600/OAR_690/690_220.html. WRD has also developed a well guide that may be of use: *A Consumer's Guide to Water Well Construction, Maintenance and Abandonment* available at http://www.wrd.state.or.us/publication/wellcon99/index.shtml#abandoning. You may also contact WRD at (503) 378-8455. If the UIC system has been permanently abandoned/decommissioned, provide the date and method of closure. If you are planning to decommission the system, submit a *DEQ Pre-Closure Notification Form* 30 days before proposed closure.
6. The following design characteristics:
   - Depth and diameter in feet
   - Design drainage rate if known (DEQ requires a 24-hour/2-year design storm be addressed.)
   - Size of the impervious area in square feet drained by the UIC system. An impervious area is an area that does not allow rain to soak into the ground. It includes paved areas, concrete pads, buildings, roofs, and compacted areas such as graveled or dirt roads.
   - Type of treatment prior to subsurface discharge or best management practices (BMPs) to protect groundwater. For storm drainage systems, this could be a grassy swale, detention pond, sediment traps, catch basin inserts, treatment trains, or other pre-treatment designs. It does not include the rocks inside a dry well. If there is no treatment prior to the UIC system, write "no treatment." Please visit DEQ's UIC webpage for more information about pretreatment systems under Storm water Guidelines. Not all proprietary treatment systems satisfy federal and state water quality standards. Call DEQ to see if your proposed system can be rule authorized.
7. Call Department of Human Services (DHS) Drinking Water Program at (541) 726-2587 to determine if your UIC is in a delineated 2-year time of travel area of a public water system or your local municipal water purveyor.

D. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

The signature of a legally authorized representative must be provided in order to process this registration.

Definition of Legally Authorized Representative:

- **Corporation** — president, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities that is authorized in accordance to corporate procedure to sign such documents
- **Partnership** — General partner
- **Sole Proprietorship** — Owner(s) **Limited Liability Company** — Member
- **Trusts** — Acting trustee
- **City, County, State, Federal, or other Public Facility** — Principal executive officer or ranking elected official

REGISTRATION SUBMITTAL AND QUESTIONS

Submit this form to:

Barbara Priest, DEQ WQ Division
811 SW 6th Avenue, Portland, OR 97204
Phone (503) 229-5945
Fax: (503) 229-6037

DEQ's UIC web page: http://www.deq.state.or.us/wq/groundwa/uichome.htm

Appendix58-001207

State of Oregon Department of Environmental Quality

Oregon Department of Environmental Quality
811 SW 6th Avenue
Portland, Oregon 97201

NO-EXPOSURE CERTIFICATION For Underground Injection Control

Submission of this No-Exposure Certification constitutes notice that the facility or municipality owning or operating storm water injection systems certifies that the areas with hazardous substances use are not in contact with storm water which is being injected. This certification is required as part of inventory registration to qualify as rule authorized for storm water disposal to an injection system.

A condition of no exposure exists at a site, facility or municipality when all industrial materials and activities are protected by a storm-resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, stored or generated toxic or hazardous materials, petroleum products, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No-Exposure Certification must be provided for each site or facility as part of the qualifications for rule authorization. If any industrial activities or materials are or will be exposed to precipitation, the facility or site is not eligible for the no-exposure exclusion.

By signing and submitting this No-Exposure Certification form, the entity is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of 40 CFR 122.26(g) and OAR 340-44.

ALL INFORMATION MUST BE PROVIDED ON THIS FORM.

Detailed instructions for completing this form and obtaining the No-Exposure exclusion are provided on page 3 and 4.

A. Facility Operator Information

1. Name: Columbia Gorge Aluminum 2. Phone: 541-298-0659
3. Mailing Address: a. Street/P.O. Box: 3313 W 2nd ST
   b. City: The Dalles c. State: OR d. Zip Code: 97058

B. Facility/Site Location Information

1. Facility Name: Portland Unloading
2. a. Street Address: P.O. Box 4283 2600 N. River St
   b. City: Portland c. County: Multnomah
   d. State: (OR) e. Zip Code: 97208
3. Is the facility located on Indian Lands? Yes ☐ No ☒
4. Is this a Federal facility? Yes ☐ No ☒
5. a. Latitude: 45 ° 55 ' 05 " b. Longitude: 122 ° 68 ' 4 "
   or Decimal: _____ or Decimal: _____
6. a. Was or is the facility or site previously covered under a WPCF permit? Yes ☐ No ☒
   b. If yes, enter WPCF permit number: _____ c. If under an NPDES permit, enter permit number: _____
7. SIC/Activity Codes: Primary: _____ Secondary (if applicable): 331312
8. Total size of site associated with industrial activity: 7 1/2 acres
9. a. Have you paved or roofed over a formerly exposed, pervious area in order to qualify for the No-Exposure exclusion? Don't Know Yes ☐ No ☐
   b. If yes, please indicate approximately how much area was paved or roofed over. Completing this question does not disqualify you for the No-Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage.
   Less than one acre ☐ One to five acres ☐ More than five acres ☐

Appendix58-001208

C. Exposure Checklist

Are any of the following materials or activities exposed to precipitation in the area served by your injection systems, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions, you do not qualify for the No-Exposure certification or rule authorization.**

	Yes	No
1. Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water.....	☐	☒
2. Materials or residuals on the ground, in trenches, running into injection systems or in storm water inlets resulting from spills/leaks (e.g. petroleum products)	☐	☒
3. Materials or products from past industrial activity	☐	☒
4. Material handling equipment (except adequately maintained vehicles)	☐	☒
5. Materials or products handling during loading/unloading or transporting activities [e.g. drywell at loading dock]	☐	☒
6. Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants)	☐	☒
7. Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	☐	☒
8. Materials or products handled/stored on roads or railways owned or maintained by the discharger ...	☐	☒
9. Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	☐	☒
10. Application or disposal of process wastewater (unless otherwise permitted, such as vehicle washing)	☐	☒
11. Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow	☐	☒

D. Certification Statement

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" to be considered as qualifying for Rule Authorization for storm water injection. I certify under penalty of law that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g)(2)) and/or OAR 340-44 UIC rules.

I understand that I am obligated to submit a No-Exposure certification form once every five years to DEQ. I understand that I must allow the DEQ permitting authority, where the discharge is to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request.

Additionally, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: Galen May
Print Title: Environmental Manager
Signature: Galen May
Date: 10/3/05

Who May File a No-Exposure Certification

State law prohibits discharges of storm water associated with industrial activity into waters of the U.S., including groundwater, without qualifying as Rule Authorized or under a permit. However, WPCF permit coverage is not required for discharges of storm water associated with industrial activities if the discharger can certify that a condition of "no exposure" exists at the facility or site.

Obtaining and Maintaining the No-Exposure Exclusion

This form is used to certify that a condition of no exposure exists at the facility or site described herein. This certification is only applicable where DEQ is the UIC permitting authority and must be re-submitted at least once every five years.

The facility operator must maintain a condition of no exposure at its facility or site in order for the No-Exposure exclusion to remain applicable. If conditions change resulting in the exposure of materials and activities to storm water, the facility operator must obtain coverage under a WPCF storm water permit immediately.

Where to File the No-Exposure Certification Form

Mail the completed No-Exposure certification form to:
DEQ UIC Coordinator
811 SW 6th Avenue, WQ-LAL
Portland, Oregon 97203

Completing the Form

You must type or print, using uppercase letters, in appropriate areas only. One form must be completed for each facility or site for which you are seeking to certify a condition of no exposure. Please make sure you have addressed all applicable questions and have made a photocopy for your records before sending the completed form to the above address.

Section A. Facility Operator Information

1. Provide the legal name of the person, firm, public organization, or any other entity that operates the facility or site described in this certification. The name of the operator may or may not be the same as the name of the facility. The operator is the legal entity that controls the facility's operation, rather than the plant or site manager.
2. Provide the telephone number of the facility operator.
3. Provide the mailing address of the operator (P.O. Box numbers may be used). Include the city, state, and zip code. All correspondence will be sent to this address.

Section B. Facility/Site Location Information

1. Enter the official or legal name of the facility or site.
2. Enter the complete street address (if no street address exists, provide a geographic description [e.g., Intersection of Routes 9 and 55]), city, county; state, and zip code.
3. Indicate whether the facility is located on Indian Lands.
4. Indicate whether the facility is operated by a municipality, state agency, or a department of the Federal Government.
5. Enter the latitude and longitude* of the approximate center of the facility or site in decimal degrees if possible. Latitude and longitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic maps by calling 1-888 ASK-USGS, or by accessing DEQ's web site at http://deq12.deq.state.or.us/fp20/. If a GPS unit is used to determine lat/long, set the datum to the state standard, NAD83; otherwise, location data will not be accurate.

   *Latitude and longitude for a facility is preferred in decimal form rather than degrees (°), minutes ('), and seconds (") for proper entry on the certification form. To convert decimal latitude or longitude degrees/ minutes/seconds, access the mapping web sites listed above.
6. Indicate whether the facility was previously covered under an NPDES or WPCF storm water permit. If so, include the permit number.
7. Enter the 4-digit SIC code which identifies the facility's primary activity, and second 4-digit SIC code identifying the facility's secondary activity, if applicable. SIC codes can be obtained from the Standard Industrial Classification Manual, 1987 or from Federal OSHA's web site at http://www.osha.gov/oshstats/sicer.html.
8. Enter the total size of the site associated with industrial activity in acres. Acreage may be determined by dividing square footage by 43,560, as demonstrated in the following example.

   Example: Convert 54,450 ft^2 to acres

   Divide 54,450 ft^2 by 43,560 square feet per acre:

   $$54{,}450\ ft^2 \div 43{,}560\ ft^2/acre = 1.25\ acres.$$
9. Check "Yes" or "No" as appropriate to indicate whether you have paved or roofed over a formerly exposed, pervious area (i.e., lawn, meadow, dirt or gravel parking lot) in order to qualify for no exposure. If yes, also indicate approximately how much area was paved or roofed over and is now impervious area.

Section C. Exposure Checklist

Check "Yes" or "No" as appropriate to describe the exposure conditions at your facility. If you answer "Yes" to ANY of the questions (1) through (11) in this section, a potential for exposure exists at your site and you cannot certify to a condition of no exposure. You must obtain (or already have) coverage under a WPCF storm water permit. After obtaining permit coverage, you can institute modifications to eliminate the potential for a discharge of storm water exposed to industrial activity, and then certify to a condition of no exposure.

Section D. Certification Statement

State statutes provide for penalties for submitting false information on this application form. State regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, which means:

(i) president, secretary treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or

(ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or

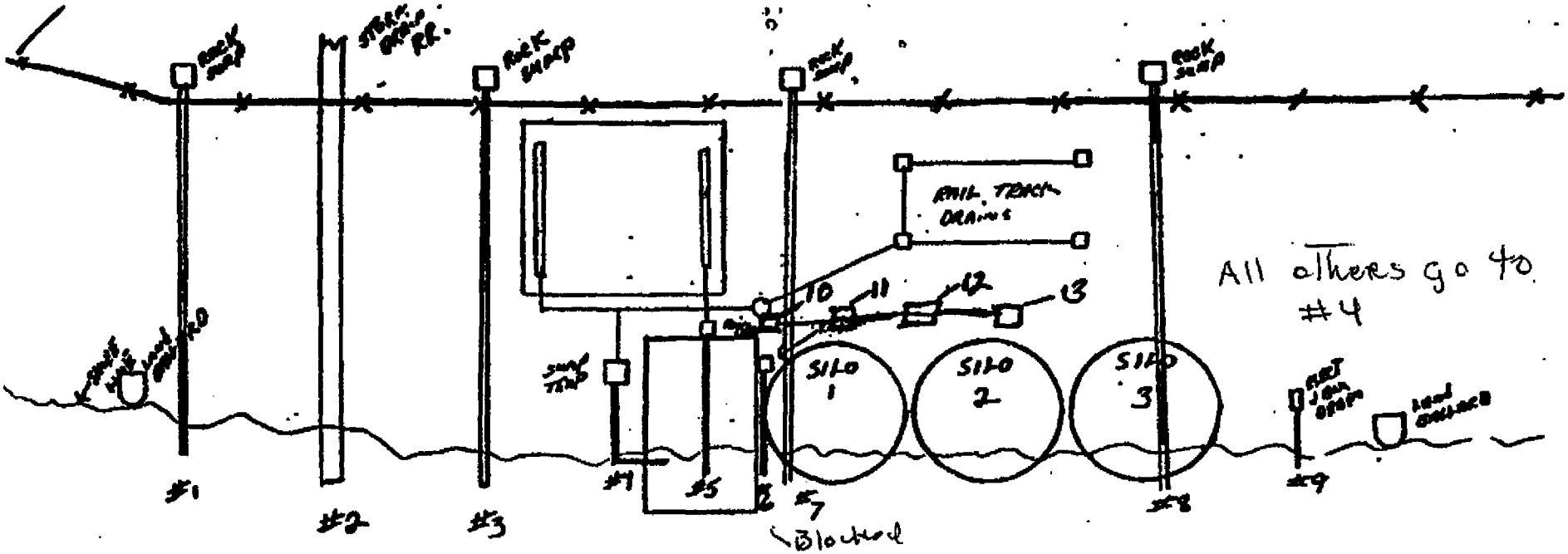
For a municipal, State, Federal, or other public facility: by either a principal executive or ranking elected official.

Where to File This Form

Send Signed Original Document to:

Oregon Department of Environmental Quality (DEQ)
Water Quality Division - LAL
UIC Coordinator
811 SW 6th Avenue
Portland, OR 97201-4987

For office use only – UIC Verification of No-Exposure Certification	
Agency: DEQ Water Quality –UIC Coordinator	UIC #:
Inspection Date: / /	Date Approved: / /
Inspector (Signature):	Inspector (print):



DRAINS 5+6 DELETED NOV 2000

STORM SUMPS 10, 11, 12, 13 ADDED + PIPED TO STORM SUMP #4

REVISED

12/4/00

NO SCALE
OK 5/24/00
PORTLAND OUTLOAD
DRAINS TO W RIVER

Appendix58-001212

April 24, 2006

MFA Report

MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
7223 NE Hazel Dell Avenue, Suite B | Vancouver, Washington 98665 | Phone 360.694.2691 | Fax 360.906.1958 | www.MFAinc.org

April 24, 2006
Project 0168.01.02

Mr. Bob Vantuyl
Ash Grove Cement Company
P.O. Box 25900
Overland Park, Kansas 66225

Re: Rock Sump Evaluation

Dear Mr. Vantuyl:

Maul Foster & Alongi, Inc. (MFA) is pleased to provide you this evaluation of eight outfalls and four rock sumps near the Ash Grove Cement Company facility located at 2600 N. River Street, Portland, OR. As you know, this evaluation was completed to address questions raised by an underground injection control (UIC) registration form that was completed by Goldendale Aluminum Company (Goldendale) when they owned the site. Goldendale apparently completed the application based on a comment in a letter dated April 6, 2005 from the City of Portland Bureau of Environmental Services (BES) to Wayne Wooster of Goldendale that said the rock sumps noted in the site's Storm Water Pollution Control Plan (SWPCP) may be considered UICs.

DOCUMENT REVIEW

MFA obtained a base map from Westmar Consultants (see Figures 1 and 2) and reviewed a survey of the facility from Caswell/Hertel Surveyors Inc. dated September 26, 2005. The survey from Caswell/Hertel indicates a rock sump located directly east of Outfall 1 (see Figure 1). Bob White at Caswell/Hertel stated that the rock sump designation was an assumed label for a rocky area and was not based on any specific research.

MFA reviewed past reports and maps provided by Goldendale Aluminum to assess the approximate location and discharge points of the rock sumps. A historical map dated December 2000 shows four rock sumps located east of the fence along River Street, with the rock sumps each connected to separate outfalls to the Willamette River (Outfalls 1, 3, 7, and 8, see Figure 3 from Goldendale). The 2000 map shows the site stormwater collection system discharging to Outfall 4 and Union Pacific Rail Road stormwater discharging to Outfall 2. It shows Outfalls 5 and 6 as capped. Another map from a preliminary assessment report dated March 2000 shows two rock sumps west of the fence and two rock sumps east of the fence, with all four rock sumps connected to separate

outfalls (see CH2MHILL Figure 2-2). However, a map from Goldendale's SWPCP dated December 2001 shows only the two rock sumps west of the fence, with one rock sump discharging to Outfall 4 and the other rock sump with apparently no discharge point (see CH2MHILL Figure 3).

MFA also reviewed site construction drawings from 1981 that were recently provided to MFA by Westmar (see Martin Marietta Aluminum Drawing Number 7790-36-101 and 7790-36-102). These drawings show 12-inch galvanized corrugated metal pipes in the location of Outfall 1 and 3. The pipes terminate at the east end of the site in galvanized end sections to collect surface water east of the site for discharge to the Willamette River. No infiltration systems are shown on the construction drawings.

SITE OBSERVATIONS AND UTILITY LOCATE

MFA personnel conducted multiple site visits to assess site conditions. The six existing outfalls (1, 2, 3, 4, 7, and 8) depicted on the site maps are visible along the bank of the site. MFA observed no evidence of any stormwater structures at the locations west of the fence that were designated as rock sumps in the CH2MHill maps.

Locates Down Under Inc. completed a utility locate on February 3, 2006, to determine the direction and length of five of the existing outfalls (1, 2, 3, 7, and 8). Following the utility locate, the termination point of the outfall piping was flagged and later surveyed by Caswell/ Hertel. All five outfalls were determined to run to points outside the facility fence, as shown on the attached figures and described further below. Pipeline Video and Cleaning LLC completed a second utility locate and video inspection on March 28, 2006, to determine the direction and length of piping connected to two catch basins east of the rail car load out building and to further investigate Outfall 7.

FINDINGS

The results of the mapping review, utility locates, and site observations are summarized below.

Outfall 1

A 12-inch Corrugated Metal Pipe (CMP) runs northeast from Outfall 1 and across the property. The locater lost the signal for the pipe at approximately 6 feet east of the fence line. Ash Grove staff excavated the area where the signal was lost and discovered the pipe termination approximately 18" below ground surface. The termination point consisted of a

fanned corrugated metal collector filled with angular rocks (see Photograph 1). It is assumed that this collector is what is referred to as the "rock sump" on many of the site maps. Ash Grove staff has determined that the collector lies just outside of the property line, based on the physical location of survey boundary corner stakes at the site (see Figure 1). There is no evidence of a UIC at this location.

Outfall 2

A 30-inch CMP storm drain runs northeast from Outfall 2, through a manhole located on the Ash Grove site to a manhole located outside the fence line and continues to the northeast (See Figure 1). The line discharges stormwater from the adjacent Union Pacific Railroad (UPRR) property to the Willamette River. No stormwater from the Ash Grove site enters the line. UPRR maintains an easement on the line. Details regarding this easement may be found in the Multnomah County Easement Record (book 68, pages 362-367; June 9th 1984).

Outfall 3

A 12-inch CMP runs northeast from Outfall 3 and across the property. During the utility locate, the signal was lost approximately 2 feet outside the fence line at a location outside the property line (see Figure 2). It is assumed that a metal rock sump collector, similar to the one that discharges to Outfall 1, is located at the termination line and that there is no UIC system.

Outfall 4

Based on the review of historical drawings, Outfall 4 discharges stormwater from the site out to the Willamette River. The discharges from this outfall are permitted under the site's National Pollutant Discharge Elimination System permit. There was no evidence of a UIC system associated with Outfall 4.

Outfalls 5 and 6

Goldendale site drawings show Outfalls 5 and 6 as being capped (see Goldendale's Figure 3). Ash Grove personnel have also verified that they have seen these outfalls capped at the bank of the river. MFA did not investigate these outfalls.

Outfall 7

An 8-inch CMP runs east from Outfall 7 along the north silo to the edge of the concrete pad and then bends in a northeast direction (see Figure 2). The pipeline video confirmed

that the pipe does bend in a northeast direction approximately 46 feet upstream of the end of the outfall. The pipe seam at the bend has separated and bare earth can be seen in the video. It is probable that stormwater flowing through the pipe is infiltrating into the ground at this point. Based on the utility locate by Locates Down Under, the storm drain appeared to end at the water valve box outside the fence line. An investigation of the water valve box by Ash Grove staff indicated that the outfall line does not connect to the valve box. The water valve box lies outside the property line and it is assumed that a metal rock sump collector, similar to the one that discharges to Outfall 1 is located in close proximity to the vault and that there is no UIC system at this location.

Outfall 8

A CMP runs northeast from Outfall 8, under the south silo, and across the property (see Figure 2). During the utility locate, the signal was lost approximately 3 feet outside the fence line at a location that appears to be outside the property line. It is assumed that a metal rock sump collector, similar to the one that discharges to Outfall 1 is located at the termination line and that there is no UIC system at this location.

Catch Basins East of Rail Car Load Out Building

Two catch basins lie east of site near the load out building (see Figure 2). Water entering these catch basins is primarily from the nearby road. However water from the downspout located at the northeast corner of the load out building flows onto the ground and overland into the catch basin. Stormwater from the paved surface between the rail line and the fence east of the south rail car mover also runs into the catch basin (see Figure 2).

The pipeline video determined that the catch basins are connected by a 6-inch polyvinylchloride (PVC) pipe. The north catch basin also has a 10-inch concrete discharge pipe running in a northwesterly direction. The concrete pipe was videoed to approximately 47 feet before debris hindered the inspection. The pipe is oriented toward the termination point of Outfall 3 and may discharge to Outfall 3; however, the discharge point of the 10-inch pipe is unknown.

SUMMARY

MFA has determined that outfalls labeled as 1, 2, 3, 7, and 8 all lead to points outside the Ash Grove Loading facility property line (see Figure 1). Based on the information available, it appears likely that four rock sumps consisting of fan collectors filled with rock are located at the termination points of Outfalls 1, 3, 7, and 8 and that no UIC units

are associated with the outfalls. MFA recommends that Ash Grove withdraw the UIC application from the DEQ.

Stormwater from the Ash Grove facility does not flow toward the rock sumps or the UPRR property with the exception of runoff from the downspout from the rail car load out building that discharges into the nearby catch basin and stormwater flowing from the paved surface between the rail line and the fence east of the south rail car mover (see Figure 2). Stormwater at both locations should be rerouted and contained on site.

An NPDES permit may be required for the discharges from the rock sump collectors. MFA recommends that Ash Grove consider coordination with UPRR to address the discharges from the four rock sump collectors located outside the property line to Outfalls 1, 3, 7, and 8, and repair of the piping discharging to Outfall 7.

Sincerely,

Maul Foster & Alongi, Inc.

Alistaire Clary, P.E.
Senior Engineer

Michael Rounds, E.I.T
Staff Engineer

Attachments: Limitations
Figures 1 and 2
Goldendale Aluminum Figure 3
CH2MHill Figures 2- Stormwater from the Ash Grove facility does not flow toward the rock sumps or the UPRR property with the exception of runoff from the downspout from the rail car load out building that discharges into the nearby catch basin and stormwater flowing from the paved surface between the rail line and the fence east of the south rail car mover (see Figure 2). 2, and 3
Martin Marietta Aluminum Drawings 7790-36-101 and 7790-36-102
Photograph 1

cc: Glen Dollar, Ash Grove Cement
John Hone, Ash Grove Cement

LIMITATIONS

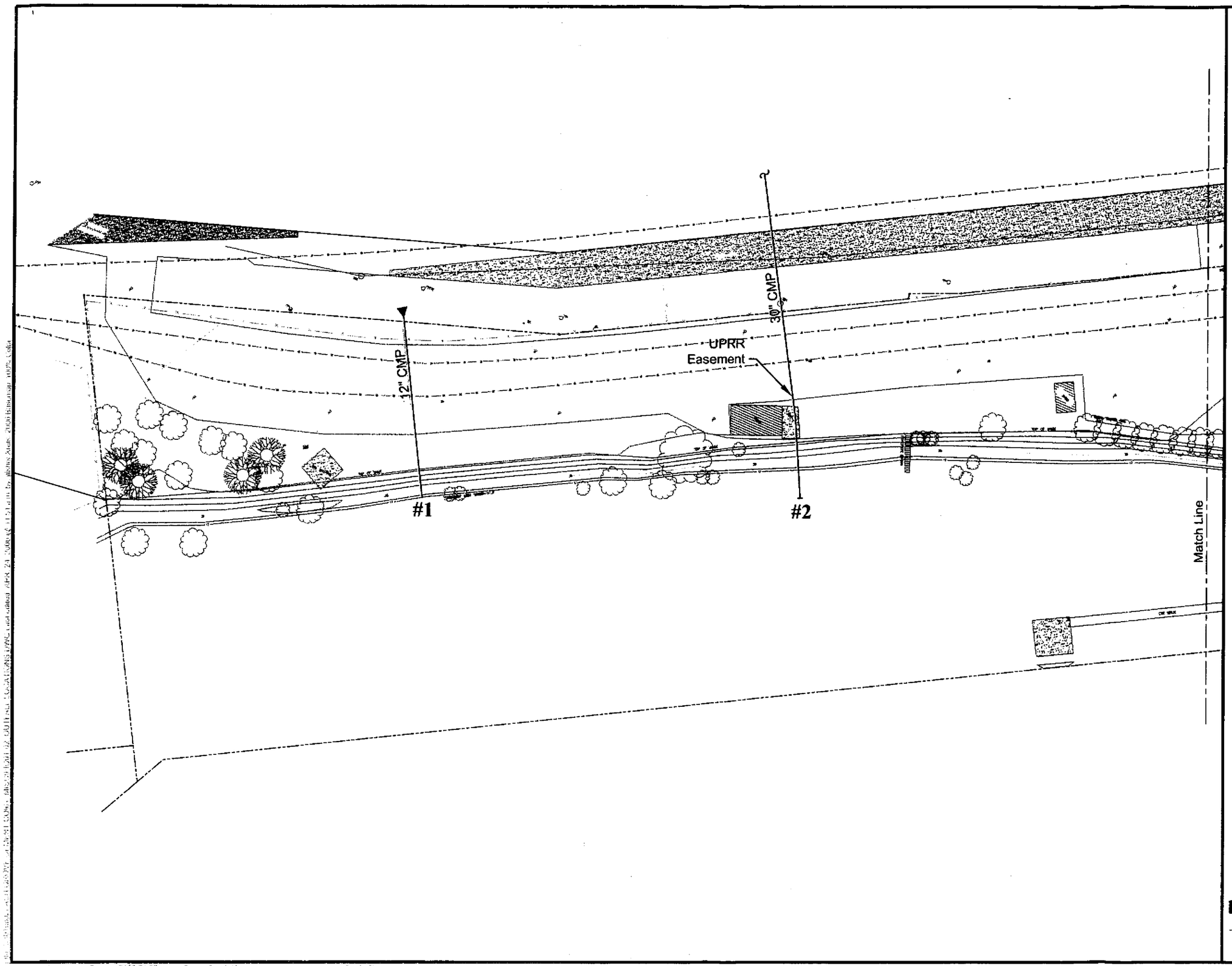
The services described in this report were performed consistent with generally accepted professional consulting principles and practices. No other warranty, express or implied, is made. These services were performed consistent with our agreement with our client. This report is solely for the use and information of our client unless otherwise noted. Any reliance on this report by a third party is at such party's sole risk.

Opinions and recommendations contained in this report apply to conditions existing when services were performed and are intended only for the client, purposes, locations, time frames, and project parameters indicated. We are not responsible for the impacts of any changes in environmental standards, practices, or regulations subsequent to performance of services. We do not warrant the accuracy of information supplied by others, nor the use of segregated portions of this report.

Photograph 1: Excavated rock sump at termination point to Outfall 1.

Figure 1
Existing Conditions

Ash Grove Cement Co.
Portland, Oregon



Legend:
- Property Boundary
- Fence
- Stormwater lines by utility locate on 02/03/06 by Locates Down Under.
- #2 Outfall Location and Designation
- ◀ Rock Sump

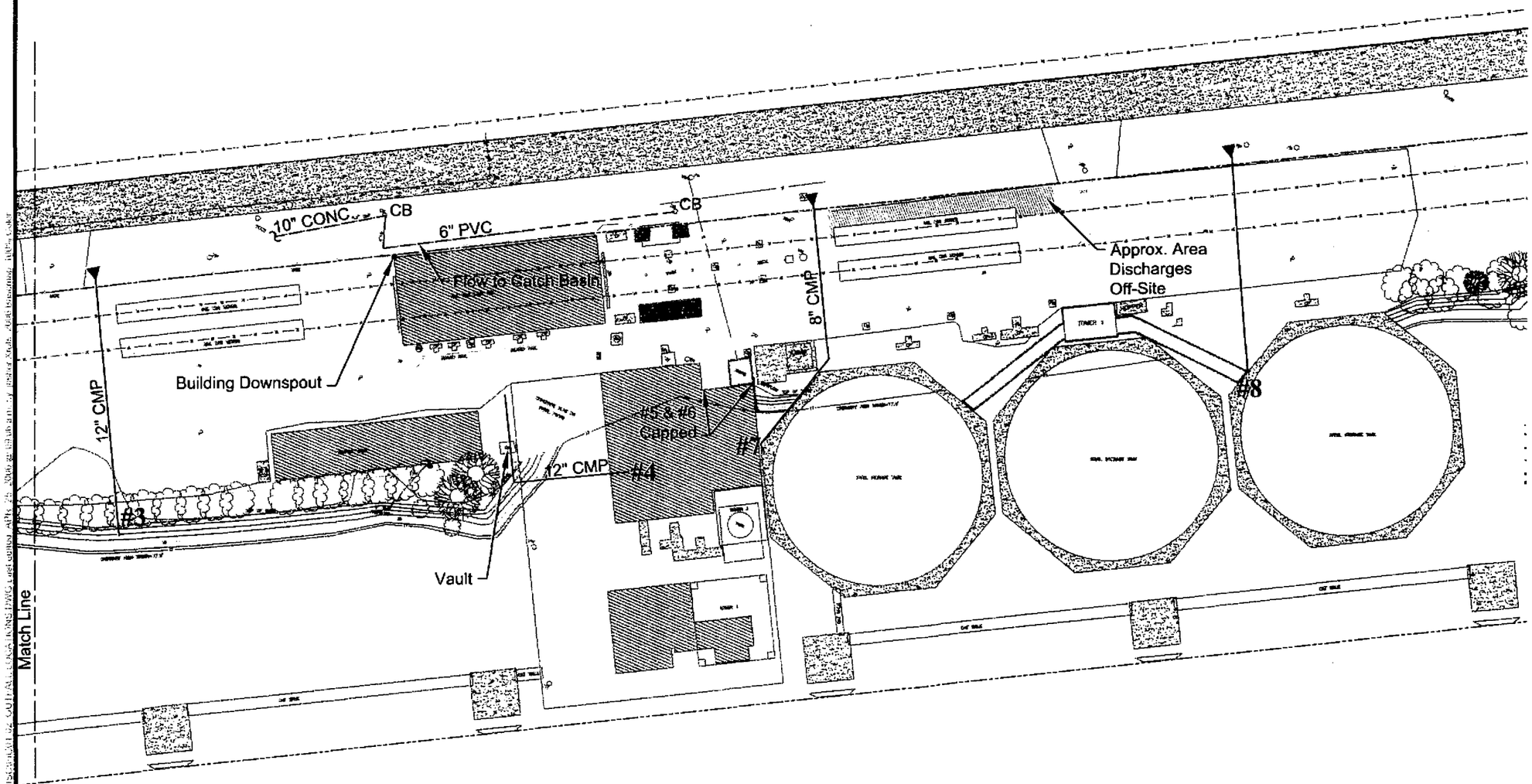
Note:
Based on Alta Land Title survey by Caswell/Hertel Surveyors on Sept. 26, 2005, and updated in February 2006 and March 2006.

0 50 100
FEET

MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA Portland, OR www.MFAinc.com

Figure 2
Existing Conditions

Ash Grove Cement Co.
Portland, Oregon



Legend:
- Property Boundary
- Fence
- Stormwater lines by utility locate on 02/03/06 by Locates Down Under.
- Stormwater lines by utility locate 03/28/06 by Pipeline Video & Cleaning. Locations are approximate and are not surveyed.
- #2 Outfall Location and Designation
- ◄ Rock Sump

Note:
Based on Alta Land Title survey by Caswell/Hertel Surveyors on Sept. 26, 2005, and updated in February 2006 and March 2006.

N

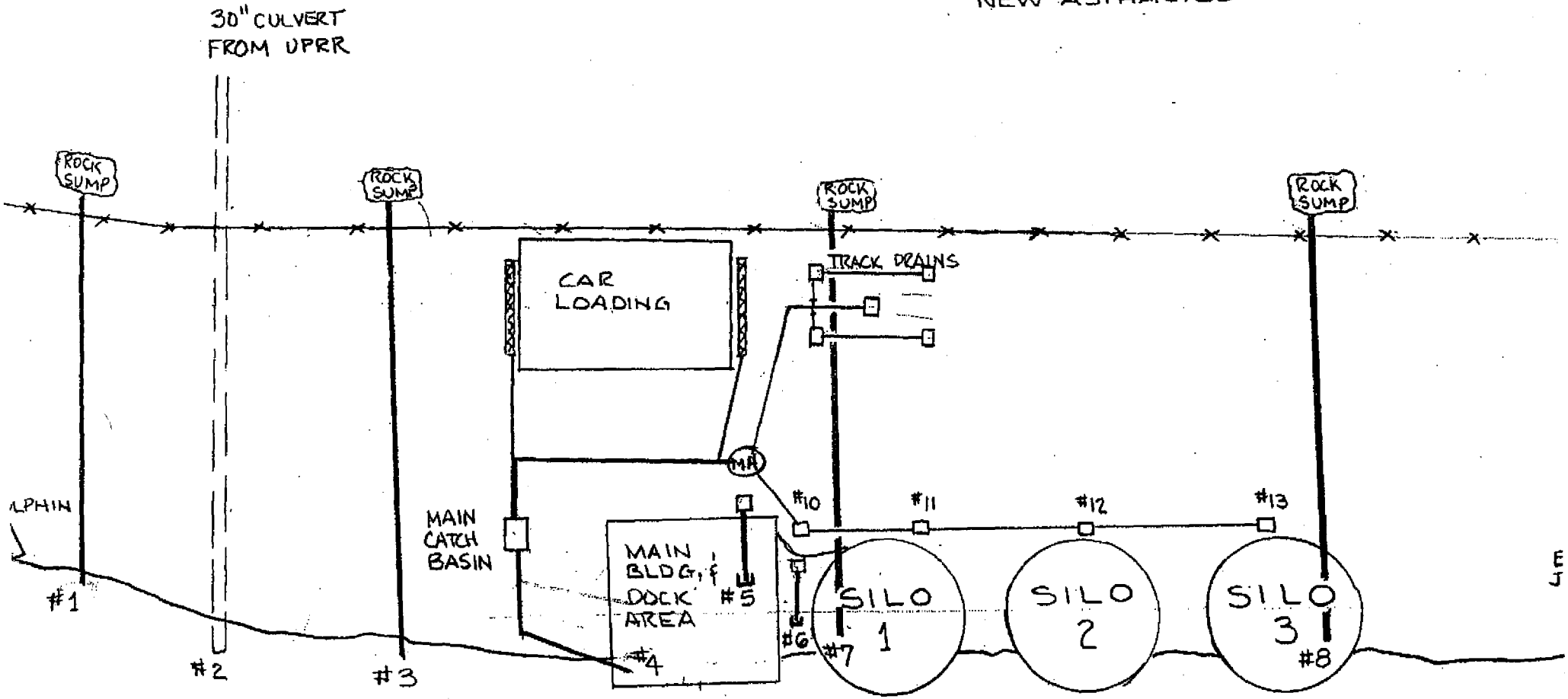
0 50 100
FEET

MAUL FOSTER ALONGI INC.
ENVIRONMENTAL & ENGINEERING CONSULTANTS
Vancouver, WA | Portland, OR | www.MFAinc.com

NOTES:

1) #5 & #6 DRAINS CAPPED & PLUGGED NOV. 2

2) #10. #11. #12 - #13 ADDED TO CATCH RUN OFF NEW ASPHALTED AREA. NOV. 200



REVISED 12/4/00 BY D. KANNARD
RE DRAWN 9/28/05 BY B. PALMER

OUTFALL DRAIN PLAN

Figure 3

Appendix58-001223

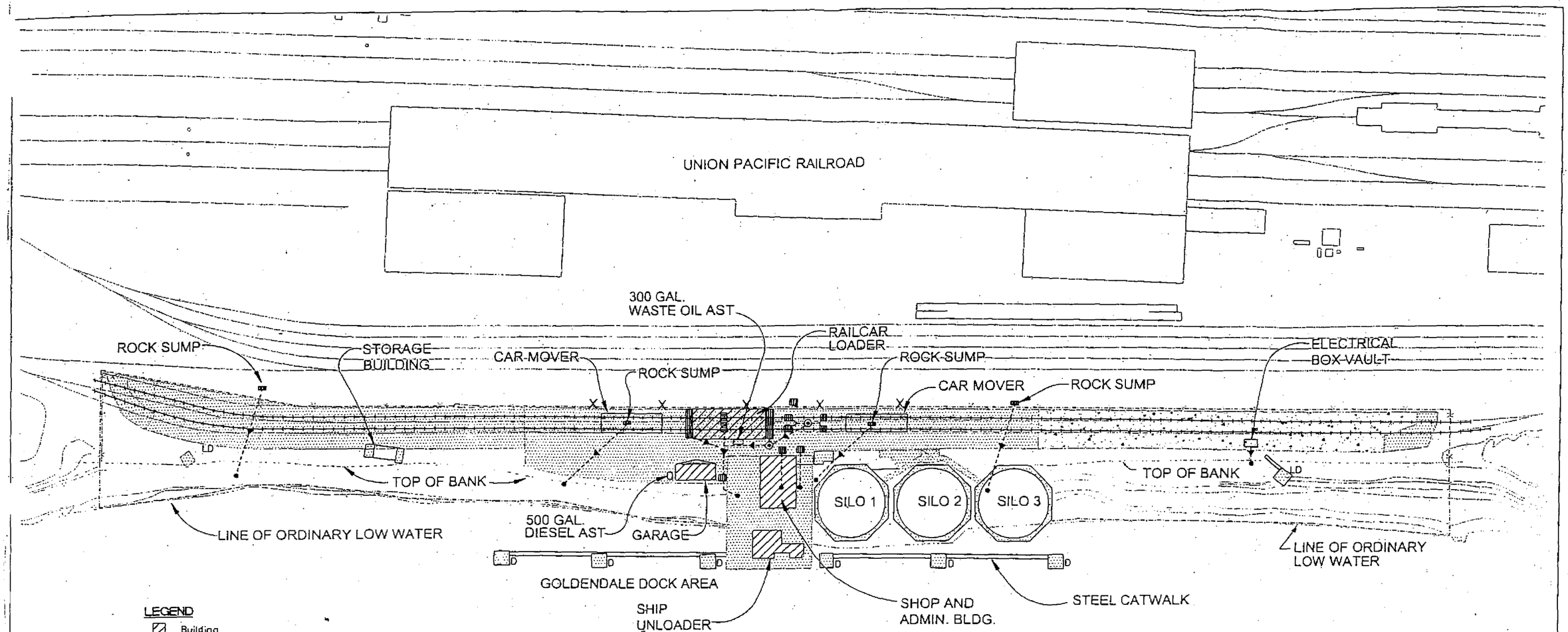


Figure 2-2
FACILITY MAP
GOLDENDALE ALUMINUM COMPANY
ALUMINA UNLOADING FACILITY
PORTLAND, OREGON

CH2MHILL

7286G002A.dwg

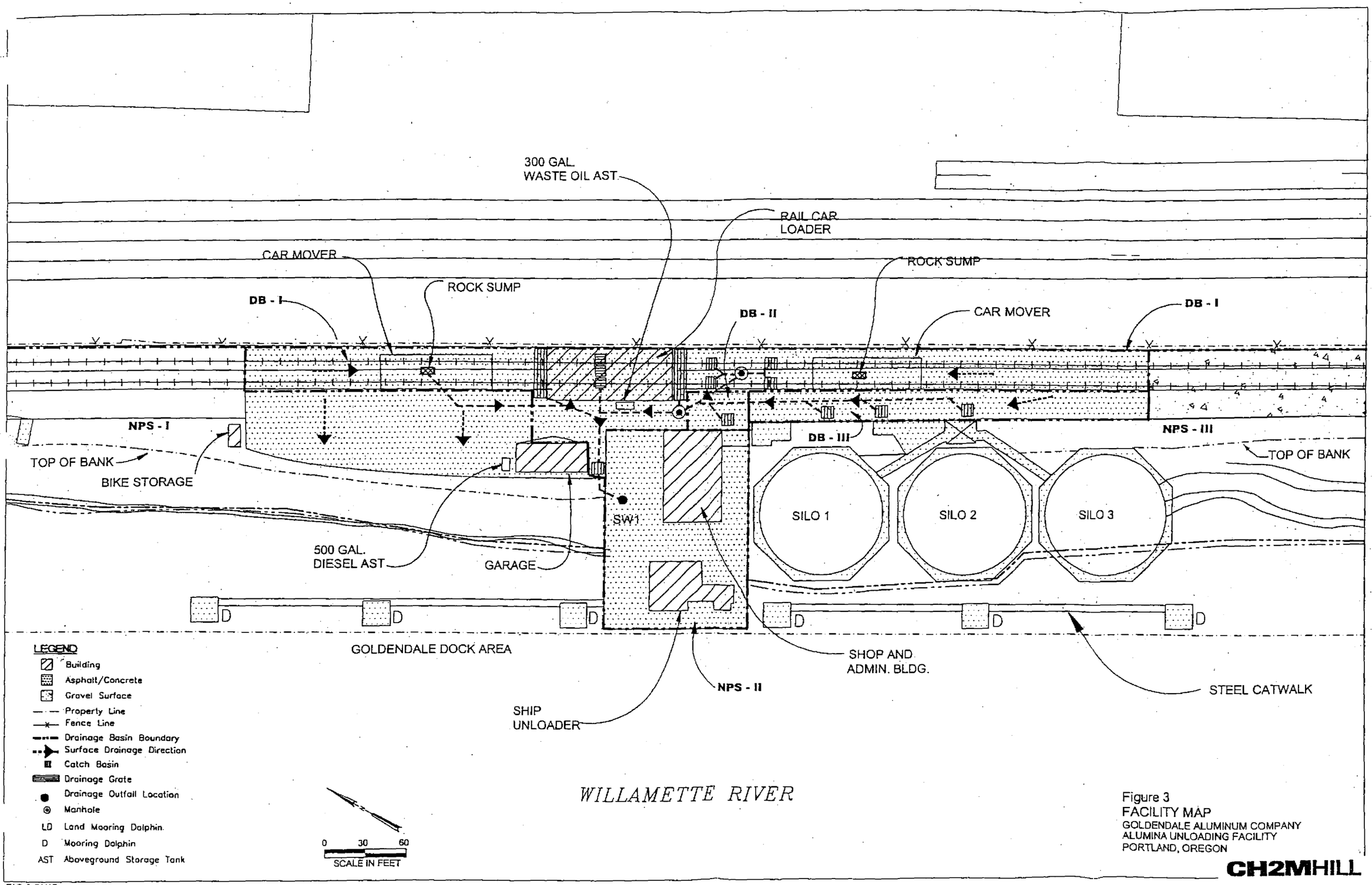
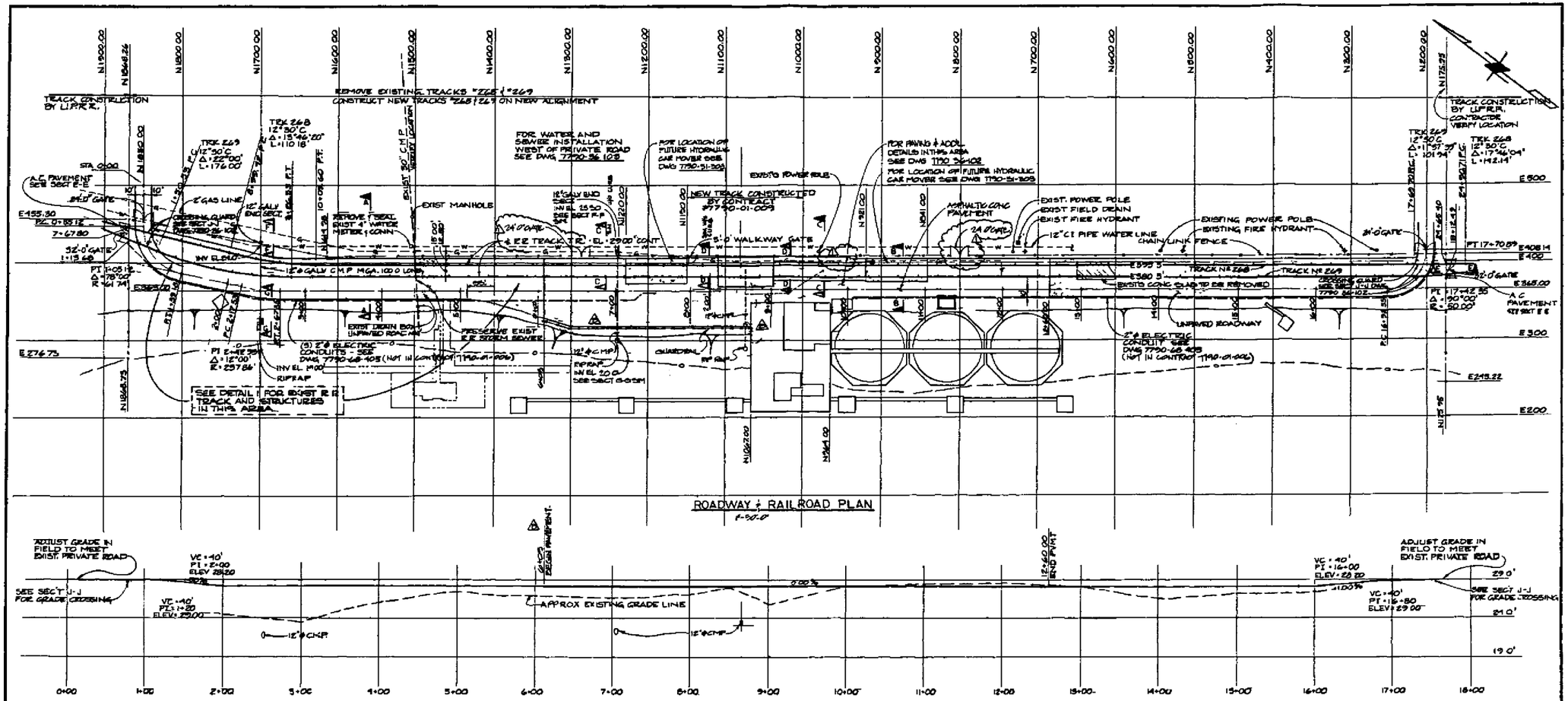


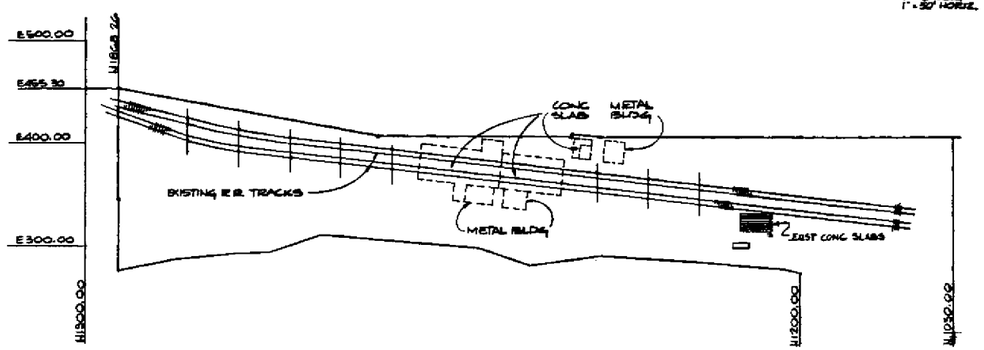
Figure 3
FACILITY MAP
GOLDENDALE ALUMINUM COMPANY
ALUMINA UNLOADING FACILITY
PORTLAND, OREGON

CH2MHILL

FIG 3.DWG



ROADWAY ℄ PROFILE
1"=5' VERT.
1"=50' HORIZ.



DETAIL 1
1"=50'

GUARDRAIL GENERAL NOTES

1) THE OREGON STANDARD SPECIFICATIONS FOR HIGHWAY CONSTRUCTION - 1971 SHALL BE REFERRED TO AS "OSSHC".
2) GUARDRAIL POSTS SHALL BE 6x8 TIMBER POSTS PLACED AT 12'-6" ctr. POST MATERIAL SHALL CONFORM TO OSSHC SUBSECTION 710.04 AND SHALL BE INSTALLED ACCORDING TO OSSHC SUBSECTION 606.35
3) GUARDRAIL BLOCKS SHALL CONFORM TO OSSHC SUBSECTION 710.05
4) THE GALVANIZED STEEL BEAM RAIL SHALL CONFORM TO OSSHC SUBSECTION 710.01 (a) AND SHALL BE INSTALLED ACCORDING TO OSSHC SUBSECTION 606.34
5) PROVIDE ONE "CURLED" TERMINAL SECTION AT EA END OF THE GUARDRAIL
6) GUARDRAIL HARDWARE SHALL CONFORM TO OSSHC SUBSECTION 710.08
7) GUARDRAIL LENGTH SHOWN ON DWG. FOR BID PURPOSES ONLY, FIELD ADJUST AND RECTD. IN 12'-6" INCREMENTS.

GENERAL NOTES

A) TRACK CONSTRUCTION: SEE SPECIFICATIONS
1) RAIL: MAY BE NEW 115 RE (NEW OR SALVAGE) 112 RE OR 136 RE. OR RAIL MUST BE FIT FOR USE, MEET UPRR STANDARDS, AND ALSO BE SUBJECT TO INSPECTION AND APPROVAL BY THE ENGINEER. END DRILLING OF 115 RE PER CURRENT AREA STANDARDS. FOR ALL OTHER SECTIONS PER UPRR STANDARDS. SEE SPECIFICATIONS FOR USE OF RAIL SECTIONS.
2) JOINTS: 36"-6 HOLE, NEW MATERIAL ONLY.
3) COMPROMISE JOINTS: TOFTESS OR EQUAL, 36"-6 HOLE, NEW, PROFILED FOR THE RAIL SECTIONS BEING COMPROMISED.
4) TIE PLATES: DOUBLE SHOULDER, SIZED FOR RAIL SECTION SUPPLIED AND IN ACCORDANCE WITH AREA RECOMMENDATIONS FOR MEDIUM DUTY. PROVIDE NEW PLATES WITH NEW RAIL. FIT RELAY-QUALITY PLATES MAY BE PROVIDED UNDER RELAY RAIL.
5) TIES: NEW 7'-0" x 8"-6" FIR OR BETTER, CREOSOTED, MEETING ALL UPRR STANDARDS INCLUDING PRE BORING. LINE SIDE OF TRACK IS WEST (PLANT SIDE).
6) TRACK BOLTS, NUTLOCKS AND SPIKES: MUST MEET ALL UPRR STANDARDS. FOR SPIKING PATTERN SEE SPECIFICATIONS.
7) SALVAGE: SEE SPECIFICATIONS FOR DISPOSAL OF ALL EXISTING TRACK MATERIAL REMOVED.

B) SECTIONS
1) SEE DWG. 7790-36-102 FOR TYPICAL SECTIONS.

C) SCHEDULING: FOR SCHEDULING REQUIREMENTS SEE SPECIFICATIONS

D) GRADING AND PAVING
1) FOR PAVING, SEE SPECIFICATIONS.

E) DEMOLITION: DEMOLITION OF BUILDINGS OR FLOATING PLANT IS NOT PART OF THIS CONTRACT HOWEVER, REMOVAL OF EXISTING LOADING BLDG & TRACKS IS INCLUDED.

F) DRAINAGE C.M.P. LENGTHS GIVEN FOR BID PURPOSE ONLY.

APPROVED FOR CONSTRUCTION

DWG. NO.	REFERENCE
36-102	PLAN, SECT'S & DET'S SH-2

NO.	DATE	ISSUE	BY	CH'D
1	12 JUN 81	ADD 3 GATES 24'-0" & DELETE 1 VALVE VAULT	MEG	
0	20 SEPT 81	REISSUE TO CH FOR REF ONLY	SHG	
0	16 SEPT 81	ISSUED FOR CONSTRUCT. 01-006	GP	

NO.	DATE	ISSUE	BY	CH'D
B	10 SEPT 81	MISC REVISIONS	GE	
A	21 AUG 81	DID ISSUE CONTRACT T790-01-006	GE	

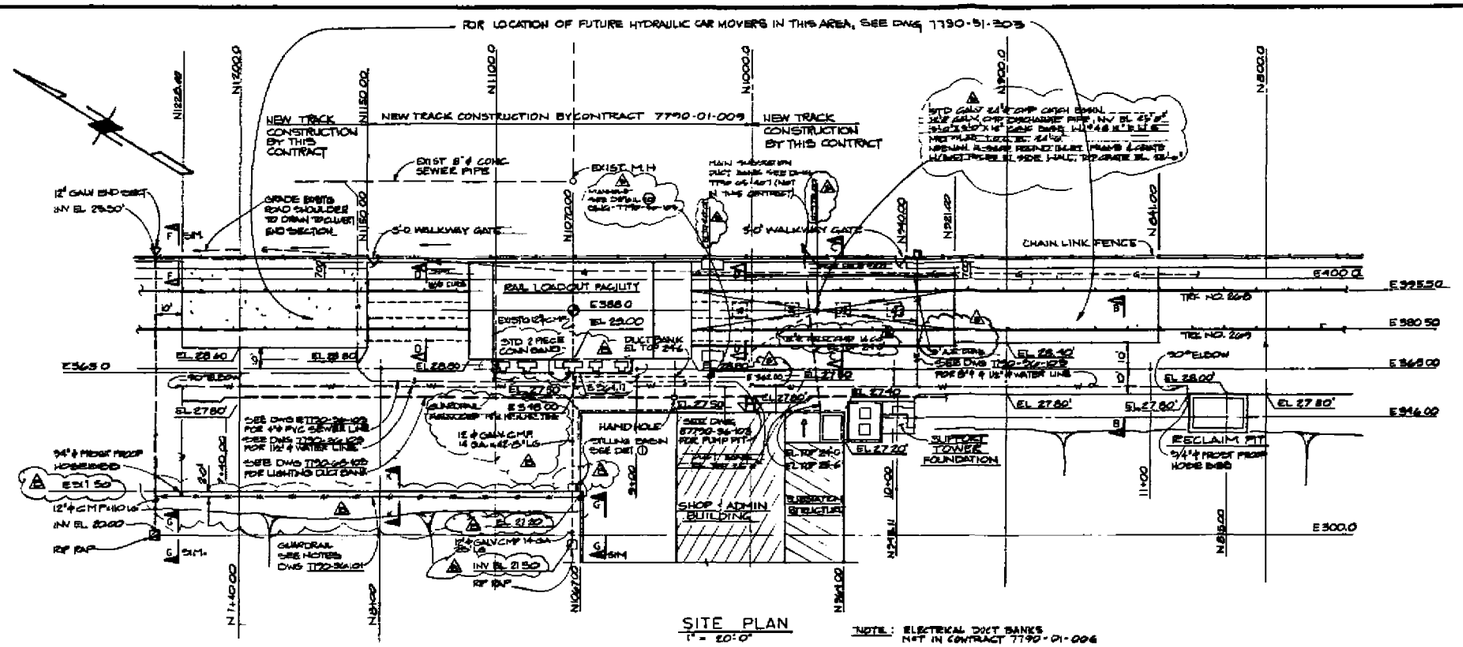
SWAN WOOSTER ENGINEERING INC.
CONSULTING ENGINEERS PORTLAND OREGON

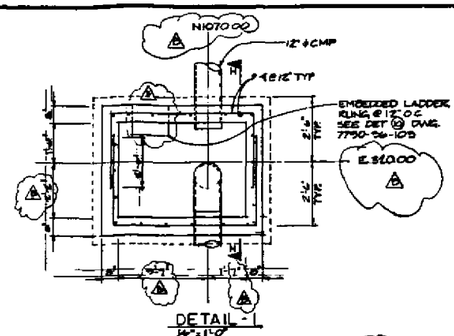
MARTIN MARIETTA ALUMINUM INC. PORTLAND, OREGON

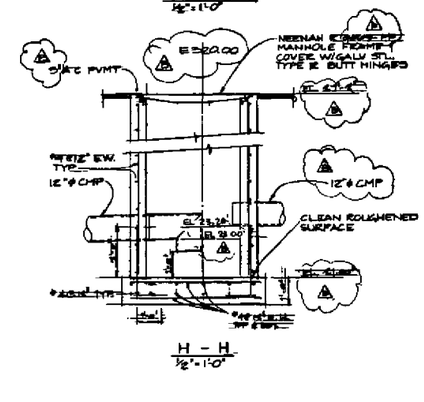
PORTLAND ALUMINA TRANSFER FACILITY
SITE GRADING AND PAVING
PLAN, SECTIONS AND DETAILS SH-1

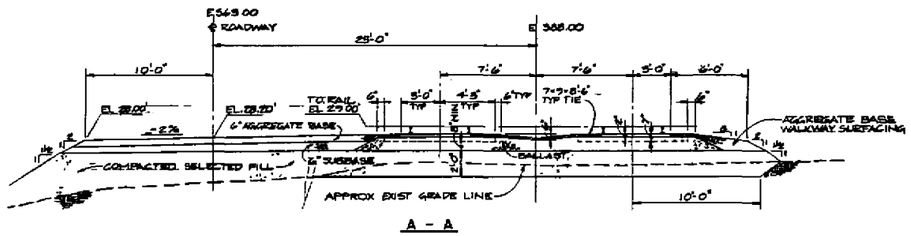
SCALE	AS NOTED	DAT	AND	YR	DRAWING NUMBER	REV
DESIGNED	GEP				7790-36-101	△
DRAWN	BWEA	16	6	81		
CHECKED						
APPROVED						

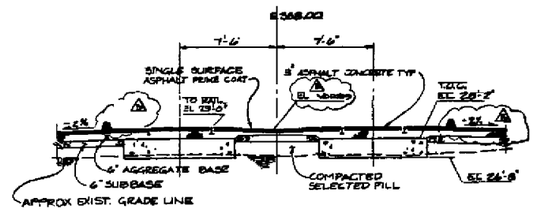
Appendix58-001226

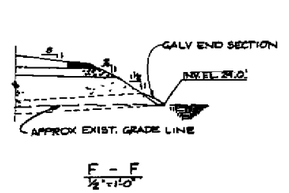


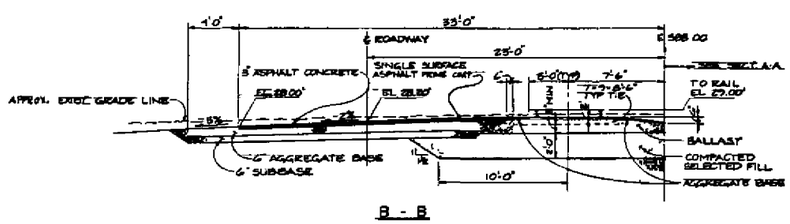


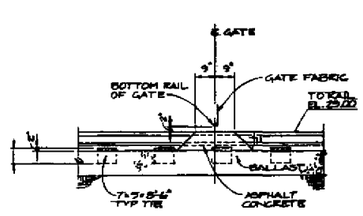


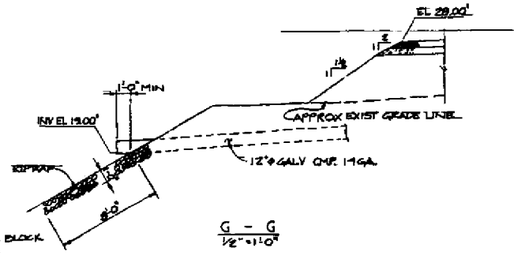


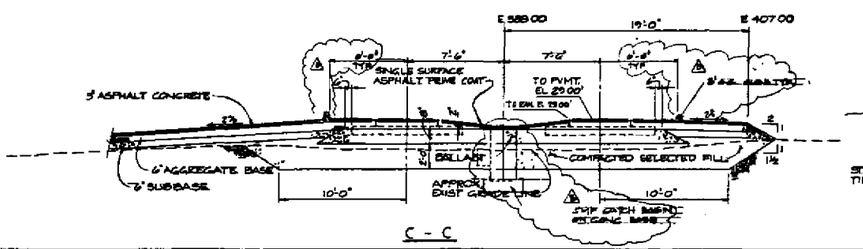


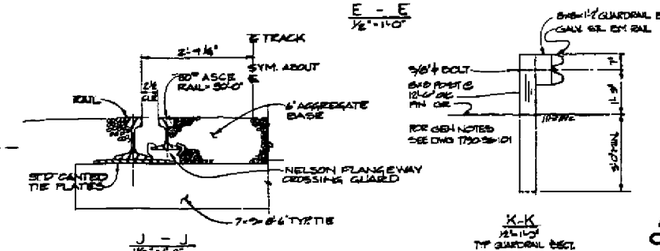












NOTES:

1) DRAINAGE C M P LENGTHS GIVEN FOR BID PURPOSES ONLY
2) CONTRACTOR: VERIFY EXISTING GROUND ELEVATION IN FIELD BEFORE TO ORDERING MATERIAL.
3) SEE SPECIFICATIONS FOR USE OF SPIKELOCKS
4) SEE SPECIFICATIONS FOR TRACK CONSTRUCTION THROUGH AREA OF FUTURE HYDRAULIC CAR MOVERS

APPROVED FOR CONSTRUCTION

D	10 SEPT 81	MISC. REVISIONS	SHT 3
A	27 AUG 81	BID ISSUE CONTRACT T790-01-006	SHT 1
C	23 SEPT 80	ISSUE TO 01-010 FOR REFERENCE ONLY	SHT 1
B	18 SEPT	ISSUED FOR CONSTRUCT. 01-009	SHT 1

SWAN WOOSTER ENGINEERING INC. CONSULTING ENGINEERS PORTLAND OREGON

MARTIN MARIETTA ALUMINUM PORTLAND, OREGON

PORTLAND ALUMINA TRANSFER FACILITY

SITE GRADING AND PAVING PLAN, SECTIONS AND DETAILS SH-2

SCALE 1" = 10'-0" | DRAWING NUMBER 7790-36-102 | REV A

a1

ASH GROVE CEMENT COMPANY

RIVERGATE LIME PLANT — WESTERN REGION
13939 N. RIVERGATE BLVD
PORTLAND, OREGON 97203
PHONE 503-256-1677
FAX 503-289-2272

ALBERT A. COLLINET
PLANT MANAGER

November 17, 1994

Ms. Beth Moore
Department of Environmental Quality
Northwest Region - Air Quality
2020 S.W. Fourth Avenue
Suite 400
Portland, OR 97201-4987

Dear Ms. Moore:

Attached please find copies of our used oil sampling program and used oil supplier instructions. Hopefully, this will allow you to approve our conversion to burn used oil at our Ag Mills. As you can see from the attached we are proposing to use only on spec used oil or natural gas on these mills.

As you are aware we are planning on applying for synthetic minor status for our plant. As a part of that process we have purchased an ENERAC 2000 Combustion Analyzer. We have just started using this equipment. Our preliminary indications are that our SO_2 is higher than asked for in our existing application and NOX is lower. The estimates for these pollutants in our existing application will be corrected in our synthetic minor application based on actual measurements from our stacks. While we expect some changes in our total yearly amount, neither of these pollutants will be large enough to prevent us from obtaining synthetic minor status.

The DEQ has given us permission to construct the dual fuel burning capability on our Ag Mills. However, we do not yet have permission to burn used oil in these devices as per a letter from DEQ on August 2, 1994 from George Davis. See copy attached. Until permission to burn oil is obtained we cannot proceed with this project. Your review of this issue is greatly appreciated.

Sincerely,

Albert A. Collinet

Albert A. Collinet
Plant Manager

A.A.C/pdh

Attachments

November 17, 1994

ASH GROVE CEMENT COMPANY
RIVERGATE PLANT
USED OIL SUPPLIER INSTRUCTIONS

1. A sample of each truckload will be taken in the presence of an Ash Grove employee.

2. Ash Grove Cement Co. (Rivergate plant) is not interested in burning any used oil contaminated with material classified as hazardous waste.

3. The bill of lading will specify that the used oil meets either the on-spec or off-spec criteria per 40 CFR 279, and OAR 340 Division 111.

4. Used oil accepted by Ash Grove Cement Co. (Rivergate plant):

	On-Spec. Oil		Off Spec. Oil	
PCB	02 ppm	maximum	49 ppm	maximum
Arsenic	05 ppm	maximum	25 ppm	maximum
Cadmium	02 ppm	maximum	10 ppm	maximum
Chromium	10 ppm	maximum	50 ppm	maximum
Lead	100 ppm	maximum	1000 ppm	maximum
Flash Point	100°F	minimum	100°F	minimum
Total Halogens	4000*ppm	maximum	4000*ppm	maximum

*Total halogens >1000 ppm to <4000 ppm with presumption successfully rebutted as provided under 40 CFR 270.10(b)(i).

5. Provide EPA identification number of transporter and generator for all oil with >2 ppm PCB and/or total halogens >1000 ppm when the presumption of mixing with hazardous waste is successfully rebutted.

6. Water content to be less than 5%.

7. A Certificate of Destruction will be provided upon request.

8. Ash Grove Cement Co. (Rivergate plant) has notified EPA and the State of Oregon of its on- and off-specification used oil burning activities. Our kilns are classified a s industrial furnaces as defined in 40 CFR 260.10. Our EPA identification number is ORD-27707256.

9. We will notify the EPA of the supplier of any oil which exceeds 49 ppm PCB.

10. Used oil pricing is a function of whether or not the limits of on-specification oil in item 4 are exceeded. If any vendor's used oil is found to have been mischaracterized and misrepresented as on-spec used oil by Ash Grove's follow up analysis program, then that vendor will be subject to pricing adjustments to reflect customary pricing practices.

11. Used oil delivered by suppliers will be tested on a periodic basis to assure they do not exceed our above-stated requirements. Vendors who deliver used oil of inferior quality may be subjected to future reductions of our purchasing price or disqualification as a supplier to Ash Grove.

12. Only on spec used oil which meets the specifications of 40 CFR 279.11 will be burned in our Ag mill burners.

13. All delivery truck drivers are expected to clean up any minor spills which may occur in off loading in our contained unloading station and immediately report to Ash Grove personnel any spill that can not be readily cleaned up.

November 17, 1994

ASH GROVE CEMENT COMPANY
RIVERGATE PLANT
USED OIL SAMPLING PROGRAM

1. Under the supervision of an Ash Grove employee, suppliers' drivers will obtain a 500 ml representative sample from each load of used oil delivered. Ash Grove will supply the containers.

2. A composite sample will be made from every four full loads for each supplier. Smaller quantity loads will be composited and tested at a minimum of once every quarter. These composite samples will be tested for PCB's by a qualified laboratory and chlorides with a Chlor-d-tect by plant personnel. Individual samples of each load will be retained until results from the composite analyses are completed.

3. Quarterly samples of oil as burned will be taken for analysis. Quarterly samples will be checked for Arsenic, Cadmium, Chromium, Lead, Heating Valve and Flash Point.

4. Spot checks of individual truckloads will be made to assure vendors are delivering quality material. Frequency of checks will be quarterly for large volume suppliers and, as a minimum, annually for all suppliers.

5. All analyses will be kept for three years.

6. Additional tests may be made on any used oil at management's discretion.

7. See Rivergate "Used Oil Supplier Instructions".

Oregon

DEPARTMENT OF ENVIRONMENTAL QUALITY

NORTHWEST REGION

August 2, 1994

ALBERT A COLLINET
ASH GROVE CEMENT COMPANY
PO BOX 83007
PORTLAND OREGON 97283-0007

Re: AQ-Multnomah Co.
Ash Grove Cement
File No. 26-1891
NC No. NR-0052

Dear Mr. Collinet:

The Department received the above referenced Notice of Construction (NC) on July 25, 1994. A cursory review indicates that the proposed project will result in emission increases above permitted levels. You have already applied for a modification to your Air Contaminant Discharge Permit (ACDP) to allow for the increase.

OAR 340-28-020(4)(a) states that if within 60 days of receipt of a completed Notice of Construction, the Director determines the proposed construction is not in accordance with applicable statutes, rules, regulations and orders, the Director shall issue an order prohibiting the construction, installation or establishment of the air contamination source. Failure to issue such an order within the time prescribed shall be considered a determination that the proposed construction, installation, or establishment may proceed, provided that it is in accordance with plans and specifications, and Department rules.

It is unlikely that the Department would complete a detailed evaluation of the proposed construction within 60 days of receipt of your completed application. Failing to respond to your application within the 60 days would result in automatic approval. Rather than delay the proposed project, the Department hereby grants approval to proceed with construction/installation of the proposed facility.

Granting approval of this NC does not relieve Ash Grove Cement of the obligation to obtain an ACDP modification. Granting approval of the NC is no guarantee that such permit modification will be issued, nor does this approval limit the conditions which the Department may find necessary to include in such modification. Ash Grove Cement must comply with the terms and conditions of the existing ACDP until such time as a modified ACDP is issued.

The purpose of this NC approval is to allow construction to proceed while your ACDP

2020 SW Fourth Avenue
Suite 400
Portland, OR 97201-4987
(503) 229-5263 Voice/TDD
DEQ-1

modification/renewal application is being processed. Proceeding with the project is at Ash Grove Cement Company's own risk.

Please submit the enclosed Notice of Construction Completion form within 30 days of the completion of the proposed construction.

Beth Moore of our office has been assigned your permit modification/renewal. If you have any questions, please contact Beth at 229-5586.

Sincerely,

George F. Davis
Environmental Engineer
Northwest Region

Enclosure
cc: Air Quality Division, DEQ

WPCF #1700-B Wash Water General Permit Discharge Monitoring Report

Complete reports each month, submit all reports annually by January 15th to:
Oregon DEQ

Legal Name: Ash Grove Cement Company
Common Name: Ash Grove Cement – Bulk Terminal
Facility Location: , 4098 North Port Center Way

Site/File ID #: 110230
County: Multnomah
Year Covered By Report 2005

Parameter and Requirements	Sample Date	Sample Results
Oil and Grease (mg/L) – Monthly grab sample*, representative of effluent. Shall not exceed 15 mg/L.		
January	1-05-2005	ND
February	2-15-2005	ND
March	3-07-2005	ND
April	4-07-2005	ND
May	5-20-2005	ND
June	6-06-2005	ND
July	7-13-2005	ND
August	8-11-2005	ND
September	9-02-2005	ND
October	10-19-2005	ND
November	11-17-2005	ND
December	12-15-2005	ND
pH – Monthly grab sample, representative of effluent. Shall be within 6.0 to 9.0.		
January	1-05-2005	6.85
February	2-15-2005	6.11
March	3-15-2005	5.98
April	4-07-2005	6.32
May	5-20-2005	6.54
June	6-06-2005	8.03
July	7-13-2005	6.61
August	8-11-2005	8.57
September	9-02-2005	8.19
October	10-19-2005	6.22
November	11-17-2005	6.31
December	12-15-2005	8.3

* After the first year of operation, AND consistently meeting the effluent limits over a six-month period, the Oil and Grease monitoring frequency is reduced to one sample per quarter.

Signature Requirement

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Responsible Official: _____

Name and Title (Please Print): JOHN HONE TERMINAL MANAGER

Date of Signature: 1-10-2005 **Telephone:** 503-285-9153

WPCF #1700-B Wash Water General Permit Discharge Monitoring Report

Complete reports each month, submit all reports annually by January 15th to:
Oregon DEQ

Legal Name: Ash Grove Cement Company
Common Name: Ash Grove Cement Company
Facility Location: , 4098 N. Port Center Way Portland, Or 97217

Site/File ID #: 110230
County: Multnomah
Year Covered By Report: 2004

Parameter and Requirements	Sample Date	Sample Results
Oil and Grease (mg/L) – Monthly grab sample*, representative of effluent. Shall not exceed 15 mg/L.		
January	1-22-2004	Non Detected
February	2-10-2004	Non Detected
March	3-10-2004	Non Detected
April	4-24-2004	Non Detected
May	5-5-2004	Non Detected
June	6-25-2004	Non Detected
July	7-12-2004	Non Detected
August	8-11-2004	Non Detected
September	9-15-2004	Non Detected
October	10-7-2004	Non Detected
November	11-5-2004	Non Detected
December	12-3-2004	Non Detected
pH – Monthly grab sample, representative of effluent. Shall be within 6.0 to 9.0.		
January	1-22-2004	7.14
February	2-10-2004	7.95
March	3-10-2004	6.58
April	4-24-2004	5.79
May	5-5-2004	7.57
June	6-25-2004	9.25
July	7-12-2004	6.19
August	8-11-2004	6.11
September	9-15-2004	7.5
October	10-7-2004	9.39
November	11-5-2004	7.45
December	12-3-2004	9.45

* After the first year of operation, AND consistently meeting the effluent limits over a six-month period, the Oil and Grease monitoring frequency is reduced to one sample per quarter.

Signature Requirement

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Responsible Official:_____

Name and Title (Please Print):_____

Date of Signature:_____ **Telephone:**_____

WPCF #1700-B Wash Water General Permit Discharge Monitoring Report

Complete reports each month, submit all reports annually by January 15th to:
Oregon DEQ

Legal Name: Ash Grove Cement Company
Common Name: Ash Grove Cement Company
Facility Location: , 3737 N. Port Center Way Portland, Or 97217

Site/File ID #: 110230
County: Multnomah
Year Covered By Report: 2006

Parameter and Requirements	Sample Date	Sample Results
Oil and Grease (mg/L) – Monthly grab sample*, representative of effluent. Shall not exceed 15 mg/L.		
January	1-25-2006	NON DETECTED
February		
March	3-1-2006	NON DETECTED
April	4-18-2006	NON DETECTED
May		
June	6-5-2006	NON DETECTED
July	7-19-2006	4.0 MGL
August	8-15-2006	6.56 MGL
September	9-25-2006	NON DETECTED
October	10-25-2006	7.3 MGL
November		
December	12-14-2006	3.2 MGL
pH – Monthly grab sample, representative of effluent. Shall be within 6.0 to 9.0.		
January	1-25-2006	6.4
February		
March	3-1-2006	7.4
April	4-18-2006	8.0
May		
June	6-5-2006	7.4
July	7-19-2006	6.38
August	8-15-2006	6.56
September	9-25-2006	7.06
October	10-25-2006	7.75
November		
December	12-14-2006	6.63

* After the first year of operation, AND consistently meeting the effluent limits over a six-month period, the Oil and Grease monitoring frequency is reduced to one sample per quarter.

Signature Requirement

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Responsible Official: _____

Name and Title (Please Print): _____

Date of Signature: _____ **Telephone:** _____

WPCF #1700-B Wash Water General Permit Discharge Monitoring Report

Complete reports each month, submit all reports annually by January 15th to:
Oregon DEQ

Legal Name: Ash Grove Cement Company
Common Name: Ash Grove Cement Company
Facility Location: , 3737 N. Port Center Way Portland, Or 97217

Site/File ID #: 110230
County: Multnomah
Year Covered By Report: 2007

Parameter and Requirements	Sample Date	Sample Results
Oil and Grease (mg/L) – Monthly grab sample*, representative of effluent. Shall not exceed 15 mg/L.		
January	1-25-2007	Non Detected
February	2-14-2007	2.8
March	3-27-2007	6.2
April	4-26-2007	Non Detected
May	5-24-2007	Non Detected
June	6-28-2007	2.0
July	8-6-2007	Non Detected
August	8-23-2007	Non Detected
September	9-27-2007	5.9
October	10-31-2007	Non Detected
November	11-30-2007	24.6
December	12-31-2007	3.8
pH – Monthly grab sample, representative of effluent. Shall be within 6.0 to 9.0.		
January	1-25-2007	6.62
February	2-14-2007	6.77
March	3-27-2007	6.22
April	4-26-2007	6.76
May	5-24-2007	5.73
June	6-28-2007	5.69
July	8-6-2007	6.37
August	8-23-2007	7.66
September	9-27-2007	7.93
October	10-31-2007	6.98
November	11-30-2007	7.43
December	12-31-2007	6.50

* After the first year of operation, AND consistently meeting the effluent limits over a six-month period, the Oil and Grease monitoring frequency is reduced to one sample per quarter.

Signature Requirement

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Responsible Official:_____

Name and Title (Please Print):_____

Date of Signature:_____ **Telephone:**_____

WPCF #1700-B Wash Water General Permit Discharge Monitoring Report

Complete reports each month, submit all reports annually by January 15th to:
Oregon DEQ

Legal Name: Ash Grove Cement Company
Common Name: Ash Grove Cement Company
Facility Location: , 3737 N. Port Center Way Portland, Or 97217

Site/File ID #: 110230
County: Multnomah
Year Covered By Report: 2008

Parameter and Requirements	Sample Date	Sample Results
Oil and Grease (mg/L) – Monthly grab sample*, representative of effluent. Shall not exceed 15 mg/L.		
January	1-17-08	ND
February	2-20-08	5.1
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
pH – Monthly grab sample, representative of effluent. Shall be within 6.0 to 9.0.		
January	1-17-08	4.92
February	2-20-08	6.42
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

* After the first year of operation, AND consistently meeting the effluent limits over a six-month period, the Oil and Grease monitoring frequency is reduced to one sample per quarter.

Signature Requirement

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signature of Responsible Official:_____

Name and Title (Please Print):_____

Date of Signature:_____ **Telephone:**_____

January 3, 1972

File: ED 6-26

District Engineer
U. S. Army Engineer District, Portland
Post Office Box 2946
Portland, Oregon 97208

Dear Sir:

WATER DISCHARGE PERMIT
APPLICATION NO. 071 OYA-2-000296
RIVERGATE LIME PLANT

We have received a letter from W. E. Eldridge of EPA's Region X office in Seattle requesting information to complete Section II, Discharge Serial No. 001, Part A of the referenced application. On Page 4 of 5, Total Solids, Column (4), (5) and (7) are correct as submitted: 46.65, 9,330, and 9,330 respectively; Column (6) should read 6,550 instead of 6.550. On the same page for Total Suspended Solids, Column (6) should be 6,460 rather than 6.460; Column (7) is correctly shown as 9,200.

For Part B, as requested, we are attaching new pages showing needed information.

Yours truly

I am familiar with the information contained in the attachments, and to the best of my knowledge and belief such information is true, complete and accurate.

G. M. Wells
Vice President and Secretary

cc: W. E. Eldridge
G. M. Wells
W. A. Kistler
H. L. Sawyer
Attachments

Appendix58-001239

PART B DISCHARGE DESCRIPTION

(Note: Submission of Part B is required of all applicants who are also required to submit Part A. Only those parameters specifically indicated in the instructions are to be reported by a particular industry)

(Office use only)

Discharge Serial No.
001

B-1. PHYSICAL AND BIOLOGICAL PARAMETERS OF INTAKE WATER AND DISCHARGE (See Table B-1)

	Intake		Discharge				
PARAMETER AND CODE	(1) UNTREATED INTAKE WATER	(2) TREATED INTAKE WATER	(3) AVERAGE (DAILY)	(4) MINIMUM (OPERATING YEAR)	(5) MAXIMUM (OPERATING YEAR)	(6) SAMPLE FREQUENCY	(7) CONTINUOUS MONITORING
COLOR 00080	2		20			0	A
SPECIFIC CONDUCTANCE 00095	280		2,900	2,800	3,000	0	A
TURBIDITY 00070	10		5000		6000	0	A
FECAL STREPTOCOCCI BACTERIA 74054							
FECAL COLIFORM BACTERIA 74055							
TOTAL COLIFORM BACTERIA 74056							

Appendix58-001240

PART B

(Office use only)

Discharge Serial No. 001

B-2. CHEMICAL PARAMETERS OF INTAKE WATER AND DISCHARGE (See Table B-2)

Intake		Discharge										
PARAMETER AND CODE	(1) UNTREATED INTAKE WATER	(2) TREATED INTAKE WATER	(3) MAXIMUM CONCENTRATION	(4) MAXIMUM POUNDS PER DAY PER PROCESS UNIT	(5) MAXIMUM POUNDS PER DAY	(6) DAILY AVG. CONCENTRATION	(7) AVERAGE POUNDS PER DAY	(8) SAMPLE TYPE	(9) SAMPLE FREQUENCY	(10) METHOD OF ANALYSIS	(11) CONTINUOUS MONITORING
ACIDITY (as $CaCO_3$) 00435											
TOTAL ORGANIC CARBON (T.O.C.) 00680											
TOTAL HARDNESS 00900	104		60,000	52#	10,400#	7,309	10,400#	A	0	S	A
NITRITE (as N) 00615											
ORGANIC NITROGEN 00605											
PHOSPHORUS-ORTHO (as P) 70507											
SULFATE 00945	1.2		138	.125#	25.1#	17.6	25.1#	A	0	S	A
SULFIDE 00745	<0.01		.011	.00007	.014	.01	.014	A	0	S	A
SULFITE 00740											
BROMIDE 71870											

PART B

(Office use only)

Discharge Serial No.

B-2. (cont.) CHEMICAL PARAMETERS OF INTAKE WATER AND DISCHARGE (See Table B-2)

	Intake		Discharge								
PARAMETER AND CODE	UNTREATED INTAKE WATER (1)	TREATED INTAKE WATER (2)	MAXIMUM CONCENTRATION (3)	MAXIMUM POUNDS PER DAY PER PROCESS UNIT (4)	MAXIMUM POUNDS PER DAY (5)	DAILY AVG. CONCENTRATION (6)	AVERAGE POUNDS PER DAY (7)	SAMPLE TYPE (8)	SAMPLE FREQUENCY (9)	METHOD OF ANALYSIS (10)	CONTINUOUS MONITORING (11)
CHLORIDE 00940											
CYANIDE 00720											
FLUORIDE 00951											
ALUMINUM-TOTAL 01105											
ANTIMONY-TOTAL 01097											
ARSENIC-TOTAL 01002											
BARIUM-TOTAL 01007											
BERYLLIUM-TOTAL 01012											
BORON-TOTAL 01022											
CADMIUM-TOTAL 01027											

PART B

(Office use only)

Discharge Serial No.
001

B-2. (cont.) **CHEMICAL PARAMETERS OF INTAKE WATER AND DISCHARGE (See Table B-2)**

	Intake		Discharge								
PARAMETER AND CODE	UNTREATED INTAKE WATER (1)	TREATED INTAKE WATER (2)	MAXIMUM CONCENTRATION (3)	MAXIMUM POUNDS PER DAY PER PROCESS UNIT (4)	MAXIMUM POUNDS PER DAY (5)	DAILY AVG. CONCENTRATION (6)	AVERAGE POUNDS PER DAY (7)	SAMPLE TYPE (8)	SAMPLE FREQUENCY (9)	METHOD OF ANALYSIS (10)	CONTINUOUS MONITORING (11)
CALCIUM-TOTAL 00916	30.4		20,000	17.30	3,459	2,431	3,459	A	0	S	A
CHROMIUM-TOTAL 01034	<0.01		.56	.00054	.108	.076	.108	A	0	S	A
COBALT-TOTAL 01037											
COPPER-TOTAL 01042											
IRON-TOTAL 01045	.24		94	.08	16#	11	16#	A	0	S	A
LEAD-TOTAL 01051											
MAGNESIUM-TOTAL 00927	6.9		30	.068	13.7#	9.6	13.7#	A	0	S	A
MANGANESE-TOTAL 01055											
MERCURY-TOTAL 71900											
MOLYBDENUM-TOTAL 01062											

Appendix58-001243

PART B

(Office use only)

Discharge Serial No. 001

B-2. (cont.) **CHEMICAL PARAMETERS OF INTAKE WATER AND DISCHARGE (See Table B-2)**

Intake		Discharge										
PARAMETER AND CODE	(1) UNTREATED INTAKE WATER	(2) TREATED INTAKE WATER	(3) MAXIMUM CONCENTRATION	(4) MAXIMUM POUNDS PER DAY PER PROCESS UNIT	(5) MAXIMUM POUNDS PER DAY	(6) DAILY AVG. CONCENTRATION	(7) AVERAGE POUNDS PER DAY	(8) SAMPLE TYPE	(9) SAMPLE FREQUENCY	(10) METHOD OF ANALYSIS	(11) CONTINUOUS MONITORING
NICKEL-TOTAL 01067											
POTASSIUM-TOTAL 00937											
SELENIUM-TOTAL 01147											
SILVER-TOTAL 01077											
SODIUM-TOTAL 00929											
THALLIUM-TOTAL 01059											
TIN-TOTAL 01102											
TITANIUM-TOTAL 01152											
ZINC-TOTAL 01092											
OIL AND GREASE 00550	<0.1		8.4	.0078	1.56	1.10	1.56	0	A	S	A

PART B

(Office use only)

Discharge Serial No. 001

B-2. (cont.) CHEMICAL PARAMETERS OF INTAKE WATER AND DISCHARGE (See Table B-2)

Intake		Discharge									
PARAMETER AND CODE	(1) UNTREATED INTAKE WATER	(2) TREATED INTAKE WATER	(3) MAXIMUM CONCENTRATION	(4) MAXIMUM POUNDS PER DAY PER PROCESS UNIT	(5) MAXIMUM POUNDS PER DAY	(6) DAILY AVG. CONCENTRATION	(7) AVERAGE POUNDS PER DAY	(8) SAMPLE TYPE	(9) SAMPLE FREQUENCY	(10) METHOD OF ANALYSIS	(11) CONTINUOUS MONITORING
PHENOLS 32730	<0.001		.001	.000007	.0014	.001	.0014	A	0	S	A
SURFACTANTS 38260											
ALGICIDES* 74051											
CHLORINATED HYDRO-CARBONS* (EXCEPT PESTICIDES) 74052											
PESTICIDES* 74053											

*Name specific compound(s) and fill in the required data for each. Use extra blanks at the end of the form and the "Remarks" space as necessary.

PART B

(Office use only)

Discharge Serial No.

B-3. RADIOACTIVE PARAMETERS OF INTAKE WATER AND DISCHARGE (See Table B-3)

	Intake		Discharge					
PARAMETER AND CODE	(1) UNTREATED INTAKE WATER	(2) TREATED INTAKE WATER	(3) AVERAGE (DAILY)	(4) MINIMUM (OPERATING YEAR)	(5) MAXIMUM (OPERATING YEAR)	(6) SAMPLE FREQUENCY	(7) CONTINUOUS MONITORING
ALPHA-TOTAL 01501				X			
ALPHA COUNTING ERROR 01502				X			
BETA-TOTAL 03501				X			
BETA COUNTING ERROR 03502				X			
GAMMA-TOTAL 05501				X			
GAMMA COUNTING ERROR 05502				X			
TRITIUM-TOTAL 07000				X			
TRITIUM COUNTING ERROR 07001				X			

B-4. REMARKS

U. S. GOVERNMENT PRINTING OFFICE :1971 O - 440-401

Appendix58-001246

Industrial Stormwater Discharge Monitoring Report - 1200-Z Permit

Permittee Legal Name:	ASH GROVE CEMENT COMPANY	*ODEQ File No./Facility ID:*	107213
Facility Common Name:	ASH GROVE CEMENT COMPANY	Reporting Period: July 1, 2007 to June 30, 2008	
Facility Location:	3737 N. PORT CENTER WAY	Laboratory Name:	COLUMBIA INSPECTION
County:	MULT	Laboratory ORELAP #:	

DEQ
State of Oregon Department of Environmental Quality

Monitor for the following pollutants at sampling point(s) specified in your SWPCP. Add more sheets if necessary (e.g., if more than 4 samples are collected per pollutant or facility has more than 4 sampling points). You MUST also attach a copy of laboratory results sheet(s) and associated QA/QC information to this form

Name or Number of Sampling Point(s) (group data per sampling point)	Sample Date	pH **	Suspended Solids, Total **	Oil and Grease, Total **	Copper, Total	Lead, Total	Zinc, Total	E. coli *
		s.u.	mg/L	mg/L	mg/L	mg/L	mg/L	counts/100 ml
OUTFALL # 4	11/16/2007	7.06	11	ND (2.0)	ND (.005)	ND (.005)	ND (.003)	
OUTFALL # 4	12/19/2007	7.43	27	4.5	0.013	0.006	0.084	
OUTFALL # 4								
OUTFALL # 4								
Geometric Mean (Note 4)		**7.243**	**17.234**	**4.500**	**0.013**	**0.006**	**0.084**	
Geometric Mean (Note 4)								
Geometric Mean (Note 4)								
Geometric Mean (Note 4)								
Permit Benchmark		**5.5 - 9.0**	**130**	**10**	**0.1**	**0.4**	**0.6**	**406**

*** Only applies to landfills accepting septage/biosolids and sewage treatment plants.**

**** Effluent limits for these parameters apply to some industries - see permit, Schedule A.7.**

Note 1: Submit this report to the appropriate DEQ regional or agent offices (see below) annually by July 31st. The report must contain the results of all stormwater monitoring conducted during the year. If you have a monitoring waiver for one or more of the pollutant(s), please report "M" in the column(s)-see permit-Schedule B.3.

Note 2: Non-detects must be reported as "ND" along with the applicable method detection limit in parentheses - e.g. ND (0.001).

Note 3: If a stormwater sampling result exceeds any of the benchmark values, the permit registrant must, within 30 calendar days of receiving the sampling results, investigate the cause of the benchmark exceedance(s), review the SWPCP and submit an Action Plan for department or agent approval.

Note 4: For the 4th year of coverage under the permit that became effective on July 1, 2007, report the geometric mean value of the last 4 samples collected for each pollutant parameter, from each sampling point. The geometric mean value is automatically calculated if using the Excel version of the DMR form.

Name/Title Principal Executive Officer or Authorized Delegate

(Please Print)

Telephone: *Email:*

I certify, under penalty of law, that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Sign here: Date

See reverse side for additional visual monitoring requirements

07-WQ-001f

Monthly Visual Observations

	Record Visual Observations for Oil and Grease Sheen and Floating Solids:	
	Oil and Grease Sheen - No visible sheen allowed. Monthly observation when discharging. For months when no discharges occur, please write in "No Discharge" for that month.	**Floating Solids** (associated with industrial activities) – No visible discharge allowed. Monthly observation when discharging. For months when no discharges occur, please write in "No Discharge" for that month.

	Date	Observations (please note the sampling point(s) name or number)
July	7/12/2007	Outfall # 4 No Visiable Sheen No floating solids
August	8/20/2007	Outfall # 4 No Visiable Sheen No floating solids
September	28-Sep	Outfall # 4 No Visiable Sheen No floating solids
October	16-Oct	Outfall # 4 No Visiable Sheen No floating solids
November	15-Nov	Outfall # 4 No Visiable Sheen No floating solids
December	3-Dec	Outfall # 4 No Visiable Sheen No floating solids
January	1/8/2008	Outfall # 4 No Visiable Sheen No floating solids
February	2/6/2008	Outfall # 4 No Visiable Sheen No floating solids
March	3/3/2008	Outfall # 4 No Visiable Sheen No floating solids
April		
May		
June		

For facilities located within the following local jurisdictions, please submit one (1) copy of this report and laboratory results sheet(s) and QA/QC documentation to the local jurisdiction annually by July 31st:

Clean Water Services
Industrial Stormwater
2550 SW Hillsboro Hwy.
Hillsboro, OR 97123

City of Portland
Industrial Stormwater Section
Water Pollution Control Lab
6543 N Burlington Ave.
Portland, OR 97203-5452

City of Eugene
Industrial Source Control
410 River Ave.
Eugene, OR 97404

For all other locations, please submit one (1) copy of this report and laboratory results sheet(s) and the QA/QC documentation to the appropriate DEQ regional office annually by July 31st:

DEQ Northwest Region Office
2020 SW 4th Ave. Suite 400
Portland, OR 97201
Phone: (503) 229-5263
Hours: 8 am - 5 pm

DEQ Eastern Region Office
300 SE Reed Market Rd.
Bend, OR 97702-2237
Phone: (541) 388-6146
Hours: 8 am - 5 pm

DEQ Western Region Office
(Benton, Lincoln, Marion, Polk, and Yamhill counties)
750 Front St NE, #120
Salem, OR 97301-1039
Phone: (503) 378-8240
Hours: Mon - Thurs: 8 am - 5 pm
Fri: 8 am - noon, 1 - 5 pm

DEQ Western Region Office
(Lane and Linn counties)
1102 Lincoln St. Suite 210
Eugene, OR 97401
Phone: (541) 686-7838
Hours: 8 am - 5 pm

DEQ Western Region Office
(Coos, Curry, Douglas, Jackson, and Josephine counties)
221 Stewart Ave. Suite 201
Medford, OR 97501
Phone: (541) 776-6010
Hours: 8 am – noon, 1 - 5 pm