NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

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

**NAME:** CHANG FARMS
**ADDRESS:** 415 RIVER ROAD
WHATLEY, MA 01373

**FACILITY:** CHANG FARMS INC
**LOCATION:** 415 RIVER ROAD
WHATLEY, MA 01373

ATTN: SIDNEY CHANG, VP

AUG 1 2 2010

| MA0040207 | 002-A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
|---|---|---|---|
| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 07/01/2010 | TO | 07/31/2010 |

**DMR Mailing ZIP CODE:** 01373
MINOR
(SUBR W)
Effluent to Sugarloaf Brook
External Outfall

**No Discharge** [X]

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | | | | | ****** | | | | | |
| 00310 1 0 Effluent Gross | PERMIT REQUIREMENT | 33.3 MO AVG | 62.3 DAILY MX | lb/d | 26.6 MO AVG | ****** | 41.5 DAILY MX | mg/L | | Twice Every Month | COMP24 |
| pH | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 MINIMUM | ****** | 8.3 MAXIMUM | SU | | Continuous | RCORDR |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | ****** | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 19.4 MO AVG | 34.8 DAILY MX | lb/d | 15.5 MO AVG | ****** | 23.2 DAILY MX | mg/L | | Twice Every Month | COMP24 |
| E. coli, thermotol, MF, MTEC | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| 31633 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | Req. Mon. MO GEO | ****** | Req. Mon. DAILY MX | CFU/100mL | | Weekly | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | ****** | ****** | ****** | ****** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | .15 MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | ****** | ****** | ****** | | Continuous | RCORDR |
| Chlorine, total residual | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 1 MO AVG | ****** | 1 DAILY MX | mg/L | | Weekly | GRAB |
| Coliform, fecal general | SAMPLE MEASUREMENT | ****** | ****** | ****** | | ****** | | | | | |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 200 MO GEO | ****** | 400 DAILY MX | CFU/100mL | | Weekly | COMP24 |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| MING COLER | 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. | Ming Coler | 413-665-3341 | | 08/06/10 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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WHATLEY, MA 01373

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| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | |
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| | MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 07/01/2010 | TO | 07/31/2010 |

**DMR Mailing ZIP CODE:** 01373
MINOR
(SUBR W)
Effluent to CT River
External Outfall

**No Discharge** ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 11.7 | 13.8 | lb/d | 13.5 | ****** | 16.0 | mg/L | 0 | Twice per Month | COMP24 |
| 00310 1 0 Effluent Gross | PERMIT REQUIREMENT | 33.3 MO AVG | 62.3 DAILY MX | lb/d | 26.6 MO AVG | ****** | 41.5 DAILY MX | mg/L | | Twice Per Month | COMP24 |
| pH | SAMPLE MEASUREMENT | ****** | ****** | ****** | 5.94 | ****** | 6.59 | SU | 13 | Continuous | RCORDR |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 6.5 MINIMUM | ****** | 8.3 MAXIMUM | SU | | Continuous | RCORDR |
| Solids, total suspended | SAMPLE MEASUREMENT | 6.5 | 8.7 | lb/d | 7.5 | ****** | 10.0 | mg/L | 0 | Twice Every Month | COMP24 |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 19.4 MO AVG | 34.8 DAILY MX | lb/d | 15.5 MO AVG | ****** | 23.2 DAILY MX | mg/L | | Twice Every Month | COMP24 |
| E. coli, thermotol, MF, MTEC | SAMPLE MEASUREMENT | ****** | ****** | ****** | 10 | ****** | 10 | CFU/100mL | 0 | Monthly | GRAB |
| 31633 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | Req. Mon. MO AVG | ****** | Req. Mon. DAILY MX | CFU/100mL | | Monthly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.104 | 0.124 | Mgal/d | ****** | ****** | ****** | ****** | 0 | Continuous | RCORDR |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | .15 MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | ****** | ****** | ****** | | Continuous | RCORDR |
| Coliform, fecal general | SAMPLE MEASUREMENT | ****** | ****** | ****** | 2110 | ****** | 6300 | CFU/100mL | 3 | Weekly | GRAB |
| 74055 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | ****** | 200 MO AVG | ****** | 400 DAILY MX | CFU/100mL | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE |
|---|---|---|---|---|---|
| MING COLER | 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. | Ming Coler | 413-665-3341 | | 08/06/10 |
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