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

SEP 14 2010

MA0040207	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2010	TO	08/31/2010

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	11.4	11.8	lb/d	12.5	******	13.0	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	******	******	******	6.32	******	6.58	SU	28	Continuous	RCORDR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Continuous	RCORDR
Solids, total suspended	SAMPLE MEASUREMENT	2.7	5.4	lb/d	3.0	******	6.0	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	******	******	******	0	******	0	CFU/100ML	0	Monthly	GRAB
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.109	0.143	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	******	******	******	35	******	100	CFU/100ML	0	weekly	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	200 MO AVG	******	400 DAILY MX	CFU/100m L		Weekly	GRAB

Chlorine Total (TRC) 08/04/10 0.03 ppm
08/12/10 0.03 ppm
08/16/10 0.37 ppm
08/25/10 0.10 ppm

Monthly Average 0.13 ppm

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		09/10/10
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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FACILITY: CHANG FARMS INC
LOCATION: 415 RIVER ROAD
WHATLEY, MA 01373

ATTN: SIDNEY CHANG, VP

MA0040207	001-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2010	TO	08/31/2010

DMR Mailing ZIP CODE: 01373
MINOR
(SUBR W)
Quarterly
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			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.5	mg/L	0	Quarterly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	0.14	******	0.14	mg/L	0	Quarterly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total (TKN) (water)	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1	mg/L	0	Quarterly	COMP24
51087 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

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

ATTN: SIDNEY CHANG, VP

MA0040207	002-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	08/01/2010	TO 08/31/2010

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

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MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2010	TO	08/31/2010

DMR Mailing ZIP CODE: 01373
MINOR
(SUBR W)
Sugarloaf Bk quarterly
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			
Nitrite plus nitrate total 1 det. (as N)	SAMPLE MEASUREMENT	******	******	******		******					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******		******					
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Nitrogen, Kjeldahl, total (TKN) (water)	SAMPLE MEASUREMENT	******	******	******		******					
51087 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

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