Sewer Acct.#: **1008545900**

Company: **VA MEDICAL CENTER**

Address: **915 N. Grand Boulevard**

City: **St. Louis**

State and Zip: **MO 63106**

Industry ID	File Code	File Description
29350	50	INDARCHIVED INDUSTRY

ACCOUNT NUMBER: 1088545900

COMPANY NAME: VA MEDICAL CENTER
915 N. Grand Boulevard
St. Louis, MO 63106

CORRESPONDENCE

FROM 05-22-07 THRU 06-01-11

X	CORRESPONDANCE LOCATED IN OVERFLOW FILE

07-15-15 Moved to ARCHIVED INDU

Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.768.6200 www.stlmsd.com

MSD

June 1, 2011

Ed Beaty
Pipefitter Supervisor
VA MEDICAL CENTER
915 N. Grand Boulevard
St. Louis, MO 63106

Re: Discharge Permit No: 1114046000 - 1
For premise at: 915 N. Grand Boulevard
St. Louis, MO 63106

Dear Mr. Beaty:

The Metropolitan St. Louis Sewer District Wastewater Discharge permit for the above premise expires on January 31, 2012. Under the terms of the permit, you must apply for renewal at least 180 days prior to the expiration date.

We have enclosed an Industrial User Questionnaire form and instructions. You also may download an electronic version from MSD's website at www.stlmsd.com. This questionnaire serves as your permit application. Please complete and return the questionnaire to us no later than August 1, 2011. You may skip Section G of the questionnaire. Please retain a copy for your files.

We will use the questionnaire and our records on your facility to prepare a draft permit. The draft permit will be sent to you for comment, prior to sending a final permit.

We appreciate your cooperation and support in helping us to comply with the federal regulations. If you have any questions or need assistance in completing the questionnaire, please contact me at 314.436.8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

SM Rehmer

Scott M. Rehmer
Assistant Engineer

Enclosures: IUQ form, instructions

cc: Doug Mendoza
Dave Kupke

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center Account #: 1114011101
Premise Address: 5000 Koch Road Zip Code: 63125
MSD Classes: SIU ☒ CIU ☐ Surch ☐ Potential Toxic Waste ☒ Non-Toxic Proc Waste ☐
No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Mike Duffy
Title: Pipe Shop Foreman Phone#: 314-894-6657
Inspector: Dave Kupke
Others Present: Anthony Wehlerman-Maintenance & Operations Supervisor-tour 04/15/11
Inspection Date: 4/29/11 Time: From 09:46 AM To 10:56 AM (Last Insp. 5/4/10)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☒ No☐
   List them, note any changes: 11140111-00 still remains as the secondary account for this medical complex.
   B. Did all acct no's have water usage on PIMS? Yes☒ No☐
   C. If no to B, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Hospital waste	Cont		Yes	daily	SP002
Laundry waste	Batch		Yes	daily	SP002
Boiler blowdown	Batch		Yes	daily	SP002
Cooling tower blowdown	Batch		Yes	daily	SP002
Kitchen waste	Batch		Yes	daily	SP002
	(None)		N/A		

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
Coarse Screening	SP002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☐ No☒
If yes: A. List sample points: _____
B. What is the frequency for cleaning & maintenance? _____
C. Are any additives used in traps? Yes☐ No☐
D. If yes to C, was co. warned MSD will bill them for blockages they cause? Yes☐ No☐
E. Was co. informed that MSD performs separate grease trap inspections? Yes☐ No☐

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSP? Yes☐ No☒
If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
If yes: A. List pollutants & process: _____
B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
(MSD must notify MDNR if B or C is yes and discharge will continue.)
D. Comments: _____

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒
If yes: A. List reg. & describe (including any discharge):
40 CFR 460 A (General Standards only)-hospital waste

8. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____

B. Current applied factor: _____ Is it correct? Yes☐ No☐

C. If no, list correct factor/explain? _____

9. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____

B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐

C. If yes to B, explain: _____

10. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☐ No☒

If yes: A. Describe operations & disposal: Radioisotopes were used for benchtop animal research, this program is dormant. They are no longer on-site and the potential does exist that the program can be reinstitued if grant money becomes available. I told Mike Duffy that Radiation reports will remain enforce due to this potential.

B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☒ No☐

C. Most recent authorization date: 6/1/97

D. Amount discharged in most recent complete calendar year: 0

11. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒

A. Explain how use was verified & any needed changes:
Tour of the facility revealed no excessive water usage. Note that this is a multi-bldg hospital complex. Note that the VA Medical Center uses significant amounts of water through its cooling tower and boiler building. The hospital has removed its x-ray development process and the central processing department no longer performs sterilizing of medical equipment through autoclave, but hospital waste is generated through patient care services. The other services and discharge sources from this hospital are laundry, kitchen

12. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: Evaporative loss from the cooling tower and boiler system

B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

13. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

14. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

15. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
Spills? ☐ Slug discharges? ☐ Other? _____
B. Explain any marked: _____

16. COULD SPILLS OR LEAKS OF PROCESS TANKS, STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?
_____

If no: B. How are they controlled?
Water treatment chemcials employ catch basins.

17. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe: _____
B. What needs to be done? _____
C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

18. DOES COMPANY HAVE ANY SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS? Yes☒ No☐

If yes: A.

	Title	Last Update	Update needed? Explain if yes
1.	Hazardous Mat Spill/Release Emergency Action Plan	4/1/99	No
2.			N/A

B. Are any Plans needed (in addition to those listed in Part A)? Yes☐ No☒
(If yes, write company and request)

19. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☒ No☐

If yes: A. Parts washer solvent name: Simple Green water based parts washing solvent
B. Priority pollutants (or "none"): none
C. How is spent solvent disposed? consumed
(Parts washer solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

20. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A.

Solvent name/ components	Used for?	413/433/469 Process?	How disposed?	Priority Pollutant?
Alcohol	clean off a surface area	Yes☐ No☒	evaporates	Yes☐ No☒
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

21. DOES COMPANY HAVE A 413/433/469-REGULATORY "SOLVENT MANAGEMENT PLAN"? Yes☐ No☒
(only applies if company uses solvents in 413/433/469 processes)

If yes: A. Is it part of a Spill/Slug Control Plan listed above? Yes [1.☐ 2.☐] No☐
B. If no to A, date of last update for SMP: _____
C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐
D. Does SMP address all 413/433/469 solvents? Yes☐ No☐
(If no to C or D, write company and require submittal and/or update)

22. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☒ No☐
A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐
(Must post if co. generates process wastewater or stores chemicals of concern)

23. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

If yes: A. Is requirement contained in permit ☒ or other document ☐.
B. If other document, date & description: _____
C. How frequently is sampling required? quarterly
D. How frequently are reports required? quarterly
E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐
F. If no, explain: _____

24. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐

If yes: A. Is the self-monitoring required by MSD? Yes☒ No☐
B. Does sample collection time period match co's production shifts? Yes☒ No☐
C. Are representative grab/comp samples collected? Yes☒ No☐
D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐
E. If no to B, C, or D, explain needed changes: _____

25. DOES CO. CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes: A. At which SPs? _____
B. Does company submit quarterly summaries? Yes☐ No☐
C. If no, explain: _____

26. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes: A. Is company having the samples analyzed Yes☐ No☐
B. How does company insure proper preservation, holding times & analytical methods? _____
C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐
E. If no to C, or D, explain: _____
F. Does company still want to split samples? Yes☐ No☐
G. Comments: _____

27. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes: A. Type and date: _____
B. Have the reports & actions been on-time & complete? Yes☐ No☐
C. If no, explain: _____

28. ASK COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? Yes☒ No☐
[Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge.] [City/County-issued air permits are not NESHAP permits.]

If no: A. Describe: _____
B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

29. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐

If no: A. How long does company retain records? _____
B. Was company told to retain for at least 5 years, per ordinance? Yes☐ No☐
C. Where are they kept? All MSD related records are kept with Patrick Duffy's office.

---

30. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒

If yes: A. Indicate correct classifications:
SIU ☐ CIU ☐ Surch. ☐ Potential Toxic Waste ☐ Non-Toxic Proc Waste ☐
No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐
B. Explain changes: _____

31. IS COMPANY CLASSIFIED AS "Special Handling/Billing"? Yes☐ No☒

If yes: A. Why? _____

B. Are any changes needed to reasons/details? Yes☐ No☐

C. If yes, explain: _____

D. Were company records reviewed & verified for special handling/billing reports? NA☐ Yes☐ No☐

32. SAMPLE POINTS

						DJ(y/n)
SP #	002	Fed.Reg.		Components:	Sanitary, Hospital waste, Laundry waste, Kitchen waste, Boiler blowdown, Cooling tower blowdown, Plant equipment washdown, Storm water	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

33. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒

If yes: A. List SPs: _____

B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

34. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☐ No☒

If yes: A. List SPs and reasons: _____

35. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

36. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐

If yes: A. List Sample Points: SP002

37. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐

A. If any SPs cannot be located or opened, explain: _____

B. If any SP descript's need to be changed, explain: _____

C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒

D. If yes to C, list SPs & describe: _____

E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

38. REVIEW THE SAMPLE POINT MAP! Last map revision date: 2/25/09

A. Is the map correct and accurate in all its details? Yes☐ No☒

B If no, what changes are needed: Map details.

39. DO INSTRUCTIONS FOR "Contact Prior to Sampling" OR FIELD VISIT "Special Instructions" NEED REVISION? Yes☒ No☐

If yes: A. List needed changes: Add instructions-During construction drive through the cemetery to access sample point SP002.

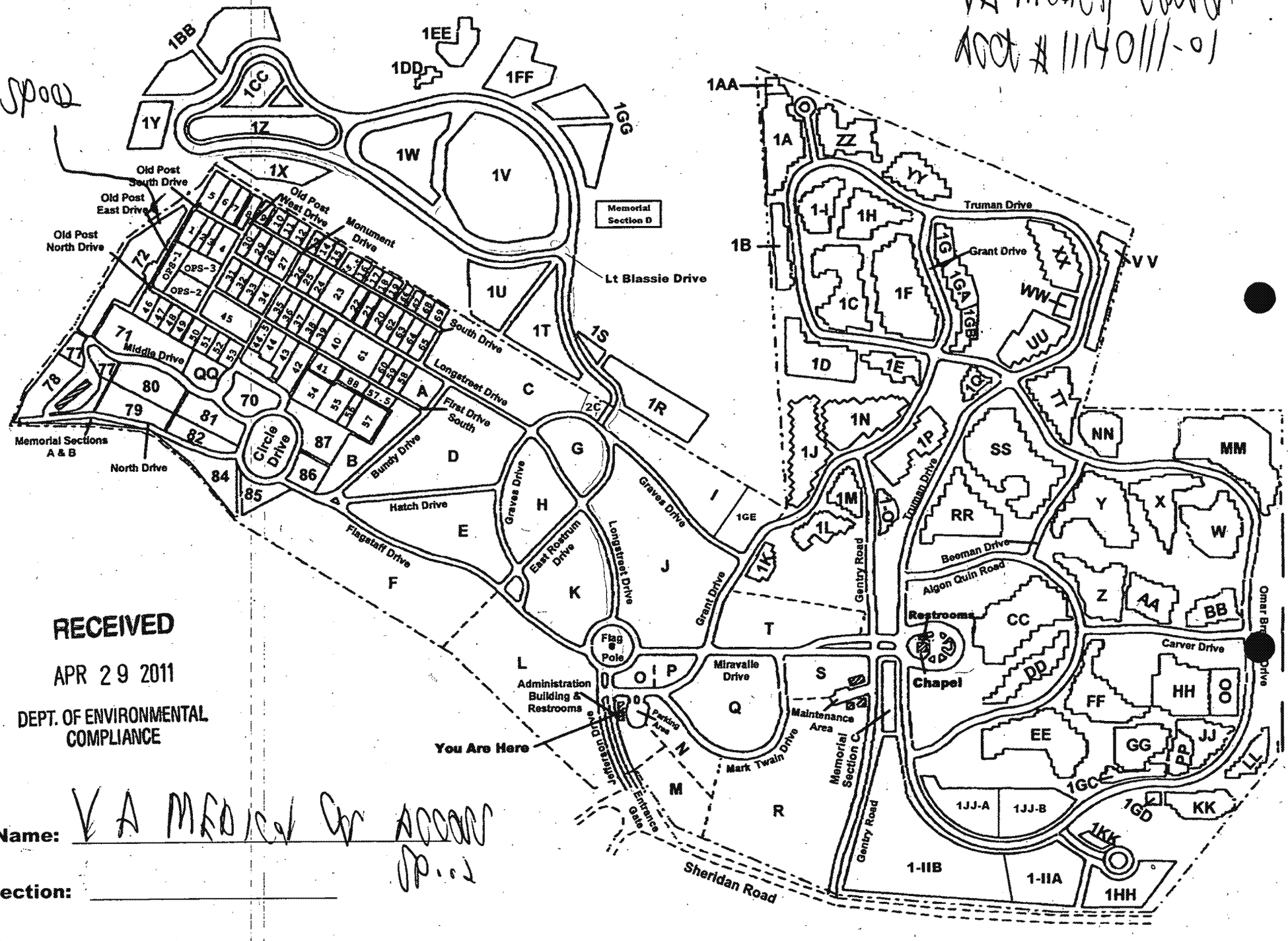
USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE. The tour of the facility was taken on 4/15/11 (08:03- 09:00 am), because the contact was unavailable for the questions regarding the inspection report (Anthony Wehlerman took me through the tour). The inspection report interview was taken on 04/29/11 with Mike Duffy. The Jefferson Barracks cemetery is having active construction on the site and the only way to access SP002 is to go through the cemetery. Currently, the cemetery is constructing an urn burial plot (Columbarium A & B), and makes it difficult for our sampling truck to access the point through the back of the hospital. In order to get to the back of the cemetery and access SP002, the route would be coming in from the front of

MSD 041762

the cemetery along Longstreet, right onto East Rostrum, left onto Graves, Right onto Lt. Blassie road. I have given a cemetery map to Paul Slovacek for this condition. During the inverview portion of the inspection, Mike Duffy informed me that he will be retiring at the end of the year (12/31/11). I informed Mike that they will need to inform MSD through (through mail or e-mail) who will be our contacts for the facility.

VA medical Center
Acct # 1114011-01

SP002



RECEIVED
APR 29 2011
DEPT. OF ENVIRONMENTAL COMPLIANCE

Name: VA Medical Ctr Accts
SP002

Section: _____

Grave: _____

MSD 041764

General Information

VISITING HOURS: The National Cemetery is open to visitors every day of the year from dawn until dusk. The Administration Building is open Monday through Friday from 8:00 a.m. until 4:30 p.m., except on holidays.

GRAVE LOCATION: The grave location of your loved one is furnished on the map included in the burial document folder. There is a grave locator behind the Administration Building to assist weekend visitors who may not know the location of the gravesite.

GRAVE MARKER: A temporary grave marker is used to mark the grave following the interment. A permanent grave marker will be furnished free of charge by the Government without application from the family. Every effort is made to have the grave marker delivered and set within 60 days from the day of interment.

BURIAL OF SURVIVING SPOUSE: A veteran's surviving spouse who married a non-veteran after the veteran's death is now eligible for burial in a VA national cemetery, based on his or her marriage to the eligible veteran. This only applies to deaths of surviving spouses that occur on or after January 1, 2000.

GROUNDS MAINTENANCE: Immediately after each interment, the grave is filled and leveled. As soon as the headstone/marker is set, the site will be seeded. Until growing conditions are favorable and turf has been established, burial areas may be substandard in appearance. Because the soil continues to sink after a burial, a new grave requires repeated renovation. Matters which appear to need immediate corrective action should be brought to the attention of the Cemetery Administrator.

FLAGS: The United States flag is flown over national cemeteries every day. The flag is flown at half staff on the morning of Memorial Day and during interment services. Graves are decorated with small United States flags the day before Memorial Day and are removed immediately after the holiday. Flags are not permitted on graves at any other time.

TREE DONATIONS: Tree donations for burial areas are being accepted (space permitting) if desired by next-of-kin, family or friends. For additional information, please contact the administration office.

Floral Regulations

a. Fresh cut flowers may be placed on graves at any time. Metal temporary flower containers are permitted.

b. Artificial flowers may be placed on graves only during the period of October 10th through April 15th.

c. Plantings will not be permitted on graves at any time. Potted plants will be permitted on graves only during the period 10 days before and 10 days after Easter Sunday and Memorial Day.

d. Christmas wreaths or blankets are permitted on graves during the Christmas season commencing December 1st and will be removed after January 20th each year. Grave floral blankets may not exceed 2 by 3 feet in size.

e. Floral items will be removed from graves as soon as they become withered, faded, or unsightly.

f. During the lawn mowing and ground maintenance season all floral items will be removed from graves when unsightly.

g. Statues, vigil lights, glass objects of any nature and any other type of commemorative items are not permitted on graves at any time.

h. Floral items and other types of decorations will not be secured to headstones or markers.

i. Permanent flower containers are not authorized for placement in new national cemeteries or in new sections of existing cemeteries.

j. All graves will be decorated by the National Cemetery prior to Memorial Day with small flags. These flags will be removed immediately after Memorial Day and are not permitted on graves at any other time.

k. It is suggested that artificial arrangements be marked so the donor can later identify, if needed. Wind sometimes will move arrangements off of the gravesites and this will help our employees to relocate.

VA Medical Ctr
Acct# 11140111-01

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114011101**

Premise Address 5000 Koch Road
St. Louis MO. 63125

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	**SIU**
03/06/1997	**PTW**

WUNNENBERG INFO.

Base Map 30H2
Wun: St. Louis City & Co.
Grid: K 32 Page 59

SIU CRITERIA

POTM Reasonable potential for adverse affect on

ENERAL INFORMATION

Office Mailing Address
1 Jefferson Barracks Dr. - 138JB
St. Louis, MO. 63125

Billing Address
1 Jefferson Barracks Dr. - 138JB
St. Louis, MO. 63125

INSPECTION INFORMATION

Next Due
Insp Rslt
04/29/2011 RIN David Kupke

PERMIT INFORMATION

Issue Date: 12/01/2010
Expire Date: 11/30/2015
Extended Date:
Writer Scott Rehmer

IUQ INFORMATION

IUQ Recvd Date: 05/31/2000
Reviewer: Fabian Grabski
IUQ Recvd Date: 06/09/2005
Reviewer: Tom Boehm
IUQ Recvd Date: 05/04/2010
Reviewer: David Kupke

CONTACTS

BILL	Dianna Stoffel	Engineering Accounts	OFF	(314) 894-5768 Ext.
FLD1	Mike Duffy	Pipe Shop Foreman	FAX	(314) 894-6580 Ext.
	Mike Duffy	Pipe Shop Foreman	OFF	(314) 894-6657 Ext.
FLD2	Anthony Wehlermann	Maintenance & Operations Supervisor	FAX	(314) 894-6687 Ext.
	Anthony Wehlermann	Maintenance & Operations Supervisor	OFF	(314) 894-6597 Ext.
FLD3	Steve Jarvis	Pipefitter	FAX	(314) 894-6687 Ext.
	Steve Jarvis	Pipefitter	OFF	(314) 894-6597 Ext.
OFF1	Mike Duffy	Pipe Shop Foreman	FAX	(314) 894-6580 Ext.
	Mike Duffy	Pipe Shop Foreman	OFF	(314) 894-6657 Ext.
OFF2	Anthony Wehlermann	Maintenance & Operations Supervisor	FAX	(314) 894-6687 Ext.
	Anthony Wehlermann	Maintenance & Operations Supervisor	OFF	(314) 894-6597 Ext.

PERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	1,050	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,500 **Hrs:** 24.0

OTHER AGENCIES INFORMATION

12/01/1996	EPA - Hazardous Waste Program	MOD8360090031
02/06/1997	Nuclear Regulatory Commission	24-00144-05
02/07/1997	MDNR - Hazardous Waste Program	004271
06/21/2006	MSD - Billing Account Number	00086713
06/21/2006	MSD - Billing Account Number	00086714

ON-SEWERED WASTE

On-Site Storage Y **On-Site Disposal** N **Off-Site Disposal** Y

05/05/2010	Acids and/or Alkalies	35	GPY
05/05/2010	Equipment Oils and/or Grease	55	GPY
05/05/2010	Infectious Waste	22950	LB/YR
05/05/2010	Radioactive Waste	55	GPY
06/09/2005	Kitchen/Food Service Grease	unknown	GPY

AW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
7218	Industrial Launderers
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General medical and psychiatric services			

eport No. PIMS012A 05/20/2011 9:10:51 am
ata Date & Time: 05/20/2011 9:10:52 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114011101**

Premise Address 5000 Koch Road
St. Louis MO. 63125

SEWER ACCOUNTS

Sewer Accounts
1114011101
1114011000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 12/01/2009 12:00:00AM **End Date =** 04/30/2011 12:59:59PM **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
1114011000			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1114011000	11/13/2009	12/11/2009	2,636	2,636	A	29	29	29	
1114011000	12/12/2009	01/14/2010	2,709	5,345		34	34	63	
1114011000	01/15/2010	02/11/2010	2,176	7,521		28	28	91	
1114011000	02/12/2010	03/11/2010	2,105	9,626		28	28	119	
1114011000	03/12/2010	04/14/2010	3,053	12,679		34	34	153	
1114011000	04/15/2010	05/13/2010	2,886	15,565		29	29	182	
1114011000	05/14/2010	06/11/2010	3,641	19,206		29	29	211	
1114011000	06/12/2010	07/14/2010	6,076	25,282		33	33	244	
1114011000	07/15/2010	08/12/2010	7,058	32,340		29	29	273	
1114011000	08/13/2010	09/14/2010	7,911	40,251		33	33	306	
1114011000	09/15/2010	10/13/2010	5,350	45,601		29	29	335	
1114011000	10/14/2010	11/11/2010	4,687	50,288		29	29	364	
1114011000	11/12/2010	12/13/2010	3,447	53,735		32	32	396	
1114011000	12/14/2010	01/13/2011	3,091	56,826		31	31	427	
1114011000	01/14/2011	02/11/2011	3,245	60,071		29	29	456	
1114011000	02/12/2011	03/11/2011	2,936	63,007		28	28	484	
RF	0.91	**Acct. Total**	63,007	47,132,512		484	484	88,617	88,617
1114011101			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1114011101	11/13/2009	12/11/2009	1,003	1,003	A	29	29	29	
1114011101	12/12/2009	01/14/2010	1,927	2,930		34	34	63	
1114011101	01/15/2010	02/11/2010	1,533	4,463		28	28	91	
1114011101	02/12/2010	03/11/2010	1,441	5,904		28	28	119	
1114011101	03/12/2010	04/14/2010	2,387	8,291		34	34	153	
1114011101	04/15/2010	05/13/2010	2,705	10,996		29	29	182	
1114011101	05/14/2010	06/15/2010	4,994	15,990		33	33	215	
1114011101	06/16/2010	07/14/2010	6,263	22,253		29	29	244	
1114011101	07/15/2010	08/12/2010	6,208	28,461		29	29	273	
1114011101	08/13/2010	09/17/2010	6,203	34,664		36	36	309	
1114011101	09/18/2010	09/28/2010	3,245	37,909		11	11	320	
1114011101	09/29/2010	10/08/2010	834	38,743		10	10	330	
1114011101	10/09/2010	11/11/2010	3,266	42,009		34	34	364	
1114011101	11/12/2010	12/13/2010	3,501	45,510		32	32	396	
1114011101	12/14/2010	01/13/2011	2,896	48,406		31	31	427	
1114011101	01/14/2011	02/11/2011	3,440	51,846		29	29	456	
1114011101	02/12/2011	03/11/2011	3,085	54,931		28	28	484	
RF	0.91	**Acct. Total**	54,931	41,091,244		484	484	77,258	77,258
		Facility Total	117,938						

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114011101**

Premise Address 5000 Koch Road
St. Louis MO. 63125

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH	Treatment Area	Lemay
01	Sanitary Or Combined	29G4 002S	Trunk Sewer	Jefferson Barracks (Lemay #3 PS)

Description Multiple lines exiting buildings into 10" main flowing N through campus

Sewer Route N along River to STP

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description MH 130' N, 25' E of Cemetery NE corner

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Storm Water		0	GPD		GPD	D	4/11/08
Sanitary		37,500	GPD		GPD	D	5/4/10
Cooling Tower Blowdown		500	GPD		GPD	D	5/4/10
Hospital Waste		74,100	GPD		GPD	D	5/4/10
Boiler Blowdown		100	GPD		GPD	D	5/4/10
Laundry Waste		1,800	GPD		GPD	D	5/4/10
Kitchen Waste		15,450	GPD		GPD	D	5/4/10
Plant & Equipment Washdownscrubbing		50	GPD		GPD	D	5/4/10
	Total Flow Avg =	**129,500**		**Max =**			

PRETREATMENT TYPES

SP	EFF_DATE	TYPE	DESCRIPTION
002	12/05/2002	DC11	Coarse Screening

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS
VA MEDICAL CENTER

For Account Number Selecte **1114011101**
Located at 5000 Koch Road
St. Louis MO 63125

Address Type / Contact Type	Contact Name		Contact Title	Phone Type	Number	Ext.
Billing Address						
Billing Contact	Dianna	Stoffel	Engineering Accounts	OFF	(314)894-5768	
Office Mailing Address						
Office Contact - Primary	Mike	Duffy	Pipe Shop Foreman	FAX	(314)894-6580	
Office Contact - Primary	Mike	Duffy	Pipe Shop Foreman	OFF	(314)894-6657	
Office Contact 1st Alt	Anthony	Wehlermann	Maintenance & Operations Supervisor	FAX	(314)894-6687	
Office Contact 1st Alt	Anthony	Wehlermann	Maintenance & Operations Supervisor	OFF	(314)894-6597	
Premise Address						
Field Contact - Primary	Mike	Duffy	Pipe Shop Foreman	FAX	(314)894-6580	
Field Contact - Primary	Mike	Duffy	Pipe Shop Foreman	OFF	(314)894-6657	
Field Contact 1st Alt	Anthony	Wehlermann	Maintenance & Operations Supervisor	FAX	(314)894-6687	
Field Contact 1st Alt	Anthony	Wehlermann	Maintenance & Operations Supervisor	OFF	(314)894-6597	
Field Contact 2nd Alt	Steve	Jarvis	Pipefitter	FAX	(314)894-6687	
Field Contact 2nd Alt	Steve	Jarvis	Pipefitter	OFF	(314)894-6597	

PIMS
RE[illegible]T OF FIELD SAMPLING REQUIREMEN[illegible]
VA MEDICAL CENTER

Account No Entered 1114011101

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	5000 Koch Road	St. Louis	MO	63125

)02 **Project Code:** IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2011
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2011
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2011
	T237000	pH	Once/year	Grab	06/30/2011
	T247000	Temperature	Once/year	Grab	06/30/2011
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2011
	T257000	Total Phenols	Once/year	Grab	06/30/2011
'henolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Grab	06/30/2011

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

SR
MSD 1-19

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | X | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER --------->		001						
DATES ON WHICH SAMPLES WERE COLLECTED --------->		02/07-08/2011						
TIMES AT WHICH SAMPLES WHERE COLLECTED --------->		12:00-12:00						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700					GPD
Biochemical Oxygen Demand	---	C	21					mg/L
Chemical Oxygen Demand	---	C	53					mg/L
Oil & Grease	200	G	<5.0					mg/L
pH	5.5 - 11.5	G	9.7					Units
Temperature	60	G	21.3					°C
Total Suspended Solids	---	C	17					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

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APR 12 2011
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Apr 07 11 11:46p

p.5

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | X | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->			002					
DATES ON WHICH SAMPLES WERE COLLECTED -------->			02/07-08/2011					
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->			12:30-12:30					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	11,900					GPD
Biochemical Oxygen Demand	---	C	24					mg/L
Chemical Oxygen Demand	---	C	71					mg/L
Oil & Grease	200	G	9.2					mg/L
pH	5.5 - 11.5	G	8.1					Units
Temperature	60	G	16.6					°C
Total Suspended Solids	---	C	26					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

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ENVIRONMENTAL COMPLIANCE

Apr 07 11 11:48p p.10

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

B DISCHARGE MONITORING REPORT CERTIFICATION

All permittees must sign and complete the information below:

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.

Print or type name of signing official: Edward L. Beaty

Title: Engineering Supervisor Telephone: 314-289-6450

Signature: Edward L Beaty Date: 15 APR 2011

001

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	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.
	Print or type name of signing official: Edward L. Beaty
	Title: Engineering Supervisor Telephone: 314-289-6450
	Signature: Edward L Beaty Date: 15 APR 2011

002

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL WATER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
ANY/ALL	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

JR I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

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DIVISION OF ENVIRONMENTAL COMPLIANCE

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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 those 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/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 4/11/11

radrpt.doc 2/00

Apr 07 11 11:45p p.2

MSD 041776

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH inelac

Laboratory Results

V.A. Medical Center

915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 02/08/11 14:34
Report Date 02/14/11
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **11028067-1** Collect Date **02/08/11 12:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 2/7-2/8/11**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			02/09/11 15:00	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	02/10/11 10:32	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		21 mg/l	02/09/11 07:29	DM	
SM (18) 2540D					STL
Solids, Total Suspended		17 mg/l	02/09/11 16:00	ACV	
SM (18) 5220D					STL
Chemical Oxygen Demand		53 mg/l	02/09/11 10:00	ACV	

Sample No: **11028067-2** Collect Date **02/08/11 12:00**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by SPE	<	5 mg/l	02/09/11 14:30	MEP	
FIELD PH					STL
pH, Field Measured		9.71 units	02/08/11 12:00	LLO	
FIELD TEMP					STL
Temperature		21.3 degrees C	02/08/11 12:00	LLO	

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DIVISION OF
ENVIRONMENTAL COMPLIANCE

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH inelac

Laboratory Results

V.A. Medical Center

915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 02/08/11 14:42
Report Date 02/14/11
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **11028068-1** Collect Date **02/08/11 12:30**
Client ID : **N GRAND MSD 002 COMP** Site : **STL** Locator : **COMP. 2/7-2/8/11**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			02/09/11 15:00	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	02/10/11 10:36	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		24 mg/l	02/09/11 07:29	DM	
SM (18) 2540D					STL
Solids, Total Suspended		26 mg/l	02/09/11 16:00	ACV	
SM (18) 5220D					STL
Chemical Oxygen Demand		71 mg/l	02/09/11 10:00	ACV	

Sample No: **11028068-2** Collect Date **02/08/11 12:30**
Client ID : **N GRAND MSD 002 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by SPE		9.2 mg/l	02/09/11 14:30	MEP	
FIELD PH					STL
pH, Field Measured		8.13 units	02/08/11 12:30	LLO	
FIELD TEMP					STL
Temperature		16.6 degrees C	02/08/11 12:30	LLO	

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DIVISION OF
ENVIRONMENTAL COMPLIANCE

11028068

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

RECEIVED APR 12 2011 DIVISION OF ENVIRONMENTAL COMPLIANCE

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED
ADDRESS: Jefferson Barracks Division 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS
CITY, STATE, ZIP: St. Louis MO 63125	SAMPLER: [signature]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: [signature]		

(FOR LAB USE ONLY)
LOGIN # 11023067
LOGGED BY: HG
LAB PROJ #
TEMPLATE: VA MED NG
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	2/7-8/11	12:00-12:00		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 9.71
				x	WW	HNO3			x					Temp = 21.32
	2/8/11	12:00	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	2/8/11	13:15	Heather Gaulart	2/8/11	13:15
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	3.8 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

RECEIVED APR 12 2011 DIVISION OF ENVIRONMENTAL COMPLIANCE

CLIENT: V.A. Medical Center
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks
CITY, STATE, ZIP: St. Louis, MO 63125
CONTACT PERSON: Chief, Engineering Services

PROJECT NUMBER: 7
PHONE NUMBER: 314-487-0400
FAX NUMBER:
EMAIL ADDRESS:
SAMPLER: [illegible]
SAMPLERS SIGNATURE: [illegible]
MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID

P.O. NUMBER:
MEANS SHIPPED:
ANALYSIS REQUESTED:

(FOR LAB USE ONLY)
LOGIN # 11028068
LOGGED BY: HE
LAB PROJ #:
TEMPLATE: VAMEDNG
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	2/7-8/11	12:30-12:30		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 8.13
				x	WW	HNO3			x					Temp = 16.6°C
	2/8/11	12:30	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	2/8/11	13:15	Heather Earhart	2/8/11	13:15
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt: 3.6 degrees C
Chill process started prior to receipt: Y or N
Sample(s) received on ice: Y or N
Proper bottles received in good condition: Y or N
Bottles filled with adequate volume: Y or N
Samples received within hold time(s): Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle

Apr 07 11 11:49p

p.12

MSD

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center Account #: 1114046000
Premise Address: 915 N. Grand Boulevard Zip Code: 63106
MSD Classes: SIU ☒ CIU ☐ Surch ☐ Potential Toxic Waste ☒ Non-Toxic Proc Waste ☐
No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Ed Beaty
Title: Pipefitter Foreman Phone#: 314-289-6450
Inspector: Dave Kupke
Others Present: None
Inspection Date: 10/26/10 Time: From 09:27 AM To 11:03 AM (Last Insp. 10/20/09)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. Did all acct no's have water usage on PIMS? Yes☒ No☐
   C. If no to B, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Digital Imaging-(replaces X-ray development system	Batch		No	no discharge	N/A
Hospital Waste and Lab waste	Cont		Yes	daily	SP001, SP002
Kitchen waste	Batch		Yes	daily	SP001
Process-animal cage washdown lab research	Batch		Yes	daily	SP001, SP002
NCCW-Autoclaves, Cooling tower blowdown	Cont		Yes	daily	SP001, SP002
Boiler blowdown, RO/rejection water	Batch		Yes	daily	SP001

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
pH adjustment/Neutralization	SP001, SP002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☒ No☐
If yes: A. List sample points: SP001
B. What is the frequency for cleaning & maintenance? 1-every 6 months
C. Are any additives used in traps? Yes☐ No☒
D. If yes to C, was co. warned MSD will bill them for blockages they cause? Yes☐ No☐
E. Was co. informed that MSD performs separate grease trap inspections? Yes☒ No☐

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSP? Yes☐ No☒
If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
If yes: A. List pollutants & process: _____
B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
(MSD must notify MDNR if B or C is yes and discharge will continue.)
D. Comments: _____

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐

If yes: A. List reg. & describe (including any discharge):
40 CFR 460 Part A N/A- Hospital waste from patient care and laboratory waste

8. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____
B. Current applied factor: _____ Is it correct? Yes☐ No☐
C. If no, list correct factor/explain? _____

9. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____
B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐
C. If yes to B, explain: _____

10. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐

If yes: A. Describe operations & disposal: radioisotopes used in injectables for patients
B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☒ No☐
C. Most recent authorization date: 5/1/97
D. Amount discharged in most recent complete calendar year: 0

11. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒

A. Explain how use was verified & any needed changes:
Tour of the facility revealed no excessive water usages. The Hospital water usages comes from its dietary, laboratory, power plant(cooling tower , boiler) and patients. The hospital has a animal research area that's principal water usage comes from its cage washing.

12. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: Evaporative loss from its boiler and cooling tower operations
B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

13. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

14. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

15. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
Spills? ☐ Slug discharges? ☐ Other? _____
B. Explain any marked: _____

16. COULD SPILLS OR LEAKS OF PROCESS TANKS, STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?
_____

If no: B. How are they controlled?
Catch basins are employed for the power plant water treatment chemicals, and the laboratory uses flammable cabinets to contain its waste and solvents used for stains and dyes.

17. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe: _____
B. What needs to be done? _____
C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

18. DOES COMPANY HAVE ANY SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS? Yes☒ No☐

If yes: A.

	Title	Last Update	Update needed? Explain if yes
1.	SPCCP	11/1/97	No
2.			N/A

B. Are any Plans needed (in addition to those listed in Part A)? Yes☐ No☒
(If yes, write company and request)

19. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☒ No☐

If yes: A. Parts washer solvent name: Saety Kleen parts washing solvent
B. Priority pollutants (or "none"): Benzene, Ethyl Benzene, Toluene, and Xylene
C. How is spent solvent disposed? hauled offsite
(Parts washer solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

20. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A.

Solvent name/ components	Used for?	413/433/469 Process?	How disposed?	Priority Pollutant?
Xylene, alcohol	lab solvent	Yes☐ No☒	reclaimed, hauled offsite	Yes☐ No☒
Phenol, Toluene	lab reagent	Yes☐ No☒	hauled offsite	Yes☒ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

21. DOES COMPANY HAVE A 413/433/469 SOLVENT MANAGEMENT PLAN? Yes☐ No☒

If yes: A. Is it part of a Spill/Slug Control Plan listed above? Yes [1.☐ 2.☐] No☐
B. If no to A, date of last update for SMP: _____
C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐
D. Does SMP address all 413/433/469 solvents? Yes☐ No☐
(If no to C or D, write company and require submittal and/or update)

22. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☒ No☐
A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐
(Must post if co. generates process wastewater or stores chemicals of concern)

23. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

If yes:
- A. Is requirement contained in permit ☒ or other document ☐.
- B. If other document, date & description: _____
- C. How frequently is sampling required? quarterly
- D. How frequently are reports required? quarterly
- E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐
- F. If no, explain: _____

24. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐

If yes:
- A. Is the self-monitoring required by MSD? Yes☒ No☐
- B. Does sample collection time period match co's production shifts? Yes☒ No☐
- C. Are representative grab/comp samples collected? Yes☒ No☐
- D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐
- E. If no to B, C, or D, explain needed changes: _____

25. DOES CO. CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes:
- A. At which SPs? _____
- B. Does company submit quarterly summaries? Yes☐ No☐
- C. If no, explain: _____

26. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes:
- A. Is company having the samples analyzed Yes☐ No☐
- B. How does company insure proper preservation, holding times & analytical methods? _____
- C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
- D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐
- E. If no to C, or D, explain: _____
- F. Does company still want to split samples? Yes☐ No☐
- G. Comments: _____

27. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes:
- A. Type and date: _____
- B. Have the reports & actions been on-time & complete? Yes☐ No☐
- C. If no, explain: _____

28. ASK COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? Yes☒ No☐
[Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge.] [City/County-issued air permits are not NESHAP permits.]

If no:
- A. Describe: _____
- B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

29. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐

If no:
- A. How long does company retain records? _____
- B. Was company told to retain for at least 5 years, per ordinance? Yes☐ No☐
- C. Where are they kept? All MSD related files are kept on-site and a copy remains with the department of Veteran Affairs

30. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒

If yes:
- A. Indicate correct classifications:
  SIU ☐ CIU ☐ Surch. ☐ Potential Toxic Waste ☐ Non-Toxic Proc Waste ☐
  No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐
- B. Explain changes: _____

31. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Sanitary, Hospital waste, Boiler blowdown, Kitchen waste, Lab waste, NCCW, Regeneration/reject water, Storm water	No
SP #	002	Fed.Reg.		Components:	Hospital waste, Lab waste, NCCW, Sanitary, Storm water	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

32. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒
If yes: A. List SPs: _____
B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

33. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☐ No☒
If yes: A. List SPs and reasons: _____

34. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

35. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐
If yes: A. List Sample Points: SP001 and SP002

36. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____
C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒
D. If yes to C, list SPs & describe: _____
E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

37. REVIEW THE SAMPLE POINT MAP! Last map revision date: 2/25/09
A. Is the map correct and accurate in all its details? Yes☒ No☐
B If no, what changes are needed: _____

38. DO INSTRUCTIONS FOR "Contact Prior to Sampling" OR FIELD VISIT "Special Instructions" NEED REVISION? Yes☐ No☒
If yes: A. List needed changes: _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
VA Medical Center has removed their X-ray development process from their hospital and it has been replaced with a digital imaging system. This digital imaging system does not produce any process waste into the MSD system. Ed Beaty could not verify that all of the X-ray development has been removed from the hospital (operating room). I have kept Silver as a monitoring requirement for their permit until contact can verify that all of these Silver based developers have been removed from the facility.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO.

Base Map 19F2
Wun: St. Louis City & Co.
Grid: G 19 Page 27

SIU CRITERIA

POTM Reasonable potential for adverse affect on

ENERAL INFORMATION

Office Mailing Address
915 N. Grand Boulevard
St. Louis, MO. 63106

Billing Address
915 N. Grand Blvd
St. Louis, MO. 63106

INSPECTION INFORMATION

Next Due
Insp Rslt
10/26/2010 RIN—David Kupke

PERMIT INFORMATION

Issue Date:	02/01/2007
Expire Date:	01/31/2012
Extended Date:	12/31/2007
Writer	fabian Grabski
Issue Date:	01/01/2008
Expire Date:	01/31/2012
Extended Date:	
Writer	Scott Rehmer

IUQ INFORMATION

IUQ Recvd Date:	08/14/2001
Reviewer:	Fabian Grabski
IUQ Recvd Date:	09/19/2006
Reviewer:	Fabian Grabski

CONTACTS

BILL	Keith Repko	Service Chief/Engineering	OFF	(314) 289-6438 Ext.
FLD1	Ed Beaty	Pipefitter Foreman	OFF	(314) 289-6450 Ext.
FLD2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.
OFF1	Ed Beaty	Pipefitter Supervisor	OFF	(314) 289-6450 Ext.
OFF2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.

PERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	750	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,200 **Hrs:** 24.0

OTHER AGENCIES INFORMATION

12/02/1996	EPA - Hazardous Waste Program	MOD93060090030
01/29/1997	Nuclear Regulatory Commission	24-00144-05
01/17/1999	MDNR - Hazardous Waste Program	004272
06/21/2006	MSD - Billing Account Number	00086730

ON-SEWERED WASTE

On-Site Storage N **On-Site Disposal** N **Off-Site Disposal** Y

09/19/2006	Acids and/or Alkalies	10	GPY
09/19/2006	Equipment Oils and/or Grease	50	GPY
09/19/2006	Infectious Waste	120000	LB/YR
09/19/2006	Kitchen/Food Service Grease	100	GPY
09/19/2006	Organic Compounds	15	GPY
09/19/2006	Radioactive Waste	<10	GPY
09/19/2006	Solvents/Thinners	50	GPY
05/26/2006	Paints or Paint Sludges	Unknown	GPY

AW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General hospital services			

eport No. PIMS012A 11/22/2010 9:53:00 am
ata Date & Time: 11/22/2010 9:53:00 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

SEWER ACCOUNTS

Sewer Accounts
1114046000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/01/2009 12:00:00AM **End Date =** 11/17/2010 12:59:59PM

Acct. No.			Consumption			Wdays	Cdays	Discharge	
1114046000			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1114046000	11/18/2008	02/26/2009	3,670	3,670	A	101	101	101	
1114046000	02/27/2009	05/15/2009	3,408	7,078		78	78	179	
1114046000	05/16/2009	08/14/2009	9,553	16,631		91	91	270	
1114046000	08/15/2009	12/07/2009	17,787	34,418		115	115	385	
1114046000	12/08/2009	02/23/2010	8,898	43,316		78	78	463	
1114046000	02/24/2010	06/02/2010	14,268	57,584		99	99	562	
1114046000	06/03/2010	08/20/2010	19,677	77,261		79	79	641	
RF 0.62	**Acct. Total**		77,261	57,795,246		641	641	55,902	55,902
	Facility Total		77,261						

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
01	Sanitary Or Combined	19F2	345C	Trunk Sewer	Western Mill Creek

Description Multiple lines exiting buildings on N side of campus into 12" main in Bell

Sewer Route W on Bell, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Sanitary		8,925	GPD		GPD	D	10/20/06
Boiler Blowdown		2,705	GPD		GPD	D	10/20/06
Hospital Waste		13,388	GPD		GPD	D	10/20/06
Kitchen Waste		2,499	GPD		GPD	D	10/20/06
Laboratory Waste	Animal, Research, + Diagnostic Labs	1,045	GPD		GPD	D	10/20/06
Non Contact Cooling Water		6,288	GPD		GPD	D	10/20/06
Regeneration/Reject Wat	Softener Regen+ RO Reject	850	GPD		GPD	D	10/20/06
Storm Water		0	GPD		GPD	D	4/16/08
	Total Flow Avg =	**35,700**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
02	Sanitary Or Combined	19F2	352C	Trunk Sewer	Western Mill Creek

Description Multiple lines exiting buildings on S side of campus into 12' main in Enright

Sewer Route W on Enrightl, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description Offset MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Sanitary		2,975	GPD		GPD	D	10/20/06
Hospital Waste		4,462	GPD		GPD	D	10/20/06
Laboratory Waste	Diagnostic + Research Labs	750	GPD		GPD	D	10/20/06
Non Contact Cooling Water		2,096	GPD		GPD	D	10/20/06
Storm Water		0	GPD		GPD	D	4/16/08
	Total Flow Avg =	**10,283**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	03/16/1998	DC28	Grease Trap
001	02/02/2004	DC37	pH Adjustment / Neutralization
002	01/16/2003	DC37	pH Adjustment / Neutralization

eport No. PIMS012A 11/22/2010 9:53:00 am
ata Date & Time: 11/22/2010 9:53:00 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Asbestos (Fibrous)	SP	Silver (Total)	KP	Cadmium (Total)	SP
Mercury (Total)	SP	Lead (Total)	SP	Phenol	KP
Toluene	KP	Chloroform	SP		

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS

For Account Number Selecte **1114046000** **VA MEDICAL CENTER**
Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type

Contact Type	Contact Name		Contact Title	Phone Type	Number	Ext.
Billing Address						
Billing Contact	Keith	Repko	Service Chief/Engineering	OFF	(314)289-6438	
Office Mailing Address						
Office Contact - Primary	Ed	Beaty	Pipefitter Supervisor	OFF	(314)289-6450	
Office Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	
Premise Address						
Field Contact - Primary	Ed	Beaty	Pipefitter Foreman	OFF	(314)289-6450	
Field Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	

PIMS
REP[illegible]T OF FIELD SAMPLING REQUIREMENT[illegible]
VA MEDICAL CENTER

Account No Entered **1114046000**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

)01 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2011
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2011
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2011
	T237000	pH	Once/year	Grab	06/30/2011
	T247000	Temperature	Once/year	Grab	06/30/2011
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2011
	T257000	Total Phenols	Once/year	Grab	06/30/2011
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2011
'henolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Comp-Time 04 Hrs	06/30/2011
/olatile Organics	T996000	Volatile Organics	Once/year	Grab	06/30/2011

)02 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2011
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2011
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2011
	T237000	pH	Once/year	Grab	06/30/2011
	T247000	Temperature	Once/year	Grab	06/30/2011
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2011
	T257000	Total Phenols	Once/year	Grab	06/30/2011
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2011
'henolic Organics - Acids	T991000	Phenolic Organics - Acids	Once/year	Comp-Time 04 Hrs	06/30/2011
/olatile Organics	T996000	Volatile Organics	Once/year	Grab	06/30/2011

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

SR 1-19

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | X | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->		001	002					
DATES ON WHICH SAMPLES WERE COLLECTED -------->		11/3-4/2010						
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->		12:00-12:00						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700					GPD
Biochemical Oxygen Demand	---	C	8					mg/L
Chemical Oxygen Demand	---	C	28					mg/L
Oil & Grease	200	G	<5.0					mg/L
pH	5.5 - 11.5	G	9.6					Units
Temperature	60	G	26					°C
Total Suspended Solids	---	C	3					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5		0.050					mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

missing 002 results; received 1-19-11. SR

RECEIVED
JAN 18 2011
DIVISION OF ENVIRONMENTAL COMPLIANCE

Jan 14 11 12:24a p.8

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | X | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER --------->			002					
DATES ON WHICH SAMPLES WERE COLLECTED -------->			11/3-4/2010					
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->			12:30-12:30					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	11,900					GPD
Biochemical Oxygen Demand	---	C	63					mg/L
Chemical Oxygen Demand	---	C	180					mg/L
Oil & Grease	200	G	11					mg/L
pH	5.5 - 11.5	G	8.4					Units
Temperature	60	G	24.3					°C
Total Suspended Solids	---	C	48					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5		0.066					mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

B DISCHARGE MONITORING REPORT CERTIFICATION

All permittees must sign and complete the information below:

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.

Print or type name of signing official: Edward L. Beaty

Title: Eng Supervisor Telephone: 314-289-6450

Signature: Edward L Beaty Date: 18 JAN 2011

RECEIVED
JAN 18 2011
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

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Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 12/30/10

radrpt.doc 2/00

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 11/04/10 17:30
Report Date 11/23/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10118106-1** Collect Date **11/04/10 12:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 11/3-11/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			11/08/10 13:25	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	11/09/10 09:11	WPS	
EPA 625					STL
1,2,4-Trichlorobenzene	<	10 ug/l	11/20/10 11:26	JK	
1,2-Dichlorobenzene	<	10 ug/l	11/20/10 11:26	JK	
1,2-Diphenylhydrazine	<	10 ug/l	11/20/10 11:26	JK	
1,3-Dichlorobenzene	<	10 ug/l	11/20/10 11:26	JK	
1,4-Dichlorobenzene	<	10 ug/l	11/20/10 11:26	JK	
2,2'-oxybis(1-Chloropropane)	<	10 ug/l	11/20/10 11:26	JK	
2,4,6-Trichlorophenol	<	10 ug/l	11/20/10 11:26	JK	
2,4-Dichlorophenol	<	10 ug/l	11/20/10 11:26	JK	
2,4-Dimethylphenol	<	10 ug/l	11/20/10 11:26	JK	
2,4-Dinitrophenol	<	10 ug/l	11/20/10 11:26	JK	
2,4-Dinitrotoluene	<	10 ug/l	11/20/10 11:26	JK	
2,6-Dinitrotoluene	<	10 ug/l	11/20/10 11:26	JK	
2-Chloronaphthalene	<	10 ug/l	11/20/10 11:26	JK	
2-Chlorophenol	<	10 ug/l	11/20/10 11:26	JK	
2-Nitrophenol	<	10 ug/l	11/20/10 11:26	JK	
3,3'-Dichlorobenzidine	<	10 ug/l	11/20/10 11:26	JK	
4,6-Dinitro-2-methylphenol	<	10 ug/l	11/20/10 11:26	JK	
4-Bromophenyl-phenylether	<	10 ug/l	11/20/10 11:26	JK	
4-Chloro-3-methylphenol	<	10 ug/l	11/20/10 11:26	JK	
4-Chlorophenyl-phenyl Ether	<	10 ug/l	11/20/10 11:26	JK	
4-Nitrophenol	<	10 ug/l	11/20/10 11:26	JK	
Acenaphthene	<	10 ug/l	11/20/10 11:26	JK	
Acenaphthylene	<	10 ug/l	11/20/10 11:26	JK	
Anthracene	<	10 ug/l	11/20/10 11:26	JK	
Benzidine	C,<	10 ug/l	11/20/10 11:26	JK	
Benzo(a)anthracene	<	10 ug/l	11/20/10 11:26	JK	
Benzo(a)pyrene	<	10 ug/l	11/20/10 11:26	JK	
Benzo(b)fluoranthene	<	10 ug/l	11/20/10 11:26	JK	
Benzo(g,h,i)perylene	<	10 ug/l	11/20/10 11:26	JK	
Benzo(k)fluoranthene	<	10 ug/l	11/20/10 11:26	JK	
bis(2-Chloroethoxy)methane	<	10 ug/l	11/20/10 11:26	JK	
bis(2-Chloroethyl) Ether	<	10 ug/l	11/20/10 11:26	JK	
bis(2-Ethylhexyl)phthalate	<	10 ug/l	11/20/10 11:26	JK	
Butylbenzylphthalate	<	10 ug/l	11/20/10 11:26	JK	
Chrysene	<	10 ug/l	11/20/10 11:26	JK	
Di-n-butylphthalate	<	10 ug/l	11/20/10 11:26	JK	
Di-n-octylphthalate	<	10 ug/l	11/20/10 11:26	JK	
Dibenzo(a,h)anthracene	<	10 ug/l	11/20/10 11:26	JK	
Diethylphthalate	J	1.7 ug/l	11/20/10 11:26	JK	
Dimethylphthalate	<	10 ug/l	11/20/10 11:26	JK	

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PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 11/04/10 17:30
Report Date 11/23/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10118106-1** Collect Date **11/04/10 12:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 11/3-11/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	
EPA 625					
Fluoranthene	<	10 ug/l	11/20/10 11:26	JK	
Fluorene	<	10 ug/l	11/20/10 11:26	JK	
Hexachlorobenzene	<	10 ug/l	11/20/10 11:26	JK	
Hexachlorobutadiene	<	10 ug/l	11/20/10 11:26	JK	
Hexachlorocyclopentadiene	<	10 ug/l	11/20/10 11:26	JK	
Hexachloroethane	<	10 ug/l	11/20/10 11:26	JK	
Indeno(1,2,3-cd)pyrene	<	10 ug/l	11/20/10 11:26	JK	
Isophorone	<	10 ug/l	11/20/10 11:26	JK	
N-Nitroso-di-n-propylamine	<	10 ug/l	11/20/10 11:26	JK	
N-Nitrosodimethylamine	<	10 ug/l	11/20/10 11:26	JK	
Naphthalene	<	10 ug/l	11/20/10 11:26	JK	
Nitrobenzene	<	10 ug/l	11/20/10 11:26	JK	
Pentachlorophenol	<	10 ug/l	11/20/10 11:26	JK	
Phenanthrene	<	10 ug/l	11/20/10 11:26	JK	
Phenol	<	10 ug/l	11/20/10 11:26	JK	
Pyrene	<	10 ug/l	11/20/10 11:26	JK	
C= Benzidine 2% low (0-200%) < 10%					STL
EPA METHOD 405.1					
Biochemical Oxygen Demand		7.7 mg/l	11/05/10 12:51	DM	STL
SM (18) 2540D					
Solids, Total Suspended		3 mg/l	11/08/10 17:00	ACV	STL
SM (18) 5220D					
Chemical Oxygen Demand		28 mg/l	11/05/10 14:30	ACV	

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3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH melac

Laboratory Results

V.A. Medical Center

915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 11/04/10 17:30
Report Date 11/23/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10118106-2** Collect Date **11/04/10 12:00**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by SPE	<	5 mg/l	11/08/10 11:00	MEP	
EPA 624					STL
1,1,1-Trichloroethane	<	5 ug/l	11/11/10 15:16	BP	
1,1,2,2-Tetrachloroethane	<	5 ug/l	11/11/10 15:16	BP	
1,1,2-Trichloroethane	<	5 ug/l	11/11/10 15:16	BP	
1,1-Dichloroethane	<	5 ug/l	11/11/10 15:16	BP	
1,1-Dichloroethene	<	5 ug/l	11/11/10 15:16	BP	
1,2-Dichlorobenzene	<	5 ug/l	11/11/10 15:16	BP	
1,2-Dichloroethane	<	5 ug/l	11/11/10 15:16	BP	
1,2-Dichloropropane	<	5 ug/l	11/11/10 15:16	BP	
1,3-Dichlorobenzene	<	5 ug/l	11/11/10 15:16	BP	
1,4-Dichlorobenzene	<	5 ug/l	11/11/10 15:16	BP	
2-Chloroethyl Vinyl Ether	<	5 ug/l	11/11/10 15:16	BP	
Acrolein	<	25 ug/l	11/11/10 15:16	BP	
Acrylonitrile	<	25 ug/l	11/11/10 15:16	BP	
Benzene	<	5 ug/l	11/11/10 15:16	BP	
Bromodichloromethane	<	5 ug/l	11/11/10 15:16	BP	
Bromoform	<	5 ug/l	11/11/10 15:16	BP	
Bromomethane	<	10 ug/l	11/11/10 15:16	BP	
Carbon Tetrachloride	<	5 ug/l	11/11/10 15:16	BP	
Chlorobenzene	<	5 ug/l	11/11/10 15:16	BP	
Chloroethane	<	10 ug/l	11/11/10 15:16	BP	
Chloroform	<	5 ug/l	11/11/10 15:16	BP	
Chloromethane	<	10 ug/l	11/11/10 15:16	BP	
cis-1,3-Dichloropropene	<	5 ug/l	11/11/10 15:16	BP	
Dibromochloromethane	<	5 ug/l	11/11/10 15:16	BP	
Ethylbenzene	<	5 ug/l	11/11/10 15:16	BP	
m,p-Xylene	<	10 ug/l	11/11/10 15:16	BP	
Methylene Chloride	<	5 ug/l	11/11/10 15:16	BP	
o-Xylene	<	5 ug/l	11/11/10 15:16	BP	
Tetrachloroethene	<	5 ug/l	11/11/10 15:16	BP	
Toluene	<	5 ug/l	11/11/10 15:16	BP	
trans-1,2-Dichloroethene	<	5 ug/l	11/11/10 15:16	BP	
trans-1,3-Dichloropropene	<	5 ug/l	11/11/10 15:16	BP	
Trichloroethene	<	5 ug/l	11/11/10 15:16	BP	
Trichlorofluoromethane	<	5 ug/l	11/11/10 15:16	BP	
Vinyl Chloride	<	5 ug/l	11/11/10 15:16	BP	
FIELD PH					STL
pH, Field Measured		9.6 units	11/04/10 12:00	LLO	
FIELD TEMP					STL
Temperature		26 degrees C	11/04/10 12:00	LLO	

10118106

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Jan 14 11 12:23a p.5

MSD 041797

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center
915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 11/04/10 17:30
Report Date 11/23/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10118107-1** Collect Date **11/04/10 12:30**
Client ID : **N GRAND MSD 002 COMP** Site : **STL** Locator : **COMP. 11/3-11/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			11/08/10 13:25	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	11/09/10 09:15	WPS	
EPA 625					STL
1,2,4-Trichlorobenzene	<	10 ug/l	11/20/10 14:38	JK	
1,2-Dichlorobenzene	<	10 ug/l	11/20/10 14:38	JK	
1,2-Diphenylhydrazine	<	10 ug/l	11/20/10 14:38	JK	
1,3-Dichlorobenzene	<	10 ug/l	11/20/10 14:38	JK	
1,4-Dichlorobenzene	<	10 ug/l	11/20/10 14:38	JK	
2,2'-oxybis(1-Chloropropane)	<	10 ug/l	11/20/10 14:38	JK	
2,4,6-Trichlorophenol	<	10 ug/l	11/20/10 14:38	JK	
2,4-Dichlorophenol	<	10 ug/l	11/20/10 14:38	JK	
2,4-Dimethylphenol	<	10 ug/l	11/20/10 14:38	JK	
2,4-Dinitrophenol	<	10 ug/l	11/20/10 14:38	JK	
2,4-Dinitrotoluene	<	10 ug/l	11/20/10 14:38	JK	
2,6-Dinitrotoluene	<	10 ug/l	11/20/10 14:38	JK	
2-Chloronaphthalene	<	10 ug/l	11/20/10 14:38	JK	
2-Chlorophenol	<	10 ug/l	11/20/10 14:38	JK	
2-Nitrophenol	<	10 ug/l	11/20/10 14:38	JK	
3,3'-Dichlorobenzidine	<	10 ug/l	11/20/10 14:38	JK	
4,6-Dinitro-2-methylphenol	<	10 ug/l	11/20/10 14:38	JK	
4-Bromophenyl-phenylether	<	10 ug/l	11/20/10 14:38	JK	
4-Chloro-3-methylphenol	<	10 ug/l	11/20/10 14:38	JK	
4-Chlorophenyl-phenyl Ether	<	10 ug/l	11/20/10 14:38	JK	
4-Nitrophenol	<	10 ug/l	11/20/10 14:38	JK	
Acenaphthene	<	10 ug/l	11/20/10 14:38	JK	
Acenaphthylene	<	10 ug/l	11/20/10 14:38	JK	
Anthracene	<	10 ug/l	11/20/10 14:38	JK	
Benzidine	C,<	10 ug/l	11/20/10 14:38	JK	
Benzo(a)anthracene	<	10 ug/l	11/20/10 14:38	JK	
Benzo(a)pyrene	<	10 ug/l	11/20/10 14:38	JK	
Benzo(b)fluoranthene	<	10 ug/l	11/20/10 14:38	JK	
Benzo(g,h,i)perylene	<	10 ug/l	11/20/10 14:38	JK	
Benzo(k)fluoranthene	<	10 ug/l	11/20/10 14:38	JK	
bis(2-Chloroethoxy)methane	<	10 ug/l	11/20/10 14:38	JK	
bis(2-Chloroethyl) Ether	<	10 ug/l	11/20/10 14:38	JK	
bis(2-Ethylhexyl)phthalate		16 ug/l	11/20/10 14:38	JK	
Butylbenzylphthalate	J	4.1 ug/l	11/20/10 14:38	JK	
Chrysene	<	10 ug/l	11/20/10 14:38	JK	
Di-n-butylphthalate	<	10 ug/l	11/20/10 14:38	JK	
Di-n-octylphthalate	<	10 ug/l	11/20/10 14:38	JK	
Dibenzo(a,h)anthracene	<	10 ug/l	11/20/10 14:38	JK	
Diethylphthalate	J	2.7 ug/l	11/20/10 14:38	JK	
Dimethylphthalate	<	10 ug/l	11/20/10 14:38	JK	

10118107

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Jan 14 11 12:25a p.10

MSD 041798

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(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 11/04/10 17:30
Report Date 11/23/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10118107-1** Collect Date **11/04/10 12:30**
Client ID : **N GRAND MSD 002 COMP** Site : **STL** Locator : **COMP. 11/3-11/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	
EPA 625					
Fluoranthene	<	10 ug/l	11/20/10 14:38	JK	
Fluorene	<	10 ug/l	11/20/10 14:38	JK	
Hexachlorobenzene	<	10 ug/l	11/20/10 14:38	JK	
Hexachlorobutadiene	<	10 ug/l	11/20/10 14:38	JK	
Hexachlorocyclopentadiene	<	10 ug/l	11/20/10 14:38	JK	
Hexachloroethane	<	10 ug/l	11/20/10 14:38	JK	
Indeno(1,2,3-cd)pyrene	<	10 ug/l	11/20/10 14:38	JK	
Isophorone	<	10 ug/l	11/20/10 14:38	JK	
N-Nitroso-di-n-propylamine	<	10 ug/l	11/20/10 14:38	JK	
N-Nitrosodimethylamine	<	10 ug/l	11/20/10 14:38	JK	
Naphthalene	<	10 ug/l	11/20/10 14:38	JK	
Nitrobenzene	<	10 ug/l	11/20/10 14:38	JK	
Pentachlorophenol	<	10 ug/l	11/20/10 14:38	JK	
Phenanthrene	<	10 ug/l	11/20/10 14:38	JK	
Phenol	J	1.4 ug/l	11/20/10 14:38	JK	
Pyrene	<	10 ug/l	11/20/10 14:38	JK	
C=Low benzidine(2%) (0-200%) <10%					
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		63 mg/l	11/05/10 12:51	DM	
SM (18) 2540D					STL
Solids, Total Suspended		48 mg/l	11/08/10 17:00	ACV	
SM (18) 5220D					STL
Chemical Oxygen Demand		180 mg/l	11/05/10 14:30	ACV	

PDC Laboratories, Inc.
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Laboratory Results

V.A. Medical Center

915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 11/04/10 17:30
Report Date 11/23/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10118107-2** Collect Date **11/04/10 12:30**
Client ID : **N GRAND MSD 002 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by SPE		11 mg/l	11/08/10 11:00	MEP	
EPA 624					STL
1,1,1-Trichloroethane	<	5 ug/l	11/11/10 15:44	BP	
1,1,2,2-Tetrachloroethane	<	5 ug/l	11/11/10 15:44	BP	
1,1,2-Trichloroethane	<	5 ug/l	11/11/10 15:44	BP	
1,1-Dichloroethane	<	5 ug/l	11/11/10 15:44	BP	
1,1-Dichloroethene	<	5 ug/l	11/11/10 15:44	BP	
1,2-Dichlorobenzene	<	5 ug/l	11/11/10 15:44	BP	
1,2-Dichloroethane	<	5 ug/l	11/11/10 15:44	BP	
1,2-Dichloropropane	<	5 ug/l	11/11/10 15:44	BP	
1,3-Dichlorobenzene	<	5 ug/l	11/11/10 15:44	BP	
1,4-Dichlorobenzene	<	5 ug/l	11/11/10 15:44	BP	
2-Chloroethyl Vinyl Ether	<	5 ug/l	11/11/10 15:44	BP	
Acrolein	<	25 ug/l	11/11/10 15:44	BP	
Acrylonitrile	<	25 ug/l	11/11/10 15:44	BP	
Benzene	<	5 ug/l	11/11/10 15:44	BP	
Bromodichloromethane	<	5 ug/l	11/11/10 15:44	BP	
Bromoform	<	5 ug/l	11/11/10 15:44	BP	
Bromomethane	<	10 ug/l	11/11/10 15:44	BP	
Carbon Tetrachloride	<	5 ug/l	11/11/10 15:44	BP	
Chlorobenzene	<	5 ug/l	11/11/10 15:44	BP	
Chloroethane	<	10 ug/l	11/11/10 15:44	BP	
Chloroform	<	5 ug/l	11/11/10 15:44	BP	
Chloromethane	<	10 ug/l	11/11/10 15:44	BP	
cis-1,3-Dichloropropene	<	5 ug/l	11/11/10 15:44	BP	
Dibromochloromethane	<	5 ug/l	11/11/10 15:44	BP	
Ethylbenzene	<	5 ug/l	11/11/10 15:44	BP	
m,p-Xylene	<	10 ug/l	11/11/10 15:44	BP	
Methylene Chloride	<	5 ug/l	11/11/10 15:44	BP	
o-Xylene	<	5 ug/l	11/11/10 15:44	BP	
Tetrachloroethene	<	5 ug/l	11/11/10 15:44	BP	
Toluene	<	5 ug/l	11/11/10 15:44	BP	
trans-1,2-Dichloroethene	<	5 ug/l	11/11/10 15:44	BP	
trans-1,3-Dichloropropene	<	5 ug/l	11/11/10 15:44	BP	
Trichloroethene	<	5 ug/l	11/11/10 15:44	BP	
Trichlorofluoromethane	<	5 ug/l	11/11/10 15:44	BP	
Vinyl Chloride	<	5 ug/l	11/11/10 15:44	BP	
FIELD PH					STL
pH, Field Measured		8.35 units	11/04/10 12:30	LLO	
FIELD TEMP					STL
Temperature		24.3 degrees C	11/04/10 12:30	LLO	

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N Grand
ST LOUIS, MO 63106
Attn : Ed Beaty

Date Received : 11/04/10 17:30
Report Date 11/23/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by the Federal or State Government or their agencies is not implied.

PIA PDC Laboratories - Peoria, IL
NELAC Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
State of Illinois Bacteriological Analysis in Drinking Water Certified Lab Registry No. 17553
Drinking Water Certifications: Indiana (C-IL-040); Kansas (E-10338); Missouri (00870); Wisconsin (998294430)
Wastewater Certifications: Arkansas; Iowa (240); Kansas (E-10338); Wisconsin (998294430)
Hazardous/Solid Waste Certifications: Arkansas; Kansas (E-10338); Wisconsin(998294430)
UST Certification: Iowa (240)

SPMO PDC Laboratories - Springfield, MO
EPA DMR-QA Program

STL PDC Laboratories - St. Louis, MO
NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

RECE

10118106

JAN 18 2011

DIVISION OF
ENVIRONMENTAL COMPLIANCE

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

RECEIVED
JAN 18 2011
DIVISION OF
ENVIRONMENTAL COMPLIANCE

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Ed Johnson & Chris Cole		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE:			

(FOR LAB USE ONLY)
LOGIN # 10118106
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625		REMARKS
North Grand MSD 001	11/3-4/10	12:00-12:00		X	WW	H2SO4,4C	X							
(Annual TTO)	↓	↓		X	WW	Cool 4C		X						pH = 9.60
				X	WW	HNO3			X					Temp = 26.0°C
	11/4/10	12:00	X		WW	H2SO4, 4C				X				
	↓		X		WW	HCL, 4C					X			
	11/3-4/10	12:00-12:00		X	WW	Cool to 4C						X		
														Field Charges

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	11/4/10	17:30	Heather Gaebert	11/5/10	08:30
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	3.2 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

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Florissant, MO 63033
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Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence Olner		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLERS SIGNATURE: [signature]			

(FOR LAB USE ONLY)
LOGIN # 10118107
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625		REMARKS
North Grand MSD 002	11/3-4/10	12:30-12:30		x	WW	H2SO4,4C	X							
(Annual TTO)	↓	↓		x	WW	Cool 4C		x						pH = 8.35
	↓	↓		x	WW	HNO3			x					Temp = 24.3C
	11/4/10	12:30	x		WW	H2SO4, 4C				x				
	↓	↓	x		WW	HCL, 4C					x			
	11/3-4/10	12:30-12:30		x	WW	Cool to 4C						x		
														Field Charges

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak™* (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	11/4/10	17:30	Heather Earhart	11/5/10	08:30
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Temperature upon receipt	4.0 degrees C	Sample
Chill process started prior to receipt	Y or N	
Sample(s) received on ice	Y or N	
Proper bottles received in good condition	Y or N	
Bottles filled with adequate volume	Y or N	
Samples received within hold time(s)	Y or N	(Excludes typical field parameters)
Date and Time taken from sample bottle		

MSD

SR 10-20

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | X | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->			001					
DATES ON WHICH SAMPLES WERE COLLECTED -------->			08/04-05/10					
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->			12:00-12:00					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700					GPD
Biochemical Oxygen Demand	---	C	<6					mg/L
Chemical Oxygen Demand	---	C	53					mg/L
Oil & Grease	200	G	<5.0					mg/L
pH	5.5 - 11.5	G	8.8					Units
Temperature	60	G	30.1					°C
Total Suspended Solids	---	C	7					mg/L
Silver (total)	0.5	C	0.0019					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | X | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER --------->			002					
DATES ON WHICH SAMPLES WERE COLLECTED --------->			08/04-05/10					
TIMES AT WHICH SAMPLES WHERE COLLECTED --------->			12:30-12:30					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	11,900					GPD
Biochemical Oxygen Demand	---	C	60					mg/L
Chemical Oxygen Demand	---	C	210					mg/L
Oil & Grease	200	G	7.8					mg/L
pH	5.5 - 11.5	G	8.0					Units
Temperature	60	G	31.8					°C
Total Suspended Solids	---	C	93					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

F. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report

B **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Edward L. Beaty

Title: [illegible] Telephone: 314-289-6450

Signature: [illegible] Date: 21 Sept 2010

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any / All	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 9/28/10

radrpt.doc 2/00

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(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 08/05/10 16:20
Report Date 08/13/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10088108-1** Collect Date **08/05/10 12:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 8/4-8/5/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			08/09/10 13:30	JS	
EPA 200.7 R4.4					STL
Silver		0.0019 mg/l	08/10/10 09:46	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand	<	6 mg/l	08/06/10 11:32	DM	
SM (18) 2540D					STL
Solids, Total Suspended		7 mg/l	08/10/10 17:00	AV	
SM (18) 5220D					STL
Chemical Oxygen Demand		53 mg/l	08/11/10 09:30	AV	

Sample No: **10088108-2** Collect Date **08/05/10 12:00**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by SPE	<	5 mg/l	08/09/10 15:00	MEP	
FIELD PH					STL
pH, Field Measured		8.76 units	08/05/10 12:00	LLO	
FIELD TEMP					STL
Temperature		30.1 degrees C	08/05/10 12:00	LLO	

PDC Laboratories, Inc.
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ACCREDITED IN ACCORDANCE WITH inelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 08/05/10 16:20
Report Date 08/13/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10088109-1**
Client ID : **N GRAND MSD 002 COMP**
Site : **STL**
Collect Date **08/05/10 12:30**
Locator : **COMP. 8/4-8/5/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7 Sample Preparation			08/09/10 13:30	JS	STL
EPA 200.7 R4.4 Silver	<	0.0015 mg/l	08/10/10 09:50	WPS	STL
EPA METHOD 405.1 Biochemical Oxygen Demand		60 mg/l	08/06/10 11:32	DM	STL
SM (18) 2540D Solids, Total Suspended		93 mg/l	08/10/10 17:00	AV	STL
SM (18) 5220D Chemical Oxygen Demand		210 mg/l	08/11/10 09:30	AV	STL

Sample No: **10088109-2**
Client ID : **N GRAND MSD 002 GRAB**
Site : **STL**
Collect Date **08/05/10 12:30**
Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99 Hexane Ext. Material (HEM) by SPE		7.8 mg/l	08/09/10 15:00	MEP	STL
FIELD PH pH, Field Measured		8.01 units	08/05/10 12:30	LLO	STL
FIELD TEMP Temperature		31.8 degrees C	08/05/10 12:30	LLO	STL

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3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
V.A. Medical Center					LOGIN # 10088108
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGGED BY: HE
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence Oliver		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LAB PROJ #
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: [signature]				TEMPLATE:
					PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	8/4-5/10	12:00-12:00		X	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		X	WW	Cool 4C		X						pH = 8.76
				X	WW	HNO3			X					Temp = 30.1°C
	8/5/10	12:00	X		WW	H2SO4, 4C				X				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
Normal (8-10 Bus Days) Rush (5 Bus Days) Fastrak™ (3 Bus Days) 1-2 Business Days Same Day
Date Due _____ Results by: E-Mail FAX Phone Call

The sample temperature will be measured upon receipt at the lab. (By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time
[signature]	8/5/10	16:20	Heather Earhart	8/5/10	16:20
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	3.6 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

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CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrance Olivor		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: Lawrance Olivor			

(FOR LAB USE ONLY)
LOGIN # 10088109
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	8/4-5/10	12:30-12:30		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 8.01
				x	WW	HNO3			x					Temp = 31.8°C
	8/5/10	12:30	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
Normal (8-10 Bus Days) Rush (5 Bus Days) Fastrak™ (3 Bus Days) 1-2 Business Days Same Day
Date Due _____ Results by: E-Mail FAX Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time
Lawrance Olivor	8/5/10	16:20	Heather Leathers	8/5/10	16:20
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	2.5 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

SR 10-7

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114011101-1 Effective Date: 1/1/2008 Expiration Date: 11/30/2010

Premise Address: 5000 Koch Road, St. Louis, MO 63125

Monitoring Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: Larry Oliver PDC LABORATORIES ST LOUIS MO

Analyses Performed By: PDC LABORATORIES ST. LOUIS MO

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ⇨		002						
DATES ON WHICH SAMPLES WERE COLLECTED ⇨		08/04-05/10						
TIMES AT WHICH SAMPLES WERE COLLECTED ⇨		1400-1400						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW	—	E	254,009					GPD
Biochemical Oxy Dmd	—	C	6					MG/L
Chemical Oxy Dmd	—	C	35					MG/L
Oil & Grease	200	G	11					MG/L
pH	5.5-11.5	G	8.0					S.U.
Temp (c)	60	G	28.3					Deg "C"
Total Suspended Solids	350	C	10					MG/L
Silver (Total)	0.5	C	<0.0015					MG/L
Total Toxic Organics	5.52	G						MG/L

You must complete and sign the certification statements on the second page.

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS**.

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	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.
	Print or type name of signing official: Anthony F. Wehlermann
	Title: M+O Supervisor Telephone: 314-894-6597
	Signature: Anthony F. Wehlermann Date: 10-1-10

PDC Laboratories, Inc.

3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125-4199
Attn : Mr. Michael Duffy

Date Received : 08/05/10 16:20
Report Date 08/13/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10088107-1** Collect Date **08/05/10 14:00**
Client ID : **JB MSD 002 COMP** Site : **STL** Locator : **COMP. 8/4-8/5/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			08/09/10 13:30	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	08/10/10 09:43	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		6.3 mg/l	08/06/10 11:32	DM	
SM (18) 2540D					STL
Solids, Total Suspended		10 mg/l	08/10/10 17:00	AV	
SM (18) 5220D					STL
Chemical Oxygen Demand		35 mg/l	08/11/10 09:30	AV	

Sample No: **10088107-2** Collect Date **08/05/10 14:00**
Client ID : **JB MSD 002 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by SPE		11 mg/l	08/09/10 15:00	MEP	
FIELD PH					STL
pH, Field Measured		7.96 units	08/05/10 14:00	LLO	
FIELD TEMP					STL
Temperature		28.3 degrees C	08/05/10 14:00	LLO	

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PDC Laboratories, Inc.

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ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125-4199
Attn : Mr. Michael Duffy

Date Received : 08/05/10 16:20
Report Date 08/13/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

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PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by the Federal or State Government or their agencies is not implied.

PIA	PDC Laboratories - Peoria, IL NELAC Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230 State of Illinois Bacteriological Analysis in Drinking Water Certified Lab Registry No. 17553 Drinking Water Certifications: Indiana (C-IL-040); Kansas (E-10338); Missouri (00870); Wisconsin (998294430) Wastewater Certifications: Arkansas; Iowa (240); Kansas (E-10338); Wisconsin (998294430) Hazardous/Solid Waste Certifications: Arkansas; Kansas (E-10338); Wisconsin(998294430) UST Certification: Iowa (240)
SPMO	PDC Laboratories - Springfield, MO EPA DMR-QA Program
STL	PDC Laboratories - St. Louis, MO NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Extra Copy

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

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PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

RECEIVED OCT 06 2010 DIVISION OF ENVIRONMENTAL COMPLIANCE

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
ADDRESS: Jefferson Barracks Division 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN # 10088107
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence Oliver		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LOGGED BY: AE
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: Lawrence Oliver				LAB PROJ # TEMPLATE: PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
Jefferson Barracks MSD 002	8/4-5/10	14:00-14:00		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 7.96
				x	WW	HNO3			x					Temp = 28.3°C
	8/5/10	14:00	x		WW	H2SO4, 4C				x				
														5 hrs field tech
														1 day pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
Normal (8-10 Bus Days) Rush (5 Bus Days) *Fastrak*™ (3 Bus Days) 1-2 Business Days Same Day

Date Due _____ Results by: E-Mail FAX Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
Lawrence Oliver	8/5/10	16:20	Heather Earhart	8/5/10	16:20
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt 3.2 degrees C
Chill process started prior to receipt Y or N
Sample(s) received on ice Y or N
Proper bottles received in good condition Y or N
Bottles filled with adequate volume Y or N
Samples received within hold time(s) Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle

SR 6-28

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114011101-1 Effective Date: 1/1/2008 Expiration Date: 11/30/2010

Premise Address: 5000 Koch Road, St. Louis, MO 63125

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: PDC Laboratories INC.

Analyses Performed By: PDC Laboratories

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ⇨		002						
DATES ON WHICH SAMPLES WERE COLLECTED ⇨		05/04/10						
TIMES AT WHICH SAMPLES WERE COLLECTED ⇨		1650						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW	—	E	147,495					GPD
Biochemical Oxy Dmd	—	C	77					MG/L
Chemical Oxy Dmd	—	C	110					MG/L
Oil & Grease	200	G	31					MG/L
pH	5.5-11.5	G	7.4					S.U.
Temp (c)	60	G	20.1					Deg "C"
Total Suspended Solids	350	C	140					MG/L
Silver (Total)	0.5	C	.0015					MG/L
Total Toxic Organics	5.52	G						MG/L

You must complete and sign the certification statements on the second page.

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	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.
	Print or type name of signing official: Anthony A. Wehlermann
	Title: M&O Supervisor Telephone: 314-894-6597
	Signature: Anthony A. Wehlermann Date: 6-25-2010

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH inelac

Laboratory Results

V.A. Medical Center

#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125-4199
Attn : Mr. Michael Duffy

Date Received : 05/04/10 16:50
Report Date 05/11/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10058057-1** Collect Date **05/04/10 13:30**
Client ID : **JB MSD 002 COMP** Site : **STL** Locator : **COMP. 5/3-5/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			05/05/10 13:00	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	05/06/10 10:58	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		77 mg/l	05/05/10 11:30	DM	
SM (18) 2540D					STL
Solids, Total Suspended		140 mg/l	05/06/10 17:00	ACV	
SM (18) 5220D					STL
Chemical Oxygen Demand		110 mg/l	05/07/10 13:00	ACV	

Sample No: **10058057-2** Collect Date **05/04/10 13:30**
Client ID : **JB MSD 002 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by LLE		31 mg/l	05/07/10 14:00	MEP	
FIELD PH					STL
pH, Field Measured		7.4 units	05/04/10 13:30	LLO	
FIELD TEMP					STL
Temperature		20.1 degrees C	05/04/10 13:30	LLO	

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3278 N. Highway 67 - Florissant, MO 63033
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ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125-4199
Attn : Mr. Michael Duffy

Date Received : 05/04/10 16:50
Report Date 05/11/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

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PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by the Federal or State Government or their agencies is not implied.

PIA	PDC Laboratories - Peoria, IL NELAC Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230 State of Illinois Bacteriological Analysis in Drinking Water Certified Lab Registry No. 17553 Drinking Water Certifications: Indiana (C-IL-040); Kansas (E-10338); Missouri (00870); Wisconsin (998294430) Wastewater Certifications: Arkansas; Iowa (240); Kansas (E-10338); Wisconsin (998294430) Hazardous/Solid Waste Certifications: Arkansas; Kansas (E-10338); Wisconsin(998294430) UST Certification: Iowa (240)
SPMO	PDC Laboratories - Springfield, MO EPA DMR-QA Program
STL	PDC Laboratories - St. Louis, MO NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Extra Copy

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

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ENVIRONMENTAL COMPLIANCE

MSD 041820

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Jefferson BArracks VA Medical Center

Permit No: 11140111-01

Premise Address: #1 Jefferson Barracks Drive.

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

JSC I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6548

Signature: Larry Chandler Date: 6/24/10

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3278 N. Highway 67
Florissant, MO 63033
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CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

RECEIVED MAY 18 2010 DIVISION OF ENVIRONMENTAL COMPLIANCE

CLIENT	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
V.A. Medical Center					
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN # 400580
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence Oliver		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LOGGED BY: HE
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: Lawrence Oliver				LAB PROJ # TEMPLATE: PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
Jefferson Barracks MSD 002	5/3-4/10	13:30-13:30		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 7.40
				x	WW	HNO3			x					Temp = 20.1°C
	5/4/10	13:30	x		WW	H2SO4, 4C				x				
														5 hrs field tech
														1 day pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
Lawrence Oliver	5/4/10	16:50	Heather Gaillard	5/4/10	16:50
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	2.9 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

SR 6-25

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000-1 Effective Date: 1/1/2008 Expiration Date: 1/31/2012

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: PDC

Analyses Performed By: PDC

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ⇨		001						
DATES ON WHICH SAMPLES WERE COLLECTED ⇨		5/3 - 5/4 10						
TIMES AT WHICH SAMPLES WERE COLLECTED ⇨		12:30						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW			35,700					GPD

You must complete and sign the certification statements on the second page.

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p.3

Jun 19 10 11:41p

MSD 041823

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000-1 Effective Date: 1/1/2008 Expiration Date: 1/31/2012

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: PDC

Analyses Performed By: PDC

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ⇨		002						
DATES ON WHICH SAMPLES WERE COLLECTED ⇨		5-3-5/4-10						
TIMES AT WHICH SAMPLES WERE COLLECTED ⇨		13:00 -						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW (G=grab, C=composite, M=measured flow, E=estimated flow)						UNITS
FLOW			11,900					GPD

You must complete and sign the certification statements on the second page.

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Jun 19 10 11:43p p.8

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

B	DISCHARGE MONITORING REPORT CERTIFICATION
	All permittees must sign and complete the information below:
	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.
	Print or type name of signing official: Ed Beaty
	Title: Supervisor Telephone: 314-289-6450
	Signature: Edward Beaty Date: 6-24-10

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DIVISION OF
ENVIRONMENTAL COMPLIANCE

Jun 19 10 11:42p p.4

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

DR I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health respectively, have been met for the period covered by this report.

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B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 6/24/10

radrpt.doc 2/00

Jun 19 10 11:41p p.2

MSD 041826

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 05/04/10 16:50
Report Date 05/11/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10058052-1**
Client ID : **N GRAND MSD 001 COMP** Site : **STL**
Collect Date **05/04/10 12:30**
Locator : **COMP. 5/3-5/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			05/05/10 13:00	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	05/06/10 10:47	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		9.6 mg/l	05/05/10 11:30	DM	
SM (18) 2540D					STL
Solids, Total Suspended		9 mg/l	05/06/10 17:00	ACV	
SM (18) 5220D					STL
Chemical Oxygen Demand		35 mg/l	05/07/10 13:00	ACV	

Sample No: **10058052-2**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL**
Collect Date **05/04/10 12:30**
Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by LLE		29 mg/l	05/05/10 15:00	MEP	
FIELD PH					STL
pH, Field Measured		8.48 units	05/04/10 12:30	LLO	
FIELD TEMP					STL
Temperature		25.4 degrees C	05/04/10 12:30	LLO	

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10058052

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3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH inelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 05/04/10 13:03
Report Date 05/11/10
Customer # : 276817
P.O. Number : SC0086
Facility :

Sample No: **10058056-1**
Client ID : **NORTH GRAND MSD 002** Site :
Collect Date **05/04/10 13:00**
Locator : **COMP. 5/3-5/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			05/05/10 13:00	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	05/06/10 10:54	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		8.4 mg/l	05/05/10 11:30	DM	
SM (18) 2540D					STL
Solids, Total Suspended		10 mg/l	05/06/10 17:00	ACV	
SM (18) 5220D					STL
Chemical Oxygen Demand		27 mg/l	05/07/10 13:00	ACV	

Sample No: **10058056-2**
Client ID : **NORTH GRAND MSD 002** Site :
Collect Date **05/04/10 13:00**
Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	05/07/10 14:00	MEP	
FIELD PH					STL
pH, Field Measured		7.65 units	05/04/10 13:00	LLO	
FIELD TEMP					STL
Temperature		25.7 degrees C	05/04/10 13:00	LLO	

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10058056

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division 138 Jefferson Barracks	PHONE NUMBER 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER'S NAME: [illegible]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: [illegible]			

(FOR LAB USE ONLY)
LOGIN # 1005052
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	~~5/4-5/10~~ 5/3-4/10	12:30-12:30		x	WW	H2SO4,4C	X							
(Quarterly)	5/3-4/10	↓		x	WW	Cool 4C		x						pH = 8.48
	✓			x	WW	HNO3			x					Temp = 25.4°C
	~~5/5/10~~ 5/4/10	12:30	x		WW	H2SO4, 4C				x				
														3:5 hrs Field Tech
														1 days pump

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TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
[ ] Normal (8-10 Bus Days) [ ] Rush (5 Bus Days) [ ] Fastrak™ (3 Bus Days) [ ] 1-2 Business Days [ ] Same Day

Date Due _____ Results by: [ ] E-Mail [ ] FAX [ ] Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	5/4/10	16:50	[signature]	5/4/10	16:50
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	5.6 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: [illegible]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER SIGNATURE: [illegible]			

(FOR LAB USE ONLY)
LOGIN # 10058056
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	~~5/4-5/10~~	13:00-13:00		x	WW	H2SO4,4C	X							
(Quarterly)	5/3-4/10	↓		x	WW	Cool 4C		x						pH = 7.65
				x	WW	HNO3			x					Temp = 25.7°C
	~~5/4/10~~ 5/4/10	13:00	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

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DIVISION OF ENVIRONMENTAL COMPLIANCE

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	5/4/10	16:50	H. Eaton Earhart	5/4/10	16:50
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	2.6 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

SR

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center Account #: 1114011101
Premise Address: 5000 Koch Road Zip Code: 63125
MSD Classes: SIU ☒ CIU ☐ Surch ☐ Potential Toxic Waste ☒ Non-Toxic Proc Waste ☐
No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Mike Duffy
Title: Pipefitter Supervisor Phone#: 314-894-6657
Inspector: D. Kupke
Others Present: None
Inspection Date: 5/4/10 Time: From 08:56 AM To 11:20 AM (Last Insp. 12/8/08)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☒ No☐
   List them, note any changes: The secondary account for this facility is 11140110-00 also located at 5000 Koch Road.
   B. Did all acct no's have water usage on PIMS? Yes☒ No☐
   C. If no to B, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Hospital Waste-See comments	Cont		Yes	daily	SP002
Laboratory waste	Batch		Yes	daily	SP002
Laundry waste-reduced usage	Batch		Yes	daily	SP002
Boiler and cooling tower blowdown	Cont		Yes	daily	SP002
Plant equipment washdown-floor scrubbing	Batch		Yes	daily	SP002
Dietary-Kitchen waste	Batch		Yes	daily	SP002

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
Coarse screening-laundry	SP002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☐ No☒
   If yes: A. List sample points: _____
   B. What is the frequency for cleaning & maintenance? _____
   C. Are enzymes (not bacteria) used in traps? Yes☐ No☐
   D. If yes to C, was co. told to stop or switch to approved bacteria? Yes☐ No☐
   E. Was co. informed that MSD performs separate grease trap inspections? Yes☐ No☐

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSP? Yes☐ No☒
   If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
   B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
   C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   If yes: A. List pollutants & process: _____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue.)
   D. Comments: _____

(07/09)

MSD 041831

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒

If yes: A. List reg. & describe (including any discharge):
40 CFR 460 A (no standards only)-the hospital waste from laboratory and patient care.

8. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____
B. Current applied factor: _____ Is it correct? Yes☐ No☐
C. If no, list correct factor/explain? _____

9. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____
B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐
C. If yes to B, explain: _____

10. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐

If yes: A. Describe operations & disposal: Radioisotopes used for benchtop animal research (H-3 Tritium, Phosphorous-32, Carbon-14). I talked over the telephone with Larry Chandler (Radiation Safety Officer) to verify that this program is dormant but they have the potential to startup the animal research. I informed Larry that the submittal of its quarterly radioactive reports will remain in force until we receive a statement that the research and radioactive materials have been removed from the site.
B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☒ No☐
C. Most recent authorization date: 6/1/97
D. Amount discharged in most recent complete calendar year: 0

11. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒

A. Explain how use was verified & any needed changes:
Tour of the facility revealed significant water usage for the cooling tower and boiler system, Hospital waste-patient care, kitchen, laundry and laboratory waste. No excessive water usage was observed.

12. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: Boiler and cooling tower evaporative (company has a RF on file)
B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

13. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

(07/09)

MSD 041832

14. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

15. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities?☐
Spills? ☐ Slug discharges? ☐ Other? _____
B. Explain any marked: _____

16. COULD SPILLS OR LEAKS OF PROCESS TANKS, STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?

If no: B. How are they controlled?
All medical and hospital related waste is stored in a self contained room at floor level.

17. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe: _____
B. What needs to be done? _____
C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

18. DOES COMPANY HAVE ANY SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS? Yes☒ No☐

If yes: A.

	Title	Last Update	Update needed? Explain if yes
1.	Hazardous Mat Spill/Release Emergency Action Plan	4/1/99	No
2.			N/A

B. Are any Plans needed (in addition to those listed in Part A)? Yes☐ No☒
(If yes, write company and request)

19. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☒ No☐

If yes: A. Parts washer solvent name: Simple Green-water based
B. Priority pollutants (or "none"): none
C. How is spent solvent disposed? consumed
(Parts washer solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

20. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A. Solvent name/ 413/433/469

components	Used for?	Process?	How disposed?	Priority Pollutant?
Alcohol	clean off a surface area	Yes☐ No☒	evaporates	Yes☐ No☒
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

21. DOES COMPANY HAVE A 413/433/469 SOLVENT MANAGEMENT PLAN? Yes☐ No☒

If yes: A. Is it part of a Spill/Slug Control Plan listed above? Yes [1.☐ 2.☐] No☐

B. If no to A, date of last update for SMP: _____

C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐

D. Does SMP address all 413/433/469 solvents? Yes☐ No☐

(If no to C or D, write company and require submittal and/or update)

22. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☒ No☐

A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐

(Must post if co. generates process wastewater or stores chemicals of concern)

23. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

If yes: A. Is requirement contained in permit ☒ or other document ☐.

B. If other document, date & description: _____

C. How frequently is sampling required? quarterly

D. How frequently are reports required? quarterly

E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐

F. If no, explain: _____

24. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐

If yes: A. Is the self-monitoring required by MSD? Yes☒ No☐

B. Are representative grab/comp samples collected? Yes☒ No☐

C. Does sample collection time period match company's production shifts (is it representative)? Yes☒ No☐

D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐

E. If no to B, C, or D, explain needed changes: _____

25. DOES CO. CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes: A. At which SPs? _____

B. Does company submit quarterly summaries? Yes☐ No☐

C. If no, explain: _____

26. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes: A. Is company having the samples analyzed Yes☐ No☐

B. How does company insure proper preservation, holding times & analytical methods? _____

C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐

D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐

E. If no to C, or D, explain: _____

F. Does company still want to split samples? Yes☐ No☐

G. Comments: _____

27. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes: A. Type and date: _____

B. Have the reports & actions been on-time & complete? Yes☐ No☐

C. If no, explain: _____

28. ASK COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? Yes☒ No☐

[Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge.] [City/County-issued air permits are not NESHAP permits.]

If no: A. Describe: _____

B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

29. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐
If no: A. How long does company retain records? _____
B. Was company told to retain for at least 5 years, per ordinance? Yes☐ No☐
C. Where are they kept? All MSD related water records are maintained in a file with the contact at his office

30. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒
If yes: A. Indicate correct classifications:
SIU ☐ CIU ☐ Surch. ☐ Potential Toxic Waste ☐ Non-Toxic Proc Waste ☐
No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐
B. Explain changes: _____

31. SAMPLE POINTS

						DJ(y/n)
SP #	002	Fed.Reg.		Components:	Hospital waste, Kitchen waste, laboratory waste, boiler and cooling tower blowdown, plant equipment washdown-floor scrubbing, Sanitary, Storm water	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

32. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒
If yes: A. List SPs: _____
B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

33. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☐ No☒
If yes: A. List SPs and reasons: _____

34. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

35. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐
If yes: A. List Sample Points: SP002

36. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____
C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒
D. If yes to C, list SPs & describe: _____
E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

37. REVIEW THE SAMPLE POINT MAP! Last map revision date: 2/25/09
A. Is the map correct and accurate in all its details? Yes☒ No☐
B If no, what changes are needed: _____

38. DO INSTRUCTIONS FOR "Contact Prior to Sampling" OR FIELD VISIT "Special Instructions" NEED REVISION? Yes☐ No☒
If yes: A. List needed changes: _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
The VA Medical Center has repalced its x-ray development with a digital imaging system and the images are stored in memory. This system is similar to the one that Shriner Hospital has in operation. I have removed Silver as a known present prioirty pollutant

and as a monitoring requirement on PIMS. There is no discharge to the sewer from this system. During the interview with Mike Duffy gave me an average daily use from their system logs)boiler cooling tower) the cooling tower has a capacity of 17550 gallons and the boiler has a capacity of 4500 gallons. Also Mike informed me that they will have reduced water usage for its laundry operations down to 1800 gpd, since they have capped of some of their feed lines with the removal of washing machines.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114011101**

Premise Address 5000 Koch Road
St. Louis MO. 63125

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO.

Base Map 30H2
Wun: St. Louis City & Co.
Grid: K 32 Page 59

SIU CRITERIA

POTM Reasonable potential for adverse affect on

ENERAL INFORMATION

Office Mailing Address
1 Jefferson Barracks Dr. - 138JB
St. Louis, MO. 63125

Billing Address
1 Jefferson Barracks Dr. - 138JB
St. Louis, MO. 63125

INSPECTION INFORMATION

Next Due
Insp Rslt
05/04/2010 RIN-- David Kupke

PERMIT INFORMATION

Issue Date:	12/01/2005
Expire Date:	11/30/2010
Extended Date:	12/31/2007
Writer	Fabian Grabski
Issue Date:	01/01/2008
Expire Date:	11/30/2010
Extended Date:	
Writer	Scott Rehmer

IUQ INFORMATION

IUQ Recvd Date:	05/31/2000
Reviewer:	Fabian Grabski
IUQ Recvd Date:	06/09/2005
Reviewer:	Tom Boehm
IUQ Recvd Date:	05/04/2010
Reviewer:	David Kupke

CONTACTS

BILL	Dianna Stoffel	Engineering Accounts	OFF	(314) 894-5768 Ext.
FLD1	Mike Duffy	Pipe Shop Foreman	FAX	(314) 894-6580 Ext.
	Mike Duffy	Pipe Shop Foreman	OFF	(314) 894-6657 Ext.
FLD2	Anthony Wehlermann	Maintenance & Operations Supervisor	FAX	(314) 894-6687 Ext.
	Anthony Wehlermann	Maintenance & Operations Supervisor	OFF	(314) 894-6597 Ext.
FLD3	Steve Jarvis	Pipefitter	FAX	(314) 894-6687 Ext.
	Steve Jarvis	Pipefitter	OFF	(314) 894-6597 Ext.
OFF1	Mike Duffy	Pipe Shop Foreman	FAX	(314) 894-6580 Ext.
	Mike Duffy	Pipe Shop Foreman	OFF	(314) 894-6657 Ext.
OFF2	Anthony Wehlermann	Maintenance & Operations Supervisor	FAX	(314) 894-6687 Ext.
	Anthony Wehlermann	Maintenance & Operations Supervisor	OFF	(314) 894-6597 Ext.

PERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	1,050	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,500 **Hrs:** 24.0

OTHER AGENCIES INFORMATION

12/01/1996	EPA - Hazardous Waste Program	MOD8360090031
02/06/1997	Nuclear Regulatory Commission	24-00144-05
02/07/1997	MDNR - Hazardous Waste Program	004271
06/21/2006	MSD - Billing Account Number	00086713
06/21/2006	MSD - Billing Account Number	00086714

ON-SEWERED WASTE

On-Site Storage Y **On-Site Disposal** N **Off-Site Disposal** Y

06/09/2005	Acids and/or Alkalies	35	GPY
06/09/2005	Equipment Oils and/or Grease	55	GPY
06/09/2005	Infectious Waste	22951	LB/YR
06/09/2005	Kitchen/Food Service Grease	unknown	GPY
06/09/2005	Organic Compounds	110	LB/YR
06/09/2005	Radioactive Waste	55	GPY

AW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
7218	Industrial Launderers
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General medical and psychiatric services			

eport No. PIMS012A 05/07/2010 7:54:22 am
ata Date & Time: 05/07/2010 7:54:22 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114011101**

Premise Address 5000 Koch Road
St. Louis MO. 63125

SEWER ACCOUNTS

Sewer Accounts
1114011101
1114011000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/01/2009 12:00:00AM **End Date =** 04/30/2010 12:59:59PM **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
1114011000			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1114011000	12/12/2008	01/14/2009	2,348	2,348	A	34	34	34	
1114011000	01/15/2009	02/12/2009	1,956	4,304		29	29	63	
1114011000	02/13/2009	03/12/2009	1,862	6,166		28	28	91	
1114011000	03/13/2009	04/14/2009	2,475	8,641		33	33	124	
1114011000	04/15/2009	05/13/2009	2,690	11,331		29	29	153	
1114011000	05/14/2009	06/11/2009	3,262	14,593		29	29	182	
1114011000	06/12/2009	07/14/2009	4,522	19,115		33	33	215	
1114011000	07/15/2009	08/13/2009	4,088	23,203		30	30	245	
1114011000	08/14/2009	09/14/2009	4,269	27,472		32	32	277	
1114011000	09/15/2009	10/13/2009	3,382	30,854		29	29	306	
1114011000	10/14/2009	11/12/2009	2,994	33,848		30	30	336	
1114011000	11/13/2009	12/11/2009	2,636	36,484		29	29	365	
1114011000	12/12/2009	01/14/2010	2,709	39,193		34	34	399	
1114011000	01/15/2010	02/11/2010	2,176	41,369		28	28	427	
1114011000	02/12/2010	03/11/2010	2,105	43,474		28	28	455	
RF	0.91	**Acct. Total**	43,474	32,520,813		455	455	65,042	65,042
1114011101			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1114011101	12/12/2008	01/14/2009	1,675	1,675	A	34	34	34	
1114011101	01/15/2009	02/17/2009	1,615	3,290		34	34	68	
1114011101	02/18/2009	03/12/2009	1,087	4,377		23	23	91	
1114011101	03/13/2009	04/14/2009	1,873	6,250		33	33	124	
1114011101	04/15/2009	05/13/2009	2,509	8,759		29	29	153	
1114011101	05/14/2009	06/15/2009	4,083	12,842		33	33	186	
1114011101	06/16/2009	07/14/2009	5,024	17,866		29	29	215	
1114011101	07/15/2009	08/17/2009	5,064	22,930		34	34	249	
1114011101	08/18/2009	09/14/2009	5,384	28,314		28	28	277	
1114011101	09/15/2009	10/13/2009	4,193	32,507		29	29	306	
1114011101	10/14/2009	11/12/2009	3,966	36,473		30	30	336	
1114011101	11/13/2009	12/11/2009	1,003	37,476		29	29	365	
1114011101	12/12/2009	01/14/2010	1,927	39,403		34	34	399	
1114011101	01/15/2010	02/11/2010	1,533	40,936		28	28	427	
1114011101	02/12/2010	03/11/2010	1,441	42,377		28	28	455	
RF	0.91	**Acct. Total**	42,377	31,700,200		455	455	63,400	63,400
		Facility Total	85,851						

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114011101**

Premise Address 5000 Koch Road
St. Louis MO. 63125

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH	Treatment Area	Lemay
01	Sanitary Or Combined	29G4 002S	Trunk Sewer	Jefferson Barracks (Lemay #3 PS)

Description Multiple lines exiting buildings into 10" main flowing N through campus

Sewer Route N along River to STP

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description MH 130' N, 25' E of Cemetery NE corner

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Storm Water		0	GPD		GPD	D	4/11/08
Sanitary		37,500	GPD		GPD	D	5/4/10
Cooling Tower Blowdown		500	GPD		GPD	D	5/4/10
Hospital Waste		74,100	GPD		GPD	D	5/4/10
Boiler Blowdown		100	GPD		GPD	D	5/4/10
Laundry Waste		1,800	GPD		GPD	D	5/4/10
Kitchen Waste		15,450	GPD		GPD	D	5/4/10
Plant & Equipment Washdownscrubbing		50	GPD		GPD	D	5/4/10
	Total Flow Avg =	**129,500**		**Max =**			

PRETREATMENT TYPES

SP	EFF_DATE	TYPE	DESCRIPTION
002	12/05/2002	DC11	Coarse Screening

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS
VA MEDICAL CENTER

For Account Number Selecte 1114011101
Located at 5000 Koch Road
St. Louis MO 63125

Address Type

Contact Type	Contact Name		Contact Title	Phone Type	Number	Ext.
Billing Address						
Billing Contact	Dianna	Stoffel	Engineering Accounts	OFF	(314)894-5768	
Office Mailing Address						
Office Contact - Primary	Mike	Duffy	Pipe Shop Foreman	FAX	(314)894-6580	
Office Contact - Primary	Mike	Duffy	Pipe Shop Foreman	OFF	(314)894-6657	
Office Contact 1st Alt	Anthony	Wehlermann	Maintenance & Operations Supervisor	FAX	(314)894-6687	
Office Contact 1st Alt	Anthony	Wehlermann	Maintenance & Operations Supervisor	OFF	(314)894-6597	
Premise Address						
Field Contact - Primary	Mike	Duffy	Pipe Shop Foreman	FAX	(314)894-6580	
Field Contact - Primary	Mike	Duffy	Pipe Shop Foreman	OFF	(314)894-6657	
Field Contact 1st Alt	Anthony	Wehlermann	Maintenance & Operations Supervisor	FAX	(314)894-6687	
Field Contact 1st Alt	Anthony	Wehlermann	Maintenance & Operations Supervisor	OFF	(314)894-6597	
Field Contact 2nd Alt	Steve	Jarvis	Pipefitter	FAX	(314)894-6687	
Field Contact 2nd Alt	Steve	Jarvis	Pipefitter	OFF	(314)894-6597	

PIMS
RE[illegible]RT OF FIELD SAMPLING REQUIREME[illegible]
VA MEDICAL CENTER

Account No Entered **1114011101**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	5000 Koch Road	St. Louis	MO	63125

)02 **Project Code: IM = IPD - Company - MSD**

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2010
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2010
	T237000	pH	Once/year	Grab	06/30/2010
	T247000	Temperature	Once/year	Grab	06/30/2010
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2010
.GRIV (Starts - 08/14/1991)	T257000	Total Phenols	Once/year	Grab	06/30/2010

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | X | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ------>			002						
DATES ON WHICH SAMPLES WERE COLLECTED ------>			03/3-4/10						
TIMES AT WHICH SAMPLES WHERE COLLECTED ------>			10:30-10:30						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow							UNITS
FLOW		E	11,900						GPD
Biochemical Oxygen Demand	---	C	57						mg/L
Chemical Oxygen Demand	---	C	160						mg/L
Oil & Grease	200	G	66						mg/L
pH	5.5 - 11.5	G	7.2						Units
Temperature	60	G	18.4						°C
Total Suspended Solids	---	C	32						mg/L
Silver (total)	0.5	C	<0.0015						mg/L
Total Toxic Organics (TTO)	5.5								mg/L
									mg/L
									mg/L
									mg/L
									mg/L
									mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[X] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Edward L. Beaty

Title: Eng Supv Telephone: 314-289-6450

Signature: Edward L Beaty Date: 4-28-10

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: [signature]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: [signature]			

(FOR LAB USE ONLY)
LOGIN # 10038085
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	3/3-4/10	10:30-10:30		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 7.22
				x	WW	HNO3			x					Temp = 18.4°C
	3/4/10	10:30	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
[ ] Normal (8-10 Bus Days) [ ] Rush (5 Bus Days) [ ] *Fastrak*™ (3 Bus Days) [ ] 1-2 Business Days [ ] Same Day

Date Due _____ Results by: [ ] E-Mail [ ] FAX [ ] Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	3/4/10	15:00	Heather Carlbart	3/4/10	15:00
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	2.9 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH inelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 03/04/10 16:32
Report Date 03/11/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10038085-1** Collect Date **03/04/10 10:30**
Client ID : **N GRAND MSD 002 COMP** Site : **STL** Locator : **COMP. 3/3-3/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			03/05/10 11:10	WPS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	03/08/10 12:00	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		57 mg/l	03/05/10 12:07	DM	
SM (18) 2540D					STL
Solids, Total Suspended		32 mg/l	03/08/10 15:00	AV	
SM (18) 5220D					STL
Chemical Oxygen Demand		160 mg/l	03/05/10 09:30	AV	

Sample No: **10038085-2** Collect Date **03/04/10 10:30**
Client ID : **N GRAND MSD 002 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by LLE		66 mg/l	03/05/10 14:00	AV	
FIELD PH					STL
pH, Field Measured		7.22 units	03/04/10 10:30	LLO	
FIELD TEMP					STL
Temperature		18.4 degrees C	03/04/10 10:30	LLO	

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 03/04/10 16:32
Report Date 03/11/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by the Federal or State Government or their agencies is not implied.

PIA PDC Laboratories - Peoria, IL
NELAC Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
State of Illinois Bacteriological Analysis in Drinking Water Certified Lab Registry No. 17553
Drinking Water Certifications: Indiana (C-IL-040); Kansas (E-10338); Missouri (00870); Wisconsin (998294430)
Wastewater Certifications: Arkansas; Iowa (240); Kansas (E-10338); Wisconsin (998294430)
Hazardous/Solid Waste Certifications: Arkansas; Kansas (E-10338); Wisconsin(998294430)
UST Certification: Iowa (240)

SPMO PDC Laboratories - Springfield, MO
EPA DMR-QA Program

STL PDC Laboratories - St. Louis, MO
NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | X | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ------>			001					
DATES ON WHICH SAMPLES WERE COLLECTED ------>			03/3-4/10					
TIMES AT WHICH SAMPLES WHERE COLLECTED ------>			10:00-10:00					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700					GPD
Biochemical Oxygen Demand	---	C	11					mg/L
Chemical Oxygen Demand	---	C	39					mg/L
Oil & Grease	200	G	<5.0					mg/L
pH	5.5 - 11.5	G	9.3					Units
Temperature	60	G	24.1					°C
Total Suspended Solids	---	C	9					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[X] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Edward L Beaty

Title: Eng Super Telephone: 314-289-6450

Signature: Edward L Beaty Date: 4-28-10

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH ilac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 03/04/10 16:27
Report Date 03/11/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **10038084-1** Collect Date **03/04/10 10:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 3/3-3/4/10**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			03/05/10 11:10	WPS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	03/08/10 11:56	WPS	
EPA METHOD 405.1					STL
Biochemical Oxygen Demand		11 mg/l	03/05/10 12:07	DM	
SM (18) 2540D					STL
Solids, Total Suspended		9 mg/l	03/08/10 15:00	AV	
SM (18) 5220D					
Chemical Oxygen Demand		39 mg/l	03/05/10 09:30	AV	

Sample No: **10038084-2** Collect Date **03/04/10 10:00**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	03/05/10 14:00	AV	
FIELD PH					STL
pH, Field Measured		9.28 units	03/04/10 10:00	LLO	
FIELD TEMP					STL
Temperature		24.1 degrees C	03/04/10 10:00	LLO	

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Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 03/04/10 16:27
Report Date 03/11/10
Customer # : 276817
P.O. Number : 657SC7014
Facility :

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by the Federal or State Government or their agencies is not implied.

PIA PDC Laboratories - Peoria, IL
- NELAC Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
- State of Illinois Bacteriological Analysis in Drinking Water Certified Lab Registry No. 17553
- Drinking Water Certifications: Indiana (C-IL-040); Kansas (E-10338); Missouri (00870); Wisconsin (998294430)
- Wastewater Certifications: Arkansas; Iowa (240); Kansas (E-10338); Wisconsin (998294430)
- Hazardous/Solid Waste Certifications: Arkansas; Kansas (E-10338); Wisconsin(998294430)
- UST Certification: Iowa (240)

SPMO PDC Laboratories - Springfield, MO
- EPA DMR-QA Program

STL PDC Laboratories - St. Louis, MO
- NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

10038084

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY/STATE/ZIP: St. Louis, MO 63125	SAMPLER: [signature]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER SIGNATURE: [signature]			

(FOR LAB USE ONLY)
LOGIN # 10038084
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	3/3-4/10	10:00-10:00		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 9.28
				x	WW	HNO3			x					Temp = 24.1°C
	3/4/10	10:00	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	3/4/10	15:00	A Cathy Cachart	3/4/10	15:00
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	5.2 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

FAX FLASH!

SR
1-7-10

MSD

Date and Time:	1-6-10
To:	Scott
Company:	MSD
Fax No.:	
From:	
Company:	ED BEATY VA MEDICAL CENTER 1114046000
Phone No.:	314-289-6450
Fax No.:	314-289-6589
No. of Pages:	16 , including cover

Message:

pgs 1-7 point 001

pgs 8-14 point 002 → Already Entered; Removed

pg 15 Radioactive Discharge

Jan ~~06~~ 10 12:19p 90 p.1

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | X | (OCT-DEC)

Samples Collected By: Keith Earhart, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ---->		001						
DATES ON WHICH SAMPLES WERE COLLECTED ---->		11/9-10/09						
TIMES AT WHICH SAMPLES WHERE COLLECTED ---->		14:45-14:45						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700					GPD
Biochemical Oxygen Demand	---	C	7					mg/L
Chemical Oxygen Demand	---	C	<5					mg/L
Oil & Grease	200	G	<5.0					mg/L
pH	5.5 - 11.5	G	8.7					Units
Temperature	60	G	29.3					°C
Total Suspended Solids	---	C	13					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5		0.130					mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

B DISCHARGE MONITORING REPORT CERTIFICATION

All permittees must sign and complete the information below:

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.

Print or type name of signing official: Edward L. Beaty

Title: Pipe Shop Supervisor Telephone: 317-287-6450

Signature: Edward L. Beaty Date: 12-30-09

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/10/09 17:30
Report Date 11/23/09
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **09118174-1** Collect Date **11/10/09 14:45**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 11/9-11/10/09**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			11/12/09 10:30	JS	
EPA 200.7 R4.4					STL
Silver	<	0.0015 mg/l	11/13/09 13:27	WPS	
EPA 625					STL
1,2,4-Trichlorobenzene	<	10 ug/l	11/18/09 06:00	JK	
1,2-Dichlorobenzene	<	10 ug/l	11/18/09 06:00	JK	
1,2-Diphenylhydrazine	<	10 ug/l	11/18/09 06:00	JK	
1,3-Dichlorobenzene	<	10 ug/l	11/18/09 06:00	JK	
1,4-Dichlorobenzene	<	10 ug/l	11/18/09 06:00	JK	
2,2'-oxybis(1-Chloropropane)	<	10 ug/l	11/18/09 06:00	JK	
2,4,6-Trichlorophenol	<	10 ug/l	11/18/09 06:00	JK	
2,4-Dichlorophenol	<	10 ug/l	11/18/09 06:00	JK	
2,4-Dimethylphenol	<	10 ug/l	11/18/09 06:00	JK	
2,4-Dinitrophenol	<	10 ug/l	11/18/09 06:00	JK	
2,4-Dinitrotoluene	<	10 ug/l	11/18/09 06:00	JK	
2,6-Dinitrotoluene	<	10 ug/l	11/18/09 06:00	JK	
2-Chloronaphthalene	<	10 ug/l	11/18/09 06:00	JK	
2-Chlorophenol	<	10 ug/l	11/18/09 06:00	JK	
2-Nitrophenol	<	10 ug/l	11/18/09 06:00	JK	
3,3'-Dichlorobenzidine	<	10 ug/l	11/18/09 06:00	JK	
4,6-Dinitro-2-methylphenol	<	10 ug/l	11/18/09 06:00	JK	
4-Bromophenyl-phenylether	<	10 ug/l	11/18/09 06:00	JK	
4-Chloro-3-methylphenol	<	10 ug/l	11/18/09 06:00	JK	
4-Chlorophenyl-phenyl Ether	<	10 ug/l	11/18/09 06:00	JK	
4-Nitrophenol	<	10 ug/l	11/18/09 06:00	JK	
Acenaphthene	<	10 ug/l	11/18/09 06:00	JK	
Acenaphthylene	<	10 ug/l	11/18/09 06:00	JK	
Anthracene	<	10 ug/l	11/18/09 06:00	JK	
Benzidine	X,<	10 ug/l	11/18/09 06:00	JK	
Benzo(a)anthracene	<	10 ug/l	11/18/09 06:00	JK	
Benzo(a)pyrene	<	10 ug/l	11/18/09 06:00	JK	
Benzo(b)fluoranthene	<	10 ug/l	11/18/09 06:00	JK	
Benzo(g,h,i)perylene	<	10 ug/l	11/18/09 06:00	JK	
Benzo(k)fluoranthene	<	10 ug/l	11/18/09 06:00	JK	
bis(2-Chloroethoxy)methane	<	10 ug/l	11/18/09 06:00	JK	
bis(2-Chloroethyl) Ether	<	10 ug/l	11/18/09 06:00	JK	
bis(2-Ethylhexyl)phthalate		80 ug/l	11/18/09 06:00	JK	
Butylbenzylphthalate	<	10 ug/l	11/18/09 06:00	JK	
Chrysene	<	10 ug/l	11/18/09 06:00	JK	
Di-n-butylphthalate	<	10 ug/l	11/18/09 06:00	JK	
Di-n-octylphthalate	<	10 ug/l	11/18/09 06:00	JK	
Dibenzo(a,h)anthracene	<	10 ug/l	11/18/09 06:00	JK	
Diethylphthalate	<	10 ug/l	11/18/09 06:00	JK	
Dimethylphthalate	<	10 ug/l	11/18/09 06:00	JK	

09118174

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Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/10/09 17:30
Report Date 11/23/09
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **09118174-1** Collect Date **11/10/09 14:45**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 11/9-11/10/09**

Parameter	Qualifier	Result	Analysis Date	Analyst	
EPA 625					
Diphenylamine / N-Nitroso	<	10 ug/l	11/18/09 06:00	JK	
Fluoranthene	<	10 ug/l	11/18/09 06:00	JK	
Fluorene	<	10 ug/l	11/18/09 06:00	JK	
Hexachlorobenzene	<	10 ug/l	11/18/09 06:00	JK	
Hexachlorobutadiene	<	10 ug/l	11/18/09 06:00	JK	
Hexachlorocyclopentadiene	<	10 ug/l	11/18/09 06:00	JK	
Hexachloroethane	<	10 ug/l	11/18/09 06:00	JK	
Indeno(1,2,3-cd)pyrene	<	10 ug/l	11/18/09 06:00	JK	
Isophorone	<	10 ug/l	11/18/09 06:00	JK	
N-Nitroso-di-n-propylamine	<	10 ug/l	11/18/09 06:00	JK	
N-Nitrosodimethylamine	<	10 ug/l	11/18/09 06:00	JK	
Naphthalene	<	10 ug/l	11/18/09 06:00	JK	
Nitrobenzene	<	10 ug/l	11/18/09 06:00	JK	
Pentachlorophenol	<	10 ug/l	11/18/09 06:00	JK	
Phenanthrene	<	10 ug/l	11/18/09 06:00	JK	
Phenol	<	10 ug/l	11/18/09 06:00	JK	
Pyrene	<	10 ug/l	11/18/09 06:00	JK	
X=LCS failed high, non detect in sample					STL
EPA 625					
Sample Preparation			11/17/09 07:00	FM	STL
EPA METHOD 405.1					
Biochemical Oxygen Demand		6.8 mg/l	11/11/09 12:42	DM	STL
SM (18) 2540D					
Solids, Total Suspended		13 mg/l	11/11/09 17:00	AV	STL
SM (18) 5220D					
Chemical Oxygen Demand	<	5 mg/l	11/13/09 16:00	AV	

Jan 02 10 12:20p p.5

MSD 041856

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Date Received : 11/10/09 17:30
Report Date 11/23/09
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **09118174-2** Collect Date **11/10/09 14:45**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	11/12/09 14:00	MEP	
EPA 624					STL
1,1,1-Trichloroethane	<	5 ug/l	11/18/09 18:00	BP	
1,1,2,2-Tetrachloroethane	<	5 ug/l	11/18/09 18:00	BP	
1,1,2-Trichloroethane	<	5 ug/l	11/18/09 18:00	BP	
1,1-Dichloroethane	<	5 ug/l	11/18/09 18:00	BP	
1,1-Dichloroethene	<	5 ug/l	11/18/09 18:00	BP	
1,2-Dichlorobenzene	<	5 ug/l	11/18/09 18:00	BP	
1,2-Dichloroethane	<	5 ug/l	11/18/09 18:00	BP	
1,2-Dichloropropane	<	5 ug/l	11/18/09 18:00	BP	
1,3-Dichlorobenzene	<	5 ug/l	11/18/09 18:00	BP	
1,4-Dichlorobenzene	<	5 ug/l	11/18/09 18:00	BP	
2-Chloroethyl Vinyl Ether	<	5 ug/l	11/18/09 18:00	BP	
Acrolein	<	25 ug/l	11/18/09 18:00	BP	
Acrylonitrile	<	25 ug/l	11/18/09 18:00	BP	
Benzene	<	5 ug/l	11/18/09 18:00	BP	
Bromodichloromethane	<	5 ug/l	11/18/09 18:00	BP	
Bromoform	<	5 ug/l	11/18/09 18:00	BP	
Bromomethane	<	10 ug/l	11/18/09 18:00	BP	
Carbon Tetrachloride	<	5 ug/l	11/18/09 18:00	BP	
Chlorobenzene	<	5 ug/l	11/18/09 18:00	BP	
Chloroethane	<	10 ug/l	11/18/09 18:00	BP	
Chloroform	<	5 ug/l	11/18/09 18:00	BP	
Chloromethane	<	10 ug/l	11/18/09 18:00	BP	
cis-1,3-Dichloropropene	<	5 ug/l	11/18/09 18:00	BP	
Dibromochloromethane	<	5 ug/l	11/18/09 18:00	BP	
Ethylbenzene	<	5 ug/l	11/18/09 18:00	BP	
m,p-Xylene	<	10 ug/l	11/18/09 18:00	BP	
Methylene Chloride	<	5 ug/l	11/18/09 18:00	BP	
o-Xylene	<	5 ug/l	11/18/09 18:00	BP	
Tetrachloroethene	<	5 ug/l	11/18/09 18:00	BP	
Toluene	<	5 ug/l	11/18/09 18:00	BP	
trans-1,2-Dichloroethene	<	5 ug/l	11/18/09 18:00	BP	
trans-1,3-Dichloropropene	<	5 ug/l	11/18/09 18:00	BP	
Trichloroethene	<	5 ug/l	11/18/09 18:00	BP	
Trichlorofluoromethane	<	5 ug/l	11/18/09 18:00	BP	
Vinyl Chloride	<	5 ug/l	11/18/09 18:00	BP	
FIELD PH					STL
pH #1, Field Measured		8.74 units	11/10/09 14:45	KE	
FIELD TEMP					STL
Temperature		29.3 degrees C	11/10/09 14:45	KE	

Jan 02 10 12:20p p.6

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Laboratory Results

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Attn : Mr. Ed Beaty

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Customer # : 276817
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Facility :

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- State of Illinois Bacteriological Analysis in Drinking Water Certified Lab Registry No. 17553
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- Wastewater Certifications: Arkansas; Iowa (240); Kansas (E-10338); Wisconsin (998294430)
- Hazardous/Solid Waste Certifications: Arkansas; Kansas (E-10338); Wisconsin(998294430)
- UST Certification: Iowa (240)

SPMO PDC Laboratories - Springfield, MO
- EPA DMR-QA Program

STL PDC Laboratories - St. Louis, MO
- NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Keith Earhart		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: [signature]			

(FOR LAB USE ONLY)
LOGIN # 09118174
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625		REMARKS
North Grand MSD 001	11-9-09 – 11-10-09	14:45-14:45		X	WW	H2SO4,4C	X							
(Annual TTO)				X	WW	Cool 4C		X						pH = 8.74
				X	WW	HNO3			X					Temp = 29.3 °C
			X		WW	H2SO4, 4C				X				
			X		WW	HCL, 4C					X			
				X	WW	Cool to 4C						X		
														Feild Chem

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak™* (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	11-10-09	17:30	Heather Earhart	11/11/09	08:40
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)
14°C / KE 11-10-09 18:00

Sample Temperature upon receipt	14	degrees C
Chill process started prior to receipt	Y or N	
Sample(s) received on ice	Y or N	
Proper bottles received in good condition	Y or N	
Bottles filled with adequate volume	Y or N	
Samples received within hold time(s)	Y or N	(Excludes typical field parameters)
Date and Time taken from sample bottle	Y or N	

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/All	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 1/6/10

radrpt.doc 2/00

SR
1-4-10

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | X | (OCT-DEC)

Samples Collected By: Keith Earhart, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ——>		002						
DATES ON WHICH SAMPLES WERE COLLECTED ——>		11/9-10/09						
TIMES AT WHICH SAMPLES WHERE COLLECTED ——>		14:30-14:30						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	11,900					GPD
Biochemical Oxygen Demand	---	C	16					mg/L
Chemical Oxygen Demand	---	C	20					mg/L
Oil & Grease	200	G	<5					mg/L
pH	5.5 - 11.5	G	7.3					Units
Temperature	60	G	22.5					°C
Total Suspended Solids	---	C	14					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5		0.050					mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

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ENVIRONMENTAL COMPLIANCE

Dec 26 09 11:37a p.2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify the following. Please review your permit and **PLACE YOUR INITIALS ON THE LINES NEXT TO THE CERTIFICATIONS.**

NONE

PART IV: GENERAL CERTIFICATION STATEMENTS

B DISCHARGE MONITORING REPORT CERTIFICATION

All permittees must sign and complete the information below:

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.

Print or type name of signing official: Edward L. Beaty

Title: Plant Supervisor Telephone: 314-289-6450

Signature: E L Beaty Date: 12-30-09

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PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/10/09 17:30
Report Date 11/23/09
Customer # : 276817
P.O. Number : SC0086
Facility :

Sample No: **09118173-1**
Client ID : **NORTH GRAND MSD 002**
Site :

Collect Date **11/10/09 14:30**
Locator : **COMP. 11/9-11/10/09**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 200.7					STL
Sample Preparation			11/12/09 10:30	JS	STL
EPA 200.7 R4.4					
Silver	<	0.0015 mg/l	11/13/09 13:23	WPS	STL
EPA 625					
1,2,4-Trichlorobenzene	<	10 ug/l	11/18/09 05:18	JK	
1,2-Dichlorobenzene	<	10 ug/l	11/18/09 05:18	JK	
1,2-Diphenylhydrazine	<	10 ug/l	11/18/09 05:18	JK	
1,3-Dichlorobenzene	<	10 ug/l	11/18/09 05:18	JK	
1,4-Dichlorobenzene	<	10 ug/l	11/18/09 05:18	JK	
2,2'-oxybis(1-Chloropropane)	<	10 ug/l	11/18/09 05:18	JK	
2,4,6-Trichlorophenol	<	10 ug/l	11/18/09 05:18	JK	
2,4-Dichlorophenol	<	10 ug/l	11/18/09 05:18	JK	
2,4-Dimethylphenol	<	10 ug/l	11/18/09 05:18	JK	
2,4-Dinitrophenol	<	10 ug/l	11/18/09 05:18	JK	
2,4-Dinitrotoluene	<	10 ug/l	11/18/09 05:18	JK	
2,6-Dinitrotoluene	<	10 ug/l	11/18/09 05:18	JK	
2-Chloronaphthalene	<	10 ug/l	11/18/09 05:18	JK	
2-Chlorophenol	<	10 ug/l	11/18/09 05:18	JK	
2-Nitrophenol	<	10 ug/l	11/18/09 05:18	JK	
3,3'-Dichlorobenzidine	<	10 ug/l	11/18/09 05:18	JK	
4,6-Dinitro-2-methylphenol	<	10 ug/l	11/18/09 05:18	JK	
4-Bromophenyl-phenylether	<	10 ug/l	11/18/09 05:18	JK	
4-Chloro-3-methylphenol	<	10 ug/l	11/18/09 05:18	JK	
4-Chlorophenyl-phenyl Ether	<	10 ug/l	11/18/09 05:18	JK	
4-Nitrophenol	<	10 ug/l	11/18/09 05:18	JK	
Acenaphthene	<	10 ug/l	11/18/09 05:18	JK	
Acenaphthylene	<	10 ug/l	11/18/09 05:18	JK	
Anthracene	<	10 ug/l	11/18/09 05:18	JK	
Benzidine	X,<	10 ug/l	11/18/09 05:18	JK	
Benzo(a)anthracene	<	10 ug/l	11/18/09 05:18	JK	
Benzo(a)pyrene	<	10 ug/l	11/18/09 05:18	JK	
Benzo(b)fluoranthene	<	10 ug/l	11/18/09 05:18	JK	
Benzo(g,h,i)perylene	<	10 ug/l	11/18/09 05:18	JK	
Benzo(k)fluoranthene	<	10 ug/l	11/18/09 05:18	JK	
bis(2-Chloroethoxy)methane	<	10 ug/l	11/18/09 05:18	JK	
bis(2-Chloroethyl) Ether	<	10 ug/l	11/18/09 05:18	JK	
bis(2-Ethylhexyl)phthalate	<	10 ug/l	11/18/09 05:18	JK	
Butylbenzylphthalate	<	10 ug/l	11/18/09 05:18	JK	
Chrysene	<	10 ug/l	11/18/09 05:18	JK	
Di-n-butylphthalate	<	10 ug/l	11/18/09 05:18	JK	
Di-n-octylphthalate	<	10 ug/l	11/18/09 05:18	JK	
Dibenzo(a,h)anthracene	<	10 ug/l	11/18/09 05:18	JK	
Diethylphthalate	<	10 ug/l	11/18/09 05:18	JK	
Dimethylphthalate					

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09118173

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/10/09 17:30
Report Date 11/23/09
Customer # : 276817
P.O. Number : SC0086
Facility :

Sample No: **09118173-1**
Client ID : **NORTH GRAND MSD 002** Site :

Collect Date **11/10/09 14:30**
Locator : **COMP. 11/9-11/10/09**

Parameter	Qualifier	Result	Analysis Date	Analyst	
EPA 625					
Diphenylamine / N-Nitroso	<	10 ug/l	11/18/09 05:18	JK	
Fluoranthene	<	10 ug/l	11/18/09 05:18	JK	
Fluorene	<	10 ug/l	11/18/09 05:18	JK	
Hexachlorobenzene	<	10 ug/l	11/18/09 05:18	JK	
Hexachlorobutadiene	<	10 ug/l	11/18/09 05:18	JK	
Hexachlorocyclopentadiene	<	10 ug/l	11/18/09 05:18	JK	
Hexachloroethane	<	10 ug/l	11/18/09 05:18	JK	
Indeno(1,2,3-cd)pyrene	<	10 ug/l	11/18/09 05:18	JK	
Isophorone	<	10 ug/l	11/18/09 05:18	JK	
N-Nitroso-di-n-propylamine	<	10 ug/l	11/18/09 05:18	JK	
N-Nitrosodimethylamine	<	10 ug/l	11/18/09 05:18	JK	
Naphthalene	<	10 ug/l	11/18/09 05:18	JK	
Nitrobenzene	<	10 ug/l	11/18/09 05:18	JK	
Pentachlorophenol	<	10 ug/l	11/18/09 05:18	JK	
Phenanthrene	<	10 ug/l	11/18/09 05:18	JK	
Phenol	<	10 ug/l	11/18/09 05:18	JK	
Pyrene	<	10 ug/l	11/18/09 05:18	JK	
X=LCS failed high, non detect in sample.					STL
EPA 625					
Sample Preparation			11/17/09 07:00	FM	STL
EPA METHOD 405.1					
Biochemical Oxygen Demand		16 mg/l	11/11/09 12:42	DM	STL
SM (18) 2540D					
Solids, Total Suspended		14 mg/l	11/11/09 17:00	AV	STL
SM (18) 5220D					
Chemical Oxygen Demand		20 mg/l	11/13/09 16:00	AV	

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ACCREDITED IN ACCORDANCE WITH ielac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/10/09 17:30
Report Date 11/23/09
Customer # : 276817
P.O. Number : SC0086
Facility :

Sample No: **09118173-2**
Client ID : **NORTH GRAND MSD 002** Site :

Collect Date **11/10/09 14:30**
Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst	Lab
EPA 1664 REV 2/99					STL
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	11/12/09 14:00	MEP	STL
EPA 624					
1,1,1-Trichloroethane	<	5 ug/l	11/18/09 17:31	BP	
1,1,2,2-Tetrachloroethane	<	5 ug/l	11/18/09 17:31	BP	
1,1,2-Trichloroethane	<	5 ug/l	11/18/09 17:31	BP	
1,1-Dichloroethane	<	5 ug/l	11/18/09 17:31	BP	
1,1-Dichloroethene	<	5 ug/l	11/18/09 17:31	BP	
1,2-Dichlorobenzene	<	5 ug/l	11/18/09 17:31	BP	
1,2-Dichloroethane	<	5 ug/l	11/18/09 17:31	BP	
1,2-Dichloropropane	<	5 ug/l	11/18/09 17:31	BP	
1,3-Dichlorobenzene	<	5 ug/l	11/18/09 17:31	BP	
1,4-Dichlorobenzene	<	5 ug/l	11/18/09 17:31	BP	
2-Chloroethyl Vinyl Ether	<	25 ug/l	11/18/09 17:31	BP	
Acrolein	<	25 ug/l	11/18/09 17:31	BP	
Acrylonitrile	<	5 ug/l	11/18/09 17:31	BP	
Benzene	<	5 ug/l	11/18/09 17:31	BP	
Bromodichloromethane	<	5 ug/l	11/18/09 17:31	BP	
Bromoform	<	10 ug/l	11/18/09 17:31	BP	
Bromomethane	<	5 ug/l	11/18/09 17:31	BP	
Carbon Tetrachloride	<	5 ug/l	11/18/09 17:31	BP	
Chlorobenzene	<	10 ug/l	11/18/09 17:31	BP	
Chloroethane	<	5 ug/l	11/18/09 17:31	BP	
Chloroform	<	10 ug/l	11/18/09 17:31	BP	
Chloromethane	<	5 ug/l	11/18/09 17:31	BP	
cis-1,3-Dichloropropene	<	5 ug/l	11/18/09 17:31	BP	
Dibromochloromethane	<	5 ug/l	11/18/09 17:31	BP	
Ethylbenzene	<	10 ug/l	11/18/09 17:31	BP	
m,p-Xylene	<	5 ug/l	11/18/09 17:31	BP	
Methylene Chloride	<	5 ug/l	11/18/09 17:31	BP	
o-Xylene	<	5 ug/l	11/18/09 17:31	BP	
Tetrachloroethene	<	5 ug/l	11/18/09 17:31	BP	
Toluene	<	5 ug/l	11/18/09 17:31	BP	
trans-1,2-Dichloroethene	<	5 ug/l	11/18/09 17:31	BP	
trans-1,3-Dichloropropene	<	5 ug/l	11/18/09 17:31	BP	
Trichloroethene	<	5 ug/l	11/18/09 17:31	BP	
Trichlorofluoromethane	<	5 ug/l	11/18/09 17:31	BP	
Vinyl Chloride	<	5 ug/l	11/18/09 17:31	BP	
FIELD PH					STL
pH #1, Field Measured		7.28 units	11/10/09 14:30	KE	STL
FIELD TEMP					
Temperature		22.5 degrees C	11/10/09 14:30	KE	

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09118173

PDC Laboratories, Inc.
3278 N. Highway 67 - Florissant, MO 63033
(314) 432-0550 - (800) 333-FAST (3278) - FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/10/09 17:30
Report Date 11/23/09
Customer # : 276817
P.O. Number : SC0086
Facility :

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories participates in the following accreditation/certification and proficiency programs at the following locations. Endorsement by the Federal or State Government or their agencies is not implied.

PIA PDC Laboratories - Peoria, IL
- NELAC Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230
- State of Illinois Bacteriological Analysis in Drinking Water Certified Lab Registry No. 17553
- Drinking Water Certifications: Indiana (C-IL-040); Kansas (E-10338); Kentucky (90058); Missouri (00870); Wisconsin (998294430)
- Wastewater Certifications: Arkansas; Iowa (240); Kansas (E-10338); Wisconsin (998294430)
- Hazardous/Solid Waste Certifications: Arkansas; Kansas (E-10338); Wisconsin(998294430)
- UST Certification: Iowa (240)

SPMO PDC Laboratories - Springfield, MO
- EPA DMR-QA Program

STL PDC Laboratories - St. Louis, MO
- NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

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PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks
CITY, STATE, ZIP: St. Louis, MO 63125
CONTACT PERSON: Chief Engineering Services
PROJECT NUMBER:
PHONE NUMBER: 314-487-0400
SAMPLED BY: [illegible]
SAMPLER'S SIGNATURE: [illegible]
P.O. NUMBER:
FAX NUMBER:
MEANS SHIPPED:
EMAIL ADDRESS:
MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID

(FOR LAB USE ONLY)
LOGIN # 0911817
LOGGED BY:
LAB PROJ #
TEMPLATE:
PROJ MGR:

RECEIVED DEC 30 2009 DIVISION OF ENVIRONMENTAL COMPLIANCE

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625	REMARKS
North Grand MSD 002	11-9-09 – 11-10-09	14:30 14:30		X	WW	H2SO4,4C	X						
				X	WW	Cool 4C		X					pH = 7.28
(Annual TTO)				X	WW	HNO3			X				Temp = 22.5°C
			X		WW	H2SO4, 4C				X			
			X		WW	HCL, 4C					X		
				X	WW	Cool to 4C						X	
													Field Chem

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day
Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[illegible]	11-10-09	17:30	Heather Earhart	11/11/09	08:40
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Temperature upon receipt	4.0 °C degrees C	Sample
Chill process started prior to receipt	Y or N	
Sample(s) received on ice	Y or N	
Proper bottles received in good condition	Y or N	
Bottles filled with adequate volume	Y or N	
Samples received within hold time(s)	Y or N	
Date and Time taken from sample bottle	Y or N (Excludes typical field parameters)	KEA 11-10-09 18:00

MSD

SR 10-28

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

Rec'd 10-27

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | X | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->			001						
DATES ON WHICH SAMPLES WERE COLLECTED -------->			08/10-11/09						
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->			11:30-11:30						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow							UNITS
FLOW		E	35,700						GPD
Biochemical Oxygen Demand	---	C	5						mg/L
Chemical Oxygen Demand	---	C	21						mg/L
Oil & Grease	200	G	<5						mg/L
pH	5.5 - 11.5	G	9.2						Units
Temperature	60	G	29						°C
Total Suspended Solids	350	C	17						mg/L
Silver (total)	0.5	C	<0.0015						mg/L
Total Toxic Organics (TTO)	5.5								mg/L
									mg/L
									mg/L
									mg/L
									mg/L
									mg/L

You must complete and sign the certification statements on the reverse side.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

Rec'd 10-27

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | X | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->		002						
DATES ON WHICH SAMPLES WERE COLLECTED -------->		08/10-11/09						
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->		12:00-12:00						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	11,900					GPD
Biochemical Oxygen Demand	---	C	11					mg/L
Chemical Oxygen Demand	---	C	19					mg/L
Oil & Grease	200	G	<5					mg/L
pH	5.5 - 11.5	G	9.2					Units
Temperature	60	G	31					°C
Total Suspended Solids	---	C	2					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____, _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Edward L. Beaty

Title: Pipe Shop Supervisor Telephone: 314-289-6450

Signature: Edward L. Beaty Date: 10-26-09

07/2003

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 08/11/09 16:28
Report Date : 08/19/09
Customer # : 276817
P.O. Number : 657SC9076
Facility :

Sample No: **09088200-1**
Client ID : **NORTH GRAND MSD 002**
Site :
Collect Date **08/11/09 12:00**
Locator : **COMP. 8/10-8/11/09**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7 Sample Preparation			08/12/09 15:00	JS
EPA 200.7 R4.4 Silver	<	0.0015 mg/l	08/13/09 09:24	WPS
EPA METHOD 405.1 Biochemical Oxygen Demand		11 mg/l	08/12/09 12:22	DM
SM (18) 2540D Solids, Total Suspended		2 mg/l	08/12/09 13:30	DM
SM (18) 5220D Chemical Oxygen Demand		19 mg/l	08/14/09 14:00	KE

Sample No: **09088200-2**
Client ID : **NORTH GRAND MSD 002**
Site :
Collect Date **08/11/09 12:00**
Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99 Hexane Ext. Material (HEM) by LLE	<	5 mg/l	08/12/09 14:00	MEP
FIELD PH pH #1, Field Measured		9.21 units	08/11/09 12:00	LLO
FIELD TEMP Temperature		31 degrees C	08/11/09 12:00	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

This report shall not be reproduced, except in full, without the written approval of the laboratory.

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PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
V.A. Medical Center					LOGIN # 09088199
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGGED BY: HE
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence Oliver		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LAB PROJ #
CONTACT PERSON: Chief, Engineering Services	SAMPLER SIGNATURE: Lawrence Oliver				TEMPLATE:
					PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	8/10/09	11:30-11:30		x	WW	H2SO4,4C	X							
(Quarterly)	8/10-11/09	↓		x	WW	Cool 4C		x						pH = 9.22
	↓	↓		x	WW	HNO3			x					Temp = 29.0°C
	8/11/09	11:30	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
	8/11/09	14:45	Heather Earhart	8/11/09	14:45
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	2.7 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

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Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED
ADDRESS: Jefferson Barracks Division 138 Jefferson Barracks	PHONE NUMBER 314-487-0400	FAX NUMBER	EMAIL ADDRESS
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Catherine Quinn		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID
CONTACT PERSON: Chief Engineering Services	SAMPLER'S SIGNATURE: Catherine Quinn		

ANALYSIS REQUESTED

(FOR LAB USE ONLY)
LOGIN # 0908200
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	8/10-11/09	12:00-12:00		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 9.21
				x	WW	HNO3			x					Temp = 31.0°C
	8/11/09	12:00	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
Normal (8-10 Bus Days) Rush (5 Bus Days) Fastrak™ (3 Bus Days) 1-2 Business Days Same Day

Date Due _____ Results by: E-Mail FAX Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
Catherine Quinn	8/11/09	14:45	Heather Earhart	8/11/09	14:45
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	3.6 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

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p.6

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
ANY/ALL	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

JC I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 10/3/09

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MSD 041874

SR

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

MSD

Company: VA Medical Center Account #: 1114046000
Premise Address: 915 N. Grand Avenue Zip Code: 63106
MSD Classes: SIU ☒ CIU ☐ Surch ☐ Potential Toxic Waste ☒ Non-Toxic Proc Waste ☐
No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Ed Beaty
Title: Pipefitter Foreman Phone#: 314-289-6450
Inspector: D. Kupke
Others Present: None
Inspection Date: 10/20/09 Time: From 09:35 AM To 11:27 AM (Last Insp. 12/16/08)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. Did all acct no's have water usage on PIMS? Yes☒ No☐
   C. If no to B, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Kitchen Waste	Batch		Yes	daily	SP001
Hospital Waste	Batch		Yes	daily	SP001, SP002
Laboratory waste-lab glassware	Batch		Yes	daily	SP002
Noncontact cooling water	Batch		Yes	daily	SP001, SP002
Laboratory waste-animal cage wash	Batch		Yes	daily	SP001, SP002
RO/Regeneration reject	Batch		Yes	daily	SP001

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
pH adjustment/Neuralization	SP001, SP002
Metallic Replacement	SP002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☒ No☐
   If yes: A. List sample points: SP001
   B. What is the frequency for cleaning & maintenance? 2-yrly
   C. Are enzymes (not bacteria) used in traps? Yes☐ No☒
   D. If yes to C, was co. told to stop or switch to approved bacteria? Yes☐ No☐
   E. Was co. informed that MSD performs separate grease trap inspections? Yes☐ No☒

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSP? Yes☐ No☒
   If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
   B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
   C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   If yes: A. List pollutants & process: _____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue.)
   D. Comments: _____

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐
   If yes: A. List reg. & describe (including any discharge):
   40 CFR 460 Sub Part A NA(No Standards)-Hospital waste from its laboratory waste and patient care services.

8. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____

B. Current applied factor: _____ Is it correct? Yes☐ No☐

C. If no, list correct factor/explain? _____

9. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____

B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐

C. If yes to B, explain: _____

10. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐

If yes: A. Describe operations & disposal: Radioisotopes used for (injectables) diagnostic purposes

B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☒ No☐

C. Most recent authorization date: 5/1/97

D. Amount discharged in most recent complete calendar year: 0.404 mCi

11. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒

A. Explain how use was verified & any needed changes:
Tour of the facility revealed no excessive water usages. The VA Medical Center predominant water usages come from its Hospital waste from patient care, Kitch waste, Lab waste, NCCW, Boiler operations, RO Water regeneration/reject water, and Sanitary.

12. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: Evaporative loss from its boiler and cooling tower operations

B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

13. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

14. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

15. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
Spills? ☐ Slug discharges? ☐ Other? _____

B. Explain any marked: _____

16. COULD SPILLS OR LEAKS OF PROCESS TANKS, STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?

If no: B. How are they controlled?
Boiler chemical drums are contained using catch basins. Lab quantity solvents are sotred in flammable cabinets.

17. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe:
B. What needs to be done?
C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

18. DOES COMPANY HAVE ANY SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS? Yes☒ No☐

If yes: A.

	Title	Last Update	Update needed? Explain if yes
1.	SPCCP	11/1/97	No
2.			N/A

B. Are any Plans needed (in addition to those listed in Part A)? Yes☐ No☒
(If yes, write company and request)

19. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☒ No☐

If yes: A. Parts washer solvent name: Safety Kleen premium parts washing solvent
B. Priority pollutants (or "none"): typically contains Benzene, Toluene, Ethyl Benzene, and Xylene
C. How is spent solvent disposed? hauled offsite
(Parts washer solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

20. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A.

Solvent name/ components	Used for?	413/433/469 Process?	How disposed?	Priority Pollutant?
Xylene, Alcohol	lab reagent used in histology	Yes☐ No☒	haueld offsite	Yes☐ No☒
Phenol, Toluene	lab reagent	Yes☐ No☒	hauled offsite	Yes☒ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

21. DOES COMPANY HAVE A 413/433/469 SOLVENT MANAGEMENT PLAN? Yes☐ No☒

If yes: A. Is it part of a Spill/Slug Control Plan listed above? Yes [1.☐ 2.☐] No☐
B. If no to A, date of last update for SMP:
C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐
D. Does SMP address all 413/433/469 solvents? Yes☐ No☐
(If no to C or D, write company and require submittal and/or update)

22. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☒ No☐
A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐
(Must post if co. generates process wastewater or stores chemicals of concern)

23. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

If yes: A. Is requirement contained in permit ☒ or other document ☐.
B. If other document, date & description: _____
C. How frequently is sampling required? quarterly
D. How frequently are reports required? quarterly
E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐
F. If no, explain: _____

24. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐

If yes: A. Is the self-monitoring required by MSD? Yes☒ No☐
B. Are representative grab/comp samples collected? Yes☒ No☐
C. Does sample collection time period match company's production shifts (is it representative)? Yes☒ No☐
D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐
E. If no to B, C, or D, explain needed changes: _____

25. DOES CO. CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMANENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes: A. At which SPs? _____
B. Does company submit quarterly summaries? Yes☐ No☐
C. If no, explain: _____

26. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes: A. Is company having the samples analyzed Yes☐ No☐
B. How does company insure proper preservation, holding times & analytical methods? _____
C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐
E. If no to C, or D, explain: _____
F. Does company still want to split samples? Yes☐ No☐
G. Comments: _____

27. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes: A. Type and date: _____
B. Have the reports & actions been on-time & complete? Yes☐ No☐
C. If no, explain: _____

28. ASK COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? Yes☒ No☐
[Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge.] [City/County-issued air permits are not NESHAP permits.]

If no: A. Describe: _____
B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

29. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐

If no: A. How long does company retain records? _____
B. Was company told to retain for at least 5 years, per ordinance? Yes☐ No☐
C. Where are they kept? Contact retains all wastewater related records on-site

30. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒

If yes: A. Indicate correct classifications:
SIU ☐ CIU ☐ Surch. ☐ Potential Toxic Waste ☐ Non-Toxic Proc Waste ☐
No Process Discharge ☐ Multi-User ☐ Special Handling/Billing ☐
B. Explain changes: _____

31. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Boiler blowdown, Hospital waste, Kitchen waste, Laboratory waste, Noncontact cooling water, RO Regeneration/reject water, Sanitary, Storm water	No
SP #	002	Fed.Reg.		Components:	Hospital waste, Laboratory waste, Process-X-ray development, Noncontact cooling water, Sanitary, Storm water	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

32. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒
If yes: A. List SPs: _____
B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

33. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☐ No☒
If yes: A. List SPs and reasons: _____

34. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

35. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐
If yes: A. List Sample Points: SP001, SP002

36. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____
C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒
D. If yes to C, list SPs & describe: _____
E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

37. REVIEW THE SAMPLE POINT MAP! Last map revision date: 2/25/09
A. Is the map correct and accurate in all its details? Yes☒ No☐
B If no, what changes are needed: _____

38. DO INSTRUCTIONS FOR "Contact Prior to Sampling" OR FIELD VISIT "Special Instructions" NEED REVISION? Yes☐ No☒
If yes: A. List needed changes: _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
The VA Medical Center has gone to digital imaging and replaced its x-ray development process for its x-ray development process. I have not removed this discharge component from their operation due to a small x-ray developer that exists in the operating room. I have reminded Ed Beatty that until all sources have been removed from the hospital, Silver can't be removed as a monitoring requirement for the VA Medical Center. VA Meidcal Hospital has its laundry services subcontracted out and no laundry is washed at this site. The hospital has a grease trap that is cleaned out at a frequency of 2 times a year. The VA Medical Center has an animal research area, and the only wastewater discharge source comes from its cage washing operation. The boiler room employs a chemical delivery system that adds (Solid)chemical through a pump system and they no longer use 55-gallon drums for its boiler treatment chemicals. The equipment oils in the boiler room are stored using a catch basin note that any minor spills or leaks are contained by using an absorbent.

MSD 041879

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO:

Base Map 19F2
Wun:St. Louis City & Co.
Grid: G 19 Page 27

SIU CRITERIA

POTM Reasonable potential for adverse affect on

GENERAL INFORMATION

Office Mailing Address
915 N. Grand Boulevard
St. Louis, MO. 63106

Billing Address
915 N. Grand Blvd
St. Louis, MO. 63106

INSPECTION INFORMATION

Next Due	Insp Rslt	
10/20/2009	RIN	David Kupke

PERMIT INFORMATION

Issue Date:	02/01/2007
Expire Date:	01/31/2012
Extended Date:	12/31/2007
Writer	fabian Grabski
Issue Date:	01/01/2008
Expire Date:	01/31/2012
Extended Date:	
Writer	Scott Rehmer

IUQ INFORMATION

IUQ Recvd Date:	08/14/2001
Reviewer:	Fabian Grabski
IUQ Recvd Date:	09/19/2006
Reviewer:	Fabian Grabski

CONTACTS

BILL	Keith Repko	Service Chief/Engineering	OFF	(314) 289-6438 Ext.
FLD1	Ed Beaty	Pipefitter Foreman	OFF	(314) 289-6450 Ext.
FLD2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.
OFF1	Ed Beaty	Pipefitter Supervisor	OFF	(314) 289-6450 Ext.
OFF2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.

OPERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	750	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,200 Hrs: 24.0

OTHER AGENCIES INFORMATION

12/02/1996	EPA - Hazardous Waste Program	MOD93060090030
01/29/1997	Nuclear Regulatory Commission	24-00144-05
01/17/1999	MDNR - Hazardous Waste Program	004272
06/21/2006	MSD - Billing Account Number	00086730

NON-SEWERED WASTE

On-Site Storage N On-Site Disposal N Off-Site Disposal Y

09/19/2006	Acids and/or Alkalies	10	GPY
09/19/2006	Equipment Oils and/or Grease	50	GPY
09/19/2006	Infectious Waste	120000	LB/YR
09/19/2006	Kitchen/Food Service Grease	100	GPY
09/19/2006	Organic Compounds	15	GPY
09/19/2006	Radioactive Waste	<10	GPY
09/19/2006	Solvents/Thinners	50	GPY
05/26/2006	Paints or Paint Sludges	Unknown	GPY

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General hospital services			

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

SEWER ACCOUNTS

Sewer Accounts
1114046000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/01/2008 12:00:00AM **End Date =** 10/20/2009 12:59:59PM **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
1114046000			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1114046000	11/16/2007	02/25/2008	2,980	2,980	A	102	102	102	
1114046000	02/26/2008	05/15/2008	2,930	5,910		80	80	182	
1114046000	05/16/2008	08/15/2008	7,120	13,030		92	92	274	
1114046000	08/16/2008	11/17/2008	5,770	18,800		94	94	368	
1114046000	11/18/2008	02/26/2009	3,670	22,470		101	101	469	
1114046000	02/27/2009	05/15/2009	3,408	25,878		78	78	547	
1114046000	05/16/2009	08/14/2009	9,553	35,431		91	91	638	
RF 0.62	**Acct. Total**		35,431	26,504,230		638	638	25,756	25,756
	Facility Total		35,431						

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**		**Treatment Area**	Bissell Point
01	Sanitary Or Combined	19F2	345C	**Trunk Sewer**	Western Mill Creek

Description Multiple lines exiting buildings on N side of campus into 12" main in Bell

Sewer Route W on Bell, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT NO. **001** Ordinance **NPDES Outfall No.**

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	**Process Description**	**Avg Flow**	**Unit**	**Max Flow**	**Unit**	**RUD**	**Effective Date**
Sanitary		8,925	GPD		GPD	D	10/20/06
Boiler Blowdown		2,705	GPD		GPD	D	10/20/06
Hospital Waste		13,388	GPD		GPD	D	10/20/06
Kitchen Waste		2,499	GPD		GPD	D	10/20/06
Laboratory Waste	Animal, Research, + Diagnostic Labs	1,045	GPD		GPD	D	10/20/06
Non Contact Cooling Water		6,288	GPD		GPD	D	10/20/06
Regeneration/Reject Wat	Softener Regen+ RO Reject	850	GPD		GPD	D	10/20/06
Storm Water		0	GPD		GPD	D	4/16/08
	Total Flow Avg =	**35,700**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**		**Treatment Area**	Bissell Point
02	Sanitary Or Combined	19F2	352C	**Trunk Sewer**	Western Mill Creek

Description Multiple lines exiting buildings on S side of campus into 12' main in Enright

Sewer Route W on Enrightl, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT NO. **002** Ordinance **NPDES Outfall No.**

Description Offset MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	**Process Description**	**Avg Flow**	**Unit**	**Max Flow**	**Unit**	**RUD**	**Effective Date**
Sanitary		2,975	GPD		GPD	D	10/20/06
Hospital Waste		4,462	GPD		GPD	D	10/20/06
Laboratory Waste	Diagnostic + Research Labs	750	GPD		GPD	D	10/20/06
Non Contact Cooling Water		2,096	GPD		GPD	D	10/20/06
Process Waste	X-Ray Processing	100	GPD		GPD	D	6/15/07
Storm Water		0	GPD		GPD	D	4/16/08
	Total Flow Avg =	**10,383**		**Max =**			

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

PRETREATMENT TYPES

SP	EFF_DATE	TYPE	DESCRIPTION
001	03/16/1998	DC28	Grease Trap
001	02/02/2004	DC37	pH Adjustment / Neutralization
002	01/16/2003	DC37	pH Adjustment / Neutralization
002	02/02/2004	DC32	Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Asbestos (Fibrous)	SP	Silver (Total)	KP	Cadmium (Total)	SP
Mercury (Total)	SP	Lead (Total)	SP	Phenol	KP
Toluene	KP	Chloroform	SP		

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS

For Account Number Selecte **1114046000** **VA MEDICAL CENTER**
Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type

Contact Type	Contact Name		Contact Title	Phone Type	Number	Ext.
Billing Address						
Billing Contact	Keith	Repko	Service Chief/Engineering	OFF	(314)289-6438	
Office Mailing Address						
Office Contact - Primary	Ed	Beaty	Pipefitter Supervisor	OFF	(314)289-6450	
Office Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	
Premise Address						
Field Contact - Primary	Ed	Beaty	Pipefitter Foreman	OFF	(314)289-6450	
Field Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
VA MEDICAL CENTER

Account No Entered **1114046000**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

001 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2010
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2010
	T237000	pH	Once/year	Grab	06/30/2010
	T247000	Temperature	Once/year	Grab	06/30/2010
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2010
LGRIV (Starts - 08/14/1991)	T257000	Total Phenols	Once/year	Grab	06/30/2010
	T332000	Chloroform	Once/year	Grab	06/30/2010
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T397000	Toluene	Once/year	Grab	06/30/2010
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2010

002 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2010
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2010
	T237000	pH	Once/year	Grab	06/30/2010
	T247000	Temperature	Once/year	Grab	06/30/2010
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2010
LGRIV (Starts - 08/14/1991)	T257000	Total Phenols	Once/year	Grab	06/30/2010
	T332000	Chloroform	Once/year	Grab	06/30/2010
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2010
	T397000	Toluene	Once/year	Grab	06/30/2010
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2010

MSD

SR 9-28

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/all	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

DA I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 7/7/09

radrpt.doc 2/00

Sep 28 09 03:33p p.2

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

SR 7-24

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | X | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->			001					
DATES ON WHICH SAMPLES WERE COLLECTED -------->			05/11-12/09					
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->			11:00-11:00					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700					GPD
Biochemical Oxygen Demand	---	C	<6					mg/L
Chemical Oxygen Demand	---	C	20					mg/L
Oil & Grease	200	G	<5.0					mg/L
pH	5.5 - 11.5	G	8.2					Units
Temperature	60	G	31.1					°C
Total Suspended Solids	---	C	4					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

Rec'd 7-23-2009

Jul 19 09 11:17a p.3

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | X | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->			002					
DATES ON WHICH SAMPLES WERE COLLECTED -------->			5/11-12/09					
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->			11:30-11:30					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	11,900					GPD
Biochemical Oxygen Demand	---	C	13					mg/L
Chemical Oxygen Demand	---	C	33					mg/L
Oil & Grease	200	G	<5					mg/L
pH	5.5 - 11.5	G	8.1					Units
Temperature	60	G	26.7					°C
Total Suspended Solids	---	C	8					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____. I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Edward L. Beaty

Title: Pipe Shop Super Telephone: 314-289-6450

Signature: Edward L. Beaty Date: 23 Jul, 2009

PDC Laboratories, Inc.
3279 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 05/12/09 15:30
Report Date : 05/28/09
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **09058196-1** Collect Date **05/12/09 11:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 5/11-5/12/09**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			05/16/09 11:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	05/18/09 15:17	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand	<	6 mg/l	05/14/09 09:14	DM
SM (18) 2540D				
Solids, Total Suspended		4 mg/l	05/15/09 12:00	JS
SM (18) 5220D				
Chemical Oxygen Demand		20 mg/l	05/27/09 16:30	KE

Sample No: **09058196-2** Collect Date **05/12/09 11:00**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	05/15/09 14:00	MEP
FIELD PH				
pH #1, Field Measured		8.22 units	05/12/09 11:00	LLO
FIELD TEMP				
Temperature		31.1 degrees C	05/12/09 11:00	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

This report shall not be reproduced, except in full, without the written approval of the laboratory.

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P[illegible] Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 05/12/09 15:30
Report Date : 05/28/09
Customer # : 276817
P.O. Number : 657SC8032
Facility :

Sample No: **09058197-1** Collect Date **05/12/09 11:30**
Client ID : **NORTH GRAND MSD 002** Site : Locator : **COMP. 5/11-5/12/09**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			05/16/09 11:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	05/18/09 15:21	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		13 mg/l	05/14/09 09:14	DM
SM (18) 2540D				
Solids, Total Suspended		8 mg/l	05/15/09 12:00	JS
SM (18) 5220D				
Chemical Oxygen Demand		32.6 mg/l	05/27/09 16:30	KE

Sample No: **09058197-2** Collect Date **05/12/09 11:30**
Client ID : **NORTH GRAND MSD 002** Site : Locator : **GRAB**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	05/15/09 14:00	MEP
FIELD PH				
pH #1, Field Measured		8.09 units	05/12/09 11:30	LLO
FIELD TEMP				
Temperature		26.7 degrees C	05/12/09 11:30	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

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PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence Oliver		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: Lawrence J. Oliver		

ANALYSIS REQUESTED

(FOR LAB USE ONLY)
LOGIN # 0905819b
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	5/11-12/09	11:00-11:00		x	WW	H2SO4,4C	X							
(Quarterly)		↓		x	WW	Cool 4C		x						pH = 8.22
				x	WW	HNO3			x					Temp = 31.1°C
	5/12/09	11:00	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
Lawrence J. Oliver	5/12/09	15:30	Heather Eckhart	5/12/09	15:30
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	2.7	degrees C
Chill process started prior to receipt	Y or N	
Sample(s) received on ice	Y or N	
Proper bottles received in good condition	Y or N	
Bottles filled with adequate volume	Y or N	
Samples received within hold time(s)	Y or N	(Excludes typical field parameters)
Date and Time taken from sample bottle		

Jul 19 09 11:17a

p.4

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CHAIN OF CUSTODY RECORD

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Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence O'Neal		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: [signature]			

(FOR LAB USE ONLY)
LOGIN # 09058197
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	5/11-12/09	11:30-11:30		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 8.09
				x	WW	HNO3			x					Temp = 26.78
	5/12/09	11:30	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
| | Normal (8-10 Bus Days) | Rush (5 Bus Days) | Fastrak™ (3 Bus Days) | 1-2 Business Days | Same Day

Date Due _____ Results by: | | E-Mail | | FAX | | Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	5/12/09	15:30	Heather Earhart	5/12/09	15:30
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

Sample Temperature upon receipt	2.4 degrees C
Chill process started prior to receipt	Y or N
Sample(s) received on ice	Y or N
Proper bottles received in good condition	Y or N
Bottles filled with adequate volume	Y or N
Samples received within hold time(s)	Y or N (Excludes typical field parameters)
Date and Time taken from sample bottle	

OFFICE OF ENVIRONMENTAL COMPLIANCE
MEMORANDUM

MSD

MEMO TO: Hospital Files

FROM: Tom Boehm

DATE: June 16, 2009

SUBJECT: **Total Phenols on Field Sampling Requirements**

From past experience, we understand that most health care facilities use phenols in one form or another for both lab use and for sanitization. We also know that the expertise of those charged with completing Permit Applications (Industrial User Questionnaire - IUQ) runs the gamut from highly qualified EHS employees to less qualified maintenance and HR personnel. Because of this large disparity in their knowledge of chemistry, some may not be aware of the existence of these products being used on site and may not have included them on the Priority Pollutant list on the IUQ.

In order to combat this and to make Field Sampling Requirements more consistent across the Permitted hospitals in the PIMS database, all sample points that collect hospital waste and have potential for phenolic containing discharges are being changed to include Total Phenols. Individual phenolics are being removed because Total Phenols includes them in the Method 420.1. If this 'wet method' yields a result above our limitation, Method 625 must be used to determine the level of individual phenolic compounds. Permit requirement changes will be handled as each is revised over the next few years.

Cc:

Anheuser-Busch Institute	4112225102
Barnes Jewish – North Campus	5112218200
Barnes Jewish – South Campus	5112216900
Barnes Jewish West County Hospital	0611508201
Christian Hospital	3118097000
Des Peres Hospital	7018960700
Forest Park Hospital	4112271800
Kindred Hospital – St. Louis	5112241404
Missouri Baptist Medical Center	3118092900
Shriner's Hospital For Children	6118481900
SSM Cardinal Glennon Children's Hospital	4112195400
SSM Depaul Health Center	0511000500
SSM St. Mary's Health Center	9009387301
St. Alexius Hospital Corp #1	3112133801
St. Alexius Hospital Corp #1	3112536100
St. Anthony's Medical Center	0610900300
St. John's Mercy Medical Center	3118089900
St. Louis Children's Hospital	9000640301
St. Louis University Health Sciences Center	4112193600
St. Louis University Hospital	4112195100
St. Lukes Hospital	0611862000
VA Medical Center	1114011101
VA Medical Center	1114046000

M:\memo\ Hospital phenol cleanup w061609.doc

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

SR 4-10

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114011101

Premise Address: #1 Jefferson Barracks Dr., St. Louis, MO 63125

Monitoring Period: | X | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->			002					
DATES ON WHICH SAMPLES WERE COLLECTED -------->			02/09-10/09					
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->			12:30-12:30					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	79,951					GPD
Biochemical Oxygen Demand	---	C	170					mg/L
Chemical Oxygen Demand	---	C	400					mg/L
Oil & Grease	200	G	15					mg/L
pH	5.5 - 11.5	G	9.5					Units
Temperature	60	G	14.9					°C
Total Suspended Solids	350	C	110					mg/L
Silver (total)	0.5	C	0.0032					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

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ENVIRONMENTAL COMPLIANCE

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[✓] In lieu of monitoring for TTO at sample point(s) 002, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Anthony E. Wehlermann

Title: M&O Supervisor Telephone: 314 894 6597

Signature: Anthony E. Wehlermann Date: 4-9-09

Mike D.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Jefferson BArracks VA Medical Center

Permit No: 11140111-01

Premise Address: #1 Jefferson Barracks Drive.

Reporting Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-789-6848

Signature: Larry Chandler Date: 4/6/09

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PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125-4199
Attn : Mr. Michael Duffy

Date Received : 02/10/09 15:40
Report Date : 02/18/09
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **09028150-1** Collect Date **02/10/09 12:30**
Client ID : **JB MSD 002 COMP** Site : **STL** Locator : **COMP. 2/9-2/10/09**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			02/11/09 12:00	JS
EPA 200.7 R4.4				
Silver		0.0032 mg/l	02/12/09 10:12	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		170 mg/l	02/11/09 11:00	DM
SM (18) 2540D				
Solids, Total Suspended		110 mg/l	02/11/09 13:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		400 mg/l	02/11/09 14:00	AV

Sample No: **09028150-2** Collect Date **02/10/09 12:30**
Client ID : **JB MSD 002 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE		15 mg/l	02/12/09 13:30	MEP
FIELD PH				
pH #1, Field Measured		9.48 units	02/10/09 12:30	LLO
FIELD TEMP				
Temperature		14.9 degrees C	02/10/09 12:30	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No: 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

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CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
V.A. Medical Center					
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN # 09028150
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence Oliver		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LOGGED BY: HE
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: Lawrence Oliver				LAB PROJ #, TEMPLATE, PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
Jefferson Barracks MSD 002	2/9-10/09	12:30-12:30		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 9.48
				x	WW	HNO3			x					Temp = 14.9°C
	2/10/09	12:30	x		WW	H2SO4, 4C				x				
														5 hrs field tech
														1 day pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak™* (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day
Date Due _____
Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
Lawrence Oliver	2/10/09	15:40	Heather Earhart	2/10/09	15:40
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 16.2 °C

RECEIVED APR 2009 DIVISION OF ENVIROMMNTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

Faxed 4-7-09

MSD

LR 4-8-9

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | X | (JAN-MAR) | | (APR-JUNE) | X | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		02/09-10/09		02/09-10/09				
TIMES AT WHICH SAMPLES WHERE COLLECTED ——>		11:00-11:00		11:30-11:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700		11,900			GPD
Biochemical Oxygen Demand	—	C	16		35			mg/L
Chemical Oxygen Demand	—	C	33		84			mg/L
Oil & Grease	200	G	<5.0		12			mg/L
pH	5.5 - 11.5	G	10.6		8.43			Units
Temperature	60	G	28.2		14.2			°C
Total Suspended Solids	—	C	15		65			mg/L
Silver (total)	0.5	C	<0.0015		0.0017			mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

F. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Edward L. Beaty

Title: Pipe Shop Super Telephone: 314-289-6450

Signature: Edward L Beaty Date: 7 APR 2009

07/2003

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 4/6/09

radrpt.doc 2/00

C Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 02/10/09 15:40
Report Date : 02/18/09
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **09028149-1** Collect Date **02/10/09 11:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 2/9-2/10/09**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			02/11/09 12:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	02/12/09 09:53	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		16 mg/l	02/11/09 11:00	DM
SM (18) 2540D				
Solids, Total Suspended		15 mg/l	02/11/09 13:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		33 mg/l	02/11/09 14:00	AV

Sample No: **09028149-2** Collect Date **02/10/09 11:00**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	02/12/09 13:30	MEP
FIELD PH				
pH #1, Field Measured		10.58 units	02/10/09 11:00	LLO
FIELD TEMP				
Temperature		28.2 degrees C	02/10/09 11:00	LLO

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Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 02/10/09 15:40
Report Date : 02/18/09
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **09028149-3**
Client ID : **N GRAND MSD 002 COMP** Site : **STL**
Collect Date **02/10/09 11:30**
Locator : **COMP. 2/9-2/10/09**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			02/11/09 12:00	JS
EPA 200.7 R4.4				
Silver		0.0017 mg/l	02/12/09 10:08	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		35 mg/l	02/11/09 11:00	DM
SM (18) 2540D				
Solids, Total Suspended		65 mg/l	02/11/09 13:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		84 mg/l	02/11/09 14:00	AV

Sample No: **09028149-4**
Client ID : **N GRAND MSD 002 GRAB** Site : **STL**
Collect Date **02/10/09 11:30**
Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE		12 mg/l	02/12/09 13:30	MEP
FIELD PH				
pH #1, Field Measured		8.43 units	02/10/09 11:30	LLO
FIELD TEMP				
Temperature		14.2 degrees C	02/10/09 11:30	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

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PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
V.A. Medical Center					
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN # ____ LOGGED BY: ____ LAB PROJ # TEMPLATE: PROJ. MGR:
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: [illegible]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		
CONTACT PERSON: Chief, Engineering Services	CONTACT PHONE: [illegible]				

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	C	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	2/9-10/09	11:30-11:30		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 8.43
				x	WW	HNO3			x					Temp = 14.2°C
	2/10/09	11:30	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)

☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____

Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	2/10/09	15:40			
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT _____ °C

Apr 03 09 04:08p

p.4

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY/STATE, ZIP: St. Louis, MO 63125	SAMPLER: [illegible]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER SIGNATURE: [illegible]			

(FOR LAB USE ONLY)
LOGIN # 09028149
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	2/9-10/09	11:00-11:00		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 10.58
				x	WW	HNO3			x					Temp = 28.2°C
	2/10/09	11:00	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)

| | Normal (8-10 Bus Days) | Rush (5 Bus Days) | Fastrak™ (3 Bus Days) | 1-2 Business Days | Same Day

Date Due _____

Results by: | | E-Mail | | FAX | | Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	2/10/09	15:40	Heather Earhart	2/10/09	15:40
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 16.3 °C

Apr 03 09 04:08p

p.5

MSD

SR
1-8-09

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | X | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ——>			1						
DATES ON WHICH SAMPLES WERE COLLECTED ——>			11/3-4/2008						
TIMES AT WHICH SAMPLES WHERE COLLECTED ——>			13:30-13:30						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow							UNITS
FLOW		E	35,700						GPD
Biochemical Oxygen Demand	---	C	<6						mg/L
Chemical Oxygen Demand	---	C	20						mg/L
Oil & Grease	200	G	<5.0						mg/L
pH	5.5 - 11.5	G	10.2						Units
Temperature	60	G	25.9						°C
Total Suspended Solids	---	C	6						mg/L
Silver (total)	0.5	C	<0.0015						mg/L
Total Toxic Organics (TTO)	5.5		0.050						mg/L
									mg/L
									mg/L
									mg/L
									mg/L
									mg/L

You must complete and sign the certification statements on the reverse side.

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METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | X | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ---->			2					
DATES ON WHICH SAMPLES WERE COLLECTED ---->			11/3-4/2008					
TIMES AT WHICH SAMPLES WHERE COLLECTED ---->			14:00-14:00					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	11,900					GPD
Biochemical Oxygen Demand	---	C	31					mg/L
Chemical Oxygen Demand	---	C	61					mg/L
Oil & Grease	200	G	12					mg/L
pH	5.5 - 11.5	G	7.9					Units
Temperature	60	G	24.9					°C
Total Suspended Solids	---	C	76					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5		0.050					mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

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PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____. I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Edward L. Beaty

Title: Pipe Shop Super Telephone: 314-289-6450

Signature: Edward L. Beaty Date: 5 JAN 09

07/2005

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Jan 03 09 03:21p p.11

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/all	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

JL I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 1/6/09

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MSD 041909

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(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/04/08 16:25
Report Date : 11/13/08
Customer # : 276817
P.O. Number : 657SC8032
Facility :

Sample No: **08118027-1**
Client ID : **N GRAND MSD 001 COMP**
Site : **STL**
Collect Date **11/04/08 13:30**
Locator : **COMP. 11/3-11/4/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			11/05/08 10:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	11/06/08 11:17	WPS
EPA 625				
Sample Preparation			11/06/08 11:00	HM

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Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/04/08 16:25
Report Date : 11/13/08
Customer # : 276817
P.O. Number : 657SC8032
Facility :

Sample No: **08118027-2**
Client ID : **N GRAND MSD 001 GRAB**
Site : **STL**
Collect Date **11/04/08 13:30**
Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	11/06/08 14:00	MEP
EPA 624				
1,1,1-Trichloroethane	<	5 ug/l	11/11/08 18:45	BP
1,1,2,2-Tetrachloroethane	<	5 ug/l	11/11/08 18:45	BP
1,1,2-Trichloroethane	<	5 ug/l	11/11/08 18:45	BP
1,1-Dichloroethane	<	5 ug/l	11/11/08 18:45	BP
1,1-Dichloroethene	<	5 ug/l	11/11/08 18:45	BP
1,2-Dichlorobenzene	<	5 ug/l	11/11/08 18:45	BP
1,2-Dichloroethane	<	5 ug/l	11/11/08 18:45	BP
1,2-Dichloropropane	<	5 ug/l	11/11/08 18:45	BP
1,3-Dichlorobenzene	<	5 ug/l	11/11/08 18:45	BP
1,4-Dichlorobenzene	<	5 ug/l	11/11/08 18:45	BP
2-Chloroethyl Vinyl Ether	<	5 ug/l	11/11/08 18:45	BP
Acrolein	<	25 ug/l	11/11/08 18:45	BP
Acrylonitrile	<	25 ug/l	11/11/08 18:45	BP
Benzene	<	5 ug/l	11/11/08 18:45	BP
Bromodichloromethane	<	5 ug/l	11/11/08 18:45	BP
Bromoform	<	5 ug/l	11/11/08 18:45	BP
Bromomethane	<	10 ug/l	11/11/08 18:45	BP
Carbon Tetrachloride	<	5 ug/l	11/11/08 18:45	BP
Chlorobenzene	<	5 ug/l	11/11/08 18:45	BP
Chloroethane	<	10 ug/l	11/11/08 18:45	BP
Chloroform	<	5 ug/l	11/11/08 18:45	BP
Chloromethane	<	10 ug/l	11/11/08 18:45	BP
Dibromochloromethane	<	5 ug/l	11/11/08 18:45	BP
Ethylbenzene	<	5 ug/l	11/11/08 18:45	BP
Methylene Chloride	<	5 ug/l	11/11/08 18:45	BP
Tetrachloroethene	<	5 ug/l	11/11/08 18:45	BP
Toluene	<	5 ug/l	11/11/08 18:45	BP
Trichloroethene	<	5 ug/l	11/11/08 18:45	BP
Trichlorofluoromethane	<	5 ug/l	11/11/08 18:45	BP
Vinyl Chloride	<	5 ug/l	11/11/08 18:45	BP
cis-1,3-Dichloropropene	<	5 ug/l	11/11/08 18:45	BP
m,p-Xylene	<	10 ug/l	11/11/08 18:45	BP
o-Xylene	<	5 ug/l	11/11/08 18:45	BP
trans-1,2-Dichloroethene	<	5 ug/l	11/11/08 18:45	BP
trans-1,3-Dichloropropene	<	5 ug/l	11/11/08 18:45	BP
FIELD PH				
pH #1, Field Measured		10.2 units	11/04/08 13:30	
FIELD TEMP				
Temperature		25.9 degrees C	11/04/08 13:30	

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Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/04/08 16:25
Report Date : 11/13/08
Customer # : 276817
P.O. Number : 657SC8032
Facility :

Sample No: **08118027-1**
Client ID : **N GRAND MSD 001 COMP** Site : **STL**

Collect Date **11/04/08 13:30**
Locator : **COMP. 11/3-11/4/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 625				
1,2,4-Trichlorobenzene	<	10 ug/l	11/11/08 18:18	JK
1,2-Dichlorobenzene	<	10 ug/l	11/11/08 18:18	JK
1,3-Dichlorobenzene	<	10 ug/l	11/11/08 18:18	JK
1,4-Dichlorobenzene	<	10 ug/l	11/11/08 18:18	JK
2,2'-oxybis(1-Chloropropane)	<	10 ug/l	11/11/08 18:18	JK
2,4,5-Trichlorophenol	<	10 ug/l	11/11/08 18:18	JK
2,4,6-Trichlorophenol	<	10 ug/l	11/11/08 18:18	JK
2,4-Dichlorophenol	<	10 ug/l	11/11/08 18:18	JK
2,4-Dimethylphenol	<	10 ug/l	11/11/08 18:18	JK
2,4-Dinitrophenol	<	10 ug/l	11/11/08 18:18	JK
2,4-Dinitrotoluene	<	10 ug/l	11/11/08 18:18	JK
2,6-Dimethylaniline	<	10 ug/l	11/11/08 18:18	JK
2,6-Dinitrotoluene	<	10 ug/l	11/11/08 18:18	JK
2-Chloronaphthalene	<	10 ug/l	11/11/08 18:18	JK
2-Chlorophenol	<	10 ug/l	11/11/08 18:18	JK
2-Methylphenol	<	10 ug/l	11/11/08 18:18	JK
2-Nitrophenol	<	10 ug/l	11/11/08 18:18	JK
3,3'-Dichlorobenzidine	<	10 ug/l	11/11/08 18:18	JK
4,6-Dinitro-2-methylphenol	<	10 ug/l	11/11/08 18:18	JK
4-Bromophenyl-phenylether	<	10 ug/l	11/11/08 18:18	JK
4-Chloro-3-methylphenol	<	10 ug/l	11/11/08 18:18	JK
4-Chlorophenyl-phenyl Ether	<	10 ug/l	11/11/08 18:18	JK
4-Methylphenol	<	10 ug/l	11/11/08 18:18	JK
4-Nitrophenol	<	10 ug/l	11/11/08 18:18	JK
Acenaphthene	<	10 ug/l	11/11/08 18:18	JK
Acenaphthylene	<	10 ug/l	11/11/08 18:18	JK
Anthracene	<	10 ug/l	11/11/08 18:18	JK
Benzidine	C,<	10 ug/l	11/11/08 18:18	JK
Benzo(a)anthracene	<	10 ug/l	11/11/08 18:18	JK
Benzo(a)pyrene	<	10 ug/l	11/11/08 18:18	JK
Benzo(b)fluoranthene	<	10 ug/l	11/11/08 18:18	JK
Benzo(g,h,i)perylene	<	10 ug/l	11/11/08 18:18	JK
Benzo(k)fluoranthene	<	10 ug/l	11/11/08 18:18	JK
Butylbenzylphthalate	<	10 ug/l	11/11/08 18:18	JK
Chrysene	<	10 ug/l	11/11/08 18:18	JK
Di-n-butylphthalate	<	10 ug/l	11/11/08 18:18	JK
Di-n-octylphthalate	<	10 ug/l	11/11/08 18:18	JK
Dibenzo(a,h)anthracene	<	10 ug/l	11/11/08 18:18	JK
Diethylphthalate	J	0.95 ug/l	11/11/08 18:18	JK
Dimethylphthalate	<	10 ug/l	11/11/08 18:18	JK
Diphenylamine / N-Nitroso	<	10 ug/l	11/11/08 18:18	JK
Fluoranthene	<	10 ug/l	11/11/08 18:18	JK

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Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/04/08 16:25
Report Date : 11/13/08
Customer # : 276817
P.O. Number : 657SC8032
Facility :

Sample No: **08118027-1**
Client ID : **N GRAND MSD 001 COMP** Site : **STL**

Collect Date **11/04/08 13:30**
Locator : **COMP. 11/3-11/4/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
Fluorene	<	10 ug/l	11/11/08 18:18	JK
Hexachlorobenzene	<	10 ug/l	11/11/08 18:18	JK
Hexachlorobutadiene	<	10 ug/l	11/11/08 18:18	JK
Hexachlorocyclopentadiene	<	10 ug/l	11/11/08 18:18	JK
Hexachloroethane	<	10 ug/l	11/11/08 18:18	JK
Indeno(1,2,3-cd)pyrene	<	10 ug/l	11/11/08 18:18	JK
Isophorone	<	10 ug/l	11/11/08 18:18	JK
N-Nitroso-di-n-propylamine	<	10 ug/l	11/11/08 18:18	JK
N-Nitrosodimethylamine	<	10 ug/l	11/11/08 18:18	JK
Naphthalene	<	10 ug/l	11/11/08 18:18	JK
Nitrobenzene	<	10 ug/l	11/11/08 18:18	JK
Pentachlorophenol	<	10 ug/l	11/11/08 18:18	JK
Phenanthrene	<	10 ug/l	11/11/08 18:18	JK
Phenol	<	10 ug/l	11/11/08 18:18	JK
Pyrene	<	10 ug/l	11/11/08 18:18	JK
bis(2-Chloroethoxy)methane	<	10 ug/l	11/11/08 18:18	JK
bis(2-Chloroethyl) Ether	<	10 ug/l	11/11/08 18:18	JK
bis(2-Ethylhexyl)phthalate	<	10 ug/l	11/11/08 18:18	JK
EPA METHOD 405.1				
Biochemical Oxygen Demand	<	6 mg/l	11/05/08 11:44	DM
SM (18) 2540D				
Solids, Total Suspended		6 mg/l	11/04/08 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		20 mg/l	11/05/08 17:00	AV

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DATA QUALIFIERS APPLICABLE TO THE "STANDARD QC" PROGRAM

A The presence of this analyte was confirmed using a second column but there was a disparity (> 40% RPD) between the two sets of results with no apparent chromatographic anomalies. The lower of the two results was reported.

B _____ present in the method blank at _____.

C The batch control sample failed to meet the required acceptance criteria.

D Result obtained through analysis of a sample dilution.

E Concentration exceeds the instrument calibration range.

F Internal standard area failed to meet the required acceptance criteria in repeat instrumental analyses. Results should be interpreted as estimated concentrations.

G The Method of Standard Additions (MSA) was used to quantify the concentration.

H Test performed after the expiration of the appropriate regulatory/advisory maximum allowable hold time.

J Estimated value; value between the MDL and the RDL.

M Analyte failed to meet the required acceptance criteria for duplicate analysis.

P Chemical preservation discrepancy noted at the time of analysis.

Q Analyte failed to meet the required acceptance criteria for spike recovery in the Matrix Spike (MS) and Matrix Spike Duplicate (MSD) due to apparent matrix effects.

R Analyte failed to meet the required acceptance criteria for relative percent difference (RPD) between the Matrix Spike and Matrix Spike Duplicate (MS/MSD).

S Surrogate compound diluted below a reliable quantitation level.

T Surrogate recovery failed to meet the required acceptance criteria in initial analysis. Sample was re-extracted (if applicable) and re-analyzed, and the surrogate recovery was outside of the required acceptance criteria on the second analysis, also. Results should be interpreted as estimated concentrations.

U Parameter was analyzed for, but not detected above the reporting limit.

V Verification standard recovery failed to meet the required acceptance criteria on repeat instrumental analyses.

W Surrogate recovery failed to meet the required acceptance criteria in initial analysis. Sample was re-extracted (if applicable) beyond the maximum allowable hold time, and re-analyzed. The surrogate recovery was within the required acceptance criteria on this second analysis.

NA Not analyzed.

NR Not requested.

X Miscellaneous; see comments.

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Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED
ADDRESS: Jefferson Barracks Division 138 Jefferson Barracks	PHONE NUMBER 314-487-0400	FAX NUMBER	EMAIL ADDRESS
CITY/STATE/ZIP: St. Louis, MO 63125	SAMPLE COLLECTOR: Paul Conte & Gil Jo C		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID
CONTACT PERSON: Chief Engineering Services	SAMPLE COLLECTOR SIGNATURE: [illegible]		

ANALYSIS REQUESTED

(FOR LAB USE ONLY)
LOGIN # 0811 8027
LOGGED BY: HG
LAB PROJ #:
TEMPLATE:
PROJ. MGR:

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SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625		REMARKS
North Grand MSD 001	11/3-4/08	13:30-13:30		x	WW	H2SO4,4C	X							
(Annual TTO)	↓	↓		x	WW	Cool 4C		x						pH = 10.20
				x	WW	HNO3			x					Temp = 25.9°C
	11/4/08	13:30	x		WW	H2SO4, 4C				x				
	↓	↓	x		WW	HCL, 4C					x			
	11/3-4/08	13:30-13:30		x	WW	Cool to 4C						x		
														Field Sampling

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak™* (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	11/4/08	14:50	Heather Earhart	11/4/08	14:50
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 18.3 °C

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Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/04/08 16:35
Report Date : 11/13/08
Customer # : 276817
P.O. Number : 657SC8032
Facility :

Sample No: **08118028-1**
Client ID : **N GRAND MSD 002 COMP** Site : **STL**

Collect Date **11/04/08 14:00**
Locator : **COMP. 11/3-11/04/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7 Sample Preparation			11/05/08 10:00	JS
EPA 200.7 R4.4 Silver	<	0.0015 mg/l	11/06/08 11:21	WPS
EPA 625 Sample Preparation			11/06/08 11:00	FM

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V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 11/04/08 16:35
Report Date : 11/13/08
Customer # : 276817
P.O. Number : 657SC8032
Facility :

Sample No: **08118028-2**
Client ID : **N GRAND MSD 002 GRAB**
Site : **STL**
Collect Date **11/04/08 14:00**
Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE		12 mg/l	11/06/08 14:00	MEP
EPA 624				
1,1,1-Trichloroethane	<	5 ug/l	11/11/08 19:17	BP
1,1,2,2-Tetrachloroethane	<	5 ug/l	11/11/08 19:17	BP
1,1,2-Trichloroethane	<	5 ug/l	11/11/08 19:17	BP
1,1-Dichloroethane	<	5 ug/l	11/11/08 19:17	BP
1,1-Dichloroethene	<	5 ug/l	11/11/08 19:17	BP
1,2-Dichlorobenzene	<	5 ug/l	11/11/08 19:17	BP
1,2-Dichloroethane	<	5 ug/l	11/11/08 19:17	BP
1,2-Dichloropropane	<	5 ug/l	11/11/08 19:17	BP
1,3-Dichlorobenzene	<	5 ug/l	11/11/08 19:17	BP
1,4-Dichlorobenzene	<	5 ug/l	11/11/08 19:17	BP
2-Chloroethyl Vinyl Ether	<	5 ug/l	11/11/08 19:17	BP
Acrolein	<	25 ug/l	11/11/08 19:17	BP
Acrylonitrile	<	25 ug/l	11/11/08 19:17	BP
Benzene	<	5 ug/l	11/11/08 19:17	BP
Bromodichloromethane	<	5 ug/l	11/11/08 19:17	BP
Bromoform	<	5 ug/l	11/11/08 19:17	BP
Bromomethane	<	10 ug/l	11/11/08 19:17	BP
Carbon Tetrachloride	<	5 ug/l	11/11/08 19:17	BP
Chlorobenzene	<	5 ug/l	11/11/08 19:17	BP
Chloroethane	<	10 ug/l	11/11/08 19:17	BP
Chloroform	<	5 ug/l	11/11/08 19:17	BP
Chloromethane	<	10 ug/l	11/11/08 19:17	BP
Dibromochloromethane	<	5 ug/l	11/11/08 19:17	BP
Ethylbenzene	<	5 ug/l	11/11/08 19:17	BP
Methylene Chloride	<	5 ug/l	11/11/08 19:17	BP
Tetrachloroethene	<	5 ug/l	11/11/08 19:17	BP
Toluene	<	5 ug/l	11/11/08 19:17	BP
Trichloroethene	<	5 ug/l	11/11/08 19:17	BP
Trichlorofluoromethane	<	5 ug/l	11/11/08 19:17	BP
Vinyl Chloride	<	5 ug/l	11/11/08 19:17	BP
cis-1,3-Dichloropropene	<	5 ug/l	11/11/08 19:17	BP
m,p-Xylene	<	10 ug/l	11/11/08 19:17	BP
o-Xylene	<	5 ug/l	11/11/08 19:17	BP
trans-1,2-Dichloroethene	<	5 ug/l	11/11/08 19:17	BP
trans-1,3-Dichloropropene	<	5 ug/l	11/11/08 19:17	BP
FIELD PH				
pH #1, Field Measured		7.92 units	11/04/08 14:00	LLO
FIELD TEMP				
Temperature		24.9 degrees C	11/04/08 14:00	LLO

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Attn : Mr. Ed Beaty

Date Received : 11/04/08 16:35
Report Date : 11/13/08
Customer # : 276817
P.O. Number : 657SC8032
Facility :

Sample No: **08118028-1**
Client ID : **N GRAND MSD 002 COMP** Site : **STL**

Collect Date **11/04/08 14:00**
Locator : **COMP. 11/3-11/04/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 625				
1,2,4-Trichlorobenzene	<	10 ug/l	11/11/08 19:06	JK
1,2-Dichlorobenzene	<	10 ug/l	11/11/08 19:06	JK
1,3-Dichlorobenzene	<	10 ug/l	11/11/08 19:06	JK
1,4-Dichlorobenzene	<	10 ug/l	11/11/08 19:06	JK
2,2'-oxybis(1-Chloropropane)	<	10 ug/l	11/11/08 19:06	JK
2,4,5-Trichlorophenol	<	10 ug/l	11/11/08 19:06	JK
2,4,6-Trichlorophenol	<	10 ug/l	11/11/08 19:06	JK
2,4-Dichlorophenol	<	10 ug/l	11/11/08 19:06	JK
2,4-Dimethylphenol	<	10 ug/l	11/11/08 19:06	JK
2,4-Dinitrophenol	<	10 ug/l	11/11/08 19:06	JK
2,4-Dinitrotoluene	<	10 ug/l	11/11/08 19:06	JK
2,6-Dimethylaniline	<	10 ug/l	11/11/08 19:06	JK
2,6-Dinitrotoluene	<	10 ug/l	11/11/08 19:06	JK
2-Chloronaphthalene	<	10 ug/l	11/11/08 19:06	JK
2-Chlorophenol	<	10 ug/l	11/11/08 19:06	JK
2-Methylphenol	<	10 ug/l	11/11/08 19:06	JK
2-Nitrophenol	<	10 ug/l	11/11/08 19:06	JK
3,3'-Dichlorobenzidine	<	10 ug/l	11/11/08 19:06	JK
4,6-Dinitro-2-methylphenol	<	10 ug/l	11/11/08 19:06	JK
4-Bromophenyl-phenylether	<	10 ug/l	11/11/08 19:06	JK
4-Chloro-3-methylphenol	<	10 ug/l	11/11/08 19:06	JK
4-Chlorophenyl-phenyl Ether	<	10 ug/l	11/11/08 19:06	JK
4-Methylphenol	<	10 ug/l	11/11/08 19:06	JK
4-Nitrophenol	<	10 ug/l	11/11/08 19:06	JK
Acenaphthene	<	10 ug/l	11/11/08 19:06	JK
Acenaphthylene	<	10 ug/l	11/11/08 19:06	JK
Anthracene	<	10 ug/l	11/11/08 19:06	JK
Benzidine	C,<	10 ug/l	11/11/08 19:06	JK
Benzo(a)anthracene	<	10 ug/l	11/11/08 19:06	JK
Benzo(a)pyrene	<	10 ug/l	11/11/08 19:06	JK
Benzo(b)fluoranthene	<	10 ug/l	11/11/08 19:06	JK
Benzo(g,h,i)perylene	<	10 ug/l	11/11/08 19:06	JK
Benzo(k)fluoranthene	<	10 ug/l	11/11/08 19:06	JK
Butylbenzylphthalate	<	10 ug/l	11/11/08 19:06	JK
Chrysene	<	10 ug/l	11/11/08 19:06	JK
Di-n-butylphthalate	<	10 ug/l	11/11/08 19:06	JK
Di-n-octylphthalate	<	10 ug/l	11/11/08 19:06	JK
Dibenzo(a,h)anthracene	<	10 ug/l	11/11/08 19:06	JK
Diethylphthalate	<	10 ug/l	11/11/08 19:06	JK
Dimethylphthalate	<	10 ug/l	11/11/08 19:06	JK
Diphenylamine / N-Nitroso	<	10 ug/l	11/11/08 19:06	JK
Fluoranthene	<	10 ug/l	11/11/08 19:06	JK

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Collect Date **11/04/08 14:00**
Locator : **COMP. 11/3-11/04/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
Fluorene	<	10 ug/l	11/11/08 19:06	JK
Hexachlorobenzene	<	10 ug/l	11/11/08 19:06	JK
Hexachlorobutadiene	<	10 ug/l	11/11/08 19:06	JK
Hexachlorocyclopentadiene	<	10 ug/l	11/11/08 19:06	JK
Hexachloroethane	<	10 ug/l	11/11/08 19:06	JK
Indeno(1,2,3-cd)pyrene	<	10 ug/l	11/11/08 19:06	JK
Isophorone	<	10 ug/l	11/11/08 19:06	JK
N-Nitroso-di-n-propylamine	<	10 ug/l	11/11/08 19:06	JK
N-Nitrosodimethylamine	<	10 ug/l	11/11/08 19:06	JK
Naphthalene	<	10 ug/l	11/11/08 19:06	JK
Nitrobenzene	<	10 ug/l	11/11/08 19:06	JK
Pentachlorophenol	<	10 ug/l	11/11/08 19:06	JK
Phenanthrene	<	10 ug/l	11/11/08 19:06	JK
Phenol	<	10 ug/l	11/11/08 19:06	JK
Pyrene	<	10 ug/l	11/11/08 19:06	JK
bis(2-Chloroethoxy)methane	<	10 ug/l	11/11/08 19:06	JK
bis(2-Chloroethyl) Ether	<	10 ug/l	11/11/08 19:06	JK
bis(2-Ethylhexyl)phthalate	J	6.6 ug/l	11/11/08 19:06	JK
EPA METHOD 405.1				
Biochemical Oxygen Demand		31 mg/l	11/05/08 11:44	DM
SM (18) 2540D				
Solids, Total Suspended		76 mg/l	11/04/08 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		61 mg/l	11/05/08 17:00	AV

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Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE: St. Louis, MO 63125	SAMPLER: Lawrence Oliver		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SIGNATURE: [signature]			

(FOR LAB USE ONLY)
LOGIN # 08118028
LOGGED BY: [illegible]
LAB PROJ #
TEMPLATE:
PROJ. MGR:

RECEIVED JAN 07 2009 DIVISION OF ENVIRONMENTAL COMPLIANCE

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625		REMARKS
North Grand MSD 002	11/3-4/08	14:00-14:00		x	WW	H2SO4,4C	X							
(Annual TTO)	↓	↓		x	WW	Cool 4C		x						pH = 7.92
	↓	↓		x	WW	HNO3			x					Temp = 24.9°C
	11/4/08	14:00	x		WW	H2SO4, 4C				x				
	↓	↓	x		WW	HCL, 4C					x			
	11/3-4/08	14:00-14:00		x	WW	Cool to 4C						x		
	↓	↓												
														Field Sampling

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	11/4/08	14:50	Heather Earhart	11/4/08	14:50
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 13.6 °C

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center Account #: 1114046000
Premise Address: 915 N. Grand Boulevard Zip Code: 63106
MSD Classes: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐
Company Representative: Ed Beaty
Title: Pipefitter Foreman Phone#: 314-289-6450
Inspector: D. Kupke
Others Present: None
Inspection Date: 12/16/08 Time: From 12:53 PM To 02:03 PM (Last Insp. 4/16/08)

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION OBTAINED OR PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL NON-STORMWATER ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. Did all acct no's have water usage on PIMS? Yes☒ No☐
   C. If no to B, explain: _____

2. PROCESSES & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
Hospital waste	Cont		Yes	daily	SP001, SP002
Kitchen waste	Batch		Yes	daily	SP001
Lab waste	Batch		Yes	daily	SP001, SP002
Noncontact cooling water-cooling tower	Cont		Yes	daily	SP001, SP002
Reject/ regeneration water	Batch		Yes	daily	SP001
	(None)		N/A		

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
pH adjustment/Neutralization	SP001, SP002
Silver recovery-Metallic replacement	SP002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☒ No☐
If yes: A. List sample points: SP001
B. What is the frequency for cleaning & maintenance? quarterly
C. Are enzymes (not bacteria) used in traps? Yes☐ No☒
D. If yes to C, was co. told to stop or switch to approved bacteria? Yes☐ No☐
E. Was co. informed that MSD performs separate grease trap inspections? Yes☒ No☐

5. HAS COMPANY CONSTRUCTED NEW BLDGS/ADDITIONS WITH SEWERS SINCE LAST INSP? Yes☐ No☒
If yes: A. Ask company: Did they notify MSD's Plan Review group? Unknown☐ Yes☐ No☐
B. If no or unknown, has inspector notified Plan Review group? Yes☐ No☐
C. Comments: _____

6. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
If yes: A. List pollutants & process: _____
B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
(MSD must notify MDNR if B or C is yes and discharge will continue.)
D. Comments: _____

7. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☒ No☐

If yes: A. List reg. & describe (including any discharge):
40 CFR 460 no standards-the discharge is hospital waste from the laboratory, x-ray and other hospital services.

8. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒

If yes: A. At which points? _____
B. Current applied factor: _____ Is it correct? Yes☐ No☐
C. If no, list correct factor/explain? _____

9. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒

If yes: A. At which points? _____
B. Since calculation of the current limits, has the long term avg production rate or discharge volume changed by 20% or more? Yes☐ No☐
C. If yes to B, explain: _____

10. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐

If yes: A. Describe operations & disposal: radioisotopes used in injectables for diagnostic purposes.
B. Does company have MSD authorization for disposal to sewer? NA☐ Yes☒ No☐
C. Most recent authorization date: 5/1/97
D. Amount discharged in most recent complete calendar year: 0.404 mCi

11. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒

A. Explain how use was verified & any needed changes:
Tour of the facility revealed no excessive water usage. The hospital uses significant amounts of water from hospital waste such as laboratory, x-ray, dietary departments and water usage for their boiler/cooling tower operations.

12. BASED ON OBSERVATIONS DURING INSPECTION, DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐

If yes: A. Describe: The evaporative loss associated with boiler and cooling tower operations and lawn irrigation
B. Was "Return Factor Program" brochure given to company? Yes☒ No☐
(regardless of whether some water is not discharged to sewer)

13. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS (if last insp <12 months ago)? Yes☐ No☒

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

14. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐

If yes: A.

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

B. Comments: _____

15. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒

If yes: A. Upsets? ☐ Bypasses of pretreatment facilities?☐
Spills? ☐ Slug discharges? ☐ Other? _____
B. Explain any marked: _____

16. COULD SPILLS OR LEAKS OF PROCESS TANKS, STORED WASTES, OR STORED CHEMICALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

If yes: A. What needs to be done?
_____

If no: B. How are they controlled?
Water treatment chemicals that are used in the boiler room are contained by employing catch basins. Also, solvents used in the lab are in small quanitities and are contained using the appropriate laboratory flammable cabinets.

17. BASED ON OBSERVATIONS DURING INSPECTION, ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES APPEAR TO IMPAIR STORMWATER RUNOFF? Yes☐ No☒

If yes: A. Describe: _____
B. What needs to be done? _____
C. Was "Illicit Stormwater Discharges" brochure given to company? Yes☒ No☐
(regardless of whether there are any problem areas)

18. DOES COMPANY HAVE ANY SPILL CONTROL OR SLUG DISCHARGE CONTROL PLANS? Yes☒ No☐

If yes: A.

	Title	Last Update	Update needed? Explain if yes
1.	SPCCP	11/1/97	No
2.			N/A

B. Are any Plans needed (in addition to those listed in Part A)? Yes☐ No☒
(If yes, write company and request)

19. DOES COMPANY HAVE ANY MAINTENANCE SHOP PARTS WASHERS? Yes☒ No☐

If yes: A. Parts washer solvent name: Paint thinner
B. Priority pollutants (or "none"): Toluene
C. How is spent solvent disposed? evaporates
(Parts washer solvents are not included in database's priority pollutants list, nor monitored for unless conditions show potential discharges)

20. ARE ANY ORGANICS OR SOLVENTS USED (OTHER THAN IN PARTS WASHERS)? Yes☒ No☐

If yes: A.

Solvent name/ components	Used for?	413/433/469 Process?	How disposed?	Priority Pollutant?
Xylene, alcohols	histology lab reagent	Yes☐ No☒	hauled offsite	Yes☐ No☒
Phenol, Toluene	lab reagent	Yes☒ No☐	hauled offsite	Yes☒ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐
		Yes☐ No☐		Yes☐ No☐

21. DOES COMPANY HAVE A 413/433/469 SOLVENT MANAGEMENT PLAN? Yes☐ No☒

If yes: A. Is it part of a Spill/Slug Control Plan listed above? Yes[1.☐ 2.☐] No☐
B. If no to A, date of last update for SMP: _____
C. Is there a copy of the Spill/Slug Plan or SMP in the files? Yes☐ No☐
D. Does SMP address all 413/433/469 solvents? Yes☐ No☐
(If no to C or D, write company and require submittal and/or update)

MSD 041923

22. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations? (regardless of whether there are any discharges) Yes☒ No☐

E. Comments: _____

23. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED THAT INCLUDE MSD CONTACTS? Yes☒ No☐

A. Was company provided notification cards & told to post where emergency response personnel can locate them? Yes☒ No☐
(Must post if co. generates process wastewater or stores chemicals of concern)

24. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

If yes:
A. Is requirement contained in permit ☒ or other document ☐.
B. If other document, date & description: _____
C. How frequently is sampling required? quarterly
D. How frequently are reports required? quarterly
E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐
F. If no, explain: _____

25. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐

If yes:
A. Is the self-monitoring required by MSD? Yes☒ No☐
B. Are representative grab/comp samples collected? Yes☒ No☐
C. Does sample collection time period match company's production shifts (is it representative)? Yes☒ No☐
D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐
E. If no to B, C, or D, explain needed changes: _____

26. DOES CO. CONTINUOUSLY MONITOR AT SAMPLE POINT AND KEEP A PERMAENENT RECORD FOR: pH ☐, TEMP ☐, LEL ☐? Yes☐ No☒

If yes:
A. At which SPs? _____
B. Does company submit quarterly summaries? Yes☐ No☐
C. If no, explain: _____

27. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒

If yes:
A. Is company having the samples analyzed Yes☐ No☐
B. How does company insure proper preservation, holding times & analytical methods? _____
C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
D. Have results been submitted within 28 days of the collection's calendar quarter? Yes☐ No☐
E. If no to C, or D, explain: _____
F. Does company still want to split samples? Yes☐ No☐
G. Comments: _____

28. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

If yes:
A. Type and date: _____
B. Have the reports & actions been on-time & complete? Yes☐ No☐
C. If no, explain: _____

29. ASK COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? Yes☒ No☐
[Some MDNR-issued Title V air permits for specific processes allow pre-approved WW discharge.] [City/County-issued air permits are not NESHAP permits.]

If no:
A. Describe: _____
B. Was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

30. DOES COMPANY RETAIN ALL WASTEWATER RECORDS FOR AT LEAST 5 YEARS? Yes☒ No☐
If no: A. How long does company retain records? _____
B. Was company told to retain for at least 5 years, per ordinance? Yes☐ No☐
C. Where are they kept? Contact keeps all wastewater related records in his office and also a copy is kept at their main office.

31. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒
If yes: A. Indicate correct classifications:
SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ Special Handling/Billing ☐
B. Explain changes: _____

32. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste, Lab waste, Kitchen waste, Noncontact cooling water-cooling tower, Boiler blowdown, Regeneration/reject water, Sanitary, Storm water	No
SP #	002	Fed.Reg.		Components:	Hospital waste, Lab waste, Noncontact cooling water, Process waste-x-ray development, Storm water	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

33. ARE ANY SAMPLE POINTS TRAPPED VENTS? Yes☐ No☒
If yes: A. List SPs: _____
B. Was co. informed that T-vents are preferred, and told why? Yes☐ No☐

34. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☐ No☒
If yes: A. List SPs and reasons: _____

35. ARE THERE ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

36. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐
If yes: A. List Sample Points: SP001 and SP002

37. WERE ALL SAMPLE POINTS (except Dummy SPs) OPENED & INSPECTED? No SPs☐ Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____
C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒
D. If yes to C, list SPs & describe: _____
E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

38. REVIEW THE SAMPLE POINT MAP! Last map revision date: 12/22/08
A. Is the map correct and accurate in all its details? Yes☒ No☐
B If no, what changes are needed: _____

39. DO INSTRUCTIONS FOR "Contact Prior to Sampling" OR FIELD VISIT "Special Instructions" NEED REVISION? Yes☐ No☒
If yes: A. List needed changes: _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
I have revised the monitoring requirements on PIMS for priority pollutants to be analyzed

based on two years of historical monitoring data. I have removed Acrylonitrile and Phenanthrene from the monitoring requirements for this facility. Please note that Acrylonitrile is used in the production of polymer based chemistry and there is no reasonable way this chemical would be in this facility's wastestream. Also, I have removed Phenanthrene from this monitoring requirement. There is no reasonable way for this chemical be be introduced into the wastestream. The only two priority pollutants that have shown a measurable presence in their wastestream are Chloroform and Toluene. I have also added Phenol as a know present priority pollutant listed in this facility's last Industrial User Questionaire.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO

Base Map 19F2
Wun: St. Louis City & Co.
Grid: G 19 Page 27

SIU CRITERIA

POTM Reasonable potential for adverse affect on

GENERAL INFORMATION

Office Mailing Address
915 N. Grand Boulevard
St. Louis, MO. 63106

Billing Address
915 N. Grand Blvd
St. Louis, MO. 63106

INSPECTION INFORMATION

Next Due
Insp Rslt
12/16/2008 RIN David Kupke

PERMIT INFORMATION

Issue Date:	02/01/2007
Expire Date:	01/31/2012
Extended Date:	12/31/2007
Writer	fabian Grabski
Issue Date:	01/01/2008
Expire Date:	01/31/2012
Extended Date:	
Writer	Scott Rehmer

IUQ INFORMATION

IUQ Recvd Date:	08/14/2001
Reviewer:	Fabian Grabski
IUQ Recvd Date:	09/19/2006
Reviewer:	Fabian Grabski

CONTACTS

BILL	Keith Repko	Service Chief/Engineering	OFF	(314) 289-6438 Ext.
FLD1	Ed Beaty	Pipefitter Foreman	OFF	(314) 289-6450 Ext.
FLD2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.
OFF1	Ed Beaty	Pipefitter Supervisor	OFF	(314) 289-6450 Ext.
OFF2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.

OPERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	750	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,200 **Hrs:** 24.0

OTHER AGENCIES INFORMATION

12/02/1996	EPA - Hazardous Waste Program	MOD93060090030
01/29/1997	Nuclear Regulatory Commission	24-00144-05
01/17/1999	MDNR - Hazardous Waste Program	004272
06/21/2006	MSD - Billing Account Number	00086730

NON-SEWERED WASTE

On-Site Storage N **On-Site Disposal** N **Off-Site Disposal** Y

09/19/2006	Acids and/or Alkalies	10	GPY
09/19/2006	Equipment Oils and/or Grease	50	GPY
09/19/2006	Infectious Waste	120000	LB/YR
09/19/2006	Kitchen/Food Service Grease	100	GPY
09/19/2006	Organic Compounds	15	GPY
09/19/2006	Radioactive Waste	<10	GPY
09/19/2006	Solvents/Thinners	50	GPY
05/26/2006	Paints or Paint Sludges	Unknown	GPY

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF DATE	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General hospital services			

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

SEWER ACCOUNTS

Sewer Accounts
1114046000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/01/2007 12:00:00AM **End Date =** 12/31/2008 12:59:59PM **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
1114046000			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1114046000	11/16/2006	02/27/2007	2,130	2,130	A	104	104	104	
1114046000	02/28/2007	05/14/2007	3,140	5,270		76	76	180	
1114046000	05/15/2007	08/15/2007	7,810	13,080		93	93	273	
1114046000	08/16/2007	11/15/2007	6,190	19,270		92	92	365	
1114046000	11/16/2007	02/25/2008	2,980	22,250		102	102	467	
1114046000	02/26/2008	05/15/2008	2,930	25,180		80	80	547	
1114046000	05/16/2008	08/15/2008	7,120	32,300		92	92	639	
RF 0.62	**Acct. Total**		32,300	24,162,080		639	639	23,444	23,444
	Facility Total		32,300						

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**		**Treatment Area**	Bissell Point
01	Sanitary Or Combined	19F2	345C	**Trunk Sewer**	Western Mill Creek

Description Multiple lines exiting buildings on N side of campus into 12" main in Bell

Sewer Route W on Bell, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	**Process Description**	**Avg Flow**	**Unit**	**Max Flow**	**Unit**	**RUD**	**Effective Date**
Sanitary		8,925	GPD		GPD	D	10/20/06
Boiler Blowdown		2,705	GPD		GPD	D	10/20/06
Hospital Waste		13,388	GPD		GPD	D	10/20/06
Kitchen Waste		2,499	GPD		GPD	D	10/20/06
Laboratory Waste	Animal, Research, + Diagnostic Labs	1,045	GPD		GPD	D	10/20/06
Non Contact Cooling Water		6,288	GPD		GPD	D	10/20/06
Regeneration/Reject Wat	Softener Regen+ RO Reject	850	GPD		GPD	D	10/20/06
Storm Water		0	GPD		GPD	D	4/16/08
	Total Flow Avg =	**35,700**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**		**Treatment Area**	Bissell Point
02	Sanitary Or Combined	19F2	352C	**Trunk Sewer**	Western Mill Creek

Description Multiple lines exiting buildings on S side of campus into 12' main in Enright

Sewer Route W on Enrightl, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description Offset MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	**Process Description**	**Avg Flow**	**Unit**	**Max Flow**	**Unit**	**RUD**	**Effective Date**
Sanitary		2,975	GPD		GPD	D	10/20/06
Hospital Waste		4,462	GPD		GPD	D	10/20/06
Laboratory Waste	Diagnostic + Research Labs	750	GPD		GPD	D	10/20/06
Non Contact Cooling Water		2,096	GPD		GPD	D	10/20/06
Process Waste	X-Ray Processing	100	GPD		GPD	D	6/15/07
Storm Water		0	GPD		GPD	D	4/16/08
	Total Flow Avg =	**10,383**		**Max =**			

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

PRETREATMENT TYPES

SP	EFF_DATE	TYPE	DESCRIPTION
001	03/16/1998	DC28	Grease Trap
001	02/02/2004	DC37	pH Adjustment / Neutralization
002	01/16/2003	DC37	pH Adjustment / Neutralization
002	02/02/2004	DC32	Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Asbestos (Fibrous)	SP	Silver (Total)	KP	Cadmium (Total)	SP
Mercury (Total)	SP	Lead (Total)	SP	Phenol	KP
Toluene	KP	Chloroform	SP		

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
VA MEDICAL CENTER

Account No Entered **1114046000**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

001 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2009
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2009
	T237000	pH	Once/year	Grab	06/30/2009
	T247000	Temperature	Once/year	Grab	06/30/2009
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2009
	T332000	Chloroform	Once/year	Grab	06/30/2009
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2009
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T397000	Toluene	Once/year	Grab	06/30/2009
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2009

002 Project Code: IM = IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2009
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2009
	T237000	pH	Once/year	Grab	06/30/2009
	T247000	Temperature	Once/year	Grab	06/30/2009
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2009
	T332000	Chloroform	Once/year	Grab	06/30/2009
	T388000	Phenol	Once/year	Comp-Time 04 Hrs	06/30/2009
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2009
	T397000	Toluene	Once/year	Grab	06/30/2009
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2009

For Account Number Selecte **1114046000**

PIMS FACILITY CONTACTS
VA MEDICAL CENTER

Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type / Contact Type	Contact Name		Contact Title	Phone Type	Number	Ext.
Billing Address						
Billing Contact	Keith	Repko	Service Chief/Engineering	OFF	(314)289-6438	
Office Mailing Address						
Office Contact - Primary	Ed	Beaty	Pipefitter Supervisor	OFF	(314)289-6450	
Office Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	
Premise Address						
Field Contact - Primary	Ed	Beaty	Pipefitter Foreman	OFF	(314)289-6450	
Field Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	

MSD SR 10-15

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | X | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ---->			1					
DATES ON WHICH SAMPLES WERE COLLECTED ---->			08/11-12/2008					
TIMES AT WHICH SAMPLES WHERE COLLECTED ---->			10:45-10:45					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700					GPD
Biochemical Oxygen Demand	—	C	4					mg/L
Chemical Oxygen Demand	—	C	23					mg/L
Oil & Grease	200	G	<5.0					mg/L
pH	5.5 - 11.5	G	8.7					Units
Temperature	60	G	25.1					°C
Total Suspended Solids	—	C	14					mg/L
Silver (total)	0.5	C	0.0017					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | X | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - SLLouis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ——>		2						
DATES ON WHICH SAMPLES WERE COLLECTED ——>		08/11-12/2008						
TIMES AT WHICH SAMPLES WHERE COLLECTED ——>		12:00-12:00						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	14,900					GPD
Biochemical Oxygen Demand	—	C	<4					mg/L
Chemical Oxygen Demand	—	C	22					mg/L
Oil & Grease	200	G	7.1					mg/L
pH	5.5 - 11.5	G	8.4					Units
Temperature	60	G	26.9					°C
Total Suspended Solids	—	C	3					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Edward L. Beaty

Title: Pipe Shop Super Telephone: 314-289-6450

Signature: Edward L. Beaty Date: 23 Sept 08

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/All	
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 10/9/08

radrpt.doc 2/00

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH

Laboratory Results

V.A. Medical Center

#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125-4199
Attn : Mr. Michael Duffy

Date Received : 08/12/08 15:08
Report Date : 08/20/08
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: 08088207-1 Collect Date 08/12/08 10:45
Client ID : N GRAND MSD 001 COMP Site : STL Locator : COMP. 8/11-8/12/08

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			08/13/08 13:00	JS
EPA 200.7 R4.4				
Silver		0.0017 mg/l	08/18/08 10:03	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		4 mg/l	08/13/08 12:00	DM
SM (18) 2540D				
Solids, Total Suspended		14 mg/l	08/12/08 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		23 mg/l	08/12/08 17:00	AV

Sample No: 08088207-2 Collect Date 08/12/08 10:45
Client ID : N GRAND MSD 001 GRAB Site : STL Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	08/13/08 16:00	MEP
FIELD PH				
pH #1, Field Measured		8.7 units	08/12/08 10:45	LLO
FIELD TEMP				
Temperature		25.1 degrees C	08/12/08 10:45	LLO

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH NELAC

Laboratory Results

V.A. Medical Center

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 08/12/08 12:26
Report Date : 08/21/08
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **08088369-1** Collect Date **08/12/08 12:00**
Client ID : **N GRAND MSD 002 COMP** Site : **STL** Locator : **08/11-12/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			08/13/08 13:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	08/18/08 10:07	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand	<	4 mg/l	08/13/08 12:00	DM
SM (18) 2540D				
Solids, Total Suspended		3 mg/l	08/12/08 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		22 mg/l	08/12/08 17:00	AV

Sample No: **08088369-2** Collect Date **08/12/08 12:00**
Client ID : **N GRAND MSD 002 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE		7.1 mg/l	08/13/08 16:00	MEP
FIELD PH				
pH #1, Field Measured		8.37 units	08/12/08 12:00	LLO
FIELD TEMP				
Temperature		26.9 degrees C	08/12/08 12:00	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

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PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED
PHONE NUMBER 314-487-0400	FAX NUMBER	EMAIL ADDRESS

MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID

ANALYSIS REQUESTED

(FOR LAB USE ONLY)
LOGIN # 08088207
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

						PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	8/11-12/08	10:45-10:45		X	WW	H2SO4,4C	X							
(Quarterly)				X	WW	Cool 4C		X						pH = 8.70
				X	WW	HNO3			X					Temp = 25.18
	8/12/08	10:45	X		WW	H2SO4, 4C				X				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE)

☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____

Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	8/12/08	14:15	Heather Leakart	8/12/08	14:15
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 18.1 °C

FROM:

(TUE) OCT 14 2008 9:06/ST. 9:04/No. 6801394318 P 10

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
PHONE NUMBER 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN # ____ LOGGED BY: ____ LAB PROJ # TEMPLATE: PROJ. MGR:

MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID

						PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	8/11-12/08	12:00-12:00		X	WW	H2SO4,4C	X							
(Quarterly)				X	WW	Cool 4C		X						pH = 8.37
				X	WW	HNO3			X					Temp = 26.9°C
	8/12/08	12:00	X		WW	H2SO4, 4C				X				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)

☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____

Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	8/12/08	14:15			
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT _____ °C

FROM

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

SR
7-17

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | X | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ------>		1						
DATES ON WHICH SAMPLES WERE COLLECTED ------>		05/19-20/2008						
TIMES AT WHICH SAMPLES WHERE COLLECTED ------>		11:30-11:30						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700					GPD
Biochemical Oxygen Demand	---	C	<3					mg/L
Chemical Oxygen Demand	---	C	36					mg/L
Oil & Grease	200	G	<5.0					mg/L
pH	5.5 - 11.5	G	9.0					Units
Temperature	60	G	22.5					°C
Total Suspended Solids	---	C	6					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | X | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER ------>		2						
DATES ON WHICH SAMPLES WERE COLLECTED ------>		05/19-20/2008						
TIMES AT WHICH SAMPLES WHERE COLLECTED ------>		11:00-11:00						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	11,900					GPD
Biochemical Oxygen Demand	---	C	8					mg/L
Chemical Oxygen Demand	---	C	42					mg/L
Oil & Grease	200	G	6.3					mg/L
pH	5.5 - 11.5	G	8.5					Units
Temperature	60	G	24.6					°C
Total Suspended Solids	---	C	12					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

C Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

VA MEDICAL CENTER
915 N. Grand

ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 05/20/08 16:25
Report Date : 05/28/08
Customer # : 276817
P.O. Number : SC 8032
Facility :

Sample No: 08058412-1
Client ID : N GRAND MSD 002 COMP Site : STL
Collect Date 05/20/08 11:00
Locator : COMP. 5/19-5/20/08

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			05/21/08 07:45	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	05/22/08 12:26	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		8 mg/l	05/22/08 08:00	DM
SM (18) 2540D				
Solids, Total Suspended		12 mg/l	05/20/08 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		42 mg/l	05/20/08 17:00	AV

Sample No: 08058412-2
Client ID : N GRAND MSD 002 GRAB Site : STL
Collect Date 05/20/08 11:00
Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext Material (HEM) by LLE		6.3 mg/l	05/21/08 15:00	MEP
FIELD PH				
pH #1, Field Measured		8.47 units	05/20/08 11:00	LLO
FIELD TEMP				
Temperature		24.6 degrees C	05/20/08 11:00	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

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PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY/STATE/ZIP: St. Louis, MO 63125	SAMPLER		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT: Chief, Engineering Services	SAMPLER SIGNATURE			

(FOR LAB USE ONLY)
LOGIN #
LOGGED BY:
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 002	5/19-20/08	11:00-11:00		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 8.47
	↓	↓		x	WW	HNO3			x					Temp = 24.6°C
	5/20/08	11:00	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)

☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____

Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	5/20/08	15:15	Heather Earhart	5/20/08	15:15
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 4.3 °C

[illegible]C Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333 FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

VA MEDICAL CENTER
915 N. Grand

ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 05/20/08 16:25
Report Date : 05/28/08
Customer # : 276817
P.O. Number : SC8032
Facility :

Sample No: **08058316-1** Collect Date **05/20/08 11:30**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator : **COMP. 5/19-5/20/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			05/21/08 07:45	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	05/22/08 12:22	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand	<	3 mg/l	05/22/08 08:00	DM
SM (18) 2540D				
Solids, Total Suspended		6 mg/l	05/20/08 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		36 mg/l	05/20/08 17:00	AV

Sample No: **08058316-2** Collect Date **05/20/08 11:30**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	05/21/08 15:00	MEP
FIELD PH				
pH #1, Field Measured		9 units	05/20/08 11:30	LLO
FIELD TEMP				
Temperature		22.5 degrees C	05/20/08 11:30	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

This report shall not be reproduced, except in full, without the written approval of the laboratory.

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Jul 13 08 11:04a p.7

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN # 08058316
					LOGGED BY: HE
			MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LAB PROJ #
St. Louis, MO 63125	SAMPLER: [signature]				TEMPLATE:
CONTACT PERSON: Chief, Engineering Services	SAMPLER: [signature]				PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	5/19-20/08	11:30-11:30		x	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		x	WW	Cool 4C		x						pH = 9.00
	↓	↓		x	WW	HNO3			x					Temp = 22.5°C
	5/20/08	11:30	x		WW	H2SO4, 4C				x				
														3.5 hrs Field Tech
														1 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)

☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____

Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	5/20/08	15:15	Heather Earhart	5/20/08	15:15
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 4.3 °C

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
H-3	0.231
C-14	0.173
TOTAL ACTIVITY DISCHARGED:	0.404

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 7/1/08

Jul 13 08 11:05a p.8

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Ed Beaty

Title: Pipe Shop Super Telephone: 314-289-6450

Signature: Ed Beaty Date: 17 July 08

MSD

Doug Mendoza

From: Dave Kupke
Sent: Tuesday, July 15, 2008 3:45 PM
To: Doug Mendoza
Subject: RE: Initial Baseline Sampling plus Sampling Point Problem

Doug, yesterday I signed for and received a new key that opens the north gate for the VA Hospital. I gave this key to Paul Slovacek.

From: Doug Mendoza
Sent: Friday, July 11, 2008 7:48 AM
To: Dave Kupke
Cc: Paul Slovacek
Subject: FW: Initial Baseline Sampling plus Sampling Point Problem

Dave - Please get VA Hospital key problem fixed. You inspect them now.

Please consider the environment before printing my e-mail

From: Paul Slovacek
Sent: Thursday, July 10, 2008 2:31 PM
To: Doug Mendoza
Subject: Initial Baseline Sampling plus Sampling Point Problem

Today, National Fabco Mfg. (1044709700) was closed again. They were also closed on the initial sampling on 5/19/08.

The techs used the key that we have for VA Medical Hospital (JB) (1114011101) and it does not fit the lock that is on the access gate, for the road to drive to the sampling point. They were trying to install an automatic sampler. It looks like we need a new key. The contact person wasn't available. I'll need to reschedule the sampling that was scheduled for tomorrow.

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

SR
7-8

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114011101

Premise Address: #1 Jefferson Barracks Dr., St. Louis, MO 63125

Monitoring Period: | | (JAN-MAR) | X | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->		2						
DATES ON WHICH SAMPLES WERE COLLECTED -------->		05/19-20/08						
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->		13:00-13:00						
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	120,945					GPD
Biochemical Oxygen Demand	---	C	43					mg/L
Chemical Oxygen Demand	---	C	130					mg/L
Oil & Grease	200	G	19					mg/L
pH	5.5 - 11.5	G	10.0					Units
Temperature	60	G	24.7					°C
Total Suspended Solids	350	C	29					mg/L
Silver (total)	0.5	C	<0.0015					mg/L
Total Toxic Organics (TTO)	5.5							mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

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ENVIRONMENTAL COMPLIANCE

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[✓] In lieu of monitoring for TTO at sample point(s) 002, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: ANTHONY E. WEHLERMANN

Title: M&O SUPERVISOR Telephone: 314-894-6597

Signature: Anthony E. Wehlermann Date: 7-3-08

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Jefferson BArracks VA Medical Center

Permit No: 11140111-01

Premise Address: #1 Jefferson Barracks Drive.

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
C-14	0.145
TOTAL ACTIVITY DISCHARGED:	0.145

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 15 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

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Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 7/1/08

radrpt.doc 2/06

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

VA MEDICAL CENTER
#1 Jefferson Barracks Drive

ST LOUIS, MO 63125
Attn: Mr. Michael Duffy

Date Received : 05/20/08 16:17
Report Date : 05/28/08
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **08058315-1** Collect Date **05/20/08 13:00**
Client ID : **JB MSD 002 COMP** Site : **STL** Locator : **COMP. 5/19-5/20/08**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			05/21/08 07:45	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	05/22/08 12:19	WPS
SM (18) 2540D				
Solids, Total Suspended		29 mg/l	05/20/08 17:00	AV
SM (18) 5210B				
Biochemical Oxygen Demand		43 mg/l	05/22/08 12:30	DM
SM (18) 5220D				
Chemical Oxygen Demand		130 mg/l	05/20/08 17:00	AV

Sample No: **08058315-2** Collect Date **05/20/08 13:00**
Client ID : **JB MSD 002 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE		19 mg/l	05/21/08 15:00	MEP
FIELD PH				
pH #1, Field Measured		9.98 units	05/20/08 13:00	LLO
FIELD TEMP				
Temperature		24.7 degrees C	05/20/08 13:00	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

RECEIVED
JUL 07 2008
DIVISION OF
ENVIRONMENTAL COMPLIANCE

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3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

RECEIVED JUL 07 2008 DIVISION OF ENVIRONMENTAL COMPLIANCE

CLIENT	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
V.A. Medical Center					
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN # 08058315
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: Lawrence Oliver		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LOGGED BY: HE
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: Lawrence Oliver				LAB PROJ #: TEMPLATE: PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
Jefferson Barracks MSD 002	5/19-20/08	13:00-13:00		X	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		X	WW	Cool 4C		X						pH = 9.98
				X	WW	HNO3			X					Temp = 24.7°C
	5/20/08	13:00	X		WW	H2SO4, 4C				X				
														5 hrs field tech
														1 day pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)

☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____

Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
Lawrence Oliver	5/20/08	15:15	Heather Earhart	5/20/08	15:15
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 3.2 °C

Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.768.6200 www.stlmsd.com

MSD

May 14, 2008

Ed Beaty, Pipefitter Foreman
VA MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO 63106

RE: NOTICE OF VIOLATION – WASTEWATER DISCHARGE PERMIT NO. 1114046000
For premise at: 915 N Grand Blvd, 63106

Dear Mr. Beaty:

Your facility's wastewater discharge is regulated under the permit above. The permit requires you to self-monitor the discharge at each of the identified sampling points. Monitoring must occur for the parameters and frequency specified in your permit. You must report the results quarterly. Your report for the first quarter 2008 was due by April 28, 2008.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

Permit Standard Condition I.A.1 – requires sampling and analysis for all regulated substances at the frequencies specified in the permit. MSD has not received analytical results for the first quarter 2008.

Permit Standard Condition I.A.9 – requires that self-monitoring reports be completed and submitted no later than 28 days after the end of each quarter. MSD has not received the first quarter 2008 report.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 12559 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District.

REQUIRED ACTION/RESPONSE:

You must submit the first quarter 2008 report as soon as possible. In the report, if sampling was not conducted, include a brief explanation for the absence of sampling data on the front of the form in the space normally occupied by the sampling data, and complete all applicable certifications.

Please note that for reports submitted more than 30 days past the due date of April 28, 2008, the late report is considered to be Significant Noncompliance (SNC). MSD then is required to include the company in its annual newspaper listing of SNC companies, and to initiate additional enforcement action to secure submittal of the report, if necessary.

Thank you for helping us to comply with state and federal regulations. If you have any questions, please contact me at 314.436.8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Scott M. Rehmer, Assistant Engineer

cc: Doug Mendoza
Tom Boehm

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | X | (JAN-MAR) | | (APR-JUNE) | | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER -------->		1		2				
DATES ON WHICH SAMPLES WERE COLLECTED -------->		01/07-08/2008		01/07-08/2008				
TIMES AT WHICH SAMPLES WHERE COLLECTED -------->		11:00-11:00		11:30-11:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700		11,900			GPD
Biochemical Oxygen Demand	---	C	13		24			mg/L
Chemical Oxygen Demand	---	C	43		66			mg/L
Oil & Grease	200	G	<5.0		5.6			mg/L
pH	5.5 - 11.5	G	9.2		8.22			Units
Temperature	60	G	19.3		19.9			°C
Total Suspended Solids	---	C	6		25			mg/L
Silver (total)	0.5	C	<0.0015		<0.0015			mg/L
Total Toxic Organics (TTO)	5.5		0.021		0.008			mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

[ ] I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

[ ] I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

[ ] Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

[ ] In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Ed Beaty

Title: Dye Shop Super Telephone: 314-289-6450

Signature: Ed Beaty Date: 5-14-08

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 4/8/08

radrpt.doc 2/00

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

315361

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: [illegible]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID
CONTACT PERSON: Chief, Engineering Services	SAMPLER SIGNATURE: [illegible]		

ANALYSIS REQUESTED

(FOR LAB USE ONLY)
LOGIN # 08018111
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625		REMARKS
North Grand MSD 002	1/7-8/08	11:30-11:30		x	WW	H2SO4,4C	X							
(Annual TTO)	↓	↓		x	WW	Cool 4C		x						pH = 8.22
				x	WW	HNO3			x					Temp = 19.9
	1/8/08	11:30	x		WW	H2SO4, 4C				x				
	↓	↓	x		WW	HCL, 4C					x			
	1/7-8/08	11:30-11:30		X	WW	Cool to 4C						x		
														3 hrs Field Tech
														1 day Pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ *Fastrak*™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	1/8/08	16:00	Heather Gaulart	1/8/08	16:00
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)
Replacement for 4th Quarter 2007
or
First Quarter for VA 2007

SAMPLE TEMPERATURE UPON RECEIPT _____ °C

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

315360

May 14 08 08:00a

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

CLIENT: V.A. Medical Center	PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED
ADDRESS: Jefferson Barracks Division, 138 Jefferson Barracks	PHONE NUMBER: 314-487-0400	FAX NUMBER	EMAIL ADDRESS	
CITY, STATE, ZIP: St. Louis, MO 63125	SAMPLER: [signature]		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID	
CONTACT PERSON: Chief, Engineering Services	SAMPLER'S SIGNATURE: [signature]			

(FOR LAB USE ONLY)
LOGIN # 08018110
LOGGED BY: HE
LAB PROJ #
TEMPLATE:
PROJ. MGR:

SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DATE COLLECTED	TIME COLLECTED	G	C	MATRIX	PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625		REMARKS
North Grand MSD 001	1/7-8/08	11:00-11:00		x	WW	H2SO4,4C	X							
(Annual TTO)	↓	↓		x	WW	Cool 4C		x						pH = 9.18
				x	WW	HNO3			x					Temp = 19.3
	1/8/08	11:00	x		WW	H2SO4, 4C				x				
	↓	↓	x		WW	HCL, 4C					x			
	1/7-8/08	11:00-11:00	~~x~~	X	WW	Cool to 4C						x		
														4 hrs Field Tech
														1 day pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day
Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	1/8/08	16:00	[signature]	1/8/08	16:00
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)
Replacement for 4th Quarter 2007
or
First Quarter for VA 2007
SAMPLE TEMPERATURE UPON RECEIPT _____ °C

p.6

MSD 041959

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3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 01/08/08 16:27
Report Date : 01/16/08
Customer # : 276817
P.O. Number : SC8032
Facility :

Sample No: **08018110-1** Collect Date **01/08/08 11:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL9912-25806** Locator : **01/07-08/08 11:00**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			01/10/08 09:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	01/11/08 19:42	WPS
EPA 625				
Sample Preparation			01/01/08 11:00	FM

7

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(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
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Client ID : **N GRAND MSD 001 COMP** Site : **STL9912-25806** Locator : **01/07-08/08 11:00**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 625				
1,2,4-Trichlorobenzene	<	10 ug/l	01/10/08 02:32	JK
1,2-Dichlorobenzene	<	10 ug/l	01/10/08 02:32	JK
1,3-Dichlorobenzene	<	10 ug/l	01/10/08 02:32	JK
1,4-Dichlorobenzene	<	10 ug/l	01/10/08 02:32	JK
2,2'-oxybis(1-Chloropropane)	<	10 ug/l	01/10/08 02:32	JK
2,4,5-Trichlorophenol	<	10 ug/l	01/10/08 02:32	JK
2,4,6-Trichlorophenol	<	10 ug/l	01/10/08 02:32	JK
2,4-Dichlorophenol	<	10 ug/l	01/10/08 02:32	JK
2,4-Dimethylphenol	<	10 ug/l	01/10/08 02:32	JK
2,4-Dinitrophenol	<	10 ug/l	01/10/08 02:32	JK
2,4-Dinitrotoluene	<	10 ug/l	01/10/08 02:32	JK
2,6-Dimethylaniline	<	10 ug/l	01/10/08 02:32	JK
2,6-Dinitrotoluene	<	10 ug/l	01/10/08 02:32	JK
2-Chloronaphthalene	<	10 ug/l	01/10/08 02:32	JK
2-Chlorophenol	<	10 ug/l	01/10/08 02:32	JK
2-Methylphenol	<	10 ug/l	01/10/08 02:32	JK
2-Nitrophenol	<	10 ug/l	01/10/08 02:32	JK
3,3'-Dichlorobenzidine	<	10 ug/l	01/10/08 02:32	JK
4,6-Dinitro-2-methylphenol	<	10 ug/l	01/10/08 02:32	JK
4-Bromophenyl-phenylether	<	10 ug/l	01/10/08 02:32	JK
4-Chloro-3-methylphenol	<	10 ug/l	01/10/08 02:32	JK
4-Chlorophenyl-phenyl Ether	<	10 ug/l	01/10/08 02:32	JK
4-Methylphenol	<	10 ug/l	01/10/08 02:32	JK
4-Nitrophenol	<	10 ug/l	01/10/08 02:32	JK
Acenaphthene	<	10 ug/l	01/10/08 02:32	JK
Acenaphthylene	<	10 ug/l	01/10/08 02:32	JK
Anthracene	<	10 ug/l	01/10/08 02:32	JK
Benzidine	<	10 ug/l	01/10/08 02:32	JK
Benzo(a)anthracene	<	10 ug/l	01/10/08 02:32	JK
Benzo(a)pyrene	<	10 ug/l	01/10/08 02:32	JK
Benzo(b)fluoranthene	<	10 ug/l	01/10/08 02:32	JK
Benzo(g,h,i)perylene	<	10 ug/l	01/10/08 02:32	JK
Benzo(k)fluoranthene	<	10 ug/l	01/10/08 02:32	JK
Butylbenzylphthalate	<	10 ug/l	01/10/08 02:32	JK
Chrysene	<	10 ug/l	01/10/08 02:32	JK
Di-n-butylphthalate	<	10 ug/l	01/10/08 02:32	JK
Di-n-octylphthalate	<	10 ug/l	01/10/08 02:32	JK
Dibenzo(a,h)anthracene	<	10 ug/l	01/10/08 02:32	JK
Diethylphthalate	<	10 ug/l	01/10/08 02:32	JK
Dimethylphthalate	<	10 ug/l	01/10/08 02:32	JK
Diphenylamine / N-Nitroso	<	10 ug/l	01/10/08 02:32	JK
Fluoranthene	<	10 ug/l	01/10/08 02:32	JK
Fluorene	<	10 ug/l	01/10/08 02:32	JK
Hexachlorobenzene	<	10 ug/l	01/10/08 02:32	JK
Hexachlorobutadiene	<	10 ug/l	01/10/08 02:32	JK

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(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

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Laboratory Results

VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 01/08/08 16:27
Report Date : 01/16/08
Customer # : 276817
P.O. Number : SC8032
Facility :

Sample No: **08018110-1**
Client ID : **N GRAND MSD 001 COMP**
Site : **STL9912-25806**
Collect Date **01/08/08 11:00**
Locator : **01/07-08/08 11:00**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 625				
Hexachlorocyclopentadiene	<	10 ug/l	01/10/08 02:32	JK
Hexachloroethane	<	10 ug/l	01/10/08 02:32	JK
Indeno(1,2,3-cd)pyrene	<	10 ug/l	01/10/08 02:32	JK
Isophorone	<	10 ug/l	01/10/08 02:32	JK
N-Nitroso-di-n-propylamine	<	10 ug/l	01/10/08 02:32	JK
N-Nitrosodimethylamine	<	10 ug/l	01/10/08 02:32	JK
Naphthalene	<	10 ug/l	01/10/08 02:32	JK
Nitrobenzene	<	10 ug/l	01/10/08 02:32	JK
Pentachlorophenol	<	10 ug/l	01/10/08 02:32	JK
Phenanthrene	<	10 ug/l	01/10/08 02:32	JK
Phenol	<	10 ug/l	01/10/08 02:32	JK
Pyrene	<	10 ug/l	01/10/08 02:32	JK
bis(2-Chloroethoxy)methane	<	10 ug/l	01/10/08 02:32	JK
bis(2-Chloroethyl) Ether	<	10 ug/l	01/10/08 02:32	JK
bis(2-Ethylhexyl)phthalate		21 ug/l	01/10/08 02:32	JK
EPA METHOD 405.1				
Biochemical Oxygen Demand		13 mg/l	01/09/08 07:00	DM
SM (18) 2540D				
Solids, Total Suspended		6 mg/l	01/08/08 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		43 mg/l	01/08/08 17:00	AV

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P[illegible] Laboratories, Inc.
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Laboratory Results

VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 01/08/08 16:27
Report Date : 01/16/08
Customer # : 276817
P.O. Number : SC8032
Facility :

Sample No: **08018110-2** Collect Date **01/08/08 11:00**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL9912-25806** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	01/09/08 17:00	MEP
EPA 624				
1,1,1-Trichloroethane	<	5 ug/l	01/11/08 15:26	BP
1,1,2,2-Tetrachloroethane	<	5 ug/l	01/11/08 15:26	BP
1,1,2-Trichloroethane	<	5 ug/l	01/11/08 15:26	BP
1,1-Dichloroethane	<	5 ug/l	01/11/08 15:26	BP
1,1-Dichloroethene	<	5 ug/l	01/11/08 15:26	BP
1,2-Dichlorobenzene	<	5 ug/l	01/11/08 15:26	BP
1,2-Dichloroethane	<	5 ug/l	01/11/08 15:26	BP
1,2-Dichloropropane	<	5 ug/l	01/11/08 15:26	BP
1,3-Dichlorobenzene	<	5 ug/l	01/11/08 15:26	BP
1,4-Dichlorobenzene	<	5 ug/l	01/11/08 15:26	BP
2-Chloroethyl Vinyl Ether	<	5 ug/l	01/11/08 15:26	BP
Acrolein	<	25 ug/l	01/11/08 15:26	BP
Acrylonitrile	<	25 ug/l	01/11/08 15:26	BP
Benzene	<	5 ug/l	01/11/08 15:26	BP
Bromodichloromethane	<	5 ug/l	01/11/08 15:26	BP
Bromoform	<	5 ug/l	01/11/08 15:26	BP
Bromomethane	<	10 ug/l	01/11/08 15:26	BP
Carbon Tetrachloride	<	5 ug/l	01/11/08 15:26	BP
Chlorobenzene	<	5 ug/l	01/11/08 15:26	BP
Chloroethane	<	10 ug/l	01/11/08 15:26	BP
Chloroform	<	5 ug/l	01/11/08 15:26	BP
Chloromethane	<	10 ug/l	01/11/08 15:26	BP
Dibromochloromethane	<	5 ug/l	01/11/08 15:26	BP
Ethylbenzene	<	5 ug/l	01/11/08 15:26	BP
Methylene Chloride	<	5 ug/l	01/11/08 15:26	BP
Tetrachloroethene	<	5 ug/l	01/11/08 15:26	BP
Toluene	<	5 ug/l	01/11/08 15:26	BP
Trichloroethene	<	5 ug/l	01/11/08 15:26	BP
Trichlorofluoromethane	<	5 ug/l	01/11/08 15:26	BP
Vinyl Chloride	<	5 ug/l	01/11/08 15:26	BP
cis-1,3-Dichloropropene	<	5 ug/l	01/11/08 15:26	BP
m,p-Xylene	<	10 ug/l	01/11/08 15:26	BP
o-Xylene	<	5 ug/l	01/11/08 15:26	BP
trans-1,2-Dichloroethene	<	5 ug/l	01/11/08 15:26	BP
trans-1,3-Dichloropropene	<	5 ug/l	01/11/08 15:26	BP
FIELD PH				
pH #1, Field Measured		9.18 units	01/08/08 11:00	LLO
FIELD TEMP				
Temperature		19.3 degrees C	01/08/08 11:00	LLO

recycled paper

Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
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ACCREDITED IN ACCORDANCE WITH nelac

Laboratory Results

VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 01/08/08 16:38
Report Date : 01/16/08
Customer # : 276817
P.O. Number : SC8032
Facility :

Sample No: **08018111-3** Collect Date **01/08/08 11:30**
Client ID : **N GRAND MSD 002 COMP** Site : **STL9912-25807** Locator : **01/07-08/08 11:30**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			01/10/08 09:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	01/11/08 19:45	WPS
EPA 625				
Sample Preparation			01/01/08 11:00	FM

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Client ID : **N GRAND MSD 002 COMP** Site : **STL9912-25807** Locator : **01/07-08/08 11:30**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 625				
1,2,4-Trichlorobenzene	<	10 ug/l	01/10/08 05:12	JK
1,2-Dichlorobenzene	<	10 ug/l	01/10/08 05:12	JK
1,3-Dichlorobenzene	<	10 ug/l	01/10/08 05:12	JK
1,4-Dichlorobenzene	<	10 ug/l	01/10/08 05:12	JK
2,2'-oxybis(1-Chloropropane)	<	10 ug/l	01/10/08 05:12	JK
2,4,5-Trichlorophenol	<	10 ug/l	01/10/08 05:12	JK
2,4,6-Trichlorophenol	<	10 ug/l	01/10/08 05:12	JK
2,4-Dichlorophenol	<	10 ug/l	01/10/08 05:12	JK
2,4-Dimethylphenol	<	10 ug/l	01/10/08 05:12	JK
2,4-Dinitrophenol	<	10 ug/l	01/10/08 05:12	JK
2,4-Dinitrotoluene	<	10 ug/l	01/10/08 05:12	JK
2,6-Dimethylaniline	<	10 ug/l	01/10/08 05:12	JK
2,6-Dinitrotoluene	<	10 ug/l	01/10/08 05:12	JK
2-Chloronaphthalene	<	10 ug/l	01/10/08 05:12	JK
2-Chlorophenol	<	10 ug/l	01/10/08 05:12	JK
2-Methylphenol	<	10 ug/l	01/10/08 05:12	JK
2-Nitrophenol	<	10 ug/l	01/10/08 05:12	JK
3,3'-Dichlorobenzidine	<	10 ug/l	01/10/08 05:12	JK
4,6-Dinitro-2 methylphenol	<	10 ug/l	01/10/08 05:12	JK
4-Bromophenyl-phenylether	<	10 ug/l	01/10/08 05:12	JK
4-Chloro-3-methylphenol	<	10 ug/l	01/10/08 05:12	JK
4-Chlorophenyl-phenyl Ether	<	10 ug/l	01/10/08 05:12	JK
4-Methylphenol	<	10 ug/l	01/10/08 05:12	JK
4-Nitrophenol	<	10 ug/l	01/10/08 05:12	JK
Acenaphthene	<	10 ug/l	01/10/08 05:12	JK
Acenaphthylene	<	10 ug/l	01/10/08 05:12	JK
Anthracene	<	10 ug/l	01/10/08 05:12	JK
Benzidine	<	10 ug/l	01/10/08 05:12	JK
Benzo(a)anthracene	<	10 ug/l	01/10/08 05:12	JK
Benzo(a)pyrene	<	10 ug/l	01/10/08 05:12	JK
Benzo(b)fluoranthene	<	10 ug/l	01/10/08 05:12	JK
Benzo(g,h,i)perylene	<	10 ug/l	01/10/08 05:12	JK
Benzo(k)fluoranthene	<	10 ug/l	01/10/08 05:12	JK
Butylbenzylphthalate	<	10 ug/l	01/10/08 05:12	JK
Chrysene	<	10 ug/l	01/10/08 05:12	JK
Di-n-butylphthalate	<	10 ug/l	01/10/08 05:12	JK
Di-n-octylphthalate	<	10 ug/l	01/10/08 05:12	JK
Dibenzo(a,h)anthracene	<	10 ug/l	01/10/08 05:12	JK
Diethylphthalate	<	10 ug/l	01/10/08 05:12	JK
Dimethylphthalate	<	10 ug/l	01/10/08 05:12	JK
Diphenylamine / N-Nitroso	<	10 ug/l	01/10/08 05:12	JK
Fluoranthene	<	10 ug/l	01/10/08 05:12	JK
Fluorene	<	10 ug/l	01/10/08 05:12	JK
Hexachlorobenzene	<	10 ug/l	01/10/08 05:12	JK
Hexachlorobutadiene	<	10 ug/l	01/10/08 05:12	JK

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VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 01/08/08 16:38
Report Date : 01/16/08
Customer # : 276817
P.O. Number : SC8032
Facility :

Sample No: **08018111-3**
Client ID : **N GRAND MSD 002 COMP**
Site : **STL9912-25807**
Collect Date **01/08/08 11:30**
Locator : **01/07-08/08 11:30**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 625				
Hexachlorocyclopentadiene	<	10 ug/l	01/10/08 05:12	JK
Hexachloroethane	<	10 ug/l	01/10/08 05:12	JK
Indeno(1,2,3-cd)pyrene	<	10 ug/l	01/10/08 05:12	JK
Isophorone	<	10 ug/l	01/10/08 05:12	JK
N-Nitroso-di-n-propylamine	<	10 ug/l	01/10/08 05:12	JK
N-Nitrosodimethylamine	<	10 ug/l	01/10/08 05:12	JK
Naphthalene	<	10 ug/l	01/10/08 05:12	JK
Nitrobenzene	<	10 ug/l	01/10/08 05:12	JK
Pentachlorophenol	<	10 ug/l	01/10/08 05:12	JK
Phenanthrene	<	10 ug/l	01/10/08 05:12	JK
Phenol	<	10 ug/l	01/10/08 05:12	JK
Pyrene	<	10 ug/l	01/10/08 05:12	JK
bis(2-Chloroethoxy)methane	<	10 ug/l	01/10/08 05:12	JK
bis(2-Chloroethyl) Ether	<	10 ug/l	01/10/08 05:12	JK
bis(2-Ethylhexyl)phthalate	J	8.56 ug/l	01/10/08 05:12	JK
EPA METHOD 405.1				
Biochemical Oxygen Demand		24 mg/l	01/09/08 07:00	DM
SM (18) 2540D				
Solids, Total Suspended		25 mg/l	01/08/08 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		66 mg/l	01/08/08 17:00	AV

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Laboratory Results

VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 01/08/08 16:38
Report Date : 01/16/08
Customer # : 276817
P.O. Number : SC8032
Facility :

Sample No: **08018111-4** Collect Date **01/08/08 11:30**
Client ID : **N GRAND MSD 002 GRAB** Site : **STL9912-25807** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE		5.6 mg/l	01/09/08 17:00	MEP
EPA 624				
1,1,1-Trichloroethane	<	5 ug/l	01/11/08 15:53	BP
1,1,2,2-Tetrachloroethane	<	5 ug/l	01/11/08 15:53	BP
1,1,2-Trichloroethane	<	5 ug/l	01/11/08 15:53	BP
1,1-Dichloroethane	<	5 ug/l	01/11/08 15:53	BP
1,1-Dichloroethene	<	5 ug/l	01/11/08 15:53	BP
1,2-Dichlorobenzene	<	5 ug/l	01/11/08 15:53	BP
1,2-Dichloroethane	<	5 ug/l	01/11/08 15:53	BP
1,2-Dichloropropane	<	5 ug/l	01/11/08 15:53	BP
1,3-Dichlorobenzene	<	5 ug/l	01/11/08 15:53	BP
1,4-Dichlorobenzene	<	5 ug/l	01/11/08 15:53	BP
2-Chloroethyl Vinyl Ether	<	5 ug/l	01/11/08 15:53	BP
Acrolein	<	25 ug/l	01/11/08 15:53	BP
Acrylonitrile	<	25 ug/l	01/11/08 15:53	BP
Benzene	<	5 ug/l	01/11/08 15:53	BP
Bromodichloromethane	<	5 ug/l	01/11/08 15:53	BP
Bromoform	<	5 ug/l	01/11/08 15:53	BP
Bromomethane	<	10 ug/l	01/11/08 15:53	BP
Carbon Tetrachloride	<	5 ug/l	01/11/08 15:53	BP
Chlorobenzene	<	5 ug/l	01/11/08 15:53	BP
Chloroethane	<	10 ug/l	01/11/08 15:53	BP
Chloroform	<	5 ug/l	01/11/08 15:53	BP
Chloromethane	<	10 ug/l	01/11/08 15:53	BP
Dibromochloromethane	<	5 ug/l	01/11/08 15:53	BP
Ethylbenzene	<	5 ug/l	01/11/08 15:53	BP
Methylene Chloride	<	5 ug/l	01/11/08 15:53	BP
Tetrachloroethene	<	5 ug/l	01/11/08 15:53	BP
Toluene	<	5 ug/l	01/11/08 15:53	BP
Trichloroethene	<	5 ug/l	01/11/08 15:53	BP
Trichlorofluoromethane	<	5 ug/l	01/11/08 15:53	BP
Vinyl Chloride	<	5 ug/l	01/11/08 15:53	BP
cis-1,3-Dichloropropene	<	5 ug/l	01/11/08 15:53	BP
m,p-Xylene	<	10 ug/l	01/11/08 15:53	BP
o-Xylene	<	5 ug/l	01/11/08 15:53	BP
trans-1,2-Dichloroethene	<	5 ug/l	01/11/08 15:53	BP
trans-1,3-Dichloropropene	<	5 ug/l	01/11/08 15:53	BP
FIELD PH				
pH #1, Field Measured		8.22 units	01/08/08 11:30	LLO
FIELD TEMP				
Temperature		19.9 degrees C	01/08/08 11:30	LLO

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May 14 08 09:11a p.10

Metropolitan St. Louis Sewer District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.768.6200 www.stlmsd.com

MSD

April 24, 2008

Ed Beaty
Pipefitter Foreman
VA MEDICAL CENTER – COCHRAN
915 N. Grand Blvd.
St. Louis, MO 63106

Re: WASTEWATER DISCHARGE PERMIT NO. 1114046000
Non-Sewered Water Credit Determination

Dear Mr. Beaty:

As discussed during our meeting, enclosed are the documents used to determine the amount of water that is not returned to the sewer system from your premise. As you will see, the credit is for cooling tower evaporation and was determined in 2002. If you notice anything that needs attention, please call and I will connect you with the correct party to handle this inquiry.

Thank you for helping us to comply with federal regulations. If you have any questions or comments, please contact me at 314.436.8761.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Tom Boehm
Environmental Engineering Associate

Enclosure: Return Factor Determination File Excerpts

MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center (John Cochran) Account #: 11140460-00
Premise Address: 915 N. Grand Blvd Zip Code: 63106-
Last Inspection Date: 5/22/07
MSD Classes: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ IIU ☐ Special Handling/Billing ☐
Company Representative: Ed Beaty
Title: Pipefitter Supervisor Phone#: 314.289.6450
Inspector: T. Boehm
Others Present: None
Inspection Date: 4/16/08 Time of Inspection: From 09:00 am To 11:00 am

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: Acct # 00086730 is active in ECIS and current in PIMS;
   B. WERE ALL ACCT NO's VERIFIED/ACTIVE ON BILLING SYSTEM (or CORRECTED)? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
General hospital operations and associated cleaning and washdown	Cont		Yes	Continuous	001+002>combo sewer
Food prep and cleanup	Batch		Yes	During and after meals	001>combo sewer
Lawn equipment maintenance	Batch		No		
Lab operations and washdown in main hospital	Batch		Yes	Daily	001+002>combo sewer
Research labs in main hospital (on 7th+8th floors) and in bldgs 6,7, and 7a	Batch		Yes	Daily	001>combo sewer
X-ray chemistry processing (from both Cochran and JB)	Batch		Yes	Daily	001>combo sewer

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
pH adjustment(labs)	001
pH adjust(labs), Ag recovery	002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☒ No☐
   A. List sample points: 002
   B. What is the frequency for cleaning & maintaining the traps? 4x/yr with jet cleaning of lines 2x/yr;
   C. Are enzymes (not bacteria) used in traps? Yes☐ No☒
   D. If yes to C, was co. told to stop or switch to approved bacteria? NA☐ Yes☐ No☐
   E. Was co. informed that MSD also performs separate grease trap inspections? Yes☒ No☐

5. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   A. List pollutants & process: ____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue.)
   D. Comments: ____

6. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒
   A. If yes, list reg. & describe (including any discharge):
   40CFR460 - N/A Hospital wastewater- No Stds

7. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct factor & explain change? _____

8. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

9. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Nuclear medicine diagnostics; decayed on site then to sewer or passed through patient then to sewer;
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 5/1/97 Annual amt discharged: 15 mCi
   D. Has annual amount discharged increased by >20% from previous years? Yes☐ No☒
   E. If yes-did co. write MSD? (If No, require notif, including reason for increase) Yes☐ No☐

10. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Hospitals use a significant amount of water; no excess usage noted during inspection;

11. DOES COMPANY APPEAR TO HAVE SOME WATER THAT IS NOT DISCHARGED TO SEWER? Yes☒ No☐
   A. Was "Return Factor Program" brochure given to company (regardless of whether some water is not discharged to sewer)? Yes☒ No☐

12. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

13. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

14. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
Spills? ☐ Slug discharges? ☐ Other? _____
B. Explain any marked: _____

15. ARE ANY SOLVENTS USED? Yes☒ No☐
A. If yes:

List solvents	Used for?	How disposed?	Priority Pollutant?	413/433/469 Process?
Histoclear, alcohols, xylenes;	Lab use	Sewered, evaporation, hauled or distilled for reuse (bottoms hauled)	Yes☐ No☒	Yes☐ No☒
Paint thinner	Parts washing, paint cleanup	Hauled	Yes☒ No☐	Yes☐ No☒
			Yes☐ No☐	Yes☐ No☐
			Yes☐ No☐	Yes☐ No☐
			Yes☐ No☐	Yes☐ No☐
			Yes☐ No☐	Yes☐ No☐

16. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒
A. If yes, what needs to be done? _____
B. If no, how are they controlled? Bulk chemistry is stored in contained room; waste chemistry is staged in dedicated haz/med waste room; lab chemistry is stored in fireproof cabinets;

17. ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES IMPAIR STORMWATER RUNOFF? Yes☐ No☒
A. If yes, describe: _____
B. What needs to be done? No outdoor storage of concern;
C. Was "Illicit Stormwater Discharges" brochure given to company (regardless of whether there are any problem areas)? Yes☒ No☐

18. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐
A. If yes:

Title	SMP? 413/433		Last Update		Copy in File? (SMP only)	Update needed? Explain if yes
SPCCP	No		11/1/97		No	No
	N/A				N/A	N/A
	N/A				N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

19. HAZARDOUS WASTES:
A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐
B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒
C. If yes to B, list haz wastes: _____
D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐
E. Comments: _____

20. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☐ No☒
A. Are MSD contacts listed? Yes☐ No☒
B. If no to either, describe how handled: Customer service card presented;

21. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐
A. If yes, requirement is contained in permit ☒ or other document ☐.
B. If other document, date & description: _____
C. How frequently is sampling required? Quarterly
D. How frequently are reports required? Quarterly
E. Have reports been on-time, complete & signed by proper person? Yes☐ No☒
F. If no, explain: 2nd 1/4 '07 SMR not submitted due to problem with contract lab;

22. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐
A. Is the self-monitoring required by MSD? Yes☒ No☐
B. Are representative grab/comp samples collected? Yes☒ No☐
C. Does sample collection time period match company's production shifts (is it representative)? Yes☒ No☐
D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐
E. If no to B, C or D, explain needed changes: 24hour comps used for this 24 hour operation

23. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒
A. If yes, is company having the samples analyzed Yes☐ No☐
B. How does company insure proper preservation, holding times & analytical methods? _____
C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
D. Have results been submitted within 28 days of the calendar quarter of collection? Yes☐ No☐
E. If no to C or D, explain: _____
F. Does company still want to split samples? Yes☐ No☐
G. Comments: _____

24. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒
A. If yes, type and date: _____
B. Have the reports & actions been on-time & complete? Yes☐ No☐
C. If no, explain: _____

25. ASK COMPANY: IS CO. IN COMPLIANCE W/APPLICABLE NESHAP REGS FOR WW DISCHARGES? Yes☒ No☐
(some Haz Air Poll regs for specific processes allow pre-approved WW discharge)
A. If no, describe: They are not subject to these regs;
B. If no, was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

26. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒
A. Indicate correct classifications:
SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ IIU ☐ Special Handling/Billing ☐
B. Explain changes: _____

27. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Sanitary, hospital waste, NCCW, boiler blowdown, RO reject, DI regeneration, lab waste, kithen waste, stormwater	No
SP #	002	Fed.Reg.		Components:	Sanitary, hospital waste, lab waste, x-ray wastewater, stormwater	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

28. ARE DISCHARGES AT ANY SPs SMALL/IRREGULAR ENOUGH TO ALLOW GRAB SAMPLES? Yes☐ No☒
A. List SPs and reasons: _____

29. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

30. DO ANY SAMPLE POINTS (including Unsampled/Dummy SPs) RECEIVE STORMWATER? Yes☒ No☐
A. List SPs: 001, 002

31. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____
C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒
D. If yes to C, list SPs & describe: _____
E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

32. REVIEW THE SAMPLE POINT MAP! Last map revision date: 6/14/07
A. Is the map correct and accurate in all its details? Yes☒ No☐
B. If no, what changes are needed? _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
- X-ray wastewater from both Cochran and JB has been significantly reduced since changeover to mostly digital imaging;

MSD 041973

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997 SIU
03/06/1997 PTW

WUNNENBERG INFO.

Base Map 19F2
Wun: St. Louis City & Co.
Grid: G 19 Page 27

SIU CRITERIA

POTM Reasonable potential for adverse affect

GENERAL INFORMATION

Office Mailing Address
915 N. Grand Boulevard
St. Louis, MO. 63106

Billing Address
915 N. Grand Blvd
St. Louis, MO. 63106

INSPECTION INFORMATION

Next Due
Insp Rslt
04/16/2008 RIN Tom Boehm

PERMIT INFORMATION

Issue Date: 02/01/2007
Expire Date: 01/31/2012
Extended Date: 12/31/2007
Writer fabian Grabski
Issue Date: 01/01/2008
Expire Date: 01/31/2012
Extended Date:
Writer Scott Rehmer

IUQ INFORMATION

IUQ Recvd Date: 08/14/2001
Reviewer: Fabian Grabski
IUQ Recvd Date: 09/19/2006
Reviewer:

CONTACTS

BILL	Keith Repko	Service Chief/Engineering	OFF	(314) 289-6438 Ext.
FLD1	Ed Beaty	Pipefitter Foreman	OFF	(314) 289-6450 Ext.
FLD2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.
OFF1	Ed Beaty	Pipefitter Supervisor	OFF	(314) 289-6450 Ext.
OFF2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.

OPERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	750	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,200 **Hrs:** 24.0

OTHER AGENCIES INFORMATION

12/02/1996	EPA - Hazardous Waste Program	MOD93060090030
12/02/1996	EPA - Hazardous Waste Program	MOD93060090030
01/29/1997	Nuclear Regulatory Commission	24-00144-05
01/29/1997	Nuclear Regulatory Commission	24-00144-05
01/17/1999	MDNR - Hazardous Waste Program	004272
01/17/1999	MDNR - Hazardous Waste Program	004272
06/21/2006	MSD - Billing Account Number	00086730

NON-SEWERED WASTE

On-Site Storage N **On-Site Disposal** N **Off-Site Disposal** Y

09/19/2006	Acids and/or Alkalies	10	GPY
09/19/2006	Equipment oils and/or	50	GPY
09/19/2006	Infectious Waste	120000	LB/YR
09/19/2006	Kitchen/Food Service	100	GPY
09/19/2006	Organic Compounds	15	GPY
09/19/2006	Radioactive Waste	<10	GPY
09/19/2006	Solvents/Thinners	50	GPY
05/26/2006	Paints or Paint Sludge	Unknown	GPY

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General hospital services			

Report No. PIMS012A 04/24/2008 1:57:53 pm
Data Date & Time: 04/24/2008 1:57:53 pm

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

SEWER ACCOUNTS

Sewer Accounts
1114046000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/01/2007 **End Date =** 04/24/2008 **Wdays** **Cdays**

Acct. No.			Consumption					Discharge	
1114046000			**CCF's**	**Gallons**				**Gal/ Wday**	**Gal/ Cday**
1114046000	11/16/2006	02/27/2007	2,130	2,130	A	104	104	104	
1114046000	02/28/2007	05/14/2007	3,140	5,270		76	76	180	
1114046000	05/15/2007	08/15/2007	7,810	13,080		93	93	273	
1114046000	08/16/2007	11/15/2007	6,190	19,270		92	92	365	
1114046000	11/16/2007	02/25/2008	2,980	22,250		102	102	467	
RF 0.62	**Acct. Total**		22,250	16,644,157		467	467	22,097	22,097
	Facility Total		22,250						

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**		**Treatment Area**	Bissell Point
01	Sanitary Or Combined	19F2	345C	**Trunk Sewer**	Ohio - Montrose

Description Multiple lines exiting buildings on N side

Sewer Route W on Bell, S on Vandeventer, E through R

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Sanitary		8,925	GPD		GPD	D	10/20/0(
Boiler Blowdown		2,705	GPD		GPD	D	10/20/0(
Hospital Waste		13,388	GPD		GPD	D	10/20/0(
Kitchen Waste		2,499	GPD		GPD	D	10/20/0(
Laboratory Waste	Animal, Research, + Diagnostic Labs	1,045	GPD		GPD	D	10/20/0(
Non Contact Coolir		6,288	GPD		GPD	D	10/20/0(
Regeneration/Rejec	Softener Regen+ RO Reject	850	GPD		GPD	D	10/20/0(
Storm Water		0	GPD		GPD	D	4/16/08
	Total Flow Avg =	**35,700**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	**Lateral Type**	**DSMH**		**Treatment Area**	Bissell Point
02	Sanitary Or Combined	19F2	352C	**Trunk Sewer**	Ohio - Montrose

Description Multiple lines exiting buildings on S side (

Sewer Route W on Enrightl, S on Vandeventer, E throu

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Sanitary		2,975	GPD		GPD	D	10/20/0(
Hospital Waste		4,462	GPD		GPD	D	10/20/0(
Laboratory Waste	Diagnotic + Research Labs	750	GPD		GPD	D	10/20/0(
Non Contact Coolir		2,096	GPD		GPD	D	10/20/0(
Process Waste	X-Ray Processing	100	GPD		GPD	D	6/15/07
Storm Water		0	GPD		GPD	D	4/16/08
	Total Flow Avg =	**10,383**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	03/16/1998	DC28	Grease Trap
001	02/02/2004	DC37	pH Adjustment / Neutralization
002	01/16/2003	DC37	pH Adjustment / Neutralization
002	02/02/2004	DC32	Metallic Replacement

Report No. PIMS012A 04/24/2008 1:57:53 pm
Data Date & Time: 04/24/2008 1:57:53 pm

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Ethylbenzene	KP	Acrylonitrile	SP	Asbestos (Fibrous)	SP
Silver (Total)	KP	Cadmium (Total)	SP	Mercury (Total)	SP
Lead (Total)	SP	Phenol	KP	Toluene	KP
Chloroform	SP	Benzene	KP	1,1,2-Trichloroethane	SP

EXTRA STRENGTH SURCHARGE INFORMATION

PIMS FACILITY CONTACTS
VA MEDICAL CENTER

For Account Number **1114046000**
Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type / Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Billing Address						
Billing Contact	Keith	Repko	Service Chief/Engineering	OFF	(314)289-6438	
Office Mailing Address						
Office Contact - Primary	Ed	Beaty	Pipefitter Supervisor	OFF	(314)289-6450	
Office Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	
Premise Address						
Field Contact - Primary	Ed	Beaty	Pipefitter Foreman	OFF	(314)289-6450	
Field Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
VA MEDICAL CENTER

Account No Entered **1114046000**

SPN	PREMISE ADDRESS	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

001 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2008
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2008
	T237000	pH	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2008
	T267000	1,1,2-Trichloroethane	Once/year	Grab	06/30/2008
	T300000	Acrylonitrile	Once/year	Grab	06/30/2008
	T332000	Chloroform	Once/year	Grab	06/30/2008
	T387000	Phenanthrene	Once/year	Grab	06/30/2008
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T397000	Toluene	Once/year	Grab	06/30/2008
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2008

002 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2008
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2008
	T237000	pH	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2008
	T267000	1,1,2-Trichloroethane	Once/year	Grab	06/30/2008
	T300000	Acrylonitrile	Once/year	Grab	06/30/2008
	T332000	Chloroform	Once/year	Grab	06/30/2008
	T387000	Phenanthrene	Once/year	Grab	06/30/2008
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T397000	Toluene	Once/year	Grab	06/30/2008
Ordinance / 413/433	T999000	Total Toxic Organics	Once/year	Grab	06/30/2008

MSD

SR
1-22

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: O(JAN-MAR) O(APR-JUNE) O(JULY-SEPT) X(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any / All	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

SR I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Type name of signing official: Larry Chandler, MSRHS

Radiation Safety Officer Telephone: 314-289-6148

Larry Chandler Date: 1/9/08

MMA Waste Water Program
Sample Collection Sheet

001

Company Name: VA Medical Center, Grand Date: 12-5-07

Sample Technician: Butch Boggemann Code: VBM 001/4

Sample Point #: 001 Location: MH S of Bell curb 80' E of Spring

Ambient Temp: 35° F

Weather Conditions: Clear (Cloudy) Rain

Grab Data: Time: 8:25 Am Sample Temp: 70° 21.1°C ND Odor

Color: CLOUDY Sample pH: 8.4

Composit Data:

1. Time: 8:25 Am Temp: 70° pH: 8.4 Color: CLOUDY Odor: ND
2. Time: 9:25 Temp: pH: Color: CLOUDY Odor: ND
3. Time: 10:25 Temp: pH: Color: CLOUDY Odor: ND
4. Time: 11:25 Am Temp: pH: Color: CLOUDY Odor: ND
5. Time: Temp: pH: Color: Odor:
6. Time: Temp: pH: Color: Odor:

TTO Data: 1st Quarter Only

Parameters: BOD, COD, O/G, TSS 35,700 GPD

Comments & Observations: F/Pm - 35,700 GPD

Client Project ID:	VAM	Status:	Complete
Pace Project:	6032443 001	Matrix:	Water
Sample ID:	VAM 001/4	Collctd Date:	12/05/2007
Lab ID:	6032443001	Recvd Date:	12/06/2007

Methods

Analysis	Method Desc	Status
2540D Total Suspended Solids	SM 2540D (Analytical)	Complete
410.4 COD	EPA 410.4 (Analytical)	Complete
5210B BOD, 5 day	SM 5210B (Analytical)	Complete
HEM, Oil and Grease	EPA 1664A (Analytical)	Complete

Show Hits Only

Query by Method

Result List

4 items found, displaying all items.1

RL=Report Limit, DF=Dilution Factor, Bas=Basis, Qual=Qualifiers

Method Desc	Parameters	Results	Units	RL	DF	Analyzed Date	Bas	Qual
EPA 1664A	Oil and Grease	15.3	mg/L	5.0	1	12/11/2007 08:58	NA	
SM 2540D	Total Suspended Solids	99	mg/L	5.0	1	12/10/2007 15:33	NA	
SM 5210B	BOD, 5 day	ND	mg/L	2.0	1	12/12/2007 07:53	NA	*
EPA 410.4	Chemical Oxygen Demand	339	mg/L	50.0	1	12/11/2007 00:00	NA	

MMA Waste Water Program 002

Sample Collection Sheet

Company Name VA Medical Center, Grand Date 12-5-07

Sample Technician Burk Bagemann Code VAM 002/4

Sample Point # 002 Location MH @ Spring & Enright 75'SW of building #5

Ambient Temp 35° F

Weather Conditions: Clear Cloudy Rain

Grab Data: Time _____ Sample Temp _____ Odor _____

Color _____ Sample pH _____

Composit Data: 15.6°C

1. Time 8:19 am Temp 60° pH 7.4 Color CLOUDY Odor PUNGENT
2. Time 9:19 Temp _____ pH _____ Color CLOUDY Odor PUNGENT
3. Time 10:10 Temp _____ pH _____ Color CLOUDY Odor PUNGENT
4. Time 11:19 am Temp _____ pH _____ Color CLOUDY Odor PUNGENT
5. Time _____ Temp _____ pH _____ Color _____ Odor _____
6. Time _____ Temp _____ pH _____ Color _____ Odor _____

TTO Data _____

Parameters BOD, COD, TSS, AG Flow = 11,900 GPD

Comments & Observations Flow 11,900 GPD

[redacted]

Client Project ID:	VAM	Status:	Complete
Pace Project:	6032443	Matrix:	Water
Sample ID:	VAM 002/4	Collctd Date:	12/05/2007
Lab ID:	6032443002	Recvd Date:	12/06/2007

002

Methods

Analysis	Method Desc	Status
2540D Total Suspended Solids	SM 2540D (Analytical)	Complete
410.4 COD	EPA 410.4 (Analytical)	Complete
5210B BOD, 5 day	SM 5210B (Analytical)	Complete
6010 MET ICP	EPA 6010 (Analytical)	Complete

Show Hits Only

Result List

4 items found, displaying all items.1

RL=Report Limit, DF=Dilution Factor, Bas=Basis, Qual=Qualifiers

Method Desc	Parameters	Results	Units	RL	DF	Analyzed Date	Bas	Qual
EPA 6010	Silver	ND	ug/L	7.0	1	12/07/2007 14:31	NA	
SM 2540D	Total Suspended Solids	80	mg/L	5.0	1	12/10/2007 15:33	NA	
SM 5210B	BOD, 5 day	85.1	mg/L	2.0	1	12/12/2007 07:38	NA	
EPA 410.4	Chemical Oxygen Demand	450	mg/L	50.0	1	12/11/2007 00:00	NA	

III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Catogorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: Edward L. Beaty

Title: Pipefitter Supervisor Telephone: 314-289-6450

Signature: Edward L. Beaty Date: 1-22-08

SMF 10/93

MSD

SR 11-15

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA Medical Center

Permit No: 1114046000

Premise Address: 915 N. Grand Blvd., St. Louis, MO 63106

Monitoring Period: | | (JAN-MAR) | | (APR-JUNE) | X | (JULY-SEPT) | | (OCT-DEC)

Samples Collected By: Larry Oliver, PDC Laboratories, Inc. - St.Louis

Analyses Performed By: PDC Laboratories, Inc. - St.Louis

ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBER →		1		2				
DATES ON WHICH SAMPLES WERE COLLECTED →		08/08-09/2007		08/08-09/2007				
TIMES AT WHICH SAMPLES WHERE COLLECTED →		11:00-11:00		11:30-11:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G,C,M OR E) AND RESULTS BELOW G=Grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700		11,900			GPD
Biochemical Oxygen Demand	—	C	4		3.6			mg/L
Chemical Oxygen Demand	—	C	10		10			mg/L
Oil & Grease	200	G	<5.0		<5.0			mg/L
pH	5.5 - 11.5	G	9.5		7.67			Units
Temperature	60	G	33.2		32.7			°C
Total Suspended Solids	—	C	5		3			mg/L
Silver (total)	0.5	C	<0.0015		<0.0015			mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L
								mg/L

You must complete and sign the certification statements on the reverse side.

III: SPECIAL CERTIFICATION STATEMENTS

ed in the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your mit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: Edward L. Beaty

Title: Pipeshop Supervisor Telephone: 314-289-6450

Signature: Edward L. Beaty Date: 11-13-07

SMF 1093

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
H-3	0.5
TOTAL ACTIVITY DISCHARGED:	0.5

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

JR I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 9/28/07

radrpt.doc 2/00

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH

Laboratory Results

VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 08/09/07 16:39
Report Date : 08/20/07
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **07088160-1** Collect Date **08/09/07 11:00**
Client ID : **N GRAND MSD 001 COMP** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			08/10/07 09:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	08/13/07 11:41	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		3.6 mg/l	08/10/07 12:00	RDG
SM (18) 2540D				
Solids, Total Suspended		5 mg/l	08/09/07 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		10 mg/l	08/09/07 17:00	AV

Sample No: **07088160-2** Collect Date **08/09/07 11:00**
Client ID : **N GRAND MSD 001 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	08/10/07 17:00	AV
FIELD PH				
pH #1, Field Measured		9.5 units	08/09/07 11:00	LLO
FIELD TEMP				
Temperature		33.2 degrees C	08/09/07 11:00	LLO

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ACCREDITED IN ACCORDANCE WITH

Laboratory Results

VA MEDICAL CENTER

915 N. Grand
ST LOUIS, MO 63106
Attn : Mr. Ed Beaty

Date Received : 08/09/07 16:39
Report Date : 08/20/07
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: **07088160-3** Collect Date **08/09/07 11:30**
Client ID : **N GRAND MSD 002 COMP** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			08/10/07 09:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	08/13/07 11:44	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		6.4 mg/l	08/10/07 12:00	RDG
SM (18) 2540D				
Solids, Total Suspended		3 mg/l	08/09/07 17:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		10 mg/l	08/09/07 17:00	AV

Sample No: **07088160-4** Collect Date **08/09/07 11:30**
Client ID : **N GRAND MSD 002 GRAB** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	08/10/07 17:00	AV
FIELD PH				
pH #1, Field Measured		7.67 units	08/09/07 11:30	LLO
FIELD TEMP				
Temperature		32.7 degrees C	08/09/07 11:30	LLO

ACCREDITATIONS

NELAC Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100253.

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

This report shall not be reproduced, except in full, without the written approval of the laboratory.

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.pdclab.com www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
PHONE NUMBER 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN # 07088160
		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LOGGED BY: HE
				LAB PROJ #
				TEMPLATE:
				PROJ. MGR:

						PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	8/8-9/07	11:00-11:00		X	WW	H2SO4,4C	X							
(Quarterly)		↓		X	WW	Cool 4C		X						pH = 9.50
				X	WW	HNO3			X					Temp = 33.2
	8/9/07	11:00	X		WW	H2SO4, 4C				X				
North Grand MSD 002	8/8-9/07	11:30-11:30		X	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		X	WW	Cool 4C		X						pH = 7.67
				X	WW	HNO3			X					Temp = 32.7
	8/9/07	11:30	X		WW	H2SO4, 4C				X				
														7 hrs Field Tech
														2 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)

☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak™ (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____

Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	8/9/07	16:10	[signature]	8/9/07	16:10
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT _____ °C

FROM (WED) NOV 14 2007 7:33/ST. 7:32/No. 6801394926 P 4

Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
Phone: 314.768.6200 www.stlmsd.com

MSD

August 13, 2007

Mr. Ed Beaty
Pipefitter Supervisor
VA Medical Center
915 North Grand Blvd.
St. Louis, MO 63106

RE: NOTICE OF PERMIT VIOLATION
Discharge Permit No: 1114046000
For premise at: 915 North Grand Blvd.

Dear Mr. Beaty:

Thank you for your July 23, 2007 letter and report explaining the failure to sample your wastewater discharge for the second quarter of 2007. As you know, this is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at all sampling points. Monitoring is to be performed for the parameters listed and at the frequency specified in the permit. The results are to be reported quarterly.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

REQUIRED ACTION/RESPONSE:

We understand from your letter that the failure to sample was due to oversight from your contracted consultant. Please ensure the self-monitoring report for the third quarter 2007 is submitted to the District by October 28, 2007.

If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Scott Rehmer
Assistant Engineer

pc Doug Mendoza
Tom Boehm

DEPARTMENT OF VETERANS AFFAIRS
Medical Center
915 North Grand
St. Louis, MO 63106

VA MSD

8R
8-13

July 23, 2007

Douglas M. Mendoza, P.E.
Manager of Industrial Pretreatment
Metropolitan St. Louis Sewer District
Division of Environmental Compliance
10 East Grand
St. Louis, MO 63147

Dear Mr. Mendoza,

Due to matters beyond our control, 2nd quarter wastewater monitoring at the John Cochran Medical Center did not occur. Only recently did we identify that our contracted sampling consultant failed to procure samples at the John Cochran Medical Center during the 2nd quarter reporting period.

In response to this, we are investigating changing consultants to ensure that the Department of Veterans Affairs Medical Centers are in compliance with our industrial wastewater discharge permits and MSD Ordinance 8472. Moreover, we will more thoroughly track the monitoring cycle to ensure that sample collection occurs at the frequencies specified in our permits.

Please find attached the 2nd quarter self-monitoring report with applicable certifications completed and estimated discharge volumes.

Sincerely,

Fabian T. Grabski
Assistant Chief Engineer

cc: Eva Betts

RECEIVED
AUG 06 2007
DIVISION OF
ENVIRONMENTAL COMPLIANCE

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/All	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

RECEIVED
AUG 06 2007
DIVISION OF
ENVIRONMENTAL COMPLIANCE

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 7/3/07

radrpt.doc 2/00

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		Sampling		Sampling				
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		Missed		Missed				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700	E	11,900			GPD
Biochemical Oxygen Demand	–	C		C				MG/L
Chemical Oxygen Demand	–	C		C				MG/L
Oil and Grease	200	G		G				MG/L
pH	5.5-11.5	G		G				S.U.
Temperature (Degrees C)	60	G		G				Deg. C
Total Suspended Solids	350	C		C				MG/L
Silver (Total)	0.5	C		C				MG/L
Total Toxic Organics (TTO)	5.52	G		G				MG/L

RECEIVED
AUG 06 2007
DIVISION OF
ENVIRONMENTAL COMPLIANCE

You must complete and sign the certification statements on the reverse side.

MSD 041994

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ , I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: Edward L. Beaty

Title: Pretreatment Supervisor Telephone: 314-289-6450

Signature: [signature] Date: 8-1-07

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

MSD

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		2/7-8/07		2/7-8/07				
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		10:30-10:30		11:00-11:00				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	35,700	E	11,900			GPD
Biochemical Oxygen Demand	-	C	< 3	C	26			MG/L
Chemical Oxygen Demand	-	C	< 5	C	45			MG/L
Oil and Grease	200	G	< 5	G	12.8			MG/L
pH	5.5-11.5	G	10.58	G	8.98			S.U.
Temperature (Degrees C)	60	G	16.1	G	9.5			Deg. C
Total Suspended Solids	350	C	20	C	19			MG/L
Silver (Total)	0.5	C	<0.0015	C	<0.0015			MG/L
Total Toxic Organics (TTO)	5.52	G	---	G	---			MG/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY**. If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

[ ] I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

[ ] I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

[ ] I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

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PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

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B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: Ed Beaty

Title: Vi Petitt Gen Supr Telephone: 314-289-6450

Signature: Ed Beaty Date: 5-31-07

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
NONE	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☐ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

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Type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 4/18/07

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
PHONE NUMBER 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOG N # 07028446
		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WWSL-SLUDGE, NAS-SOLID		LOGGED BY: LAB PROJ # TEMPLATE: PROJ. MGR:

						PRESERVATIVE	COD	BOD, TSS	Silver	Oil & Grease				REMARKS
North Grand MSD 001	2/7-8/07	10:30-10:30		X	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		X	WW	Cool 4C		X						pH = 10.58
				X	WW	HNO3			X					Temp = 16.1
	2/8/07	10:30	X		WW	H2SO4, 4C				X				
North Grand MSD 002	2/7-8/07	11:00-11:00		X	WW	H2SO4,4C	X							
(Quarterly)	↓	↓		X	WW	Cool 4C		X						pH = 8.98
				X	WW	HNO3			X					Temp = 9.5
	2/8/07	11:00	X		WW	H2SO4, 4C				X				
														7 hrs Field Tech
														2 days pump

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APROVAL AND SURCHARGE)

☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrak (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____

Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	2/8/07	14:35	Heather Calvert	2-8	14:35
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT 5.6 °C

1 of 1

FROM
(THU) MAY 31 2007 14:49/ST. 14:47/No. 6801394643 P 8

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH

Laboratory Results

VA MEDICAL CENTER
138 JB ENGINEERING SERVIC
#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125
Attn : Mr. Ed Beaty

Date Received : 02/08/07 16:08
Report Date : 02/22/07
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: 07028446-1 Collect Date 02/08/07 10:30
Client ID : NORTH GRAND MSD 001 Site : STL Locator : 2/7-2/8 10:30-10:30

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			02/14/07 10:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	02/15/07 11:02	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand	<	3 mg/l	02/09/07 13:50	RDG
SM (18) 2540D				
Solids, Total Suspended		20 mg/l	02/08/07 15:49	RG
SM (18) 5220D				
Chemical Oxygen Demand	<	5 mg/l	02/08/07 17:00	AV

Sample No: 07028446-2 Collect Date 02/08/07 10:30
Client ID : NORTH GRAND MSD 001 Site : STL Locator : GRAB

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	02/08/07 17:00	AV
FIELD PH				
pH #1, Field Measured		10.58 units	02/08/07 10:30	LLO
FIELD TEMP				
Temperature		16.1 degrees C	02/08/07 10:30	LLO

PDC Laboratories, Inc.
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ACCREDITED IN ACCORDANCE WITH

Laboratory Results

VA MEDICAL CENTER
138 JB ENGINEERING SERVIC
#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125
Attn : Mr. Ed Beaty

Date Received : 02/08/07 16:16
Report Date : 02/22/07
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Sample No: 07028446-3 Collect Date 02/08/07 11:00
Client ID : NORTH GRAND MSD 002 Site : STL Locator : 2/7-2/8 11:00-11:00

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			02/14/07 10:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	02/15/07 11:06	WPS
EPA METHOD 405.1				
Biochemical Oxygen Demand		26 mg/l	02/09/07 13:50	RDG
SM (18) 2540D				
Solids, Total Suspended		19 mg/l	02/08/07 15:49	RG
SM (18) 5220D				
Chemical Oxygen Demand		45 mg/l	02/08/07 17:00	AV

Sample No: 07028446-4 Collect Date 02/08/07 11:00
Client ID : NORTH GRAND MSD 002 Site : STL Locator : GRAB

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE		12.8 mg/l	02/08/07 17:00	AV
FIELD PH				
pH #1, Field Measured		8.98 units	02/08/07 11:00	LLO
FIELD TEMP				
Temperature		9.5 degrees C	02/08/07 11:00	LLO

Recycled paper

PDC Laboratories, Inc.
3278 N. Highway 67 • Florissant, MO 63033
(314) 432-0550 • (800) 333-FAST (3278) • FAX (314) 432-4977

ACCREDITED IN ACCORDANCE WITH

Laboratory Results

VA MEDICAL CENTER
138 JB ENGINEERING SERVIC
#1 JEFFERSON BARRACKS DRI
St. Louis, MO 63125
Attn : Mr. Ed Beaty

Date Received : 02/08/07 16:19
Report Date : 02/22/07
Customer # : 276817
P.O. Number : 657SC7014
Facility :

Certified by: Barbara G. Pandolfo
Barbara G. Pandolfo, Project Manager

Extra Copy

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MSD

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center (John Cochran) Account #: 11140460-00
Premise Address: 915 N. Grand Blvd Zip Code: 63106-
Last Inspection Date: 2/7/06
MSD Classes: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ IIU ☐ Special Handling/Billing ☐
Company Representative: Ed Beaty
Title: Pipefitter Supervisor Phone#: 314.289.6450
Inspector: T. Boehm
Others Present: None
Inspection Date: 5/22/07 Time of Inspection: From 08:30 am To 11:00 am

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: Primary acct tied to ECIS premise # 10085459;
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
General hospital operations and associated cleaning and washdown	Cont		Yes	Continuous	001+002>combo sewer
Food prep and cleanup	Cont		Yes	Continuous	001>combo sewer
Lawn equipment maintenance	Batch		No		
Lab operations and washdown in main hospital	Batch		Yes	As needed	001+002>combo sewer
Research labs in main hospital (on 7th+8th floors) and in bldgs 6,7, and 7a	Batch		Yes	As needed	001>combo sewer
X-ray chemistry processing (from both Cochran and JB)	Batch		Yes	As needed	001>combo sewer

3. PRETREATMENT (other than grease traps) - describe:

	Sample pt.
pH adjustment(labs)	001
pH adjust(labs), Ag recovery	002

4. DOES COMPANY HAVE ANY GREASE TRAPS? Yes☒ No☐
   A. List sample points: 001
   B. What is the frequency for cleaning & maintaining the traps? 3x/yr
   C. Are enzymes (not bacteria) used in traps? Yes☐ No☒
   D. If yes to C, was co. told to stop or switch to approved bacteria? NA☐ Yes☐ No☐
   E. Was co. informed that MSD also performs separate grease trap inspections? Yes☒ No☐

5. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   A. List pollutants & process: ____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue.)
   D. Comments: ____

6. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒
   A. If yes, list reg. & describe (including any discharge):
   40CFR460 - N/A - No Stds

7. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct factor & explain change? _____

8. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

9. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Nuclear medicine diagnostics; decayed on site then to sewer or passed through patient then to sewer
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 5/1/97 Annual amt approved: 15 mCi
   D. Has company exceeded the approved quantity? Yes☐ No☒
   E. If yes, explain: _____

10. DOES PROCESS or P&E WASHDOWN WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Hospitals use a significant amount of water; no excess usage noted during inspection;

11. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

12. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

13. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

14. ARE ANY SOLVENTS USED? Yes☒ No☐

A. If yes:

List solvents	Used for?	How disposed?	Priority Pollutant?	413/433/469 Process?
Histoclear, alcohols, xylenes;	Lab use	Sewered, evaporation, hauled or distilled for reuse (bottoms hauled)	Yes☐ No☒	Yes☐ No☒
Paint thinner	Parts washing, paint cleanup	Hauled (benzene and ethylbenzene added to PP list but not Field Samp Req'ts)	Yes☒ No☐	Yes☐ No☒
			Yes☐ No☐	Yes☐ No☐
			Yes☐ No☐	Yes☐ No☐
			Yes☐ No☐	Yes☐ No☐
			Yes☐ No☐	Yes☐ No☐

15. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Bulk chemistry is stored in contained room; waste chemistry is staged in dedicated haz/med waste room; lab chemistry is stored in fireproof cabinets;

16. ARE THERE ANY AREAS WHERE COMPANY ACTIVITIES IMPAIR STORMWATER RUNOFF? Yes☐ No☒

A. If yes, describe: _____

B. What needs to be done? No outdoor storage

C. Was "Illicit Stormwater Discharges" brochure given to company (regardless of whether there are any problem areas)? Yes☒ No☐

17. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433		Last Update		Copy in File? (SMP only)	Update needed? Explain if yes
SPCCP	No		11/1/97		Yes	No
	N/A				N/A	N/A
	N/A				N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

18. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

E. Comments: _____

19. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☐ No☒

A. Are MSD contacts listed? Yes☐ No☒

B. If no to either, describe how handled: Customer service card presented

20. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐
A. If yes, requirement is contained in permit ☒ or other document ☐.
B. If other document, date & description: _____
C. How frequently is sampling required? Quarterly
D. How frequently are reports required? Quarterly
E. Have reports been on-time, complete & signed by proper person? Yes☐ No☒
F. If no, explain: 2nd 1/4 06 late because of a change in contacts; the previous contact was out sick much of the previous year when other SMRs were late;

21. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐
A. Is the self-monitoring required by MSD? Yes☒ No☐
B. Are representative grab/comp samples collected? Yes☒ No☐
C. Does sample collection time period match company's production shifts (is it representative)? Yes☒ No☐
D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐
E. If no to B, C or D, explain needed changes: 24hour comps used for this 24 hour operation

22. DOES MSD SPLIT SAMPLES WITH THE COMPANY? Yes☐ No☒
A. If yes, is company having the samples analyzed Yes☐ No☐
B. How does company insure proper preservation, holding times & analytical methods? _____
C. Has company submitted results of all split sample analyses since the last insp? Yes☐ No☐
D. Have results been submitted within 28 days of the calendar quarter of collection? Yes☐ No☐
E. If no to C or D, explain: _____
F. Does company still want to split samples? Yes☐ No☐
G. Comments: _____

23. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒
A. If yes, type and date: _____
B. Have the reports & actions been on-time & complete? Yes☐ No☐
C. If no, explain: _____

24. IS COMPANY SUBJECT TO NESHAP REGS? Yes☐ No☒
A. If yes, is company violating NESHAP regs? (ask company) Yes☐ No☐
B. If yes to A, describe: _____
C. If yes to A,was MDNR Air Pollution Control informed? (must be done) Yes☐ No☐

25. DO MSD CLASSIFICATIONS NEED TO BE REVISED? Yes☐ No☒
A. Indicate correct classifications:
SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐ Non-Toxic Waste ☐
No Process Flow ☐ Multi-User ☐ IIU ☐ Special Handling/Billing ☐
B. Explain changes: _____

26. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Sanitary, hospital waste, NCCW, boiler blowdown, RO reject, DI regeneration, lab waste, kithen waste	No
SP #	002	Fed.Reg.		Components:	Sanitary, hospital waste, lab waste, x-ray wastewater	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

27. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

28. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐
   A. If any SPs cannot be located or opened, explain: _____
   B. If any SP descript's need to be changed, explain: _____
   C. Was ANY grease or other problem/debris observed in any SP? Yes☐ No☒
   D. If yes to C, list SPs & describe: _____
   E. If yes to C, was company directed to take corrective actions? Yes☐ No☐

29. REVIEW THE SAMPLE POINT MAP! Last map revision date: 3/6/00
   A. Is the map correct and accurate in all its details? Yes☐ No☒
   B. If no, what changes are needed? New contact

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
- Most of the x-ray imaging is now done digitally and all will be removed in the near future; they are still treating some of this process wastewater but it has been reduced significantly; contact is to contact us when the machinery has been removed from the premise; nothing of this nature is generated at Jefferson Barracks, according to contact, which reduces the volume needing processing; volume of 1617 gpd reduced to 100 gpd for x-ray process on IUQ;
- Paint shop has 1 and 5 gallon pails of paint stored in dedicated painters room with only a 5 gallon jug of mineral spirits because most paint is water based; thinner and solvent paints in a fire proof cabinet;
- MSDS for grease trap additive stated it is bacteria based with no enzymes;

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997	SIU
03/06/1997	PTW

WUNNENBERG INFO.

Base Map 19F2
Wun: St. Louis City & Co.
Grid: G 19 Page 27

SIU CRITERIA

POTM Reasonable potential for adverse affect on

GENERAL INFORMATION

Office Mailing Address
915 N. Grand Boulevard
St. Louis, MO. 63106

Billing Address
915 N. Grand Blvd
St. Louis, MO. 63106

INSPECTION INFORMATION

Next Due
Insp Rslt
05/22/2007-RIN—Tom Boehm

PERMIT INFORMATION

Issue Date: 02/01/2007
Expire Date: 01/31/2012
Extended Date:
Writer fabian Grabski

IUQ INFORMATION

IUQ Recvd Date: 08/14/2001
Reviewer: Fabian Grabski
IUQ Recvd Date: 09/19/2006
Reviewer:

CONTACTS

BILL	Keith Repko	Service Chief/Engineering	OFF	(314) 289-6438 Ext.
FLD1	Ed Beaty	Pipefitter-Foreman	OFF	(314) 289-6450 Ext.
FLD2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.
OFF1	Ed Beaty	Pipefitter-Supervisor	OFF	(314) 289-6450 Ext.
OFF2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.

OPERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	750	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,200 **Hrs:** 24.0

OTHER AGENCIES INFORMATION

12/02/1996	EPA - Hazardous Waste Program	MOD93060090030
01/29/1997	Nuclear Regulatory Commission	24-00144-05
01/17/1999	MDNR - Hazardous Waste Program	004272
06/21/2006	MSD - Billing Account Number	00086730

NON-SEWERED WASTE

On-Site Storage N **On-Site Disposal** N **Off-Site Disposal** Y

09/19/2006	Acids and/or Alkalies	10	GPY
09/19/2006	Equipment oils and/or	50	
09/19/2006	Infectious Waste	120000	LB/YR
09/19/2006	Kitchen/Food Service	100	GPY
09/19/2006	Organic Compounds	15	
09/19/2006	Radioactive Waste	<10	
09/19/2006	Solvents/Thinners	50	
05/26/2006	Paints or Paint Sludge:	Unknown	

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General hospital services			

Report No. PIMS012A 06/18/2007 7:31:20 am
Data Date & Time: 06/18/2007 7:31:20 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

SEWER ACCOUNTS

Sewer Accounts
1114046000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 01/01/2006 **End Date =** 06/18/2007

Acct. No.			Consumption			Wdavs	Cdavs	Discharge	
1114046000			**CCF's**	**Gallons**				**Gal/ Wdav**	**Gal/ Cdav**
1114046000	11/19/2005	02/23/2006	9,129	9,129	A	97	97	97	
1114046000	02/24/2006	05/16/2006	-2,220	6,909		82	82	179	
1114046000	05/17/2006	08/16/2006	8,970	15,879		92	92	271	
1114046000	08/17/2006	11/15/2006	4,980	20,859		91	91	362	
1114046000	11/16/2006	02/27/2007	2,130	22,989		104	104	466	
RF 0.62	**Acct. Total**		22,989	17,196,967		466	466	22,880	22,880
	Facility Total		22,989						

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
01	Sanitary Or Combined	19F2	345C	Trunk Sewer	Old Mill Creek

Description Multiple lines exiting buildings on N side c

Sewer Route W on Bell, S on Vandeventer, E through R

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Sanitary		8,925	GPD		GPD	D	10/20/0(
Boiler Blowdown		2,705	GPD		GPD	D	10/20/0(
Hospital Waste		13,388	GPD		GPD	D	10/20/0(
Kitchen Waste		2,499	GPD		GPD	D	10/20/0(
Laboratory Waste	Animal, Research, + Diagnostic Labs	1,045	GPD		GPD	D	10/20/0(
Non Contact Coolir		6,288	GPD		GPD	D	10/20/0(
Regeneration/Rejec	Softener Regen+ RO Reject	850	GPD		GPD	D	10/20/0(
	Total Flow Avg =	**35,700**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
02	Sanitary Or Combined	19F2	352C	Trunk Sewer	Old Mill Creek

Description Multiple lines exiting buildings on S side c

Sewer Route W on Enrightl, S on Vandeventer, E throug

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Sanitary		2,975	GPD		GPD	D	10/20/0(
Hospital Waste		4,462	GPD		GPD	D	10/20/0(
Laboratory Waste	Diagnotic + Research Labs	750	GPD		GPD	D	10/20/0(
Non Contact Coolir		2,096	GPD		GPD	D	10/20/0(
Process Waste	X-Ray Processing	100	GPD		GPD	D	6/15/07
	Total Flow Avg =	**10,383**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	03/16/1998	DC28	Grease Trap
001	02/02/2004	DC37	pH Adjustment / Neutralization
002	01/16/2003	DC37	pH Adjustment / Neutralization
002	02/02/2004	DC32	Metallic Replacement

Report No. PIMS012A 06/18/2007 7:31:20 am
Data Date & Time: 06/18/2007 7:31:20 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Ethylbenzene	KP	Acrylonitrile	SP	Asbestos (Fibrous)	SP
Silver (Total)	KP	Cadmium (Total)	SP	Mercury (Total)	SP
Lead (Total)	SP	Phenol	KP	Toluene	KP
Chloroform	SP	Benzene	KP	1,1,2-Trichloroethane	SP

EXTRA STRENGTH SURCHARGE INFORMATION

For Account Number **1114046000**

PIMS FACILITY CONTACTS
VA MEDICAL CENTER

Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type

Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Billing Address						
Billing Contact	Keith	Repko	Service Chief/Engineering	OFF	(314)289-6438	
Office Mailing Address						
Office Contact - Primary	Ed	Beaty	Pipefitter Supervisor	OFF	(314)289-6450	
Office Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	
Premise Address						
Field Contact - Primary	Ed	Beaty	Pipefitter Foreman	OFF	(314)289-6450	
Field Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	

PIMS
RE[illegible]RT OF FIELD SAMPLING REQUIREME[illegible]S
VA MEDICAL CENTER

Account No Entered **1114046000**

SPN	PREMISE	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

001 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2008
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2008
	T237000	pH	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2008
	T267000	1,1,2-Trichloroethane	Once/year	Grab	06/30/2008
	T300000	Acrylonitrile	Once/year	Grab	06/30/2008
	T332000	Chloroform	Once/year	Grab	06/30/2008
	T387000	Phenanthrene	Once/year	Grab	06/30/2008
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T397000	Toluene	Once/year	Grab	06/30/2008
LGRIV (Starts - 08/14/199	T999000	Total Toxic Organics	Once/year	Grab	06/30/2008

002 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2008
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2008
	T237000	pH	Once/year	Grab	06/30/2008
	T247000	Temperature	Once/year	Grab	06/30/2008
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2008
	T267000	1,1,2-Trichloroethane	Once/year	Grab	06/30/2008
	T300000	Acrylonitrile	Once/year	Grab	06/30/2008
	T332000	Chloroform	Once/year	Grab	06/30/2008
	T387000	Phenanthrene	Once/year	Grab	06/30/2008
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2008
	T397000	Toluene	Once/year	Grab	06/30/2008
LGRIV (Starts - 08/14/199	T999000	Total Toxic Organics	Once/year	Grab	06/30/2008

ACCOUNT NUMBER: **11140460-00**

COMPANY NAME: **VA MEDICAL CENTER**

CORRESPONDENCE

FROM 01-13-97 THRU 01-22-07

X	CORRESPONDENCE LOCATED IN OVERFLOW FILE

07-15-15 Moved to ARCHIVED IND

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

TTO-rcd 02/26/07

02/06/07 SS ✓ cuts ✓ DE ✓ PH ✓ TTO ✓

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		11/6-7/06		11/6-7/06				
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		12:00-12:00		12:30-12:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	27,017	E	9006			GPD
Biochemical Oxygen Demand	-	C	7.9	C	12			MG/L
Chemical Oxygen Demand	-	C	40	C	40			MG/L
Oil and Grease	200	G	<5	G	<5			MG/L
pH	5.5-11.5	G	9.06	G	8.9			S.U.
Temperature (Degrees C)	60	G	19.2	G	22.9			Deg. C
Total Suspended Solids	350	C	7	C	11			MG/L
Silver (Total)	0.5	C	<0.0015	C	<0.0015			MG/L
Total Toxic Organics (TTO)	5.52	G	0.004	G	0.009			MG/L

You must complete and sign the certification statements on the reverse side.

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JAN 22 2007
DIVISION OF ENVIRONMENTAL COMPLIANCE

MSD 042014

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ . I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

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DIVISION OF
ENVIRONMENTAL COMPLIANCE

Print or type name of signing official: Edward L. Beaty

Title: Pipefitter Supervisor Telephone: 314-287-6450

Signature: Edward L. Beaty Date:

SMF 10/93

4CB
Radss ✓
02/06/07

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
H-3	0.5
TOTAL ACTIVITY DISCHARGED:	0.5

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part [illegible] and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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 [illegible] properly gather and evaluate the information submitted. Based on my inquiry of the person [illegible] 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 [illegible] and complete. I am aware that there are significant penalties for submitting false information, [illegible] of fine and imprisonment for knowing violations.

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JAN 2[illegible] 2007
DIVISION OF
ENVIRONMENTAL COMPLIANCE

[illegible] name of signing official: Larry Chandler, MSRBS

[illegible]: Radiation Safety Officer Telephone: 314-[illegible]-6348

[illegible]: Larry Chandler Date: 1/8/07

MSD 042016

Environmental Analysis, Inc.

3278 North Hwy. 67 • Florissant, MO 63033

Laboratory Results

VA MEDICAL CENTER
138 JB ENGINEERING SERVIC
#1 JEFFERSON BARRACKS DRI
ST LOUIS, MO 63125
Attn : Mr. Roger Todd

Date Received : 11/07/06 0[illegible]47
Report Date : 12/12/06
Customer # : 276817
P.O. Number :
Facility :

Sample No: **06117107-1** Collect Date : **11/07/06 12:00**
Client ID : **NORTH GRAND MSD 001** Site : **STL** Locator : **11/6-11/7/06 11.00**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			11/08/06 09:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	11/09/06 20:32	BS
EPA METHOD 405.1				
Biochemical Oxygen Demand		7.9 mg/l	11/08/06 14:00	RDG
FIELD PH				
pH #1, Field Measured		9.06 units	11/06/06 12:00	LO
FIELD TEMP				
Temperature		19.2 degrees C	11/06/06 12:00	LO
SM (18) 2540D				
Solids, Total Suspended		7 mg/l	11/08/06 14:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		40 mg/l	11/08/06 14:00	AV

Quarterly Composite

Sample No: **06117107-2** Collect Date : **11/07/06 12:00**
Client ID : **NORTH GRAND MSD 001** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	11/08/06 14:00	AV

Quarterly Grab

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JAN 2 2 2007
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Phone: 314-921-4488 • Fax: 314-921-4494
Analytical Chemistry • Research • Field Studies

Environmental Analysis, Inc.

3278 North Hwy. 67 • Florissant, MO 63033

Laboratory Results

VA MEDICAL CENTER
138 JB ENGINEERING SERVIC
#1 JEFFERSON BARRACKS DRI
ST LOUIS, MO 63125
Attn : Mr. Roger Todd

Date Received : 11/07/06 0[illegible]54
Report Date : 12/12/06
Customer # : 276817
P.O. Number :
Facility :

Sample No: **06117107-3** Collect Date : **11/07/06 12:30**
Client ID : **NORTH GRAND MSD 002** Site : **STL** Locator : **11/6-11/7/06 12.30**

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 200.7				
Sample Preparation			11/08/06 09:00	JS
EPA 200.7 R4.4				
Silver	<	0.0015 mg/l	11/09/06 20:35	BS
EPA METHOD 405.1				
Biochemical Oxygen Demand		12 mg/l	11/08/06 14:00	RDG
FIELD PH				
pH #1, Field Measured		8.9 units	11/06/06 12:30	LO
FIELD TEMP				
Temperature		22.9 degrees C	11/06/06 12:30	LO
SM (18) 2540D				
Solids, Total Suspended		11 mg/l	11/08/06 14:00	AV
SM (18) 5220D				
Chemical Oxygen Demand		40 mg/l	11/08/06 14:00	AV

Quarterly Composite

Sample No: **06117107-4** Collect Date : **11/07/06 12:30**
Client ID : **NORTH GRAND MSD 002** Site : **STL** Locator :

Parameter	Qualifier	Result	Analysis Date	Analyst
EPA 1664 REV 2/99				
Hexane Ext. Material (HEM) by LLE	<	5 mg/l	11/08/06 14:00	AV

Quarterly Grab

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ENVIRONMETRICS

V.A.MEDICAL CENTER
138 JEFFERSON BARRACKS
ST.LOUIS, MO 63125

ATTN: CHIEF,ENGINEERING SE

INVOICE:
PROJECT NO: ---
PO: ---

VOLATILE ORGANIC COMPOUNDS CAPILLARY COL
METHOD 624
PAGE One

SAMPLE ID: NORTH GRAND MSD 001
LAB ID: 9912024563-001
PARENT ORDER NUMBER: 278053 10%

RUN NUMBER: 20890
QUANT FACTOR : 1.00

CAS NUMBER		METHOD DETECTION LIMIT µg/L	RESULTS µg/L
74-87-3	Chloromethane	0.65	U
75-01-4	Vinyl chloride	0.34	U
74-83-9	Bromomethane	0.58	U
75-00-3	Chloroethane	0.13	U
75-69-04	Trichlorofluoromethane	0.41	U
75-35-4	1,1-Dichloroethene	0.37	U
75-09-2	Methylene chloride	0.99	U
107-13-1	Acrylonitrile	1.66	U
156-60-5	trans-1,2-Dichloroethene	0.24	U
75-34-3	1,1-Dichloroethane	0.42	U
107-02-8	Acrolein	1.27	U
67-66-3	Chloroform	0.28	U
71-55-6	1,1,1-Trichloroethane	0.48	U
56-23-5	Carbon tetrachloride	0.51	U
107-06-2	1,2-Dichloroethane	0.16	U
71-43-2	Benzene	0.41	U
79-01-6	Trichloroethene	0.15	U
78-87-5	1,2-Dichloropropane	0.18	U
75-27-4	Bromodichloromethane	0.14	U
10061-02-6	trans-1,3-Dichloropropene	0.22	U
108-88-3	Toluene	0.27	U
10061-01-5	cis-1,3-Dichloropropene	0.24	U
79-00-5	1,1,2-Trichloroethane	0.21	U
127-18-4	Tetrachloroethene	0.19	U
124-48-1	Chlorodibromomethane	0.19	U
108-90-7	Chlorobenzene	0.21	U
100-41-4	Ethylbenzene	0.21	U
108-38-3	m&p-Xylene	0.29	U
95-47-6	o-Xylene	0.42	U
75-25-2	Bromoform	0.27	U
79-34-5	1,1,2,2-Tetrachloroethane	0.32	U
541-73-1	1,3-Dichlorobenzene	0.21	U
106-46-7	1,4-Dichlorobenzene	0.26	U
95-50-1	1,2-Dichlorobenzene	0.34	U
110-75-8	2-Chloroethyl vinyl ether	0.61	U

ENVIRONMETRICS

V.A.MEDICAL CENTER
138 JEFFERSON BARRACKS
ST.LOUIS, MO 63125

ATTN: CHIEF,ENGINEERING SE

INVOICE:
PROJECT NO: —
PO: —

SEMIVOLATILE COMP. BY GC/MS CAPILLARY COLUMN
METHOD 625
PAGE One

SAMPLE ID: NORTH GRAND MSD 001
LAB ID: 9912024563-001
PARENT ORDER NUMBER: 278054

RUN NUMBER: 20867
QUANT FACTOR : 0.00

CAS NUMBER		METHOD DETECTION LIMIT ug/L	RESULTS ug/L
62-75-9	n-Nitrosodimethylamine	1.98	U
111-44-4	Bis(2-chloroethyl)ether	1.66	U
95-57-8	2-Chlorophenol	1.88	U
108-95-2	Phenol	2.54	U
541-73-1	1,3-Dichlorobenzene	2.80	U
106-46-7	1,4-Dichlorobenzene	2.69	U
95-50-1	1,2-Dichlorobenzene	2.77	U
108-60-1	2,2-oxybis(1-Chloropropane)	5.12	U
67-72-1	Hexachloroethane	3.27	U
621-64-7	N-Nitrosodi-n-propylamine	1.12	U
98-95-3	Nitrobenzene	1.77	U
78-59-1	Isophorone	1.24	U
88-75-5	2-Nitrophenol	1.47	U
105-67-9	2,4-Dimethylphenol	2.29	U
111-91-1	Bis(2-chloroethoxy)methane	1.25	U
120-83-2	2,4-Dichlorophenol	2.15	U
120-82-1	1,2,4-Trichlorobenzene	2.46	U
91-20-3	Naphthalene	1.90	U
87-68-3	Hexachlorobutadiene	3.50	U
59-50-7	4-Chloro-3-methylphenol	4.34	U
77-47-4	Hexachlorocyclopentadiene	3.77	U
88-06-2	2,4,6-Trichlorophenol	3.63	U
91-58-7	2-Chloronaphthalene	4.82	U
208-96-8	Acenaphthylene	1.37	U
131-11-3	Dimethyl phthalate	1.26	U
606-20-2	2,6-Dinitrotoluene	1.26	U
83-32-9	Acenaphthene	1.37	U
51-28-5	2,4-Dinitrophenol	1.51	U
121-14-2	2,4-Dinitrotoluene	1.13	U
100-02-7	4-Nitrophenol	2.28	U
86-73-7	Fluorene	1.09	U
7005-72-3	4-Chlorophenyl phenyl ether	1.02	U
84-66-2	Diethyl phthalate	1.25	U
534-52-1	4,6-Dinitro-2-methylphenol	1.71	U
86-30-6	N-Nitrosodiphenylamine	7.72	U
101-55-3	4-Bromophenyl phenyl ether	0.94	U

ENVIRONMETRICS

V.A.MEDICAL CENTER
138 JEFFERSON BARRACKS
ST.LOUIS, MO 63125

ATTN: CHIEF,ENGINEERING SE

INVOICE:
PROJECT NO: ---
PO: ---

SEMIVOLATILE COMP. BY GC/MS CAPILLARY COLUMN
METHOD 625
PAGE Two

SAMPLE ID: NORTH GRAND MSD 001
LAB ID: 9912024563-001
PARENT ORDER NUMBER: 278054

RUN NUMBER: 20867
QUANT FACTOR : 0.00

CAS NUMBER		METHOD DETECTION LIMIT µg/L	RESULTS µg/L
118-74-1	Hexachlorobenzene	0.93	U
87-86-5	Pentachlorophenol	2.93	U
85-01-8	Phenanthrene	0.63	U
120-12-7	Anthracene	1.78	U
84-74-2	Di-n-butyl phthalate	4.72	U
206-44-0	Fluoranthene	0.88	U
92-87-5	Benzidine	10.00	U
129-00-0	Pyrene	1.27	U
85-68-7	Butyl benzyl phthalate	1.85	U
56-55-3	Benzo(a)anthracene	0.90	U
218-01-9	Chrysene	1.46	U
91-94-1	3,3'-Dichlorobenzidine	2.61	U
117-81-7	Bis(2-ethylhexyl)phthalate SN	2.35	3.68
117-84-0	Di-n-octyl phthalate	0.58	U
205-99-2	Benzo(b)fluoranthene	1.47	U
207-08-9	Benzo(k)fluoranthene	1.29	U
50-32-8	Benzo(a)pyrene	4.59	U
193-39-5	Indeno(1,2,3-cd)pyrene	0.81	U
57-70-3	Dibenz(a,h)anthracene	0.59	U
191-24-2	Benzo(g,h,i)perylene	0.80	U

SURROGATE RECOVERY RESULTS

		% RECOVERY
321-60-8	2-Fluorobiphenyl	78
367-12-4	2-Fluorophenol	27
4165-60-0	Nitrobenzene-d5	75
4165-62-2	Phenol-d5	17
1718-51-0	p-Terphenyl-d14	65
118-79-6	2,4,6-Tribromophenol	77

ENVIRONMETRICS

V.A.MEDICAL CENTER
138 JEFFERSON BARRACKS
ST.LOUIS, MO 63125

ATTN: CHIEF,ENGINEERING SE

INVOICE:
PROJECT NO: —
PO: —

VOLATILE ORGANIC COMPOUNDS CAPILLARY COL
METHOD 624
PAGE One

SAMPLE ID: NORTH GRAND MSD 002
LAB ID: 9912024563-002
PARENT ORDER NUMBER: 278056 10%

RUN NUMBER: 20890
QUANT FACTOR : 1.00

CAS NUMBER		METHOD DETECTION LIMIT µg/L	RESULTS µg/L
74-87-3	Chloromethane	0.65	U
75-01-4	Vinyl chloride	0.34	U
74-83-9	Bromomethane	0.58	U
75-00-3	Chloroethane	0.13	U
75-69-04	Trichlorofluoromethane	0.41	U
75-35-4	1,1-Dichloroethene	0.37	U
75-09-2	Methylene chloride	0.99	U
107-13-1	Acrylonitrile	1.66	U
156-60-5	trans-1,2-Dichloroethene	0.24	U
75-34-3	1,1-Dichloroethane	0.42	U
107-02-8	Acrolein	1.27	U
67-66-3	Chloroform	0.28	U
71-55-6	1,1,1-Trichloroethane	0.48	U
56-23-5	Carbon tetrachloride	0.51	U
107-06-2	1,2-Dichloroethane	0.16	U
71-43-2	Benzene	0.41	U
79-01-6	Trichloroethene	0.15	U
78-87-5	1,2-Dichloropropane	0.18	U
75-27-4	Bromodichloromethane	0.14	U
10061-02-6	trans-1,3-Dichloropropene	0.22	U
108-88-3	Toluene	0.27	U
10061-01-5	cis-1,3-Dichloropropene	0.24	U
79-00-5	1,1,2-Trichloroethane	0.21	U
127-18-4	Tetrachloroethene	0.19	U
124-48-1	Chlorodibromomethane	0.19	U
108-90-7	Chlorobenzene	0.21	U
100-41-4	Ethylbenzene	0.21	U
108-38-3	m&p-Xylene	0.29	U
95-47-6	o-Xylene	0.42	U
75-25-2	Bromoform	0.27	U
79-34-5	1,1,2,2-Tetrachloroethane	0.32	U
541-73-1	1,3-Dichlorobenzene	0.21	U
106-46-7	1,4-Dichlorobenzene	0.26	U
95-50-1	1,2-Dichlorobenzene	0.34	U
110-75-8	2-Chloroethyl vinyl ether	0.61	U

ENVIRONMETRICS

V.A.MEDICAL CENTER
138 JEFFERSON BARRACKS
ST.LOUIS, MO 63125

ATTN: CHIEF,ENGINEERING SE

INVOICE:
PROJECT NO: ---
PO: ---

SEMIVOLATILE COMP. BY GC/MS CAPILLARY COLUMN
METHOD 625
PAGE One

SAMPLE ID: NORTH GRAND MSD 002
LAB ID: 9912024563-002
PARENT ORDER NUMBER: 278055

RUN NUMBER: 20867
QUANT FACTOR : 0.00

CAS NUMBER		METHOD DETECTION LIMIT µg/L	RESULTS µg/L
62-75-9	n-Nitrosodimethylamine	1.98	U
111-44-4	Bis(2-chloroethyl)ether	1.66	U
95-57-8	2-Chlorophenol	1.88	U
108-95-2	Phenol	2.54	U
541-73-1	1,3-Dichlorobenzene	2.80	U
106-46-7	1,4-Dichlorobenzene	2.69	U
95-50-1	1,2-Dichlorobenzene	2.77	U
108-60-1	2,2-oxybis(1-Chloropropane)	5.12	U
67-72-1	Hexachloroethane	3.27	U
621-64-7	N-Nitrosodi-n-propylamine	1.12	U
98-95-3	Nitrobenzene	1.77	U
78-59-1	Isophorone	1.24	U
88-75-5	2-Nitrophenol	1.47	U
105-67-9	2,4-Dimethylphenol	2.29	U
111-91-1	Bis(2-chloroethoxy)methane	1.25	U
120-83-2	2,4-Dichlorophenol	2.15	U
120-82-1	1,2,4-Trichlorobenzene	2.46	U
91-20-3	Naphthalene	1.90	U
87-68-3	Hexachlorobutadiene	3.50	U
59-50-7	4-Chloro-3-methylphenol	4.34	U
77-47-4	Hexachlorocyclopentadiene	3.77	U
88-06-2	2,4,6-Trichlorophenol	3.63	U
91-58-7	2-Chloronaphthalene	4.82	U
208-96-8	Acenaphthylene	1.37	U
131-11-3	Dimethyl phthalate	1.26	U
606-20-2	2,6-Dinitrotoluene	1.20	U
83-32-9	Acenaphthene	1.37	U
51-28-5	2,4-Dinitrophenol	1.51	U
121-14-2	2,4-Dinitrotoluene	1.13	U
100-02-7	4-Nitrophenol	2.28	U
86-73-7	Fluorene	1.09	U
7005-72-3	4-Chlorophenyl phenyl ether	1.02	U
84-66-2	Diethyl phthalate	1.25	9.43
534-52-1	4,6-Dinitro-2-methylphenol	1.71	U
86-30-6	N-Nitrosodiphenylamine	7.72	U
101-55-3	4-Bromophenyl phenyl ether	0.94	U

ENVIRONMETRICS

V.A.MEDICAL CENTER
138 JEFFERSON BARRACKS
ST.LOUIS, MO 63125

ATTN: CHIEF,ENGINEERING SE

INVOICE:
PROJECT NO: —
PO: —

SEMIVOLATILE COMP. BY GC/MS CAPILLARY COLUMN
METHOD 625
PAGE Two

SAMPLE ID: NORTH GRAND MSD 002
LAB ID: 9912024563-002
PARENT ORDER NUMBER: 278055

RUN NUMBER: 20867
QUANT FACTOR : 0.00

CAS NUMBER		METHOD DETECTION LIMIT µg/L	RESULTS µg/L
118-74-1	Hexachlorobenzene	0.93	U
87-86-5	Pentachlorophenol	2.93	U
85-01-8	Phenanthrene	0.63	U
120-12-7	Anthracene	1.78	U
84-74-2	Di-n-butyl phthalate	4.72	U
206-44-0	Fluoranthene	0.88	U
92-87-5	Benzidine	10.00	U
129-00-0	Pyrene	1.27	U
85-68-7	Butyl benzyl phthalate	1.85	U
56-55-3	Benzo(a)anthracene	0.90	U
218-01-9	Chrysene	1.46	U
91-94-1	3,3'-Dichlorobenzidine	2.61	U
117-81-7	Bis(2-ethylhexyl)phthalate	2.35	U
117-84-0	Di-n-octyl phthalate	0.58	U
205-99-2	Benzo(b)fluoranthene	1.47	U
207-08-9	Benzo(k)fluoranthene	1.29	U
50-32-8	Benzo(a)pyrene	4.59	U
193-39-5	Indeno(1,2,3-cd)pyrene	0.81	U
57-70-3	Dibenz(a,h)anthracene	0.59	U
191-24-2	Benzo(g,h,i)perylene	0.80	U

SURROGATE RECOVERY RESULTS

		% RECOVERY
321-60-8	2-Fluorobiphenyl	68
367-12-4	2-Fluorophenol	25
4165-60-0	Nitrobenzene-d5	64
4165-62-2	Phenol-d5	18
1718-51-0	p-Terphenyl-d14	57
118-79-6	2,4,6-Tribromophenol	73

PDC Laboratories, Inc. – St. Louis
3278 N. Highway 67
Florissant, MO 63033
www.environmetrics.net

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488
Fax (314) 432-4977 or (314) 921-4494

313453

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

[redacted]

PROJECT NUMBER	P.O. NUMBER	MEANS SHIPPED	ANALYSIS REQUESTED	(FOR LAB USE ONLY)
PHONE NUMBER 314-487-0400	FAX NUMBER	EMAIL ADDRESS		LOGIN 06117468
		MATRIX TYPES: WW-WASTEWATER, DW-DRINKING WATER, GW-GROUND WATER, WW/SL-SLUDGE, NAS-SOLID		LOGGED BY:
				LAB PROJ #
				TEMPLATE
				PROJ. MGR:

					PRESERVATIVE	TSS	BOD, TSS	Silver	Oil & Grease	Volatiles 624	Semi-volatiles 625		REMARKS
North Grand MSD 001	11/29/06	10:00		X	~~WW~~ ~~H2SO4,4C~~								
(Annual TTO in November)				X	~~WW~~ ~~Cool 4C~~								pH =
				X	~~WW~~ ~~HNO3~~								Temp =
			X		~~WW~~ ~~H2SO4, 4C~~								
			X		WW HCL, 4C					X			
			X		WW Cool to 4C						X		
North Grand MSD 002	11/29/06	10:30		X	~~WW~~ ~~H2SO4,4C~~								
(Annual TTO in November)				X	~~WW~~ ~~Cool 4C~~								pH =
				X	~~WW~~ ~~HNO3~~								Temp =
			X		~~WW~~ ~~H2SO4, 4C~~								
			X		WW HCL, 4C					X			
			X		WW Cool to 4C						X		

TURNAROUND TIME (RUSH TAT IS SUBJECT TO PDC LABS APPROVAL AND SURCHARGE)
☐ Normal (8-10 Bus Days) ☐ Rush (5 Bus Days) ☐ Fastrush (3 Bus Days) ☐ 1-2 Business Days ☐ Same Day

Date Due _____ Results by: ☐ E-Mail ☐ FAX ☐ Phone Call

The sample temperature will be measured upon receipt at the lab. By initialing this area, you request that the lab notify you, before proceeding with analysis, if the sample temperature is outside of the range of 0.1-6.0°C. By not initialing this area, you allow the lab to proceed with analytical testing regardless of the sample temperature. _____

RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
[signature]	11/29/06	13:30			
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time
RELINQUISHED BY: (Signature)	Date	Time	RECEIVED BY:	Date	Time

COMMENTS: (FOR LAB USE ONLY)

SAMPLE TEMPERATURE UPON RECEIPT _____ °C

Metropolitan Saint Louis Sewer District
2350 Market Street
Saint Louis, Missouri 63103-2555

VA MEDICAL CENTER
915 N. Grand Blvd.
St. Louis, MO 63106

Attn: Keith Repko
Service Chief/Engineering

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 1114046000

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2006.

Fee will be included on the next regular monthly bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2006 through September 30, 2007 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at 915 N. Grand Blvd.

Base charge @ $150.00 per permit			$150.00
Volume charge @ $0.72 per average daily Ccf	34.65	Ccfs	$24.95
Sample Point Charge @ $100.00 per sample point	2	points	$200.00
		Total Fee Due:	**$374.95**

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

THIS IS NOT A BILL

DO NOT PAY NOW

FEE WILL BE INCLUDED ON MONTHLY BILL

/66

DEPARTMENT OF VETERANS AFFAIRS
Medical Center
915 N. GRAND BLVD
St. Louis, MO 63106

VA Medical

In reply refer to: 657/138/JC

October 17, 2006

CERTIFIED – RETURN RECEIPT
#7003 3110 0000 9931 7228

Metropolitan St. Louis Sewer District
Office of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913

Re: Industrial User Questionnaire Discharge Permit No. 11140460-00 for permit at:
915 N. Grand Boulevard

Dear Mr. Grabski

Please find enclosed pages 3 & 4 of the application questionnaire, with the revised information as you requested. If further information is required, please contact Ed Beaty, Pipefitter Supervisor at (314) 289-6450.

Sincerely,

Edward L. Beaty

EDWARD L. BEATY
Pipefitter Supervisor

Enclosures: Questionnaire

RECEIVED
OCT 2 0 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

NFC 10/7/06

TROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		8/9-10/06		8/9-10/06				
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		9:00-9:00		10:00-10:00				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	47,616	E	15,872			GPD
Biochemical Oxygen Demand	-	C	<3.0	C	5.1			MG/L
Chemical Oxygen Demand	-	C	39.3	C	42.6			MG/L
Oil and Grease	200	G	<5.0	G	<5.0			MG/L
pH	5.5-11.5	G	8.20	G	7.82			S.U.
Temperature (Degrees C)	60	G	32.0	G	32.4			Deg. C
Total Suspended Solids	350	C	7	C	9			MG/L
Silver (Total)	0.5	C	<0.001	C	<0.001			MG/L
Total Toxic Organics (TTO)	5.52	G	---	G	---			MG/L

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OCT 16 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

You must complete and sign the certification statements on the reverse side.

MSD 042028

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ , I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

RECEIVED
OCT 16 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Print or type name of signing official: Edward L. Beaty

Title: Wastewater Supervisor

Telephone: 314-289-6950

Signature: [signature]

Date: 10-12-06

SMF 10/93

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/All	0
TOTAL ACTIVITY DISCHARGED:	0

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

JPL I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

RECEIVED
OCT 16 2006
DIVISION OF ENVIRONMENTAL COMPLIANCE

Print/type name of signing official: Larry Chandler, MSRAS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: [illegible] Date: [illegible]

MSD 042030

Metropolitan
St. Louis Sewer
District

Office of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

September 20, 2006

Ed Beaty
Pipefitter Supervisor
VA MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO 63106

RE: INDUSTRIAL USER QUESTIONNAIRE
Discharge Permit No: 11140460-00
For premise at: 915 North Grand Boulevard

Dear Mr. Beaty:

We have reviewed your application for permit renewal received in our office on September 19, 2006. Please note the following items that need further information or correction before we can complete processing of your application.

Section E.1 does not adequately provide detailed discharge information for sampling points 001 or 002. Pursuant to the District's May 25,2006 facility inspection of your premise, the following information was procured:

a) Sampling point 001; sanitary waste, hospital waste, kitchen waste, laboratory waste, non-contact cooling water, and regeneration/reject waster are discharged.

b) Sampling point 002; sanitary waste, hospital waste, laboratory waste, and process waste from x-ray operations are discharged.

Please revise Section E.1 to accurately define the discharge components. Please note that "Hospital Waste", as defined by the District, is sanitary and/or other process wastes derived from hospital patients. Similarly, "Sanitary" is the discharge from hospital employees.

Taking the above comments into consideration, I am enclosing additional blank copies of pages 3 and 4 of the application. After completing these pages, please sign and date each page at the bottom. Please return the white copies to us by October 16, 2006.

Thank you for your cooperation. Please call me at 436-8756 if you have any questions.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

Enclosures

pc: Suspense file

cc: Industry file

#11140460-00 /FG

DEPARTMENT OF VETERANS AFFAIRS
Medical Center
915 N. GRAND BLVD
St. Louis, MO 63106

In reply refer to: 657/138/JC

September 15, 2006

CERTIFIED – RETURN RECEIPT
#7003 3110 0000 9931 7204

Metropolitan St. Louis Sewer District
Office of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913

Re: Industrial User Questionnaire Discharge Permit No. 11140460-00 for permit at:
915 N. Grand Boulevard

Dear Sir:

Enclosed please find the Industrial User Questionnaire for St. Louis VA Medical Center, John Cochran Division. This should provide the information necessary for renewal of the Waste Water Discharge Permits.

If further information is required, please contact Ed Beaty, Pipefitter Supervisor at (314) 289-6450, or Abbey Akinola, Industrial Hygienist, at (314) 487-0400, ext 54104.

Sincerely,

EDWARD L. BEATY
Pipefitter Supervisor

Enclosures: Questionnaire w/drawing

RECEIVED
SEP 19 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Metropolitan
St. Louis Sewer
District

Office of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

September 6, 2006

Ed Beaty
Pipefitter Supervisor
VA MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO 63106

RE: INDUSTRIAL USER QUESTIONNAIRE
Discharge Permit No: 11140460-00
For premise at: 915 North Grand Boulevard

Dear Mr. Beaty:

This letter is a follow-up to the District's July 1, 2006 letter to the VA Medical Center. The intent of that letter was to inform you that the application for permit renewal was due to the District no later than July 31, 2006.

On August 7, 9, 22, and 28, 2006, I either left messages with you or discussed the tardy permit renewal application. Specifically, on August 28, 2006, you stated during our telephone conversation that the permit renewal application would be mailed that day. As of the date of this letter, the District has not received the permit renewal application.

Your failure to submit a correctly completed application in a timely manner is a violation of MSD Ordinance No. 8472, Article VIII, Section One, and is delaying our efforts to comply with the Federal General Pretreatment Regulation 40 CFR 403.8(f) (iii). This regulation requires the District to maintain effective wastewater discharge permits for every Significant Industrial User within our jurisdiction.

Failure to provide the application constitutes noncompliance and places the VA Medical Center in Significant Noncompliance (SNC), as defined in District Ordinance 8472 and federal regulations 40 CFR 403. SNC companies are subject to enforcement actions by the District. To avoid further action, please complete and submit the application for renewal no later than September 18, 2006.

Thank you for your cooperation. Please call me at 436-8756 if you have any questions.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza
Tom Boehm
Industry file

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

IN PIMS via 8/18/06 Fax. FG 8/23/6

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WICH SAMPLES WERE COLLECTED ——>		5/15-16/06		5/15-16/06				
TIMES AT WICH SAMPLES WERE COLLECTED ——>		10:00-10:00		10:30-10:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	52,480	E	17,493			GPD
Biochemical Oxygen Demand	-	C	4.4	C	<30			MG/L
Chemical Oxygen Demand	-	C	21.5	C	<5.0			MG/L
Oil and Grease	200	G	9.4	G	<5.0			MG/L
pH	5.5-11.5	G	7.47	G	7.19			S.U.
Temperature (Degrees C)	60	G	17.8	G	19.1			Deg. C
Total Suspended Solids	350	C	11	C	11			MG/L
Silver (Total)	0.5	C	<0.005	C	<0.005			MG/L
Total Toxic Organics (TTO)	5.52	G	---	G	---			MG/L

RECEIVED
AUG 23 2006
DIVISION OF ENVIRONMENTAL COMPLIANCE

You must complete and sign the certification statements on the reverse side.

III: SPECIAL CERTIFICATION STATEMENTS

If in the Special Conditions contained in your discharge permit you may be required to certify one or more of the following. Please review yo[illegible] PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If you [illegible] contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ , I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: EDWARD BEATY

Title: Pipefitter Supervisor Telephone: 314-[illegible]

Signature: Edward Beaty Date: 8-18-06

RECEIVED AUG 23 2006

DIVISION OF ENVIRONMENTAL COMPLIANCE

SMF 10/33

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No.: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
None / All	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

LR I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

RECEIVED
AUG 23 2006
DIVISION OF ENVIRONMENTAL COMPLIANCE

Print or Type Name of Signing Official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-

Signature: Larry Chandler Date: 7/19/06

MSD 042036

FG 8/18/06

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLEPOINT REFERENCE NUMBERS ——>			001		002			
DATES ON WHICH SAMPLES WERE COLLECTED ——>			5/15-16/06		5/15-16/06			
TIMES AT WHICH SAMPLES WERE COLLECTED ——>			10:00-10:00		10:30-10:30			
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	52,480	E	17,495			GPD
Biochemical Oxygen Demand	-	C	4.4	C	<30			MG/L
Chemical Oxygen Demand	-	G	21.5	C	<5.0			MG/L
Oil and Grease	200	G	9.4	G	<5.0			MG/L
pH	5.5-11.5	G	7.47	G	7.19			S.U.
Temperature (Degrees C)	60	G	17.8	G	19.1			Deg. C
Total Suspended Solids	350	C	11	C	11			MG/L
Silver (Total)	0.5	C	<0.005	C	<0.005			MG/L
Total Toxic Organics (TTO)	5.52	G	---	G	---			MG/L

You must complete and sign the certification statements on the reverse side.

(FRI)AUG 18 2006 9:28/ST. 9:27/No. 6801394233 P 1 FROM

III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ , I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: EDWARD BEATY

Title: Pretreatment Supervisor Telephone: 314-289-6450

Signature: Edward Beaty Date: 8-18-06

SAF 1 093

FROM (FRI)AUG 18 2006 9:28/ST. 9:27/No. 6801394238 P 2

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/All	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

[signature] Date: 7/11/06

(FRI)AUG 18 2006 9:29/ST. 9:27/No. 6801394233 P 7

FROM

MSD 042039

Metropolitan
St. Louis Sewer
District

Office of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

August 11, 2006

Dan Burns
Maintenance Supervisor
VA MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO 63106

RE: NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 11140460-00
For premise at: 915 North Grand Boulevard

Dear Mr. Burns:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequency specified in the permit. The results are to be reported quarterly. Your report for second quarter was due by July 28, 2006.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

The second quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the second quarter's reporting requirements.

The reporting requirements of your permit also includes completing certain certifications for each quarter. Even if sampling and analytical requirements can not be met, the report should still be submitted with the applicable certifications completed. The violation will then be recorded as an incomplete report rather than "no report".

REQUIRED ACTION/RESPONSE:

Submit the second quarter 2006 report, any available second quarter self-monitoring data, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your second quarter report and corrective action response by August 21, 2006.

If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza
Industry file

Metropolitan St. Louis Sewer District

Office of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

July 1, 2006

Roger Todd
General Foreman
VA MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO 63106

RE: INDUSTRIAL USER QUESTIONNAIRE
Discharge Permit No: 11140460-00
For premise at: 915 North Grand Boulevard

Dear Mr. Todd:

The Metropolitan St. Louis Sewer District Wastewater Discharge permit for the above premise expires on February 1, 2007. Under the terms of the permit, you are requested to apply for renewal at least 180 days prior to the expiration date.

Enclosed is an Industrial User Questionnaire along with detailed instructions to assist you in supplying the required information. This questionnaire serves as your permit application. We request that you return the white copy to the District by July 31,2006.

After a review, of the completed questionnaire and our existing data, we will prepare a draft permit and send it to you for comment.

Thank you for your cooperation. If you have any question or any specific problem providing the requested information please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

Enclosures

pc: Suspense file

cc: Douglas Mendoza
Industry file

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center (John Cochran) Account #: 11140460-00
Premise Address: 915 N. Grand Blvd Zip Code: 63106-
Last Inspection Date: 5/26/05
MSD Categories: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒
Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
Company Representative: Roger Todd
Title: General Foreman Phone#: 314.289.6331
Inspector: T. Boehm
Others Present: Abbey Akinola - Industrial Hygienist and Tom Doty - Plumber conducted tour of facility
Inspection Date: 5/25/06 Time of Inspection: From 09:00 am To 11:30 am

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: Primary acct tied to ECIS premise # 10085459;
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
General hospital operations and associated cleaning and washdown	Cont		Yes	Continuous	001+002>combo sewer
Food prep and cleanup	Cont		Yes	Continuous	001>combo sewer
Lawn equipment maintenance	Batch		No		
Lab operations and washdown in main hospital	Batch		Yes	As needed	001+002>combo sewer
Research labs in main hospital (on 7th+8th floors) and in bldgs 6,7, and 7a	Batch		Yes	As needed	001+002>combo sewer
X-ray chemistry processing (from both Cochran and JB)	Batch		Yes	As needed	002>combo sewer

3. PRETREATMENT (describe):

	Sample pt.
Grease trap, pH adjustment(labs)	001
pH adjust(labs), Ag recovery	002

4. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   A. List pollutants & process: ____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue.)
   D. Comments: ____

5. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒
   A. If yes, list reg. & describe (including any discharge):
   40CFR460 - N/A - No Stds

6. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? ____
   B. Current applied factor: ____ Is it correct? Yes☐ No☐
   C. If no, what is the correct factor & explain change? ____

7. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

8. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Nuclear medicine diagnostics; decayed on site then to sewer or passed through patient then to sewer
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 5/1/97 Annual amt approved: 15 mCi
   D. Has company exceeded the approved quantity? Yes☐ No☒
   E. If yes, explain: _____

9. DOES WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Hospitals use a significant amount of water; no excess usage noted during inspection;

10. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

11. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

12. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

13. ARE ANY SOLVENTS USED? Yes☒ No☐
   A. If yes:

List solvents	Used for?	How disposed?	413/433/469 Process?
Histoclear, alcohols, xylenes;	Lab use	Sewered, evaporation, hauled or distilled for reuse (bottoms hauled)	Yes☐ No☒
paint thinner	Parts washing, paint cleanup	Hauled	Yes☐ No☒
			Yes☐ No☐
			Yes☐ No☐

14. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Bulk chemistry is stored in contained room; waste chemistry is staged in dedicated haz/med waste room; lab chemistry is stored in fireproof cabinets;

15. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433/469		Last Update		Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Material Spill Release Emergency Action Plan	No		11/1/97		Yes	No
	N/A				N/A	N/A
	N/A				N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

16. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

F. Comments: _____

17. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☐ No☒

A. Are MSD contacts listed? Yes☐ No☒

B. If no to either, describe how handled: Customer service card presented

18. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

A. If yes, requirement is contained in permit ☒ or other document ☐.

B. If other document, date & description: _____

C. How frequently is sampling required? Quarterly

D. How frequently are reports required? Quarterly

E. Have reports been on-time, complete & signed by proper person? Yes☐ No☒

F. If no, explain: Personnel change delayed paperwork for 2nd 1/4 '05

19. DOES COMPANY SELF-MONITOR ITS WASTEWATER DISCHARGE? Yes☒ No☐

A. Is the self-monitoring required by MSD? Yes☒ No☐

B. Are representative grab/comp samples collected? Yes☒ No☐

C. Does sample collection time period match company's production shifts (is it representative)? Yes☒ No☐

D. Are EPA-approved 40 CFR 136 wastewater test methods used? Yes☒ No☐

E. If no to B, C or D, explain needed changes: 24hour comps used for this 24 hour operation

20. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

A. If yes, type and date: _____

B. Have the reports & actions been on-time & complete? Yes☐ No☐

C. If no, explain: _____

21. DOES MSD CATEGORY NEED TO BE REVISED? Yes☐ No☒

A. Indicate correct categories:

SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐

Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐

B. Explain changes: _____

22. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Sanitary, hospital waste, NCCW, boiler blowdown, RO reject, DI regeneration, lab waste, kithen waste	No
SP #	002	Fed.Reg.		Components:	Sanitary, hospital waste, lab waste, x-ray wastewater	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

23. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

24. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____

25. REVIEW THE SAMPLE POINT MAP! Last map revision date: 3/6/00
A. Is the map correct and accurate in all its details? Yes☒ No☐
B. If no, what changes are needed? _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
- Digital imaging is becoming more prevalent so Ag bearing waste coming from both JB and JC campuses is reduced;
- Biohaz waste is stored in dedicated haz/med waste room that is essentially a contained trailer;
- Solvent distilling process is performed on site; this has been a point of contention over the last couple of inspections; they distill alcohols, xylenes and histoclear in the laboratory area of the hospital; any used formaldehyde is neutralized with FormalX before going to drain;
- Animal testing in research labs creates more cleanup; after hauling the bedding media (saw mill shavings) the cages are washed in a large automatic washer similar to a dishwasher; radio waste from this area is decayed on site and disposed of by the main hospital's nuclear waste officer, Larry Chandler, the one who signs the 1/4ly discharge reports;
- Roger Todd will inform us of the second contact when he hires a person to replace Dan Burns after his retirement;
- I was to look at Hospital waste during inspection to determine how this should be split into sanitary for employees vs. hospital waste; using the current employee count of 1500, 25gpd/person would equate to 37500 gpd and using 20 gpd/person we get 30000gpd, both of these are greated than their total 'hospital waste' shown on their IUQ; this is skewed due to all of the part time and people who spend most of their time off site; during disucssion, contact came up with an estimate of 15000 total to be split between 001 and 002 in the same ratios that hospital waste appears; 13200 gpd for 001, and 1800 gpd for 002;

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997 SIU
03/06/1997 PTW

WUNNENBERG INFO.

Base Map 19F2
Wun: St. Louis City & Co.
Grid: G 19 Page 27

SIU CRITERIA

POTM Reasonable potential for adverse affect on

GENERAL INFORMATION

Office Mailing Address
915 N. Grand Boulevard
St. Louis, MO. 63106

Billing Address
915 N. Grand Blvd
St. Louis, MO. 63106

INSPECTION INFORMATION

Next Due 06/30/2007
Insp Rslt
05/25/2006 RIN Tom Boehm

PERMIT INFORMATION

Issue Date: 02/01/2002
Expire Date: 01/31/2007
Extended Date:
Writer Fabian Grabsk

IUQ INFORMATION

IUQ Recvd Date: 08/14/2001
Reviewer: Fabian Grabski
IUQ Recvd Date:
Reviewer:

CONTACTS

BILL	Keith Repko	Service Chief/Engineering	OFF	(314) 289-6438 Ext.
FLD2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.
OFF2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.

OPERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	1,050	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,500 **Hrs:** 24.0

OTHER AGENCIES INFORMATION

12/02/1996	EPA - Hazardous Waste Program	MOD93060090030
01/29/1997	Nuclear Regulatory Commission	24-00144-05
01/17/1999	MDNR - Hazardous Waste Program	004272

NON-SEWERED WASTE

On-Site Storage N **On-Site Disposal** N **Off-Site Disposal** N

05/26/2006	Paints or Paint Sludge:	Unknown	GPY
05/26/2006	Solvents/Thinners		
05/25/2006	Equipment oils and/or		

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General hospital services			

SEWER ACCOUNTS

Sewer Accounts
1114046000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 10/01/2004 **End Date =** 06/05/2006 **Wdays** **Cdays**

Acct. No.			Consumption CCF's	Consumption Gallons			Discharge Gal/ Wday	Discharge Gal/ Cday
			0	0				
RF	1.00	Acct. Total	0	0	0	0	1	1
		Facility Total	0					

Report No. PIMS012A 06/05/2006 10:43:27 am
Data Date & Time: 06/05/2006 10:43:27 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
01	Sanitary Or Combined	19F2	345C	Trunk Sewer	Old Mill Creek

Description Multiple lines exiting buildings on N side

Sewer Route W on Bell, S on Vandeventer, E through R

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Boiler Blowdown		72	GPD		GPD	D	1/28/04
Hospital Waste		8,052	GPD		GPD	D	1/28/04
Laboratory Waste	Animal, Research, + Diagnostic Labs	6,805	GPD		GPD	D	1/28/04
Kitchen Waste		2,456	GPD		GPD	D	1/28/04
Non Contact Coolir		2,151	GPD		GPD	D	1/28/04
Regeneration/Rejec	Softener Regen+ RO Reject	3,118	GPD		GPD	D	1/28/04
Sanitary		13,200	GPD		GPD	D	5/25/06
	Total Flow Avg =	**35,854**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
02	Sanitary Or Combined	19F2	352C	Trunk Sewer	Old Mill Creek

Description Multiple lines exiting buildings on S side c

Sewer Route W on Enrightl, S on Vandeventer, E throug

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Laboratory Waste	Diagnotic + Research Labs	3,059	GPD		GPD	D	1/28/04
Hospital Waste		1,168	GPD		GPD	D	1/28/04
Process Waste	X-Ray Processing	300	GPD		GPD	D	1/28/04
Sanitary		1,800	GPD		GPD	D	5/25/06
	Total Flow Avg =	**6,327**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	03/16/1998	DC28	Grease Trap
001	02/02/2004	DC37	pH Adjustment / Neutralization
002	01/16/2003	DC37	pH Adjustment / Neutralization
002	02/02/2004	DC32	Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Acrylonitrile	SP	Asbestos (Fibrous)	SP	Silver (Total)	KP
Cadmium (Total)	SP	Mercury (Total)	SP	Lead (Total)	SP
Phenol	KP	Toluene	KP	Chloroform	SP
1,1,2-Trichloroethane	KP				

EXTRA STRENGTH SURCHARGE INFORMATION

Report No. PIMS012A 06/05/2006 10:43:27 am
Data Date & Time: 06/05/2006 10:43:27 am

PIMS FACILITY CONTACTS

For Account Number **1114046000** **VA MEDICAL CENTER**

Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type

Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Billing Address						
Billing Contact	Keith	Repko	Service Chief/Engineering	OFF	(314)289-6438	
Office Mailing Address						
Office Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	
Premise Address						
Field Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS
VA MEDICAL CENTER

Account No Entered **1114046000**

SPN	PREMISE	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

001 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2007
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2007
	T237000	pH	Once/year	Grab	06/30/2007
	T247000	Temperature	Once/year	Grab	06/30/2007
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2007
	T267000	1,1,2-Trichloroethane	Once/year	Grab	06/30/2007
	T300000	Acrylonitrile	Once/year	Grab	06/30/2007
	T332000	Chloroform	Once/year	Grab	06/30/2007
	T387000	Phenanthrene	Once/year	Grab	06/30/2007
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T397000	Toluene	Once/year	Grab	06/30/2007
LGRIV (Starts - 08/14/199	T999000	Total Toxic Organics	Once/year	Grab	06/30/2007

002 Project Code: IM= IPD - Company - MSD

Pollutant Group	Poll Code	Pollutant Description	Frequency	Sample Type	End Date
	T208000	Biochemical Oxygen Demand (5 Day)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs	06/30/2007
	T234000	Oil and Grease (Total)	Once/year	Grab	06/30/2007
	T237000	pH	Once/year	Grab	06/30/2007
	T247000	Temperature	Once/year	Grab	06/30/2007
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs	06/30/2007
	T267000	1,1,2-Trichloroethane	Once/year	Grab	06/30/2007
	T300000	Acrylonitrile	Once/year	Grab	06/30/2007
	T332000	Chloroform	Once/year	Grab	06/30/2007
	T387000	Phenanthrene	Once/year	Grab	06/30/2007
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs	06/30/2007
	T397000	Toluene	Once/year	Grab	06/30/2007
LGRIV (Starts - 08/14/199	T999000	Total Toxic Organics	Once/year	Grab	06/30/2007

M ROPOLITAN ST. LOUIS SEWER DIST T
INL STRIAL USER SELF MONITORING RE RT

/FG
5/16

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		2/14-15/06		2/14-15/06				
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		12:00-12:00		12:30-12:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	48,989	E	16,329			GPD
Biochemical Oxygen Demand	-	C	<3.0	C	14.6			MG/L
Chemical Oxygen Demand	-	C	17.2	C	33.7			MG/L
Oil and Grease	200	G	<5.0	G	<5.0			MG/L
pH	5.5-11.5	G	9.34	G	9.19			S.U.
Temperature (Degrees C)	60	G	16.6	G	13.8			Deg. C
Total Suspended Solids	350	C	2	C	1			MG/L
Silver (Total)	0.5	C	<0.005	C	<0.005			MG/L
Total Toxic Organics (TTO)	5.52	G	---	G	---			MG/L

You must complete and sign the certification statements on the reverse side.

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MAY - 1 2006
DIVISION OF
ENVIRONMENTAL COMPLIANCE

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in **PART III** apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ , I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: Roger Todd

Title: Maint. Gen. Foreman Telephone: 314-289-6331

Signature: Rog Todd Date: 4/27/06

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
H-3	4.9
TOTAL ACTIVITY DISCHARGED:	4.9

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

DM I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

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MAY - 1 2006
DIVISION OF ENVIRONMENTAL [illegible]

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 3/31/06

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METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

/FG 5/16

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		2/14-15/06		2/14-15/06				
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		12:00-12:00		12:30-12:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	48,989	E	16,329			GPD
Biochemical Oxygen Demand	-	C	<3.0	C	14.6			MG/L
Chemical Oxygen Demand	-	C	17.2	C	33.7			MG/L
Oil and Grease	200	G	<5.0	G	<5.0			MG/L
pH	5.5-11.5	G	9.34	G	9.19			S.U.
Temperature (Degrees C)	60	G	16.6	G	13.8			Deg. C
Total Suspended Solids	350	C	2	C	1			MG/L
Silver (Total)	0.5	C	<0.005	C	<0.005			MG/L
Total Toxic Organics (TTO)	5.52	G	---	G	---			MG/L

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ENVIRONMENTAL COMPLIANCE

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ , I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: Roger Todd

Title: Maint. Gen. Foreman Telephone: 314-289-6331

Signature: Roy Todd Date: 4/27/06

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
H-3	4.9
TOTAL ACTIVITY DISCHARGED:	4.9

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

DR I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

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MAY - 1 2006
DIVISION OF ENVIRONMENTAL MANAGEMENT

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 3/31/06

radrpt.doc 2/00

Metropolitan Saint Louis Sewer District
2350 Market Street
Saint Louis, Missouri 63103-2555

VA MEDICAL CENTER
915 N. Grand Boulevard
St. Louis, MO 63106

Attn: Dan Burns

INDUSTRIAL WASTEWATER DISCHARGE PERMIT NUMBER 1114046000

ANNUAL PERMIT FEE NOTICE

For permits in effect as of 10/01/2005.

Fee will be included on the next regular monthly bill from the Metropolitan St. Louis Sewer District.

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2005 through September 30, 2006 issued in accordance with the Metropolitan St. Louis District Ordinance #8660 for the location at **915 N. Grand Boulevard**.

Base charge @ $150.00 per permit			$150.00
Volume charge @$0.72 per average daily Ccf	38.17	Ccfs	$27.48
Sample Point Charge @$100.00 per sample point	2	points	$200.00
		Total Fee Due:	**$377.48**

For inquiries about the Annual Permit Fee, please call 314-436-8710. For inquiries about payment of the fee, which will appear on your upcoming monthly bill, please call 1-866-281-5737.

THIS IS NOT A BILL

DO NOT PAY NOW

FEE WILL BE INCLUDED ON MONTHLY BILL

Metropolitan
St. Louis Sewer
District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

February 6, 2006

Dan Burns
Maintenance Supervisor
VA MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO 63106

RE: NOTICE OF PERMIT VIOLATIONS

Discharge Permit No: 11140460-00
For premise at: 915 North Grand Boulevard

Dear Mr. Burns:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequency specified in the permit. The results are to be reported quarterly. Your report for fourth quarter was due by January 28, 2006.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

The fourth quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the fourth quarter's reporting requirements.

The reporting requirements of your permit also includes completing certain certifications for each quarter. Even if sampling and analytical requirements can not be met, the report should still be submitted with the applicable certifications completed. The violation will then be recorded as an incomplete report rather than "no report".

REQUIRED ACTION/RESPONSE:

Submit the fourth quarter 2005 report, any available fourth quarter self-monitoring data, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your fourth quarter report and corrective action response by February 20, 2006.

If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

pc: Suspense file

cc: Douglas Mendoza
Industry file

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING

101
FG 10/12/05

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☐(JAN-MAR) ☐(APR-JUNE) ☒(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS →		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED →		8/10-11/05		8/10-11/05				
TIMES AT WHICH SAMPLES WERE COLLECTED →		11:00-11:00		11:30-11:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (E.G. G=grab, C=composite, M=measured flow, E=estimated flow)						
FLOW		E	490	E	16.2			
Biochemical Oxygen Demand	-	C	9.6	C	9.1			MG/L
Chemical Oxygen Demand	-	C	20.5	C	23.6			MG/L
Oil and Grease	200	G	10.8	G	<5.0			MG/L
pH	5.5-11.5	G	8.26	G	7.32			S.U.
Temperature (Degrees C)	60	G	35.5	G	32.7			Deg. C
Total Suspended Solids	350	C	20	C	1			MG/L
Silver (Total)	0.5	C	<0.005	C	<0.005			MG/L
Total Toxic Organics (TTO)	2.52	G	---	G	---			MG/L

You must complete and sign the certification statements on the reverse side.

PART II: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at the connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points [illegible]

☐ I certify, since the permit issue date, there has been no change in the status of connection points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement [illegible]

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: DAN BURNS

Title: MAINT. SPRVSR Telephone: (314) 2[illegible]-6450

Signature: Dan Burns Date: 10/18/05

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd.

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/All	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

JPC I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler

Title: Radiation Safety Officer

Signature: Larry Chandler Date:

radmr-doc2/00

IND FILE

Metropolitan
St. Louis Sewer
District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

August 17, 2005

Diana Stoffel
Budget Clerk
VA MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO 63106

RE: ANNUAL PERMIT FEE
Discharge Permit No: 11140460-00
For premise at: 915 North Grand Boulevard

Dear Ms. Stoffel:

Pursuant to our telephone conversations on August 16 and 17, 2005, it was clarified that the recent bill received by the VA Medical Center, for the above premise, is the annual permit fee for your Industrial Wastewater Discharge Permit.

All District permitted companies that are permitted on October 1st receive similar fees. The aforementioned bill was for the permit that was in effect October 1, 2004 and was in the amount of $405.39.

If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

cc: Industry file

Metropolitan
St. Louis Sewer
District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

August 5, 2005

Dan Burns
Maintenance Supervisor
VA MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO 63106

RE: NOTICE OF PERMIT VIOLATIONS

Discharge Permit No.: 11140460-00
For premise at: 915 North Grand Boulevard

Dear Mr. Burns:

Under the terms and conditions of the above referenced permit, you are required to self-monitor the discharge at the identified sampling points. Monitoring is to be performed for the parameters listed and at the frequencies specified in the permit. The results are to be reported quarterly. Your report for second quarter was due by July 28, 2005.

VIOLATIONS OF PERMIT TERMS/CONDITIONS:

The second quarter self-monitoring report has not been received by the District. This is in violation of permit standard condition I.A.1 which requires sampling and analyses for all regulated substances at the frequencies specified at your sampling points. Since no report was submitted, you did not satisfy the second quarter's reporting requirements.

Please note that even if sampling and analytical requirements can not be met, the report should still be submitted. The violation will then be recorded as an incomplete report rather than "no report".

REQUIRED ACTION/RESPONSE:

Submit the second quarter 2005 report, any available second quarter self-monitoring data for sampling points 001 and 002, and a report of corrective actions, which you have initiated, to ensure that the reporting requirements will be met in future reporting quarters.

Failure to perform the monitoring and reporting requirements of your permit places your company in Significant Noncompliance (SNC), as defined in District ordinance 8472 and federal pretreatment regulations 40 CFR 403. SNC companies are subject to enforcement action by the District. At a minimum, the District is required to list SNC companies in an annual newspaper publication.

Please submit your second quarter report and corrective action response by August 29, 2005.

If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

pc: Suspense file
Tom Boehm

cc: Douglas Mendoza
Industry file

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		5/9-10/05		5/9-10/05				
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		13:00-13:00		13:30-13:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	22,055	E	7,352			GPD
Biochemical Oxygen Demand	-	C	10.9	C	6.9			MG/L
Chemical Oxygen Demand	-	C	62.2	C	31.8			MG/L
Oil and Grease	200	G	<5.0	G	<5.0			MG/L
pH	5.5-11.5	G	8.50	G	8.38			S.U.
Temperature (Degrees C)	60	G	30.2	G	26.8			Deg. C
Total Suspended Solids	350	C	1	C	49			MG/L
Silver (Total)	0.5	C	<0.005	C	<0.005			MG/L
Total Toxic Organics (TTO)	5.52	G	— —	G	— —			MG/L

You must complete and sign the certification statements on the reverse side.

INDUSTRIAL USER SELF MONITORING REPORT PAGE 2

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____.

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit.

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____, I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: DAN BURNS

Title: MAINT. SPRVSR Telephone: (314) 289-6450

Signature: Dan Burns Date: 8/8/05

SMF 1093

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☒(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/all	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

[LCL] I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 7/7/05

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center - John Cochran Division Account #: 11140460-00
Premise Address: 915 N. Grand Zip Code: 63106-
Last Inspection Date: 1/6/04
MSD Categories: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒
Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
Company Representative: Dan Burns
Title: Maintenance Supervisor Phone#: 314.289.6450
Inspector: T. Boehm
Others Present: Tom Doty - Plumber conducted tour of facility
Inspection Date: 5/26/05 Time of Inspection: From 08:30 am To 11:00 am

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
General hospital operations and associated cleaning and washdown	Cont		Yes	Continuous	001+002>combo sewer
Food prep and cleanup	Cont		Yes	Continuous	001> combo sewer
Lawn equipment maintenance	Batch		No		
Lab operations and washdown in main hospital	Batch		Yes	As needed	001+002>combo sewer
Research labs in main hospital and in bldgs 6,7, and 7a	Batch		Yes	As needed	001+002>combo sewer
X-ray chemistry processing (from both Cochran and JB)	Batch		Yes	As needed	002> combo sewer

3. PRETREATMENT (describe):

	Sample pt.
Grease trap, pH adjustment(labs)	001
pH adjust(labs), Ag recovery	002

4. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   A. List pollutants & process: _____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue.)
   D. Comments: _____

5. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒
   A. If yes, list reg. & describe (including any discharge):
   40CFR460 - N/A - No stds

6. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct _____
   factor & explain change?

7. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

8. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Nuclear medicine diagnostics, decayed on site then discharged to sewer or passed through patient to sewer
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 5/1/97 Annual amt approved: 15 mCi
   D. Has company exceeded the approved quantity? Yes☒ No☐
   E. If yes, explain: No indication from self-monitoring reports of exceedance

9. DOES WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Hospitals are noted for using vast amounts of water for cleaning; no excess usage noted during inspection.

10. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

11. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

12. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

13. ARE ANY SOLVENTS USED? Yes☒ No☐
   A. Which solvents? Histoclear, alcohols, xylenes; paint thinner
   B. What used for? Lab use; parts washing and paint cleanup
   C. How disposed? Sewered, evaporation, hauled

14. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Larger volumes of solvent are contained in dedicated hazmat bermed room in back parking lot; smaller quantities stored in area where used (in fire proof cabinets)

15. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433	Last Update	Copy in File? (SMP only)	Update needed? Explain if yes
Hazardous Material Spill Release Emergency Action Plan	No	11/1/97	Yes	No
	N/A		N/A	N/A
	N/A		N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

16. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

F. Comments: _____

17. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☐ No☒

A. Are MSD contacts listed? Yes☐ No☒

B. If no to either, describe how handled: Customer service card presented

18. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

A. If yes, requirement is contained in permit ☒ or other document ☐.

B. If other document, date & description: _____

C. How frequently is sampling required? Quarterly for both points

D. How frequently are reports required? Quarterly

E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐

F. If no, explain: _____

19. IF COMPANY SELF-MONITORS (REQ'D OR NOT), DOES IT COLLECT REPRESENTATIVE GRAB/COMP SAMPLES & USE EPA-APPROVED 40CFR136 WASTEWATER TEST METHODS? N/A☐ Yes☒ No☐

A. If no, explain needed changes: _____

20. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

A. If yes, type and date: _____

B. Have the reports & actions been on-time & complete? Yes☐ No☐

C. If no, explain: _____

21. DOES MSD CATEGORY NEED TO BE REVISED? Yes☐ No☒

A. Indicate correct categories:

SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐

Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐

B. Explain changes: _____

22. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste, NCCW, boiler blowdown, RO reject, DI regeneration, lab waste, kithen waste	No
SP #	002	Fed.Reg.		Components:	Hospital waste, lab waste, x-ray wastewater	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

23. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

24. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____

25. REVIEW THE SAMPLE POINT MAP! Last map revision date: 3/6/00
A. Is the map correct and accurate in all its details? Yes☒ No☐
B. If no, what changes are needed? _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
-Solvent distilling process mentioned in previous inspection reports does not exist on site; misunderstanding lead to this being recorded; they assumed I was speaking of distilled spirits;
-As with JB, they are moving more toward digital imaging instead of x-ray which will reduce the volume of developing chemistry that needs to be processed at this location;
-Biohazards are batched in labs and areas where procedures are performed, then consolidated in dedicated trailer on back lot before being hauled;
-Autoclaves are situated throughout hospital and research labs for use by the specific area only;

MSD 042069

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

INDUSTRIAL USER CLASSIFICATIONS

03/06/1997 SIU
03/06/1997 PTW

WUNNENBERG INFO.

Base Map 19F2
Wun: St. Louis City & Co.
Grid: G 19 Page 27

SIU CRITERIA

POTM Reasonable potential for adverse affect

GENERAL INFORMATION

Office Mailing Address
915 N. Grand Boulevard
St. Louis, MO. 63106

INSPECTION INFORMATION

Next Due
Insp Rslt
05/26/2005 RIN Tom Boehm

PERMIT INFORMATION

Issue Date: 02/01/2002
Expire Date: 01/31/2007
Extended Date:
Writer Fabian Grabsk

IUQ INFORMATION

IUQ Recvd Date: 08/14/2001
Reviewer: Fabian Grabski

CONTACTS

FLD1	Dan Burns	Maintenance Supervisor	OFF	(314) 289-6450 Ext.
FLD2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.
OFF1	Dan Burns	Maintenance Supervisor	OFF	(314) 289-6450 Ext.
OFF2	Roger Todd	General Foreman	OFF	(314) 289-6331 Ext.

OPERATIONAL INFORMATION

Work Days: 7

				S	M	T	W	T	F	S
1	150	12:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
2	1,050	08:00AM	8.0	Y	Y	Y	Y	Y	Y	Y
3	300	04:00PM	8.0	Y	Y	Y	Y	Y	Y	Y

Total Emp: 1,500 **Hrs:** 24.0

OTHER AGENCIES INFORMATION

12/02/1996	EPA - Hazardous Waste Program	MOD93060090030
01/29/1997	Nuclear Regulatory Commission	24-00144-05
01/17/1999	MDNR - Hazardous Waste Program	004272

NON-SEWERED WASTE

On-Site Storage **On-Site Disposal** **Off-Site Disposal**

COMMENTS

RAW MATERIALS

EFF DATE	MATERIAL_DESCRIPTION	QUANTITY	UNIT

SIC INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

PRODUCTS

EFF	DESCRIPTION	UNIT	AVG_PROD	MAX_PROD
05/07/2004	General Hospital Services			

SEWER ACCOUNTS

Sewer Accounts
1114046000

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Start Date = 05/31/2004 **End Date =** 05/31/2005 **Wdays** **Cdays**

Acct. No.			Consumption CCF's	Consumption Gallons			Discharge Gal/ Wday	Discharge Gal/ Cday
			0					
RF	1.00	Acct. Total	0	0	0	0	1	1
		Facility Total	0					

Report No. PIMS012A 05/31/2005 11:20:09 am
Data Date & Time: 05/31/2005 11:20:09 am

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME **VA MEDICAL CENTER**
PRIMARY MSD ACCOUNT NO. **1114046000**

Premise Address 915 N. Grand Boulevard
St. Louis MO. 63106

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
01	Sanitary Or Combined	19F2	345C	Trunk Sewer	Old Mill Creek

Description Multiple lines exiting buildings on N side

Sewer Route W on Bell, S on Vandeventer, E through R

SAMPLE POINT NO. 001 Ordinance **NPDES Outfall No.**

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Boiler Blowdown		72	GPD		GPD	D	1/28/04
Non Contact Coolir		2,151	GPD		GPD	D	1/28/04
Hospital Waste		21,252	GPD		GPD	D	1/28/04
Laboratory Waste	Animal, Research, + Diagnostic Labs	6,805	GPD		GPD	D	1/28/04
Kitchen Waste		2,456	GPD		GPD	D	1/28/04
Regeneration/Rejec	Softener Regen+ RO Reject	3,118	GPD		GPD	D	1/28/04
	Total Flow Avg =	**35,854**		**Max =**			

CONNECTION and SAMPLE POINT INFORMATION

LATERAL NO.	Lateral Type	DSMH		Treatment Area	Bissell Point
02	Sanitary Or Combined	19F2	352C	Trunk Sewer	Old Mill Creek

Description Multiple lines exiting buildings on S side

Sewer Route W on Enrightl, S on Vandeventer, E throu

SAMPLE POINT NO. 002 Ordinance **NPDES Outfall No.**

Description MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	Process Description	Avg Flow	Unit	Max Flow	Unit	RUD	Effective Date
Process Waste	X-Ray Processing	300	GPD		GPD	D	1/28/04
Hospital Waste		2,968	GPD		GPD	D	1/28/04
Laboratory Waste	Diagnotic + Research Labs	3,059	GPD		GPD	D	1/28/04
	Total Flow Avg =	**6,327**		**Max =**			

PRETREATMENT TYPES

SP	EFF DATE	TYPE	DESCRIPTION
001	03/16/1998	DC28	Grease Trap
001	02/02/2004	DC37	pH Adjustment / Neutralization
002	01/16/2003	DC37	pH Adjustment / Neutralization
002	02/02/2004	DC20	Electrolysis
002	02/02/2004	DC32	Metallic Replacement

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
Acrylonitrile	SP	Asbestos (Fibrous)	SP	Silver (Total)	KP
Cadmium (Total)	SP	Mercury (Total)	SP	Lead (Total)	SP
Phenol	KP	Toluene	KP	Chloroform	SP
1,1,2-Trichloroethane	KP				

EXTRA STRENGTH SURCHARGE INFORMATION

Report No. PIMS012A 05/31/2005 11:20:09 am
Data Date & Time: 05/31/2005 11:20:09 am

PIMS FACILITY CONTACTS

.For Account Number **1114046000** **VA MEDICAL CENTER**

Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type

Contact Type	Contact Name		Contact Title	Phone	Number	Ext.
Office Mailing Address						
Office Contact - Primary	Dan	Burns	Maintenance Supervisor	OFF	(314)289-6450	
Office Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	
Premise Address						
Field Contact - Primary	Dan	Burns	Maintenance Supervisor	OFF	(314)289-6450	
Field Contact 1st Alt	Roger	Todd	General Foreman	OFF	(314)289-6331	

PIMS
REPORT OF FIELD SAMPLING REQUIREMENTS

Account No Entered **1114046000** **VA MEDICAL CENTER**

SPN	Premise Address	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

001	Poll Code	Pollutant Description	Frequency	Sample Type	IM	= IPD - Company - MSD	End Date	06/30/2006
	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs				
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs				
	T234000	Oil and Grease (Total)	Once/year	Grab				
	T237000	pH	Once/year	Grab				
	T247000	Temperature	Once/year	Grab				
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs				
	T267000	1,1,2-Trichloroethane	Once/year	Grab				
	T300000	Acrylonitrile	Once/year	Grab				
	T332000	Chloroform	Once/year	Grab				
	T387000	Phenanthrene	Once/year	Grab				
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs				
	T397000	Toluene	Once/year	Grab				
	T999000	Total Toxic Organics	Once/year	Grab				

002	Poll Code	Pollutant Description	Frequency	Sample Type	IM	= IPD - Company - MSD	End Date	06/30/2006
	T208000	Biochemical Oxygen Demand (5 D	Once/year	Comp-Time 04 Hrs				
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs				
	T234000	Oil and Grease (Total)	Once/year	Grab				
	T237000	pH	Once/year	Grab				
	T247000	Temperature	Once/year	Grab				
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs				
	T267000	1,1,2-Trichloroethane	Once/year	Grab				
	T300000	Acrylonitrile	Once/year	Grab				
	T332000	Chloroform	Once/year	Grab				
	T387000	Phenanthrene	Once/year	Grab				
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs				
	T397000	Toluene	Once/year	Grab				
	T999000	Total Toxic Organics	Once/year	Grab				

F A C S I M I L E

TO:	~~Tom~~ Fala	FROM:	VAMC
Name:		Name:	DAN BURNS
Fax #:	436-8753	Fax #:	289-~~6589~~ 7075
Pages:	4	Date/Time:	

MESSAGE:

QRTRLY REPORT

COCHRAN VA HOSP.

HP FAX

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>		2/1-2/05		2/1-2/05				
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		11:00-11:00		11:30-11:30				
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	18,406	E	6,135			GPD
Biochemical Oxygen Demand	-	C	<300	C	300			MG/L
Chemical Oxygen Demand	-	C	24.6	C	642			MG/L
Oil and Grease	200	G	<5.0	G	31.6			MG/L
pH	5.5-11.5	G	8.13	G	8.22			S.U.
Temperature (Degrees C)	60	G	16.1	G	10.2			Deg. C
Total Suspended Solids	350	C	6	C	25			MG/L
Silver (Total)	0.5	C	<0.005	C	<0.005			MG/L
Total Toxic Organics (TTO)	5.52	G	---	G	--			MG/L

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ . I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: DAN BURNS

Title: MAINT. SPRVSR. Telephone: (314) 289-6450

Signature: Dan Burns Date: 4/29/05

SMF 1093

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☒(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any/all	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☒ I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 4/5/05

radipt.doc 2/00

Metropolitan
St. Louis Sewer
District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

April 11, 2005

Dan Burns
VA MEDICAL CENTER
915 N. Grand Boulevard
St. Louis, MO 63106

RE: COMPOSITE COMPLIANCE MONITORING
Discharge Permit No: 1114046000
For premise at: 915 N. Grand Boulevard
St. Louis, MO 63106

Dear Mr. Burns:

A recent review of submitted self-monitoring reports from permitted Significant Industrial Users has identified that several have initiated using composite sampling methodology that encompasses less than a representative composite time period. Consequently, the following guidance is offered as a reminder as to what compositing periods are acceptable to the District.

Unless specified within the permit special conditions, all pollutants requiring composite samples must "be made up by combining a minimum of four individual grab samples within a 24-hour period. The individual grabs must be adequately flow or time proportioned to ensure a composite sample that is representative of that day's discharge," per Permit General Condition A.3.c. For process operations that cover more than one shift, all shifts with wastewater discharges should be represented. For single shift operations, the sampler should, at a minimum, incorporate a 4-hour compositing period. The District 4-hour compositing guidance is prescribed to ensure that all collected composite samples are representative of the average discharge at each sampling point. As an example, a 4-hour composite sample comprised from grab samples taken at 08:00 AM, 09:00 AM, 10:00 AM, and 11:00 AM is a District acceptable 4-hour composite sample.

Accordingly, as of the date of this letter, the District will no longer accept analytical data from permitted Significant Industrial Users that is derived from composite samples taken over a compositing period of less than 4-hours, unless the permittee specifically demonstrates that a shorter composite period is representative of the wastewater discharge.

Thank you for your cooperation. If you have any questions, please contact me at 436-8756.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Fabian T. Grabski
Assistant Engineer

TCB 02/14/05
SS ✓
Per ✓
Calts ✓
DE ✓
Rev SS ✓

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114046000

Premise Address: 915 N. GRAND BLVD., ST. LOUIS, MO 63106

Monitoring Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		001		002				
DATES ON WHICH SAMPLES WERE COLLECTED ——>			11/9-10/04		11/9-10/04			
TIMES AT WHICH SAMPLES WERE COLLECTED ——>			11:30-11:30		12:00-12:00			
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow						UNITS
FLOW		E	22,100	E	6,350			GPD
Biochemical Oxygen Demand	-	C	10.0	C	10.3			MG/L
Chemical Oxygen Demand	-	C	86.2	C	41.4			MG/L
Oil and Grease	200	G	< 5.0	G	< 5.0			MG/L
pH	5.5-11.5	G	7.36	G	7.18			S.U.
Temperature (Degrees C)	60	G	26.4	G	20.8			Deg. C
Total Suspended Solids	350	C	7	C	3			MG/L
Silver (Total)	0.5	C	< 0.005	C	< 0.005	NR		MG/L
Total Toxic Organics (TTO)	5.52	G	~~< 0.05~~	G	~~< 0.05~~			MG/L
			< 0.06		< 0.06			

You must complete and sign the certification statements on the reverse side.

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY. If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. GO ON TO PART IV.

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. Everyone must complete the information under statement B and sign this report.

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ , I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. DISCHARGE MONITORING REPORT CERTIFICATION

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.

Print or type name of signing official: DAN BURNS

Title: MAINT. SUPVSR. Telephone: (314) 289-6450

Signature: Dan Burns Date: 2/7/05

408
02/15/05
Rad SS ✓

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: John Cochran VA Medical Center

Permit No: 11140460-00

Premise Address: 915 North Grand Blvd. St. Louis, MO. 63106

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
Any / All	Ø
TOTAL ACTIVITY DISCHARGED:	Ø

PART III: CERTIFICATION STATEMENTS

Place your initials in the box under item A.
Everyone must complete the information under items A & B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

[JR] I certify that to the best of my knowledge & belief, all requirements of 10 CFR Part 20.2003 and 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission and the Missouri Department of Health, respectively, have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print/type name of signing official: Larry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 1/5/05

radiation.doc

Environmental Analysis, Inc.
3278 North Hwy. 67 • Florissant, MO 63033

Mr. Roger Todd
V.A. MEDICAL CENTER
138 JB Engineering Service
#1 Jefferson Barracks Drive
St. Louis, MO 63125

PAGE NO.: 3
REPORT NO.: 96949
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004818	MSD NG 001 Grab 11/10/04 c (CONTINUED)				
	Base/Neutral Extractables (CONTINUED)				
	4-Chloroaniline	< 20	µg/l	6410 B	
	4-Chlorophenyl-phenyl ether	< 10	µg/l	6410 B	
	4-Nitroaniline	< 50	µg/l	6410 B	
	Acenaphthene	< 10	µg/l	6410 B	
	Acenaphthylene	< 10	µg/l	6410 B	
	Aniline	< 10	µg/l	6410 B	
	Anthracene	< 10	µg/l	6410 B	
	Butylbenzyl phthalate	< 10	µg/l	6410 B	
	Benzo(a)anthracene	< 10	µg/l	6410 B	
	Benzo(a)pyrene	< 10	µg/l	6410 B	
	Benzo(b)fluoranthene	< 10	µg/l	6410 B	
	Benzidine	< 10	µg/l	6410 B	
	Benzo(k)fluoranthene	< 10	µg/l	6410 B	
	bis(2-Chloroethyl)ether	< 10	µg/l	6410 B	
	bis(2-chloroisopropyl)ether	< 10	µg/l	6410 B	
	bis(2-chloroethoxy)methane	< 10	µg/l	6410 B	
	bis(2-Ethylhexyl)phthalate	< 10	µg/l	6410 B	
	Benzo(g,h,i)perylene	< 10	µg/l	6410 B	
	Chrysene	< 10	µg/l	6410 B	
	Dibenzofuran	< 10	µg/l	6410 B	
	Dibenzo(a,h)anthracene	< 10	µg/l	6410 B	
	Diethylphthalate	< 10	µg/l	6410 B	
	Dimethylphthalate	< 10	µg/l	6410 B	
	Di-N-Butyl phthalate	< 10	µg/l	6410 B	
	Di-N-Octylphthalate	< 10	µg/l	6410 B	
	Fluoranthene	< 10	µg/l	6410 B	
	Fluorene	< 10	µg/l	6410 B	
	Hexachlorobutadiene	< 10	µg/l	6410 B	
	Hexachlorobenzene	< 10	µg/l	6410 B	
	Hexachloroethane	< 10	µg/l	6410 B	
	Hexachlorocyclopentadiene	< 10	µg/l	6410 B	
	Indeno(1,2,3-c,d)pyrene	< 10	µg/l	6410 B	

Phone: 314-921-4488 • Fax: 314-921-4494
Analytical Chemistry • Research • Field Studies

Environmental Analysis, Inc.
3278 North Hwy. 67 • Florissant, MO 63033

Mr. Roger Todd
V.A. MEDICAL CENTER
138 JB Engineering Service
#1 Jefferson Barracks Drive
St. Louis, MO 63125

PAGE NO.: 4
REPORT NO.: 96949
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004818	MSD NG 001 Grab 11/10/04 c (CONTINUED)				
	Base/Neutral Extractables (CONTINUED)				
	Isophorone	< 10	µg/l	6410 B	
	Naphthalene	< 10	µg/l	6410 B	
	N-Nitroso-diphenylamine	< 10	µg/l	6410 B	
	N-Nitroso-di-propylamine	< 10	µg/l	6410 B	
	N-Nitroso-di-methylamine	< 10	µg/l	6410 B	
	Nitrobenzene	< 10	µg/l	6410 B	
	Phenanthrene	< 10	µg/l	6410 B	
	Pyrene	< 10	µg/l	6410 B	
	Pyridine	< 100	µg/l		
	SURROGATE RECOVERY				
	NITROBENZENE-D5	0 %			
	2-FLUOROBIPHENYL	19 %			
	TERPHENYL-D14	86 %			
	Volatile Organics (GCMS)				
	GCMS Volatiles Setup	1		6210 D	(3)
	1,1,2,2-Tetrachloroethane	< 5	µg/l	6210 D	
	cis-1,2-Dichloroethene	< 5	µg/l	6210 D	
	1,2-Dichloroethane	< 5	µg/l	6210 D	
	1,2-Dichlorobenzene	< 5	µg/l	6410 B	
	1,2-Dichloropropane	< 5	µg/l	6210 D	
	trans-1,2-Dichloroethene	< 5	µg/l	6210 D	
	1,3-Dichlorobenzene	< 5	µg/l	6410 B	
	1,4-Dichlorobenzene	< 5	µg/l	6410 B	
	Methyl ethyl ketone	< 50	µg/l	6210 D	
	2-chloroethyl vinyl ether	< 50	µg/l	6210 D	
	2-Hexanone	< 50	µg/l	6210 D	
	1,1,2-Trichloroethane	< 5	µg/l	6210 D	
	4-Methyl-2-pentanone	< 50	µg/l	6210 D	

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Analytical Chemistry • Research • Field Studies

Environmental Analysis, Inc.
3278 North Hwy. 67 • Florissant, MO 63033

Mr. Roger Todd
V.A. MEDICAL CENTER
138 JB Engineering Service
#1 Jefferson Barracks Drive
St. Louis, MO 63125

PAGE NO.: 5
REPORT NO.: 96949
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004818	MSD NG 001 Grab 11/10/04 c (CONTINUED)				
	Volatile Organics (GCMS) (CONTINUED)				
	Acetone	< 50	µg/l	6210 D	
	Acrolein	< 50	µg/l	6210 D	
	Acrylonitrile	< 50	µg/l	6210 D	
	Benzene	< 5	µg/l	6210 D	
	Bromodichloromethane	< 5	µg/l	6210 D	
	Bromoform	< 5	µg/l	6210 D	
	Bromomethane	< 10	µg/l	6210 D	
	cis-1,3-Dichloropropene	< 5	µg/l	6210 D	
	Carbon tetrachloride	< 5	µg/l	6210 D	
	Chloroform	< 5	µg/l	6210 D	
	Chlorobenzene	< 5	µg/l	6210 D	
	Dibromochloromethane	< 5	µg/l	6210 D	
	Chloroethane	< 10	µg/l	6210 D	
	Chloromethane	< 10	µg/l	6210 D	
	Carbon disulfide	< 5	µg/l	6210 D	
	1,1-Dichloroethane	< 5	µg/l	6210 D	
	1,1-Dichloroethene	< 5	µg/l	6210 D	
	Ethylbenzene	< 5	µg/l	6210 D	
	Methylene chloride	10	µg/l	6210 D	
	Naphthalene	< 5	µg/l	6410 B	
	Styrene	< 5	µg/l	6210 D	
	trans-1,3-Dichloropropene	< 5	µg/l	6210 D	
	1,1,1-Trichloroethane	< 5	µg/l	6210 D	
	Trichloroethene	< 5	µg/l	6210 D	
	Tetrachloroethene	< 5	µg/l	6210 D	
	Toluene	< 5	µg/l	6210 D	
	Vinyl acetate	< 50	µg/l	6210 D	
	Vinyl chloride	< 10	µg/l	6210 D	
	Xylenes	< 15	µg/l	6210 D	

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PAGE NO.: 6
REPORT NO.: 96949
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004818	MSD NG 001 Grab 11/10/04 c	(CONTINUED)			
	Volatile Organics (GCMS) (CONTINUED)				
	SURROGATE RECOVERY				
	DIBROMOFLUOROMETHANE	108 %			
	TOLUENE-D8	89 %			
	BROMOFLUOROBENZENE	112 %			
3004819	MSD NG 002 Comp 11/09-10/04 c SAMPLE DATE: 11/10/04				
	Total Metals Prep/Flame AA	11/17/04		3030F 3A	
	Silver	< 0.005	mg Ag/l	3111 B	
	B.O.D. (5-day)	10.3	mg/l	5210 B	
	Chemical Oxygen Demand	41.4	mg/l	HACH 8000	
	Suspended Solids	3	mg/l	2540 D	
3004820	MSD NG 002 Grab 11/10/04 c SAMPLE DATE: 11/10/04				
	pH (Field)	7.18	pH Units	4500-H+	
	Temperature (Field)	20.8	deg. C	2550B	
	Hexane Extractable Material	< 5.0	mg/l	EPA 1664	
	Acid Extractables (GCMS)				
	GCMS Acid Extractables Prep.	1		6410 B	(4)
	2,4,5-Trichlorophenol	< 50	µg/l	6410 B	
	2,4,6-Trichlorophenol	< 10	µg/l	6410 B	
	2,4-Dichlorophenol	< 10	µg/l	6410 B	
	2,4-Dimethylphenol	< 10	µg/l	6410 B	
	2,4-Dinitrophenol	< 50	µg/l	6410 B	
	2-Chlorophenol	< 10	µg/l	6410 B	

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PAGE NO.: 7
REPORT NO.: 96949
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004820	MSD NG 002 Grab 11/10/04 c (CONTINUED)				
	Acid Extractables (GCMS) (CONTINUED)				
	2-Methylphenol	< 10	µg/l	6410 B	
	2-Nitrophenol	< 10	µg/l	6410 B	
	3-Methylphenol	< 10	µg/l	6410 B	
	4,6-Dinitro-2-methylphenol	< 50	µg/l	6410 B	
	4-Chloro-3-methylphenol	< 20	µg/l	6410 B	
	4-Methylphenol	< 10	µg/l	6410 B	
	4-Nitrophenol	< 50	µg/l	6410 B	
	Benzoic Acid	< 50	µg/l	6410 B	
	Benzyl Alcohol	< 20	µg/l	6410 B	
	Pentachlorophenol	< 50	µg/l	6410 B	
	Phenol	< 10	µg/l	6410 B	
	SURROGATE RECOVERY				
	2-FLUOROPHENOL	59 %			
	PHENOL-D5	101 %			
	2,4,6-TRIBROMOPHENOL	173 %			
	Base/Neutral Extractables				
	GCMS Base/Neutrals Ext. Prep.	1		6410 B	(5)
	1,2,4-Trichlorobenzene	< 10	µg/l	6410 B	
	1,2-Dichlorobenzene	< 10	µg/l	6410 B	
	1,2-Diphenylhydrazine	< 10	µg/l	6410 B	
	1,3-Dichlorobenzene	< 10	µg/l	6410 B	
	1,4-Dichlorobenzene	< 10	µg/l	6410 B	
	2,4-Dinitrotoluene	< 10	µg/l	6410 B	
	2,6-Dinitrotoluene	< 10	µg/l	6410 B	
	2-Chloronaphthalene	< 10	µg/l	6410 B	
	2-Methylnaphthalene	< 10	µg/l	6410 B	
	2-Nitroaniline	< 50	µg/l	6410 B	
	3,3'-Dichlorobenzidine	< 20	µg/l	6410 B	

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PAGE NO.: 8
REPORT NO.: 96949
DATE : 12/13/04
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LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004820	MSD NG 002 Grab 11/10/04 c (CONTINUED)				
	Base/Neutral Extractables (CONTINUED)				
	3-Nitroaniline	< 50	µg/l	6410 B	
	4-Bromophenyl-phenyl ether	< 10	µg/l	6410 B	
	4-Chloroaniline	< 20	µg/l	6410 B	
	4-Chlorophenyl-phenyl ether	< 10	µg/l	6410 B	
	4-Nitroaniline	< 50	µg/l	6410 B	
	Acenaphthene	< 10	µg/l	6410 B	
	Acenaphthylene	< 10	µg/l	6410 B	
	Aniline	< 10	µg/l	6410 B	
	Anthracene	< 10	µg/l	6410 B	
	Butylbenzyl phthalate	< 10	µg/l	6410 B	
	Benzo(a)anthracene	< 10	µg/l	6410 B	
	Benzo(a)pyrene	< 10	µg/l	6410 B	
	Benzo(b)fluoranthene	< 10	µg/l	6410 B	
	Benzidine	< 10	µg/l	6410 B	
	Benzo(k)fluoranthene	< 10	µg/l	6410 B	
	bis(2-Chloroethyl)ether	< 10	µg/l	6410 B	
	bis(2-chloroisopropyl)ether	< 10	µg/l	6410 B	
	bis(2-chloroethoxy)methane	< 10	µg/l	6410 B	
	bis(2-Ethylhexyl)phthalate	< 10	µg/l	6410 B	
	Benzo(g,h,i)perylene	< 10	µg/l	6410 B	
	Chrysene	< 10	µg/l	6410 B	
	Dibenzofuran	< 10	µg/l	6410 B	
	Dibenzo(a,h)anthracene	< 10	µg/l	6410 B	
	Diethylphthalate	< 10	µg/l	6410 B	
	Dimethylphthalate	< 10	µg/l	6410 B	
	Di-N-Butyl phthalate	< 10	µg/l	6410 B	
	Di-N-Octylphthalate	< 10	µg/l	6410 B	
	Fluoranthene	< 10	µg/l	6410 B	
	Fluorene	< 10	µg/l	6410 B	
	Hexachlorobutadiene	< 10	µg/l	6410 B	
	Hexachlorobenzene	< 10	µg/l	6410 B	
	Hexachloroethane	< 10	µg/l	6410 B	

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PAGE NO.: 9
REPORT NO.: 96949
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004820	MSD NG 002 Grab 11/10/04 c	(CONTINUED)			
	Base/Neutral Extractables (CONTINUED)				
	Hexachlorocyclopentadiene	< 10	µg/l	6410 B	
	Indeno(1,2,3-c,d)pyrene	< 10	µg/l	6410 B	
	Isophorone	< 10	µg/l	6410 B	
	Naphthalene	< 10	µg/l	6410 B	
	N-Nitroso-diphenylamine	< 10	µg/l	6410 B	
	N-Nitroso-di-propylamine	< 10	µg/l	6410 B	
	N-Nitroso-di-methylamine	< 10	µg/l	6410 B	
	Nitrobenzene	< 10	µg/l	6410 B	
	Phenanthrene	< 10	µg/l	6410 B	
	Pyrene	< 10	µg/l	6410 B	
	Pyridine	< 100	µg/l		
	SURROGATE RECOVERY				
	NITROBENZENE-D5	98 %			
	2-FLUOROBIPHENYL	106 %			
	TERPHENYL-D14	106 %			
	Volatile Organics (GCMS)				
	GCMS Volatiles Setup	1		6210 D	(6)
	1,1,2,2-Tetrachloroethane	< 5	µg/l	6210 D	
	cis-1,2-Dichloroethene	< 5	µg/l	6210 D	
	1,2-Dichloroethane	< 5	µg/l	6210 D	
	1,2-Dichlorobenzene	< 5	µg/l	6410 B	
	1,2-Dichloropropane	< 5	µg/l	6210 D	
	trans-1,2-Dichloroethene	< 5	µg/l	6210 D	
	1,3-Dichlorobenzene	< 5	µg/l	6410 B	
	1,4-Dichlorobenzene	< 5	µg/l	6410 B	
	Methyl ethyl ketone	< 50	µg/l	6210 D	
	2-chloroethyl vinyl ether	< 50	µg/l	6210 D	
	2-Hexanone	< 50	µg/l	6210 D	

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REPORT NO.: 96949
DATE : 12/13/04
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LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004820	MSD NG 002 Grab 11/10/04 c (CONTINUED)				
	Volatile Organics (GCMS) (CONTINUED)				
	1,1,2-Trichloroethane	< 5	µg/l	6210 D	
	4-Methyl-2-pentanone	< 50	µg/l	6210 D	
	Acetone	< 50	µg/l	6210 D	
	Acrolein	< 50	µg/l	6210 D	
	Acrylonitrile	< 50	µg/l	6210 D	
	Benzene	< 5	µg/l	6210 D	
	Bromodichloromethane	< 5	µg/l	6210 D	
	Bromoform	< 5	µg/l	6210 D	
	Bromomethane	< 10	µg/l	6210 D	
	cis-1,3-Dichloropropene	< 5	µg/l	6210 D	
	Carbon tetrachloride	< 5	µg/l	6210 D	
	Chloroform	< 5	µg/l	6210 D	
	Chlorobenzene	< 5	µg/l	6210 D	
	Dibromochloromethane	< 10	µg/l	6210 D	
	Chloroethane	< 10	µg/l	6210 D	
	Chloromethane	< 5	µg/l	6210 D	
	Carbon disulfide	< 5	µg/l	6210 D	
	1,1-Dichloroethane	< 5	µg/l	6210 D	
	1,1-Dichloroethene	< 5	µg/l	6210 D	
	Ethylbenzene	< 5	µg/l	6210 D	
	Methylene chloride	10	µg/l	6210 D	
	Naphthalene	< 5	µg/l	6410 B	
	Styrene	< 5	µg/l	6210 D	
	trans-1,3-Dichloropropene	< 5	µg/l	6210 D	
	1,1,1-Trichloroethane	< 5	µg/l	6210 D	
	Trichloroethene	< 5	µg/l	6210 D	
	Tetrachloroethene	< 5	µg/l	6210 D	
	Toluene	< 5	µg/l	6210 D	
	Vinyl acetate	< 50	µg/l	6210 D	
	Vinyl chloride	< 10	µg/l	6210 D	
	Xylenes	< 15	µg/l	6210 D	

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PAGE NO.: 11
REPORT NO.: 96949
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004820	MSD NG 002 Grab 11/10/04 c	(CONTINUED)			

Volatile Organics (GCMS) (CONTINUED)

SURROGATE RECOVERY	
DIBROMOFLUOROMETHANE	106 %
TOLUENE-D8	88 %
BROMOFLUOROBENZENE	113 %

3004821 Sampling 11/09-10/04
SAMPLE DATE: 11/10/04

Technician Charges	7	man-hrs.
Automatic Sampler Rental	2	days

FOOTNOTES

(1) Sample prepped on 11/30/04.

FOOTNOTES

(2) Sample prepped on 11/30/04.

FOOTNOTES

(3) Sample prepped on 11/29/04.

FOOTNOTES

(4) Sample prepped on 11/30/04.

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METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER SELF MONITORING REPORT

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS REPORT

PART I: IDENTIFYING INFORMATION

Company Name: VA MEDICAL CENTER

Permit No: 1114011101

Premise Address: #1 JEFFERSON BARRACKS DR., ST. LOUIS, MO 63125

Monitoring Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

Samples Collected By: ENVIRONMENTAL ANALYSIS, INC.

Analyses Performed By: ENVIRONMENTAL ANALYSIS, INC.

PART II: ANALYTICAL RESULTS OF SELF MONITORING

MSD SAMPLE POINT REFERENCE NUMBERS ——>		002					
DATES ON WHICH SAMPLES WERE COLLECTED ——>		11/9-10/04					
TIMES AT WHICH SAMPLES WERE COLLECTED ——>		10:30-10:30					
PARAMETER	LIMIT	RECORD SAMPLE TYPES (G, C, M OR E) AND RESULTS BELOW G=grab, C=composite, M=measured flow, E=estimated flow					UNITS
FLOW		E	111,922				GPD
Biochemical Oxygen Demand	-	C	120				MG/L
Chemical Oxygen Demand	-	C	232				MG/L
Oil and Grease	200	G	33.8				MG/L
pH	5.5-11.5	G	8.55				S.U.
Temperature (Degrees C)	60	G	25.3				Deg. C
Total Suspended Solids	350	C	39				MG/L
Silver (Total)	0.5	C	<0.005				MG/L
Total Toxic Organics (TTO)	5.52	G	<0.05				MG/L

RECEIVED
JAN 21 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

You must complete and sign the certification statements on the reverse side.

MSD 042091

PART III: SPECIAL CERTIFICATION STATEMENTS

Based on the special conditions contained in your discharge permit you may be required to certify one or more of the following. Please review your permit and **PLACE YOUR INITIALS IN THE BOXES NEXT TO THOSE CERTIFICATIONS WHICH ARE APPLICABLE TO YOUR FACILITY.** If your permit contains no Special Conditions, then none of the certifications in PART III apply to you. **GO ON TO PART IV.**

A. If your permit special conditions waive monitoring at any sample point(s) specified in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of the wastes discharged at sampling point(s) _____ .

B. If your permit special conditions waive monitoring at active connection points which are not specified as sample points in your permit, you are required to make the following certification:

☐ I certify, since the last discharge monitoring report, there has been no change in the character of wastes discharged at those active connection points which are not specified in my permit .

C. If your permit special conditions waive monitoring at inactive connection points, you are required to make the following certification:

☐ I certify, since the permit issue date, there has been no change in the status of connection points identified as inactive. These points remain inactive and no discharge occurred during the period covered by this report.

D. If your permit special conditions authorize grab sample collection in lieu of composite sampling at any sample point(s), you are required to make the following certification:

☐ I certify the grab sample results in this report accurately represent our average daily discharge at sample point(s) _____ _____.

E. If your permit special conditions prohibit discharge of wastes which are subject to certain categorical pretreatment standards, you are required to make the following certification :

☐ I certify, since the last discharge monitoring report, there has been no discharge of wastes which are subject to pretreatment standards in 40 CFR _____.

F. Discharges subject to Pharmaceutical Categorical Standards (40 CFR 439) can be exempted from limitations and monitoring for Total Cyanide at the Pharmaceutical sample point(s) subject to the following certification:

☐ I certify, since the last discharge monitoring report, cyanide has not been used or generated in any pharmaceutical manufacturing process subject to Categorical Standards in 40 CFR 439.

G. Discharges Subject to Categorical Standards for Electroplating (40 CFR 413), Metal Finishing (40 CFR 433) or Electrical & Electronic Components (40 CFR 469) can be exempted from TTO monitoring only at the Electroplating, Metal Finishing or Electrical & Electronic Components sample point(s) subject to the following certification:

☐ Based on my inquiry of the person or persons directly responsible for managing compliance with the permit limitation for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan submitted to MSD.

PART IV: GENERAL CERTIFICATION STATEMENTS

Initial the box for statement A if it applies to you. **Everyone must complete the information under statement B and sign this report.**

A. Discharges at sample points subject only to MSD Ordinance limits can be exempted from TTO monitoring subject to the following certification:

☐ In lieu of monitoring for TTO at sample point(s) _____ , I certify that to the best of my knowledge and belief, no toxic organics have been used at this premise or discharged into the wastewaters since filing of the last discharge monitoring report.

B. **DISCHARGE MONITORING REPORT CERTIFICATION**

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.

Print or type name of signing official: ANTHONY E. WEHLERMANN 138JB

Title: PIPE SHOP FOREMAN Telephone: 314-894-6657

Signature: Anthony E. Wehlermann Date: 1-19-05

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: Jefferson Barracks VA Medical Center

Permit No: 11140111-01

Premise Address: #1 Jefferson Barracks Drive

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☒(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
H-3	0.01
C-14	0.3
TOTAL ACTIVITY DISCHARGED:	0.31

PART III: CERTIFICATION STATEMENTS

Place your initials in the boxes under item A which apply to you. Everyone must complete the information under item B and sign this report.

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☐ I certify that to the best of my knowledge and belief, all requirements of 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Missouri Department of Health have been met for the period covered by this report.

☒ I certify that to the best of my knowledge and belief, all requirements of 10 CFR Part 20.2003 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print or type name of signing official: LArry Chandler, MSRHS

Title: Radiation Safety Officer Telephone: 314-289-6348

Signature: Larry Chandler Date: 1/5/05

radrpt 6/94

Environmental Analysis, Inc.

3278 N. Lindbergh Blvd. · Florissant, MO 63033 · 314-921-4488

SAMPLE CHAIN-OF-CUSTODY RECORD

		Bottle	Preservative	Tests Requested
Client Name	V.A. Medical Center			
Address	Jefferson Barracks Division	1 Quart Plastic	Cool to 4C	BOD, TSS
	138 Jefferson Barracks	1/2 Pint Plastic	H2SO4 - Cool to 4C	COD
	St. Louis, Missouri 63125	1/2 Pint Plastic	HNO3	AG
Contact	Chief, Engineering Ser.			
Telephone	(314) 487-0400			
Sample Identification	Jeff Barr 001 Comp			
Date/Time Collected	11/~~9-10/04~~ ~~10:30-10:30~~			
Sample Type	WASTEWATER			
Collected By (Signature)	[signature]	3	Total Bottles	

LABORATORY RECORD

Lab #1 - Environmental Analysis, Inc. Laboratory Log Number 3004814

Sample Received By (signature) [signature] Date/Time 11/10/04 16:00

Analyses Performed	Analyzed By (signature)	Date/Time Analyzed	Analyses Performed	Analyzed By (signature)	Date/Time Analyzed
COD	[signature]	11-11/730			
TSS	[signature]	11-12/1214			
301	[signature]	11-17-04 1000			
BOD	[signature]	11-12/1402			
Ag	[signature]	11-22-1340			

REPORT OF ANALYSIS

Lab #1: Report No. 96948 Date: 12-13-04 Signature: [signature]

Title:

Analytical Chemistry • Research • Field Studies

Environmental Analysis, Inc.

3278 N. Lindbergh Blvd. · Florissant, MO 63033 · 314-921-4488

SAMPLE CHAIN-OF-CUSTODY RECORD

		Bottle	Preservative	Tests Requested
Client Name	V.A. Medical Center			
Address	Jefferson Barracks Division	1 Quart W/M Glass	H2SO4 - Cool to 4C	Oil & Grease
	138 Jefferson Barracks			
	St. Louis, Missouri 63125			
Contact	Chief, Engineering Ser.			
Telephone	(314) 487-0400			
Sample Identification	Jeff Barr 001 Grab			
Date/Time Collected	11/10/04 10:30			
Sample Type	WASTEWATER			
Collected By (Signature)	[signature]	1	Total Bottles	

pH = 8.55 at 25.3°C

LABORATORY RECORD

Lab #1 - Environmental Analysis, Inc. Laboratory Log Number 300 4815

Sample Received By (signature) [signature] Date/Time 11/10/04 16:00

Analyses Performed	Analyzed By (signature)	Date/Time Analyzed	Analyses Performed	Analyzed By (signature)	Date/Time Analyzed
HEXOIL	[signature]	11/16 - 0855			

REPORT OF ANALYSIS

Lab #1: Report No. 96948 Date: 12-13-04 Signature: [signature]

Title:

Analytical Chemistry • Research • Field Studies

Environmental Analysis, Inc.

3278 N. Lindbergh Blvd. · Florissant, MO 63033 · 314-921-4488

SAMPLE CHAIN-OF-CUSTODY RECORD

		Bottle	Preservative	Tests Requested
Client Name	V.A. Medical Center			
Address	Jefferson Barracks Division	~~1 Quart W/M Glass~~	~~H2SO4 - Cool to 4C~~	~~Oil & Grease~~
	138 Jefferson Barracks	1 Qt Amber Glass	Cool to 4C	Semi-Volatiles
	St. Louis, Missouri 63125	2X 40 ml vials	HCl, Cool 4C	Volatiles
Contact	Chief, Engineering Ser.			
Telephone	3(14) 487-0400			
Sample Identification	Jeff Barr 001 Grab			
Date/Time Collected	11/24/04 9:30			
Sample Type	WASTEWATER			
Collected By (Signature)	[signature]	4	Total Bottles	

LABORATORY RECORD

Lab #1 - Environmental Analysis, Inc. Laboratory Log Number 3004815

Sample Received By (signature) [signature] Date/Time 11/24/04 13:00

Analyses Performed	Analyzed By (signature)	Date/Time Analyzed	Analyses Performed	Analyzed By (signature)	Date/Time Analyzed
GCMS V	D. [signature]	11/25/04 2151			
GCMS A	D. [signature]	12/10/04 1634			
GCMS B	D. [signature]	12/10/04 1634			

REPORT OF ANALYSIS

Lab #1: Report No. 96948 Date: 12-13-04 Signature: [signature]

Title:

Analytical Chemistry • Research • Field Studies

Environmental Analysis, Inc.
3278 North Hwy. 67 • Florissant, MO 63033

Mr. Roger Todd
V.A. MEDICAL CENTER
138 JB Engineering Service
#1 Jefferson Barracks Drive
St. Louis, MO 63125

PAGE NO.: 1
REPORT NO.: 96948
DATE : 12/13/04
P.O. NO.: 657-SC5013

REPORT OF ANALYSIS

SUBJECT: Analysis of samples in accordance with Standard Methods for the Examination of Water and Wastewater, 18th Edition, 1992; where applicable.

Sampling and analysis of wastewater at Jefferson Barracks facility in accordance with MSD permit #11140111-01.

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004814	MSD JB 002 Comp 11/09-10/04 c SAMPLE DATE: 11/10/04				
	Total Metals Prep/Flame AA	11/17/04		3030F 3A	
	Silver	< 0.005	mg Ag/l	3111 B	
	B.O.D. (5-day)	120	mg/l	5210 B	
	Chemical Oxygen Demand	232	mg/l	HACH 8000	
	Suspended Solids	39	mg/l	2540 D	
3004815	MSD JB 002 Grab 11/10/04 c SAMPLE DATE: 11/10/04				
	pH (Field)	8.55	pH Units	4500-H+	
	Temperature (Field)	25.3	deg. C	2550B	
	Hexane Extractable Material	33.8	mg/l	EPA 1664	
	Acid Extractables (GCMS)				
	GCMS Acid Extractables Prep.	1		6410 B	(1)
	2,4,5-Trichlorophenol	< 50	µg/l	6410 B	
	2,4,6-Trichlorophenol	< 10	µg/l	6410 B	
	2,4-Dichlorophenol	< 10	µg/l	6410 B	
	2,4-Dimethylphenol	< 10	µg/l	6410 B	
	2,4-Dinitrophenol	< 50	µg/l	6410 B	
	2-Chlorophenol	< 10	µg/l	6410 B	
	2-Methylphenol	< 10	µg/l	6410 B	
	2-Nitrophenol	< 10	µg/l	6410 B	

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PAGE NO.: 2
REPORT NO.: 96948
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004815	MSD JB 002 Grab 11/10/04 c	(CONTINUED)			
	Acid Extractables (GCMS) (CONTINUED)				
	3-Methylphenol	< 10	µg/l	6410 B	
	4,6-Dinitro-2-methylphenol	< 50	µg/l	6410 B	
	4-Chloro-3-methylphenol	< 20	µg/l	6410 B	
	4-Methylphenol	< 10	µg/l	6410 B	
	4-Nitrophenol	< 50	µg/l	6410 B	
	Benzoic Acid	< 50	µg/l	6410 B	
	Benzyl Alcohol	< 20	µg/l	6410 B	
	Pentachlorophenol	< 50	µg/l	6410 B	
	Phenol	< 10	µg/l	6410 B	
	SURROGATE RECOVERY				
	2-FLUOROPHENOL	0 %			
	PHENOL-D5	0 %			
	2,4,6-TRIBROMOPHENOL	116 %			
	Base/Neutral Extractables				
	GCMS Base/Neutrals Ext. Prep.	1		6410 B	(2)
	1,2,4-Trichlorobenzene	< 10	µg/l	6410 B	
	1,2-Dichlorobenzene	< 10	µg/l	6410 B	
	1,2-Diphenylhydrazine	< 10	µg/l	6410 B	
	1,3-Dichlorobenzene	< 10	µg/l	6410 B	
	1,4-Dichlorobenzene	< 10	µg/l	6410 B	
	2,4-Dinitrotoluene	< 10	µg/l	6410 B	
	2,6-Dinitrotoluene	< 10	µg/l	6410 B	
	2-Chloronaphthalene	< 10	µg/l	6410 B	
	2-Methylnaphthalene	< 10	µg/l	6410 B	
	2-Nitroaniline	< 50	µg/l	6410 B	
	3,3'-Dichlorobenzidine	< 20	µg/l	6410 B	
	3-Nitroaniline	< 50	µg/l	6410 B	
	4-Bromophenyl-phenyl ether	< 10	µg/l	6410 B	

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PAGE NO.: 3
REPORT NO.: 96948
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004815	MSD JB 002 Grab 11/10/04 c (CONTINUED)				
	Base/Neutral Extractables (CONTINUED)				
	4-Chloroaniline	< 20	µg/l	6410 B	
	4-Chlorophenyl-phenyl ether	< 10	µg/l	6410 B	
	4-Nitroaniline	< 50	µg/l	6410 B	
	Acenaphthene	< 10	µg/l	6410 B	
	Acenaphthylene	< 10	µg/l	6410 B	
	Aniline	< 10	µg/l	6410 B	
	Anthracene	< 10	µg/l	6410 B	
	Butylbenzyl phthalate	< 10	µg/l	6410 B	
	Benzo(a)anthracene	< 10	µg/l	6410 B	
	Benzo(a)pyrene	< 10	µg/l	6410 B	
	Benzo(b)fluoranthene	< 10	µg/l	6410 B	
	Benzidine	< 10	µg/l	6410 B	
	Benzo(k)fluoranthene	< 10	µg/l	6410 B	
	bis(2-Chloroethyl)ether	< 10	µg/l	6410 B	
	bis(2-chloroisopropyl)ether	< 10	µg/l	6410 B	
	bis(2-chloroethoxy)methane	< 10	µg/l	6410 B	
	bis(2-Ethylhexyl)phthalate	< 10	µg/l	6410 B	
	Benzo(g,h,i)perylene	< 10	µg/l	6410 B	
	Chrysene	< 10	µg/l	6410 B	
	Dibenzofuran	< 10	µg/l	6410 B	
	Dibenzo(a,h)anthracene	< 10	µg/l	6410 B	
	Diethylphthalate	15	µg/l	6410 B	
	Dimethylphthalate	< 10	µg/l	6410 B	
	Di-N-Butyl phthalate	< 10	µg/l	6410 B	
	Di-N-Octylphthalate	< 10	µg/l	6410 B	
	Fluoranthene	< 10	µg/l	6410 B	
	Fluorene	< 10	µg/l	6410 B	
	Hexachlorobutadiene	< 10	µg/l	6410 B	
	Hexachlorobenzene	< 10	µg/l	6410 B	
	Hexachloroethane	< 10	µg/l	6410 B	
	Hexachlorocyclopentadiene	< 10	µg/l	6410 B	
	Indeno(1,2,3-c,d)pyrene	< 10	µg/l	6410 B	

Environmental Analysis, Inc.
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PAGE NO.: 4
REPORT NO.: 96948
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004815	MSD JB 002 Grab 11/10/04 c (CONTINUED)				
	Base/Neutral Extractables (CONTINUED)				
	Isophorone	< 10	µg/l	6410 B	
	Naphthalene	< 10	µg/l	6410 B	
	N-Nitroso-diphenylamine	< 10	µg/l	6410 B	
	N-Nitroso-di-propylamine	< 10	µg/l	6410 B	
	N-Nitroso-di-methylamine	< 10	µg/l	6410 B	
	Nitrobenzene	< 10	µg/l	6410 B	
	Phenanthrene	< 10	µg/l	6410 B	
	Pyrene	< 10	µg/l	6410 B	
	Pyridine	< 100	µg/l		
	SURROGATE RECOVERY				
	NITROBENZENE-D5	19 %			
	2-FLUOROBIPHENYL	57 %			
	TERPHENYL-D14	35 %			
	Volatile Organics (GCMS)				
	GCMS Volatiles Setup	1		6210 D	(3)
	1,1,2,2-Tetrachloroethane	< 5	µg/l	6210 D	
	cis-1,2-Dichloroethene	< 5	µg/l	6210 D	
	1,2-Dichloroethane	< 5	µg/l	6210 D	
	1,2-Dichlorobenzene	< 5	µg/l	6410 B	
	1,2-Dichloropropane	< 5	µg/l	6210 D	
	trans-1,2-Dichloroethene	< 5	µg/l	6210 D	
	1,3-Dichlorobenzene	< 5	µg/l	6410 B	
	1,4-Dichlorobenzene	< 5	µg/l	6410 B	
	Methyl ethyl ketone	< 50	µg/l	6210 D	
	2-chloroethyl vinyl ether	< 50	µg/l	6210 D	
	2-Hexanone	< 50	µg/l	6210 D	
	1,1,2-Trichloroethane	< 5	µg/l	6210 D	
	4-Methyl-2-pentanone	< 50	µg/l	6210 D	

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PAGE NO.: 5
REPORT NO.: 96948
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004815	MSD JB 002 Grab 11/10/04 c	(CONTINUED)			
	Volatile Organics (GCMS) (CONTINUED)				
	Acetone	< 50	µg/l	6210 D	
	Acrolein	< 50	µg/l	6210 D	
	Acrylonitrile	< 50	µg/l	6210 D	
	Benzene	< 5	µg/l	6210 D	
	Bromodichloromethane	< 5	µg/l	6210 D	
	Bromoform	< 5	µg/l	6210 D	
	Bromomethane	< 10	µg/l	6210 D	
	cis-1,3-Dichloropropene	< 5	µg/l	6210 D	
	Carbon tetrachloride	< 5	µg/l	6210 D	
	Chloroform	< 5	µg/l	6210 D	
	Chlorobenzene	< 5	µg/l	6210 D	
	Dibromochloromethane	< 5	µg/l	6210 D	
	Chloroethane	< 10	µg/l	6210 D	
	Chloromethane	< 10	µg/l	6210 D	
	Carbon disulfide	< 5	µg/l	6210 D	
	1,1-Dichloroethane	< 5	µg/l	6210 D	
	1,1-Dichloroethene	< 5	µg/l	6210 D	
	Ethylbenzene	< 5	µg/l	6210 D	
	Methylene chloride	32	µg/l	6210 D	
	Naphthalene	< 5	µg/l	6410 B	
	Styrene	< 5	µg/l	6210 D	
	trans-1,3-Dichloropropene	< 5	µg/l	6210 D	
	1,1,1-Trichloroethane	< 5	µg/l	6210 D	
	Trichloroethene	< 5	µg/l	6210 D	
	Tetrachloroethene	< 5	µg/l	6210 D	
	Toluene	< 5	µg/l	6210 D	
	Vinyl acetate	< 50	µg/l	6210 D	
	Vinyl chloride	< 10	µg/l	6210 D	
	Xylenes	< 15	µg/l	6210 D	

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JAN 21 2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Phone: 314-921-4488 • Fax: 314-921-4494
Analytical Chemistry • Research • Field Studies

Environmental Analysis, Inc.
3278 North Hwy. 67 • Florissant, MO 63033

Mr. Roger Todd
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138 JB Engineering Service
#1 Jefferson Barracks Drive
St. Louis, MO 63125

PAGE NO.: 6
REPORT NO.: 96948
DATE : 12/13/04
P.O. NO.: 657-SC5013

LOG NUMBER	SAMPLE DESCRIPTION	RESULTS OF ANALYSIS	UNITS OF MEASURE	METHOD NUMBER	NOTE
3004815	MSD JB 002 Grab 11/10/04 c	(CONTINUED)			

Volatile Organics (GCMS) (CONTINUED)

SURROGATE RECOVERY	
DIBROMOFLUOROMETHANE	104 %
TOLUENE-D8	89 %
BROMOFLUOROBENZENE	111 %

3004816 Sampling 11/09-10/04
SAMPLE DATE: 11/10/04

Technician Charges	5	man-hrs.
Automatic Sampler Rental	1	days

FOOTNOTES

(1) Sample prepped on 11/30/04.

FOOTNOTES

(2) Sample prepped on 11/30/04.

FOOTNOTES

(3) Sample prepped on 11/29/04.

RESPECTFULLY SUBMITTED

R. M. FERRIS

RECEIVED
2005
DIVISION OF
ENVIRONMENTAL COMPLIANCE

Phone: 314-921-4488 • Fax: 314-921-4494
Analytical Chemistry • Research • Field Studies

Metropolitan
St. Louis Sewer
District

Division of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

February 2, 2004

Dan Burns
Maintenance Supervisor
VA MEDICAL CENTER – JOHN COCHRAN DIVISION
915 N. Grand
St. Louis, MO 63106

Re: MSD Permit No: 11140460-00
For Premise: 915 N. Grand, 63106

Mr. Burns:

Thank you for the time spent with me during our annual inspection of your facility and for the subsequent phone calls. Since items on your Industrial User Questionnaire (IUQ) needed to be broken into more specific categories, I revised the volumes with estimates garnered from our discussion and your faxed spreadsheet. Enclosed is a copy of the page with amended flow volumes that more accurately describe your day-to-day activity. Please keep this page as a record of changes and as an aid in completing your next IUQ. If you disagree with any of these factors, please contact me so that we may satisfactorily complete this section.

Thank you for your continued effort in helping us comply with federal regulations. If you have any questions or comments, please call me at 314.436.8761.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Thomas C. Boehm
Environmental Engineering Associate

Enclosure p. 4 of IUQ
Spreadsheet

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center - John Cochran Division Account #: 11140460-00
Premise Address: 915 N. Grand Zip Code: 63106-
Last Inspection Date: 12/10/02
MSD Categories: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒
Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
Company Representative: Dan Burns
Title: Maintenance Supervisor Phone#: 314.289.6450
Inspector: T. Boehm
Others Present: None
Inspection Date: 1/6/04 Time of Inspection: From 10:00 am To 12:30 pm

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
General hospital operations and associated washdown	Cont		Yes	Continuous	001+002> combo sewer
Food preparation and cleanup	Cont		Yes	Continuous	001> combo sewer
Lawn equipment maintenance	Batch		No		
Lab operations and washdown in main hospital	Batch		Yes	As needed	001+002> combo sewer
Research labs (main hospital and bldgs 6,7,7a, including animal research)	Cont		Yes	As needed	001+002> combo sewer
X-ray chemistry (from Cochran and Jefferson Barracks)	Batch		Yes	As used	002> combo sewer

3. PRETREATMENT (describe):

	Sample pt.
Grease trap, pH adjustment(labs)	001
pH adjustment(labs), Ag recovery	002

4. HAS COMPANY BEGUN DISCHARGING ANY NEW POLLUTANTS SINCE THE LAST INSP? Yes☐ No☒
   A. List pollutants & process: _____
   B. Will MSD STP exceed existing NPDES discharge limit(s)? Yes☐ No☐
   C. Will MSD STP's discharge exceed 0.1 mg/l for any new pollutant? Yes☐ No☐
   (MSD must notify MDNR if B or C is yes and discharge will continue.)
   D. Comments: _____

5. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒
   A. If yes, list reg. & describe (including any discharge):
   40CFR460 N/A; no standards

6. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct _____
   factor & explain change?

7. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

8. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Nuclear medicine diagnostics, decayed on site then sewered or passed by humans to sewer.
   B. Does company have MSD authorization to disposal to sewer? Yes☒ No☐
   C. Date of Authorization: 5/1/97 Annual amt approved: 15mCi
   D. Has company exceeded the approved quantity? Yes☐ No☒
   E. If yes, explain: _____

9. DOES WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Hospitals are noted for their water consumption; no excess water usage noted during inspection.

10. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

11. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

12. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities? ☐
   Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: _____

13. ARE ANY SOLVENTS USED? Yes☒ No☐
   A. Which solvents? Xylenes, alcohols, histoclear; paint thinner
   B. What used for? Lab use; parts and paint cleaning
   C. How disposed? Sewered, hauled, distilled with bottoms hauled; hauled or evaporation

14. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒

A. If yes, what needs to be done? _____

B. If no, how are they controlled? Bulk solvents stored in bermed fire proof room; labs store smaller quantities in fire proof cabinets.

15. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433		Last Update		Copy in File? (SMP only)	Update needed? Explain if yes
Haz Spill Release Emergency Action Plan	No		11/1/97		Yes	No
	N/A				N/A	N/A
	N/A				N/A	N/A

B. Are any Plans needed in addition to those listed in Part A? (write company and request) Yes☐ No☒

16. HAZARDOUS WASTES:

A. Was the company informed/reminded that solid & hazardous waste management regulations (RCRA) exist and may potentially apply to industrial users? Yes☒ No☐

B. Is there any discharge to the sewers of hazardous waste which has not been previously reported to MSD (under 40 CFR 403.12(p))? Yes☐ No☒

C. If yes to B, list haz wastes: _____

D. Was the company provided with a "Public Notice/Haz. Waste Discharge Notification" form for the above regulations (regardless of whether there are any discharges)? Yes☒ No☐

F. Comments: _____

17. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☐ No☒

A. Are MSD contacts listed? Yes☐ No☒

B. If no to either, describe how handled: Customer service card presented.

18. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

A. If yes, requirement is contained in permit ☒ or other document ☐.

B. If other document, date & description: _____

C. How frequently is sampling required? Quarterly for both points

D. How frequently are reports required? Quarterly

E. Have reports been on-time, complete & signed by proper person? Yes☒ No☐

F. If no, explain: _____

19. IF COMPANY SELF-MONITORS (REQ'D OR NOT), DOES IT COLLECT REPRESENTATIVE GRAB/COMP SAMPLES & USE EPA-APPROVED 40CFR136 WASTEWATER TEST METHODS? N/A☐ Yes☒ No☐

A. If no, explain needed changes: _____

20. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

A. If yes, type and date: _____

B. Have the reports & actions been on-time & complete? Yes☐ No☐

C. If no, explain: _____

21. DOES MSD CATEGORY NEED TO BE REVISED? Yes☐ No☒

A. Indicate correct categories:

SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐

Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐

B. Explain changes: _____

22. SAMPLE POINTS

						DJ(y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste, NCCW, boiler blowdown, RO reject, DI regeneration, lab waste, kitchen waste(See comments p.4)	No
SP #	002	Fed.Reg.		Components:	Hosptial waste, lab waste, x-ray processing	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

23. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

24. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descript's need to be changed, explain: _____

25. REVIEW THE SAMPLE POINT MAP! Last map revision date: 3/6/00
A. Is the map correct and accurate in all its details? Yes☒ No☐
B. If no, what changes are needed? _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.
-In an attempt to garner more accurate information from VA Hospital, I have faxed a copy of the IUQ p.4 to facility contact to estimate more detailed flows than that of san, NCCW, and softener regeneration. We need estimates for kitchen waste, RO reject and diagnostic labs in the main hospital bldg, along with research labs in bldg #7 and animal labs in bldg #6. When these factors are ironed out, we can be reasonably sure that our volume for 'hospital' waste is accurate.
-Estimates for these parameters were received via fax 01/27/04; ECIMS updated. The only major change is that for x-ray processing, which we thought was going to 001, is now listed under 002 according to facility contacts. Ag recovery PT changed by being attached to 002 and removed from 001, but Ag will stay on field sampling req'ts for both points because of the uncertainty concerning this discharge.

MSD 042107

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME: VA MEDICAL CENTER
PRIMARY MSD ACCOUNT NO: 1114046000

Premise Address 915 N. Grand Boulevard
St. Louis, MO 63106

INDUSTRIAL USER CATEGORIZATIONS

Effective Date	SIU	CIU	Surcharge	High Flow	Pot Toxic Waste	No Proc Flow	Multi User Acct	IIU
3/ 6/97	Y				Y			

Effective Dat	SIU Criteria
8/23/90	Reasonable potential for adverse affect on oper

GENERAL INFORMATION

Office Mailing Address
915 N. Grand Boulevard
St. Louis, MO 63106

MSD Base Map: 19F2
Wun: St. Louis City & Co.
Grid: G 19 **Page:** 27

Last Routine Inspection
Date; 1/ 6/04
Inspector Tom Boehm
Next Due: 6/30/05

Last Inspection
Date: 1/ 6/04 **Type:** RIN
Inspector Tom Boehm

IUQ Recvd Date: 8/14/01
Reviewer: Fabian Grabski

Permit Issue Date: 2/ 1/02
Permit Exp.Date: 1/31/07
Extend / Term Date
Permit Writer Fabian Grabski

CONTACTS:

Auth Signature - Primary	Dan Burns	Maintenance Supervisor	Office Phone	(314) 289-6450 Ext
Field Contact - Primary	Dan Burns	Maintenance Supervisor	Office Phone	(314) 289-6450 Ext
Field Contact 1st Alt	Roger Todd	General Foreman	Office Phone	(314) 289-6331 Ext
Office Contact - Primary	Dan Burns	Maintenance Supervisor	Office Phone	(314) 289-6450 Ext

OPERATIONAL INFORMATION

Work Days / Week:	7
Employees:	1,500
Shifts / Day:	3
Hrs. of Operation:	24

Shift No.	No. of Emp.	Shift Start Time	Shift Duration
1	150	12:00 AM	8
2	1,050	08:00 AM	8
3	300	04:00 PM	8

Other Agencies	Permit Number
EPA - Hazardous Waste Program	MOD93060090030
MDNR - Hazardous Waste Program	004272
Nuclear Regulatory Commission	24-00144-05

NON-SEWERED WASTE **On-Site Storage:** Y **On-Site Disposal:** N **Off-Site Disposal:** Y

COMMENTS Cont and Batch-Op, SPCCP-Yes

PRODUCT & SERVICE INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

Raw Materials / Processes:
N/A

Products / Services:
General Hospital Services

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Sewer Accounts
1114046000

Start Date 1/ 1/02 **End Date =** 12/31/03 **Wdays** **Cdays**

Acct No. 1114046000			Consumption CCF's	Consumption Gallons	Wdays	Cdays	Discharge Gal / Wday	Discharge Gal / Cday
	11/21/01	2/20/02	4,330		92	92		
	2/21/02	5/28/02	5,470		97	97		
	5/29/02	8/26/02	10,710		90	90		
	8/27/02	11/19/02	5,000		85	85		
	11/20/02	3/12/03	4,321		113	113		
	3/13/03	5/21/03	4,691		70	70		
	5/22/03	8/26/03	11,713		97	97		
	8/27/03	11/20/03	4,945		86	86		
RF 0.62	Acct. Total		51,180	38,285,301	730	730	32,516	32,516
	Facility Total		**51,180**				**32,516**	**32,516**

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME: VA MEDICAL CENTER
PRIMARY MSD ACCOUNT NO: 1114046000

Premise Address 915 N. Grand Boulevard
St. Louis, MO 63106

SEWER CONNECTION INFORMATION

LATERAL NO:	Lateral Type	DS MH	Treatment Area	Trunk Sewer
01	Sanitary Or Combined	19F2 345C	Bissell Point	Old Mill Creek

Description Multiple lines exiting buildings on N side of campus into 12" main in Bell

Sewer Route W on Bell, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT No. 001 **SAMPLE POINT TYPE.** Ordinance **NPDES Outfall No:** N/A

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	Process Description	Quantity	Unit	RUD	Effective Date
Hospital Waste		21,252	GPD	D	1/28/04
Non Contact Cooling Water		2,151	GPD	D	
Kitchen Waste		2,456	GPD	D	
Laboratory Waste	Animal, Research, + Diagnostic Labs	6,805	GPD	D	
Regeneration/Reject Water	Softener Regen+ RO Reject	3,118	GPD	D	
Boiler Blowdown		72	GPD	D	
	TOTAL QNTY:	35,854			

LATERAL NO:	Lateral Type	DS MH	Treatment Area	Trunk Sewer
02	Sanitary Or Combined	19F2 352C	Bissell Point	Old Mill Creek

Description Multiple lines exiting buildings on S side of campus into 12' main in Enright

Sewer Route W on Enrightl, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT No. 002 **SAMPLE POINT TYPE.** Ordinance **NPDES Outfall No:** N/A

Description MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	Process Description	Quantity	Unit	RUD	Effective Date
Hospital Waste		2,968	GPD	D	1/28/04
Laboratory Waste	Diagnotic + Research Labs	3,059	GPD	D	
Process Waste	X-Ray Processing	300	GPD	D	
	TOTAL QNTY:	6,327			

PRETREATMENT TYPES

SPN	Pretreatment Description	SPN	Pretreatment Description	SPN	Pretreatment Description
001	Grease Trap	001	pH Adjustment / Neutralization	002	Electrolysis
002	Metallic Replacement	002	pH Adjustment / Neutralization		

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
1,1,2-Trichloroethane	KP	Acrylonitrile	SP	Asbestos (Fibrous)	SP
Cadmium (Total)	SP	Chloroform	SP	Lead (Total)	SP
Mercury (Total)	SP	Phenol	KP	Silver (Total)	KP
Toluene	KP				

EXTRA STRENGTH SURCHARGE INFORMATION

Certification / Recertification Date

For Account Number Select 1114046000

ECIMS FACILITY CONTACTS
VA MEDICAL CENTER

Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type

Contact Type	Contact Name	Contact Title	Phone Type	Number	Ext.
Office Mailing Address					
Auth Signature - Primary	Dan Burns	Maintenance Supervisor	OFF	(314)289-6450	
Office Contact - Primary	Dan Burns	Maintenance Supervisor	OFF	(314)289-6450	
Office Contact 1st Alt	Roger Todd	General Foreman	OFF	(314)289-6331	
Premise Address					
Field Contact - Primary	Dan Burns	Maintenance Supervisor	OFF	(314)289-6450	
Field Contact 1st Alt	Roger Todd	General Foreman	OFF	(314)289-6331	

ECIMS
REPORT OF FIELD SAMPLING REQUIREMENTS

Account No Entered **1114046000** **VA MEDICAL CENTER**

SPN	Premise Address	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

001	Poll Code	Pollutant Description	Frequency	Sample Type	IM = IPD - Company - MSD	End Date 06/30/2005
	T208000	Biochemical Oxygen Demand (5 D:	Once/year	Comp-Time 04 Hrs		
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		
	T234000	Oil and Grease (Total)	Once/year	Grab		
	T237000	pH	Once/year	Grab		
	T247000	Temperature	Once/year	Grab		
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs		
	T267000	1,1,2-Trichloroethane	Once/year	Grab		
	T300000	Acrylonitrile	Once/year	Grab		
	T332000	Chloroform	Once/year	Grab		
	T387000	Phenanthrene	Once/year	Grab		
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs		
	T397000	Toluene	Once/year	Grab		
	T999000	Total Toxic Organics	Once/year	Grab		

002	Poll Code	Pollutant Description	Frequency	Sample Type	IM = IPD - Company - MSD	End Date 06/30/2005
	T208000	Biochemical Oxygen Demand (5 D:	Once/year	Comp-Time 04 Hrs		
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		
	T234000	Oil and Grease (Total)	Once/year	Grab		
	T237000	pH	Once/year	Grab		
	T247000	Temperature	Once/year	Grab		
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs		
	T267000	1,1,2-Trichloroethane	Once/year	Grab		
	T300000	Acrylonitrile	Once/year	Grab		
	T332000	Chloroform	Once/year	Grab		
	T387000	Phenanthrene	Once/year	Grab		
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs		
	T397000	Toluene	Once/year	Grab		
	T999000	Total Toxic Organics	Once/year	Grab		

Metropolitan Saint Louis Sewer District
2350 Market Street
Saint Louis, Missouri 63103-2555

VA MEDICAL CENTER
915 N. Grand Boulevard

St. Louis, MO 63106

MSD ACCOUNT #: W1114046000

INVOICE

Invoice Number: PDP-3058

Invoice Date: 12/23/03

Explanation of Charges

Fee for Pretreatment Program Discharge Permit covering the period October 1, 2003 through September 30, 2004 issued in accordance with the Metropolitan St. Louis Sewer District Ordinance #8660 for the location at 915 N. Grand Boulevard.

Basecharge @ $150.00 per permit		150.00
Volume charge (computed on average daily ccf's)	41.990 ccfs @ $.72 per ccf	30.23
Sample Point Charge 2 points @ $100.00 per sample point.		200.00
	Total Fee Due:	$380.23

Remit to the above address. Mailing payment to any other address or facility of the Metropolitan St. Louis Sewer District could result in a delay in applying payment. If not paid by the due date a late charge of 1.5% will be added to the unpaid balance. For inquiries about this invoice please call (314) 768-6200 Ext.6494.

OEC

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA Medical Center/John Cochran Division Account #: 11140460-00
Premise Address: 915 N.Grand Zip Code: 63106-
Last Inspection Date: 2/5/02
MSD Categories: SIU ☒ CIU ☐ Surcharge ☐ Potential Toxic Waste ☒
Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐
Company Representative: Dan Burns
Title: Maintenance Supervisor Phone#: 314.289.6450
Inspector: T. Boehm
Others Present: None
Inspection Date: 12/10/02 Time of Inspection: From 09:00 am To 12:00 pm

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** DATABASE ALSO UPDATED WITH APPROPRIATE CHANGES - see attached database reports *****

1. A. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes☐ No☒
   List them, note any changes: _____
   B. WERE ALL ACCT NUMBERS VERIFIED AS CORRECT & ACTIVE ON BILLING SYSTEM? Yes☒ No☐

2. PROCESS & CLEANUP/WASHDOWN:

	Cont/ Batch		Water Used?	Frequency of discharge	Sample pt.
General hospital services and washdown	Cont		Yes	Continuous	001+002>combo sewer
Kitchen food preparation and cleanup	Cont		Yes	Continuous	001>combo sewer
Vehicle maintenance	Batch		No		
Lab operations and washdown	Batch		Yes	Daily during process	001>combo sewer
Research Labs (bldgs 6 +7+7a)	Cont		Yes	Continuous during day	01>combo sewer
	(None)		N/A		

3. PRETREATMENT (describe):

	Sample pt.
Silver recovery, grease trap, pH adjust	001

4. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes☐ No☒
   A. If yes, list reg. & describe (including any discharge):
   40CFR460 N/A-No stds

5. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes☐ No☒
   A. At which points? _____
   B. Current applied factor: _____ Is it correct? Yes☐ No☐
   C. If no, what is the correct factor & explain change? _____

6. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes☐ No☒
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes☐ No☐
   C. If yes, explain: _____

7. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes☒ No☐
   A. Describe operations & disposal: Nuclear medicine diagnostics; decayed on site then sewered
   B. Does company have MSD authorization to disposal to sewer? Yes☐ No☒
   C. Date of Authorization: 5/1/97 Annual amt approved: 15mCi
   D. Has company exceeded the approved quantity? Yes☐ No☒
   E. If yes, explain: _____

8. DOES WATER USE APPEAR EXCESSIVE? Yes☐ No☒
   A. Explain how verified & needed changes: Hospitals are known for major water usage. No excess usage noted during inspection.

9. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes☐ No☒
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

10. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA☒ Yes☐ No☐
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? Yes/No	Describe
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	
			N/A	

   B. Comments: _____

11. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes☐ No☒
   A. Upsets? ☐ Bypasses of pretreatment facilities?☐
      Spills? ☐ Slug discharges? ☐ Other? _____
   B. Explain any marked: A report in the Post Dispatch in April '02 stated that some radio waste that was not fully decayed made it to the trash dumpster. Our contact was not sure of the cause.

12. ARE ANY SOLVENTS USED? Yes☒ No☐
   A. Which solvents? Xylenes, alcohols, histoclear; paint thinner
   B. What used for? lab reagents; parts and paint cleanup
   C. How disposed? Sewered, hauled, distilled with bottoms hauled; hauled or evap

13. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes☐ No☒
   A. If yes, what needs to be done? _____
   B. If no, how are they controlled? Bulk solvent stored in bermed fire proof rooms; labs store smaller quantitites in fire proof cabinets.

14. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes☒ No☐

A. If yes:

Title	SMP? 413/433		Last Update		Copy in File? (SMP only)	Update needed? Explain if yes
Haz Spill Release Emergency Action Plan	No		11/1/97		Yes	No
	N/A				N/A	N/A
	N/A				N/A	N/A

B. If no, is one needed? (write company and request) Yes☐ No☐

15. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes☐ No☒

A. Are MSD contacts listed? Yes☐ No☒

B. If no to either, describe how handled: Customer service card presented

16. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes☒ No☐

A. If yes, requirement is contained in permit ☒ or other document ☐.

B. If other document, date & description: _____

C. How frequently is sampling required? quarterly

D. How frequently are reports required? quarterly

E. Have reports been on-time, complete & signed by proper person? Yes☐ No☒

F. If no, explain: SMR and radio report for 3rd 1/4 '02 late.

17. IF COMPANY SELF-MONITORS (REQ'D OR NOT), DOES IT COLLECT REPRESENTATIVE GRAB/COMP SAMPLES & USE EPA-APPROVED 40CFR136 WASTEWATER TEST METHODS? N/A☐ Yes☒ No☐

A. If no, explain needed changes: _____

18. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes☐ No☒

A. If yes, type and date: _____

B. Have the reports & actions been on-time & complete? Yes☐ No☐

C. If no, explain: _____

19. DOES MSD CATEGORY NEED TO BE REVISED? Yes☐ No☒

A. Indicate correct categories:

SIU ☐ CIU ☐ Surcharge ☐ Potential Toxic Waste ☐

Non-Toxic Waste ☐ No Process Flow ☐ Multi User ☐ IIU ☐

B. Explain changes: _____

20. SAMPLE POINTS

						DJ (y/n)
SP #	001	Fed.Reg.		Components:	Hospital waste, NCCW, boiler blowdown, RO reject/softener regeneration	No
SP #	002	Fed.Reg.		Components:	Hospital waste	No
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A
SP #		Fed.Reg.		Components:		N/A

21. ANY UNSAMPLED DISCHARGES? (list each lateral separately) Yes☐ No☒

Dummy SP #		Components:	
Dummy SP #		Components:	

22. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes☒ No☐

A. If any SPs cannot be located or opened, explain: _____

B. If any SP descript's need to be changed, explain: _____

23. REVIEW THE SAMPLE POINT MAP! Last map revision date: _____

A. Is the map correct and accurate in all its details? Yes☒ No☐

B. If no, what changes are needed? _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.

-Vehicle maintenance shop still on site, but they share a mechanic with Jefferson Barracks.

-Water is ran through softener before RO then used in kidney dialysis area and labs.

-Labs have smaller autoclaves within them, but surgical equipment is cleaned in larger units that are centralized in the basement.

-Bldg 6 is an animal research facility. Waste to MSD mains from this building include cage wash and radioactive waste after being decayed.

-Building 7 and 7a is another research lab. Chemistry is stored in a bermed room. Radioactive waste is sewered or hauled after decay.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME: VA MEDICAL CENTER
PRIMARY MSD ACCOUNT NO: 1114046000

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St. Louis, MO 63106

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3/ 6/97	Y				Y			

Effective Date	SIU Criteria
8/23/90	Reasonable potential for adverse affect on oper

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St. Louis, MO 63106

MSD Base Map: 19F2
Wun: St. Louis City & Co.
Grid: G 19 **Page:** 27

Last Routine Inspection
Date: 12/10/02
Inspector Tom Boehm
Next Due: 6/30/04

Last Inspection
Date: 12/10/02 **Type:** RIN
Inspector Tom Boehm

IUQ Recvd Date: 8/14/01
Reviewer: Fabian Grabski

Permit Issue Date: 2/ 1/02
Permit Exp.Date: 1/31/07
Extend / Term Date
Permit Writer Fabian Grabski

CONTACTS:

Auth Signature - Primary	Dan Burns	Maintenance Supervisor	Office Phone	(314) 289-6450 Ext
Field Contact - Primary	Dan Burns	Maintenance Supervisor	Office Phone	(314) 289-6450 Ext
Field Contact 1st Alt	Roger Todd	General Foreman	Office Phone	(314) 289-6331 Ext
Office Contact - Primary	Dan Burns	Maintenance Supervisor	Office Phone	(314) 289-6450 Ext

OPERATIONAL INFORMATION

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Shifts / Day:	3
Hrs. of Operation:	24

Shift No.	No. of Emp.	Shift Start Time	Shift Duration
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2	1,050	08:00 AM	8
3	300	04:00 PM	8

Other Agencies	Permit Number
EPA - Hazardous Waste Program	MOD9306009003(
MDNR - Hazardous Waste Program	004272
Nuclear Regulatory Commission	24-00144-05

NON-SEWERED WASTE **On-Site Storage:** Y **On-Site Disposal:** N **Off-Site Disposal:** Y

COMMENTS Cont and Batch-Op, SPCCP-Yes

PRODUCT & SERVICE INFORMATION

SIC	DESCRIPTION
8062	General Medical & Surgical Hospitals

Raw Materials / Processes:
N/A

Products / Services:
General Hospital Services

WATER CONSUMPTION AND WASTEWATER DISCHARGE

Sewer Accounts
1114046000

Start Date 1/ 1/01 **End Date =** 12/31/02 **Wdays** **Cdays**

Acct No. 1114046000			Consumption CCF's	Consumption Gallons	Wdays	Cdays	Discharge Gal / Wday	Discharge Gal / Cday
	12/ 7/00	3/ 6/01	2,202		90	90		
	3/ 7/01	6/ 4/01	6,571		90	90		
	6/ 5/01	11/20/01	9,920		169	169		
	11/21/01	2/20/02	4,330		92	92		
	2/21/02	5/28/02	5,470		97	97		
	5/29/02	8/26/02	10,709		90	90		
RF 0.62		Acct. Total	39,202	29,325,135	628	628	28,952	28,952
		Facility Total	39,202				28,952	28,952

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL DATA SHEET - FACILITY INFORMATION

INDUSTRY NAME: VA MEDICAL CENTER
PRIMARY MSD ACCOUNT NO: 1114046000

Premise Address 915 N. Grand Boulevard
St. Louis, MO 63106

SEWER CONNECTION INFORMATION

LATERAL NO:	Lateral Type	DS MH	Treatment Area	Trunk Sewer
01	Sanitary Or Combined	19F2 345C	Bissell Point	Old Mill Creek

Description Multiple lines exiting buildings on N side of campus into 12" main in Bell

Sewer Route W on Bell, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT No. 001 **SAMPLE POINT TYPE.** Ordinance **NPDES Outfall No:** N/A

Description MH S of Bell curb 80' E of Spring (Total Flow)

Discharge Components	Process Description	Quantity	Unit	RUD	Effective Date
Hospital Waste		33,513	GPD	D	9/12/01
Non Contact Cooling Water	Chiller, Air Conditioner	2,151	GPD	D	
Boiler Blowdown		72	GPD	D	
Regeneration/Reject Water		118	GPD	D	
	TOTAL QNTY:	35,854			

LATERAL NO:	Lateral Type	DS MH	Treatment Area	Trunk Sewer
02	Sanitary Or Combined	19F2 352C	Bissell Point	Old Mill Creek

Description Multiple lines exiting buildings on S side of campus into 12' main in Enright

Sewer Route W on Enrightl, S on Vandeventer, E through RR yard, E on Chouteau, E on Rutger to River, N to STP

SAMPLE POINT No. 002 **SAMPLE POINT TYPE.** Ordinance **NPDES Outfall No:** N/A

Description MH @ Spring & Enright 75' SW of building #5 (Total Flow)

Discharge Components	Process Description	Quantity	Unit	RUD	Effective Date
Hospital Waste		6,327	GPD	D	9/12/01
	TOTAL QNTY:	6,327			

PRETREATMENT TYPES

SPN	Pretreatment Description	SPN	Pretreatment Description	SPN	Pretreatment Description
001	Electrodialysis	001	Grease Trap	001	pH Adjustment / Neutralization
002	pH Adjustment / Neutralization				

PRIORITY POLLUTANTS

Pollutant Description	Status	Pollutant Description	Status	Pollutant Description	Status
1,1,2-Trichloroethane	KP	Acrylonitrile	SP	Asbestos (Fibrous)	SP
Cadmium (Total)	SP	Chloroform	SP	Lead (Total)	SP
Mercury (Total)	SP	Phenol	KP	Silver (Total)	KP
Toluene	KP				

EXTRA STRENGTH SURCHARGE INFORMATION

Certification / Recertification Date

For Account Number Select 1114046000 **ECIMS FACILITY CONTACTS**
VA MEDICAL CENTER
Located at 915 N. Grand Boulevard
St. Louis MO 63106

Address Type / Contact Type	Contact Name	Contact Title	Phone Type	Number	Ext.
Office Mailing Address					
Auth Signature - Primary	Dan Burns	Maintenance Supervisor	OFF	(314)289-6450	
Office Contact - Primary	Dan Burns	Maintenance Supervisor	OFF	(314)289-6450	
Office Contact 1st Alt	Roger Todd	General Foreman	OFF	(314)289-6331	
Premise Address					
Field Contact - Primary	Dan Burns	Maintenance Supervisor	OFF	(314)289-6450	
Field Contact 1st Alt	Roger Todd	General Foreman	OFF	(314)289-6331	

ECIMS
REPORT OF FIELD SAMPLING REQUIREMENTS

Account No Entered **1114046000** **VA MEDICAL CENTER**

SPN	Premise Address	CITY	ST	ZIP
	915 N. Grand Boulevard	St. Louis	MO	63106

001	Poll Code	Pollutant Description	Frequency	Sample Type	IM = IPD - Company - MSD	End Date 06/30/2004
	T208000	Biochemical Oxygen Demand (5 D:	Once/year	Comp-Time 04 Hrs		
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		
	T234000	Oil and Grease (Total)	Once/year	Grab		
	T237000	pH	Once/year	Grab		
	T247000	Temperature	Once/year	Grab		
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs		
	T267000	1,1,2-Trichloroethane	Once/year	Grab		
	T300000	Acrylonitrile	Once/year	Grab		
	T332000	Chloroform	Once/year	Grab		
	T387000	Phenanthrene	Once/year	Grab		
	T393000	Silver (Total)	Once/year	Comp-Time 04 Hrs		
	T397000	Toluene	Once/year	Grab		
	T999000	Total Toxic Organics	Once/year	Grab		

002	Poll Code	Pollutant Description	Frequency	Sample Type	IM = IPD - Company - MSD	End Date 06/30/2004
	T208000	Biochemical Oxygen Demand (5 D:	Once/year	Comp-Time 04 Hrs		
	T213000	Chemical Oxygen Demand	Once/year	Comp-Time 04 Hrs		
	T234000	Oil and Grease (Total)	Once/year	Grab		
	T237000	pH	Once/year	Grab		
	T247000	Temperature	Once/year	Grab		
	T256000	Total Suspended Solids	Once/year	Comp-Time 04 Hrs		
	T267000	1,1,2-Trichloroethane	Once/year	Grab		
	T300000	Acrylonitrile	Once/year	Grab		
	T332000	Chloroform	Once/year	Grab		
	T387000	Phenanthrene	Once/year	Grab		
	T397000	Toluene	Once/year	Grab		
	T999000	Total Toxic Organics	Once/year	Grab		

IND: VA Med. Ctr.
-Grand-

SATURDAY, AUGUST 3, 2002

LOCAL BRIEFS

ST. LOUIS

VA center faces fine over radioactive waste disposal

The U.S. Nuclear Regulatory Commission wants to fine the Veterans Affairs Medical Center in St. Louis $6,000 for disposing of low-level radioactive waste in bins with regular trash.

The Illinois Department of Nuclear Safety reported finding radioactive material from the medical center in a trash landfill twice in March. One time, the center, located at 915 North Grand Boulevard, threw away 2 millicuries of iodine-131 — twice the amount that would require the center to inform the commission of the mistake. The federal regulators say that the medical center discovered the mistake on April 11 but didn't report the violation until April 30.

The incident did not pose a risk for human health or the environment, but the nuclear regulators say the fine is necessary because the hospital disposed of radioactive material improperly. The medical center must pay the fine or protest the punishment by Aug. 30.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY REINSPECTION REPORT

Company: VA medical center / John Cochran Division Account #: 1114 0460 00
Premise Address: 915 N. Grand Zip Code: 63125
Last Inspection Date: 02/29/00
MSD Categories: SIU ✓ CIU ____ Surcharge ____ Potential Toxic Waste ✓
Non-Toxic Waste ____ No Process Flow ____ Multi User ____ IIU ____
Company Representative: Abbey Akinola
Title: Industrial Hygienist Phone #: 314.652-4100 x2-4273
Others Present: –
Inspector: T Boehm
INSPECTION DATE: 02/05/02 Time of Inspection: From 8 30 a To 10 30 a

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

***** ECIMS ALSO UPDATED WITH APPROPRIATE CHANGES - USING THE ABOVE INSPECTION DATE *****

1. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes ___ No ✓
   List them, note any changes & reasons: ____

2. PROCESS & CLEANUP/WASHDOWN:

Description	Cont/Batch	Water used?	Frequency of discharge	Sample pt.
- general hospital services + clean up	cont	yes	- cont	Tunnel 0140012 - 2 combo sewer
- Kitchen - food prep + cleanup	cont	yes	- cont	" "
- vehicle maintenance	batch	no		

3. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes ___ No ✓
   A. If yes, list reg. & describe (including any discharge): 40 CFR 460 N/A - no stds for hospital waste water

4. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes ___ No ✓
   A. At which points? ____
   B. Current applied factor: ____ Is it correct? Yes ___ No ___
   C. If no, what is the correct factor & explain change? ____

5. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes ___ No ✓
   A. At which points? ____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes ___ No ___
   C. If yes, explain? ____

6. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes ✓ No ___
   A. Describe operations & disposal: nuclear medicine diagnostics; decayed onsite then sewered
   B. Does company have MSD authorization to disposal to sewer? Yes ✓ No ___
   C. Date of authorization: 05/01/97 Annual amt approved: 15 Millicuries
   D. Has company exceeded the approved quantity? Yes ___ No ✓
   E. If yes, explain: - last 4 1/4's of radio discharge report

7. DOES WATER USE APPEAR EXCESSIVE? Yes ___ No ✓
   A. Explain how verified & needed changes: no excess usage noted! Hospitals typically have large water usage

8. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No ✓

A. If yes:

Pollutant	When	Sample Points	Is problem resolved? yes/no - describe

B. Comments:

9. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA ✓ Yes__ No__

A. If yes:

Pollutant	When	Sample Points	Is problem resolved? yes/no - describe

B. Comments:

10. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No ✓

A. Upsets?_____ Bypasses of pretreatment facilities?_____
Spills?_____ Slug discharges?_____ Other?_____

B. Explain any marked:

11. ARE ANY SOLVENTS USED? Yes ✓ No__

A. Which solvents? xylenes, alcohols, lystoclear, | paint thinner
B. What used for? lab reagents | paint clean-up
C. How disposed? distilled for reuse / bottoms hauled | hauled

12. DOES COMPANY HAVE ANY SPILL, SLUG OR SOLVENT MANAGEMENT PLANS (SMP)? Yes ✓ No__

A. If yes:

Title	SMP? 413/433	Last Update	Copy in file? (Only get SMP)	Update needed? Explain if yes
Hazardous Spill Release Emergency Action Plan	NO	11/97	yes	NO

13. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No ✓

A. If yes, what needs to be done?

B. If no, how are they controlled? bulk stored in bermed closet

14. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes__ No ✓

A. Are MSD contacts listed? Yes__ No ✓

B. If no to either, describe how handled: customer service card presented

15. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__

A. If yes, requirement is contained in permit ✓ or other document_____.
B. If other document, date & description:
C. How frequently are sampling & reports required? quarterly
D. Have reports been on-time, complete & signed by proper person? Yes__ No ✓
E. If no, explain: 2nd Qt '00 SMR + radio report not submitted

16. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓
A. If yes, type and date: _____
B. Have the reports & actions been on-time & complete? Yes__ No__
C. If no, explain: _____

17. DOES MSD CATEGORY NEED TO BE REVISED? Yes__ No ✓
A. Indicate correct categories:
SIU_____ CIU_____ Surcharge_____ Potential Toxic Waste_____
Non-Toxic Waste_____ No Process Flow_____ Multi User_____ IIU_____
B. Explain changes: _____

18. SAMPLE POINTS DJ(y/n)
SP No. 001 Fed. Reg.____ Components: Hospital waste + ncew + boiler blowdown + softener regen No
SP No. 002 Fed. Reg.____ Components: Hospital waste No
SP No.____ Fed. Reg.____ Components: _____
SP No.____ Fed. Reg.____ Components: _____
SP No.____ Fed. Reg.____ Components: _____

19. UNSAMPLED DISCHARGES? (list each lateral separately) Yes__ No ✓
1. _____
2. _____
3. _____

20. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__
A. If any SPs cannot be located or opened, explain: _____
B. If any SP descriptions need to be changed, explain: _____

21. REVIEW THE SAMPLE POINT MAP! Last map revision date: 03/06/00
A. Are all sample points correctly located & identified? Yes ✓ No__
B. Is the map correct and accurate in all its details? Yes ✓ No__
C. If no to A or B, what changes are needed? _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.

- some of the labs are directed to limestone pit for pH adjustment; some are not
- cafeteria + patient food prep have been combined; area to be used for office space

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY SHORT REINSPECTION REPORT

Company: VA Medical Center (Cochran Div) Account #: 111 4 0460 00
Premise Address: 915 N. Grand Zip Code: 63125
Last Inspection Date: 02/29/00
MSD Categories: SIU ✓ CIU ____ Surcharge ____ Potential Toxic Waste ✓
Non-Toxic Waste ____ No Process Flow ____ Multi User ____ IIU ____
Company Representative: Dan Burns
Title: Maintenance Sup Phone #: 314.289.6450
Others Present: – → Buffy Skinner (MSD) initiated an RF review
Inspector: T Bolhm
INSPECTION DATE: 01/16/01 Time of Inspection: From 9 00 a To 10 45 a

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION. ANSWERS ARE BASED ON INFORMATION PROVIDED BY COMPANY DURING INSPECTION, AS WELL AS INFORMATION IN FILE.

1. HAVE CONTACTS CHANGED? Yes__ No ✓
New contact names/titles/types: ____

2. HAVE THERE BEEN ANY CHANGES IN OPERATIONS OR WASTEWATER DISCHARGE? Yes__ No ✓
A. If yes, explain: ____
B. Affecting which sample points? ____

3. ARE THERE ANY FEDERALLY REGULATED (40 CFR 405-471) OPERATIONS? Yes ✓ No__
A. If yes, list reg. & describe (including any discharge): 40CFR 460 – general hospital operations + P+E wash – no standards – to 001 + 002 → combo sewer

4. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No ✓
A. If yes:

Pollutant	When	Sample Points	Is problem resolved? yes/no - describe

B. Comments: ____

5. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA ✓ Yes__ No__
A. If yes:

Pollutant	When	Sample Points	Is problem resolved? yes/no - describe

B. Comments: ____

6. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No ✓
A. Upsets?____ Bypasses of pretreatment facilities?____
Spills?____ Slug discharges?____ Other?____
B. Explain any marked: ____

7. HAVE THERE BEEN ANY CHANGES TO SPILL, SLUG OR SOLVENT CONTROL PLANS? Yes__ No ✓
   A. If yes, explain: _____

8. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No ✓
   A. If yes, what needs to be done? _____

9. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes__ No ✓
   A. Are MSD contacts listed? Yes__ No ✓
   B. If no to either, describe how handled: customer service card presented

10. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__
   A. If yes, requirement is contained in permit ✓ or other document____
   B. If other document, date & description: _____
   C. How frequently are sampling & reports required? Quarterly
   D. Have reports been on-time, complete & signed by proper person? Yes ✓ No__
   E. If no, explain: _____

11. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓
   A. If yes, type and date: _____
   B. Have the reports & actions been on-time & complete? Yes__ No__
   C. If no, explain: _____

12. DOES MSD CATEGORY NEED TO BE REVISED? Yes__ No ✓
   A. Indicate correct categories:
      SIU____ CIU____ Surcharge____ Potential Toxic Waste____
      Non-Toxic Waste____ No Process Flow____ Multi User____ IIU____
   B. Explain changes: _____

13. WERE ALL SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__
   A. If any SPs cannot be located or opened, explain: _____
   B. If any SP descriptions need to be changed, explain: _____

14. REVIEW THE SAMPLE POINT MAP! Last map revision date: 03/06/00
   A. Are all sample points correctly located & identified? Yes ✓ No__
   B. Is the map correct and accurate in all its details? Yes ✓ No__
   C. If no to A or B, what changes are needed? _____

USE THIS SPACE FOR ANY OTHER COMMENTS/OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS SITE.

- hospital is planning to close one of their kitchens + combine the cafeteria + patient food prep into one unit

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: VA Medical center / John Cochran Division

Premise Address: 915 N. Grand Zip Code: 63125

Mailing Address: same Zip Code:

Account #: 1114046000 Current MSD category: 4, 9

Inspection Contact Person: Dan Burns

Title: Maintenance Supervisor Phone #: 314 289 6450

Others Present: Harry Young - maintenance lead - conducted facility tour

Inspection Date: 02/29/00 Time of inspection: From 9:30 To 11:00

Inspector: T Boehm Reinspection ✓ Initial Inspection

References used: IUQ Date: 11/05/96 IDS Date: 03/02/00 Permit Date: 05/01/97

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 02/11/99

1. HAS FIELD CONTACT CHANGED? Yes ✓ No
   New contact name and title: see above

2. HAS EMPLOYEE NUMBER CHANGED? Yes No ✓
   New Number:

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED? Yes No ✓
   New Shifts: New Days per Week:

4. ARE THE LISTED SIC's ACCURATE & CORRECT? Yes ✓ No
   Note any changes & why:

5. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes No ✓
   List them, note any changes & reasons:

6. BATCH PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged (& which SP)?
- kitchen	exist	yes	- cont	- thru 001 → combined sewer
- vehicle maintenance + major repair		no		

Comments:

7. CONTINUOUS PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged (& which SP)?
- general hospital services	exist	yes	- cont	thru 001 + 002 → combined sewer

Comments:

8. CLEANUP/WASHDOWN:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged (& which SP)?
- general hospital cleanup	exist	yes	- cont	thru 001 + 002 → combined sewer

Comments:

9. PRETREATMENT:

Description	New/ exist	Frequency of discharge	How/where is water discharged(& which SP)?
- grease trap	exist	- cont	Thru 001 → combined sewer
- Ag recovery		- as used	

Comments: _____

10. FOR ITEMS 6, 7, 8 AND 9:
A. Is water use excessive? Yes__ No ✓
B. If yes to A, what needs to be done? _____
C. Method used to verify A (attach diagrams/records as needed): hospitals have long history of significant water usage

11. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS? Yes__ No ✓
A. If yes, what? _____
B. Affect which sample points? _____

12. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED? Yes__ No ✓
A. If yes, what? _____
B. Comments: _____

13. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY? Yes__ No ✓
A. If yes, what? _____
B. Affect which sample points? _____
C. Is surcharge status affected (add, remove or change)? Yes__ No__
D. Is return factor status affected (add, remove or change)? Yes__ No__
E. Is SIU status affected (process discharge <> 25000 GPD)? Yes__ No__
F. If yes to C, D or E explain: _____

14. IS ANY WATER USED FOR COOLING? Yes ✓ No__

What does it cool	Contact or Non-Contact	Once-thru or Recirc	Discharges Where?	Which SP?
- chillers for MRI + electron microscope	NCW	- 1X thru	sewer	001
- HVAC	NCW	recirc	CT	001
- stand alone airconditioning window + refridge	NCW	- 1X thru	sewer	001
- vacuum pumps + air compressor units	NCW	- 1X thru	sewer	001

15. ARE THERE ANY COOLING TOWERS? Yes ✓ No__
A. If yes, is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? algacide
C. How many? 2 Capacity (tons): 725 T (?)
D. Frequency & volume of blowdown: ~500 gal Discharge to: sewer
E. At which sample points? 001
F. Comments: _____

16. IS ANY WATER USED IN BOILERS? Yes ✓ No__
A. Is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? boiler treatment
C. Frequency & volume of blowdown: ~125 gal Discharge to: sewer
D. At which sample points? 001
E. Comments: _____

17. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES? Yes__ No ✓
A. What types of devices? _____
B. How is the water disposed? _____
C. What contaminants may be present? _____
D. Frequency & volume if discharged: _____ Discharge to: _____
E. At which sample points? _____
F. Comments: _____

18. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS THAT DISCHARGE POLLUTANTS? Yes__ No ✓
A. Describe: _____
B. What contaminants may be present? _____
C. List any sample points/storm drain locations that would receive the stormwater: _____
D. Comments: - Hoods in labs release vapors

19. ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS? Yes ✓ No__
A. Food wastes?____ Affected sample points: 001
B. Petroleum wastes?____ Affected sample points:____
C. Frequency of cleaning: 1X/yr
D. Are cleaning logs kept? Yes ✓ No__
E. How is oil/grease disposed? hauled
- Bacterial grease trap additive used, inspector explained MSD's policy concerning backups

20. ARE ANY SOLVENTS USED? Yes ✓ No__
A. Which solvents? xylene, paint thinner
B. What used for? parts + paint equip cleanup
C. How disposed? hauled or evaporation
→ facility is moving towards use of latex paint only, thinner usage is minimal

21. DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN? Yes__ No ✓
A. If yes, last time updated:____
B. Update needed? Yes__ No__
C. Ifyes to B, why?____
D. Is it part of another document? Yes__ No__
E. If yes, list document name:____
F. Is there a copy in MSD file? (Obtain copy) Yes__ No__

22. ARE ANY INFECTIOUS MATERIALS HANDLED? Yes ✓ No__
A. If yes, describe operations: hospital wastes
- hard waste is autoclaved
- tissue + bandage media is hauled
B. How is waste disposed? hauled

23. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes ✓ No__
A. Describe operations: nuclear medicine
B. NRC License No.: 24-00144-05
C. How is waste disposed? to sewer or hauled
D. If to sewer, describe procs: decayed on site, then discharged
E. Does company have authorization per Ord. 8472, Art. V.1.A? Yes ✓ No__
F. Date of authorization: 03/01/97 Annual amt approved: 15 millicuries
G. Has company exceeded the approved quantity? Yes__ No ✓
H. If yes, explain: - addition of discharge quantities for last 4 quarters SMR's

24. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS? Yes ✓ No__
A. If yes, describe: x-ray processing
B. Are there silver recovery facilities? Yes ✓ No__
C. Affecting which sample points? 001
D. Comments: chemistry from Jefferson Barracks + Carlyon is processed thru a central Ag recovery system on site, waste is collected + stored + metered thru Ag recovery

25. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER? (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
A. If yes, what non-haz. wastes? grease, oils, outdated pharmaceuticals
B. If yes, what hazardous wastes? infectious waste, paint, solvents, Ag,
C. How disposed? hauled
D. MDNR and/or EPA hazardous waste generator No.: 004272
E. If yes to B and no HW#, explain why:____

26. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD? Yes__ No ✓
A. If yes, describe:____

27. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS? Yes ✓ No__
A. How many? 2 Capacities: 1K/ea
B. What do they contain? diesel
C. Have there been any known leaks from these tanks? Yes__ No ✓
D. If yes to C, explain:____
E. Are all of the tanks registered with MDNR? Yes ✓ No__
F. If no to E, explain:____

28. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS? Yes ✓ No__
A. How many? 3 Capacities: 200, 350, 2K gal
B. What do they contain? oxygen, gasoline, diesel
C. Are they protected with spill containment facilities? Yes ✓ No ✓
D. If no to C, explain: oxygen is vent / gas + diesel are contained
E. If yes to C, how is accumulated stormwater disposed? evaporation

29. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No✓
A. If yes, what needs to be done?

30. DOES COMPANY HAVE WRITTEN SPILL PREVENTION, CONTINGENCY, POLLUTION PREVENTION, WASTE MINIMIZATION, ETC. PLANS? Yes✓ No__
A. If yes, list titles: Hazardous Spill/Release Emergency Action Plan
B. Last time updated: 11/1/97
C. Is there a copy in MSD file? (Obtain copy) rec'd 2/27/98 Yes✓ No__
D. If no to 30, is a plan needed? Yes__ No__
E. If yes to D, explain:

31. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN? Yes__ No✓
A. If yes, is it fully contained in another document? Yes__ No__
B. List plan's title:
C. Last time updated:
D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
E. If no to 31, Is a plan needed? Yes__ No✓
F. If yes to E, explain:

32. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes✓ No__
A. Are MSD contacts listed? Yes✓ No__
B. If no to 32 or 32A, describe how handled: customer service card presented for posting

33. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No✓
A. Upsets?_____ Bypasses of pretreatment facilities?_____
Spills?_____ Slug discharges?_____ Other?_____
B. Explain any marked:

34. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS:
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points?
D. If no, what is done with the wastewater?
E. Method used to verify no disch.(attach diagrams/records as needed):
F. What pretreatment is used?
G. Is it adequate? Yes__ No__
H. Explain answer to G:
I. What date did this process begin?
J. Does date agree with PSES/NS? Yes__ No__
K. Comments:

35. IF YES TO ITEM 34, AND IF 34A = 413 or 433: NA✓
A. What metals are plated?
B. Is cyanide used/on-site? Yes__ No__
C. Is facility a job shop (owns ≤50% of material finished annually)? Yes__ No__
D. If yes to C, how was it verified?
E. If 413, what is daily process discharge volume?
F. If 413, how was volume verified?

36. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A BMR? NA✓ Yes__ No__
A. If yes, date BMR received:
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 36 or 36B, explain:

37. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? NA✓ Yes__ No__
A. If yes, date 90 Day Report received:
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 37 or 37B, explain:

38. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER? Yes__ No✓
   A. If yes, identify the CFR Part, Subpart & PSES/NS which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____
   C. What date did this process begin? _____
   D. Does date agree with PSES/NS? Yes__ No__

39. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED? Yes✓ No__
   A. If yes, identify the CFR Part, Subpart & PSES/NS: 40 CFR 460 (no PT std's)
   B. What is done with the process wastewater? sewered
   C. What date did this process begin? ~1930
   D. Does date agree with PSES/NS? N/A Yes__ No__
   E. Comments: no PSES/NS date given

40. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes__ No✓
   A. List the non-cat. WW components: _____
   B. At which points? _____
   C. Is the Combined Wastestream Formula (CWF) applicable? Yes__ No__
   D. If no, explain: _____
   E. If yes, what is the currently applied factor? _____
   F. If yes, is the correct factor currently applied? Yes__ No__
   G. If no, explain: _____

41. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes__ No✓
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes__ No__
   C. If yes, explain: _____

42. IS ANY WASTEWATER SUBJECT TO "NON-CATEGORICAL" PRETREATMENT STDS? Yes__ No✓
   A. If yes, identify the CFR Part, Subpart & PSES/NS: _____
   B. Is the wastewater discharged to the sewer? Yes__ No__
   C. If yes, which sample points? _____
   D. If no, what is done with the wastewater? _____
   E. What date did this process begin? _____
   F. Does date agree with PSES/NS? Yes__ No__
   G. Comments: _____

43. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No✓
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

   B. If unresolved, what is being done? _____
   C. Comments: _____

44. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA✓ Yes__ No__
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

   B. If unresolved, what is being done? _____
   C. Comments: _____

45. IS COMPANY **REQUIRED** TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__
A. If yes, requirement is contained in permit ✓ or other document____.
B. If other document, date & description:____
C. How frequently are sampling & reports required? quarterly
D. Have reports been on-time, complete, & signed by proper person? Yes__ No ✓
E. If no, explain: 4th Q 98 + 1st Q 99 SMRs late; 3rd + 4th Q 99 not in file

46. DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ? Yes__ No ✓
A. If yes, explain:____

47. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED? Yes ✓ No__
A. If no, explain:____

48. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES? Yes ✓ No__
A. If no, explain:____

49. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH? Yes__ No ✓
A. At which sampling points?____
B. Do charts show compliance with the frequency & duration limits? Yes__ No__
C. If no, explain:____
D. If company has a permit, have excursion summaries been submitted? Yes__ No__
E. If no, explain:____

50. IS COMPANY SUBMITTING THE RESULTS OF **ALL** REPORTABLE MONITORING? Yes ✓ No__
A. If no, explain:____

51. IS COMPANY MAINTAINING ADEQUATE RECORDS? Yes ✓ No__
A. If no, explain:____

52. IS COMPANY UNDER **ANY** ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓
A. If yes, type and date:____
B. Have the reports & actions been on-time & complete? Yes__ No__
C. If no, explain:____

53. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS? Yes__ No ✓
DOES COMPANY HAVE ANY HAULED WASTE APPROVALS? Yes__ No ✓
A. If yes, is company in compliance with requirements? Yes__ No__
B. Approval date:____ Length of approval:____
C. Comments: - Special discharge for destruction of controlled substance has been completed. The hospital now has this material hauled.

54. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING? Yes__ No ✓
A. What is discharged?____
B. Any corresponding MSD sample points:____
C. If yes, does company have a permit? Number____ Yes__ No__
D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
E. If no to C, explain:____

55. IS MSD CATEGORY CORRECT? Yes ✓ No__
A. If no, explain:____
B. What should category be?____

56. IS COMPANY AN SIU? Yes ✓ No__
A. If yes, why? reasonable potential for adverse affect on STP

57. WERE **ALL** SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__
A. If any SPs cannot be located or opened, explain:____
B. If any SP descriptions need to be changed, explain:____

58. REVIEW THE SAMPLE POINT MAP! Last map revision date: 09/25/95
A. Are all sample points correctly located & identified? Yes ✓ No__
B. Is the map correct and accurate in **all** its details? Yes__ No ✓
C. If no to A or B, what changes are needed? new buildings added, flow diversion, new contact, downstream MH's, etc

59. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:						
If SP flows to a downstream SP, list it:						
Is discharge Batch (B) or Continuous (C)?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment? Describe:	Y✓N__ Ag recovery	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes? Hospital wastes	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Other? Describe:	Y✓N__ - lab waste - kitchen waste - regeneration waste	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct?	Y__N N/A	Y__N N/A	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct? If no, list new factor:	Y✓N__ 0.75	Y✓N__ 0.25	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is the SP trapped?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is SP dry-justified?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process:
SP:____ Specific operation:____
SP:____ Specific operation:____
SP:____ Specific operation:____

B. Describe in detail any sample point problems found:____

C. Are **all** connection points included in the above table? Yes✓ No__

D. If No, explain:____

MSD 042133

USE THE SPACE ON THIS PAGE FOR ANY OTHER COMMENTS OR OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS FACILITY.

- a review of MENZ shows no other VA Med accts for addresses on the 4 blocks that surround the campus
- labs destroy formaldehyde b/4 discharge
- Facility showed up on 02/01/00 list from Mass Dept of Health entitled "Medical Radioactive Material List"; Radiation Safety Officer, Larry Chandler (289-6348) stated that they have no "state" licence for radioactive materials
- ~~along w/~~ Ag, chloroform, phenol + toluene are on PP listing but not on Field Sampling Reqts page; These chemicals are used in labs settings only but no explanation is given in section E.9(p6) of FUQ)

(11/97)

I U File - VA Medical Center, 1114 046000

DEPARTMENT OF VETERANS AFFAIRS

June 10, 1999

In Reply Refer To:
657/119JB

Mr. Howard Davis
Drug Enforcement Agency
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Davis:

Effective June 17, 1999, the Pharmacy at both divisions of the St. Louis VA Medical Center will be utilizing a pharmaceutical return processing service for the return and destruction of all outdated drugs and controlled substances.

The company's name is EXP Pharmaceutical Waste Management, Inc. which is located at 2416 Radley Court, Suite 9, Hayward, CA 94545, telephone: (510) 887-5750 or (800) 350-0397. EXP is licensed by the DEA, EPA, and State Boards of Pharmacy. The vendor will prepare all the necessary DEA forms on site and provide us with detailed reports.

If you have any questions or concerns, please feel free to contact me at (314) 652-4100, ext. (2) 4500.

JACK C. DICKEY, JR, RPH
Manager, Pharmacy Services
VA Medical Center, St. Louis, MO

cc: 11FJC
119JC (Inpatient & Outpatient)
119JB (Inpatient & Outpatient)
90BJB
07BJC
001S
✓Metropolitan Sewer Dist.

RECEIVED
JUN 14 1999
Environmental Compliance

Project Complete concerning special discharge approval concerning drugs + controlled substances. BAJ

DEPARTMENT OF VETERANS AFFAIRS

May 13, 1999

In Reply Refer To:

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form(s) 41. The destruction count is scheduled to begin at 9:00 a.m. on May 20, 1999 at the John Cochran Division. (*Please note*: The intended destructions at John Cochran that were scheduled for March and April did not occur due to a non-operational garbage disposal unit in the Pharmacy.) The disposal has been repaired.

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Haskins, or
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY, JR, RPH
Manager, Pharmacy Services

Enclosures

cc: 90BJB
07BJC
001S
Metropolitan Sewer District

RECEIVED
MAY 18 1999
Environmental Compliance

April 1999 JB, OP

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

1d

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Morphine SR	1	10	15			
2	Ambien 10mg	2	100	10mg			
3	Ambien 10mg	1	97	10mg			
4	Diazepam 2mg	1	100	2mg			
5	Chlordiazepoxide 25g	6	100	25g			
6	Chlordiazepoxide 25g	1	91	25g			
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

RECEIVED
MAY 18 1999
Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

JC, IP

APRIL 99

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return-Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See Instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	2	3	4	5	6	7
1. MS CONTIN TAB # 131989	1	11	15mg			
2. OXY CONTIN TAB # 131990	1	17	90mg			
3. ROBITUSSIN AC CUPS # 026352	1	7	10/2			
4. MSO4 POA INJ # 132051	1	1	50mg			
5. VERSED VIAL # 026395	1	4	5mg			
6. DEMEROL TUBEX # 132058	1	18	100mg			
7. CODEINE TUBEX # 132059	1	15	30mg			
8. REMI FENTANYL VIAL # 132060	1	10	5mg			
9. FENTANYL AMP # 132061	1	2	50mg			
10. MS CONTIN TAB # 132072	1	13	15mg			
11. BTO SUPP # 132073	1	9	61mg			
12. FENTANYL MIXED BAG # 132138	1	2	50mg			
13. BREVITAL VIAL # 132157	1	1	500mg			
14. DURAMORPH BAG MIXED # 132132	1	1	10/10			

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MAY 18 1999
Environmental Compliance

MSD 042138

PP-1159A

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	2	3	4	5	6	7
15. ATIVAN TUBEY # 026450	1	10	2mg			
16. MS CONTIN TAB # 132203	1	9	15mg			
17. OXYCODONE BOTTLE # 132202	1	1	1600			
18. DEMEROL PCA INT # 132201	1	1	500mg			
19. Vicodin tab 42199 Discharge	1	4	5/500			
20. Chlordiazepoxide 10mg 6137764	1	10mg	100 mg			
21. MORPHINE PCA INT # 132291	1	1	50mg			
22. ATIVAN TUBEY # 026559	1	10	2mg			
23. DIAZEPAM TAB # 026574	1	10	10mg			
24. ROXANOL BOTTLE # 132356	1	18mL	20mg			
25. LOMOTIL CUP # 026589	1	5	5mL			
26. DIAZEPAM TAB # 026598	1	12	10mg			
27. ALPRAZOLAM TAB # 026600	1	10	1mg			
28. Fentanyl Inj 2cc amps 132389	6	100mcg/amp	600mcg			
29.						
30.						
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38.						
39.						

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MAY 18 1999
Environmental Compliance

DEPARTMENT OF VETERANS AFFAIRS

April 1, 1999

In Reply Refer To:

Metropolitan St. Louis Sewer District
Department of Environmental Compliance
Attn: Bob Zeman
10 East Grand Avenue
St. Louis, MO 63147-2913

SUBJ: Y2K / Wastewater Pretreatment

Dear Mr. Zeman:

This letter is in response to your letter to Cynthia Tao, Chief, Engineering Service, dated February 25, 1999, regarding Y2K issues for wastewater pretreatment systems.

The St. Louis VA Medical Center (both the JC Division at 915 N. Grand and the JB Division at #1 Jefferson Barracks Drive) does not have any wastewater pretreatment systems that will be affected by the Y2K issue.

If you have any questions, please call me at 289-6427.

Sincerely,

MIKE HALLIBURTON
Project Engineer

RECEIVED
APR 05 1999
Environmental Compliance

Incile-VA Medical Center,
915 N. Grand.

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

March 10, 1999 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 3/18/99 at the John Cochran Division.

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Debbie Matlof, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY, JR. RPH
Manager, Pharmacy Services

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
MAR 12 1999
Environmental Compliance

Matlof

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
1 Morphine 15	1	15	15	5	6	7
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

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MAR 12 1999
Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

ID, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AHS926475
Registrant's Telephone Number
314-289-6337

(JC - Hospital)

FEB-1999

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See Instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. ATIVAN 10MC VIAL # 025697	1	1	2mg			
2. PARVOLET N 100 TAB # 020199	1	96	100/650			
3. ATIVAN AMP # 025722	1	1	2mg			
4. ATIVAN VIAL # 025739	1	2	2mg			
5. ROBITUSSIN AC. CUP # 025753	1	7	100/10			
6. LOMOTIL CUP # 025754	1	4	5mg			
7. PHENOBARBITAL TAB # 025752	1	6	100 mg			
8. LIBRIUM CAP # 020999A	1	2	5mg			
9. ALPRAZOLAM TAB # 020999B	1	2	1mg			
10. LIBRIUM CAP # 020999C	1	1	10mg			
11. MORPHINE PCA # 131409	1	1	50mg			
12. PHENOBARBITAL TAB # 025861	1	1	100 mg			
13. GUAIFENESIN CUP # 025862	1	5	100/10			
14. LOMOTIL CUP # 025863	1	10	5mg			

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MAR 12 1999
Environmental Compliance

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
1	2	3	4	5	6	7
15. LOMOTIL CUP # 025864	1	16	5mg			
16. GUAIFENESIN CUP # 025865	1	6	100 mg			
17. FIORINAL TAB # 025866	1	7	0299			
18. LIBRIUM CAP # 025867	1	12	10mg			
19. VALIUM TAB # 025868	1	11	2mg			
20. DURAGESIC PATCH # 131439	1	2	25 ug/hr			
21. ATIVAN TUBEX # 025933	3	20	2mg			
22. FENTANYL AMP # 131502	1	1	250			
23. MORPHINE TUBEX # 131521	1	1	10mg			
24. EPHEDRINE AMP # 025953	1	12	50mg			
25. FENTANYL AMP # 131522	1	1	250 ug/hr			
26.						
27.						
28.						
29.						
30.						
31.						
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33.						
34.						
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36.						
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RECEIVED
MAR 12 1999
Environmental Compliance

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

RECEIVED
MAR 12 1999
Environmental Compliance

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

*U.S.GPO:1986-0-202-043/84970

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

February 25, 1999

Cynthia Tao
Chief, Engineering Service
VA MEDICAL CENTER
1 Jefferson Barracks Dr.
St. Louis, MO 63125

RE: 11140460-00
915 N. Grand Blvd.
St. Louis, MO 63106

Dear Ms. Tao:

As you surely know by now, Y2K is on the way! The Metropolitan St. Louis Sewer District has been working diligently to insure that its operations will not be affected when January 1, 2000 arrives. While we can control the computers that help operate our treatment plants and pump stations, we need your help to control the pollutants in the wastewater that you discharge to the public sewer system.

This letter is being sent to those industrial users which we believe have pretreatment systems with the potential to be affected by the "year 2000 (Y2K) bug." If any part of your wastewater treatment system is controlled by computers, it may be subject to the bug.

If you have not already done so, please have your pretreatment system checked to see if it will be affected by the change to the year 2000. We request that you write back to us and inform us of your findings. If your system will be affected, please provide us with your plans and time schedule to correct the problem and insure your wastewaters will meet discharge requirements.

This is a very important issue for both us and you. Failure of your treatment systems may result in wastewater violations and upsets in our treatment plant that could potentially endanger the environment or human health.

If you have any question concerning this request, please call us at (314) 436-8715.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Bob Zeman
Manager of Environmental Compliance

ldl

D-

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: VA Medical Center

Premise Address: 915 N. Grand Zip Code: 63125

Mailing Address: #1 Jefferson Barracks Dr Zip Code:

Account #: 11140460-00 Current MSD category: 4, 9

Inspection Contact Person: Craig Hundelt

Title: Engineer Phone #: 894-6574 ext. 4105

Others Present: none

Inspection Date: 2/11/99 Time of inspection: From 930 To 11 00

Inspector: Alione A. Baker Reinspection ✓ Initial Inspection

References used: IUQ Date: 11/8/96 IDS Date: 1/29/99 Permit Date: 5/1/97

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 3/10/98

1. HAS FIELD CONTACT CHANGED? Yes__ No ✓
   New contact name and title:

2. HAS EMPLOYEE NUMBER CHANGED? Yes__ No ✓
   New Number:

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED? Yes__ No ✓
   New Shifts: New Days per Week:

4. ARE THE LISTED SIC's ACCURATE & CORRECT? Yes ✓ No__
   Note any changes & why:

5. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes__ No ✓
   List them, note any changes & reasons:

6. BATCH PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
none				

Comments:

7. CONTINUOUS PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
Hospital Services	exist	Yes	cont	001
Laboratory Services	exist	Yes	cont	001, 002
Kitchen Facilities	exist	Yes	cont	001

Comments:

8. CLEANUP/WASHDOWN:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
none				

Comments:

MSD 042147

9. PRETREATMENT:

Description	New/ exist	Frequency of discharge	How/where is water discharged (& which SP)?
Silver Recovery Units	001	cont	sewer, 001
Grease traps	001		same

Comments: _____

10. FOR ITEMS 6, 7, 8 AND 9:
A. Is water use excessive? Yes__ No ✓
B. If yes to A, what needs to be done? _____
C. Method used to verify A (attach diagrams/records as needed): _____

11. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS? Yes__ No ✓
A. If yes, what? _____
B. Affect which sample points? _____

12. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED? Yes__ No ✓
A. If yes, what? _____
B. Comments: _____

13. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY? Yes__ No ✓
A. If yes, what? _____
B. Affect which sample points? _____
C. Is surcharge status affected (add, remove or change)? Yes__ No__
D. Is return factor status affected (add, remove or change)? Yes__ No__
E. Is SIU status affected (process discharge <> 25000 GPD)? Yes__ No__
F. If yes to C, D or E explain: _____

14. IS ANY WATER USED FOR COOLING? Yes ✓ No__

What does it cool	Contact or Non-Contact	Once-thru or Recirc	Discharges Where?	Which SP?
Chillers for X-ray	NCCW	Recirc	sewer	001
air conditioner	NCCW	Recirc	CT	001

15. ARE THERE ANY COOLING TOWERS? Yes ✓ No__
A. If yes, is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? algaecide, biocide
C. How many? 2 Capacity (tons): 725 Tons Each
D. Frequency & volume of blowdown: 600 gpd Discharge to: sewer
E. At which sample points? 001
F. Comments: _____

16. IS ANY WATER USED IN BOILERS? Yes ✓ No__
A. Is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? oxygen scavenger
C. Frequency & volume of blowdown: 100 gpd Discharge to: sewer
D. At which sample points? 001
E. Comments: _____

17. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES? Yes__ No ✓
A. What types of devices? _____
B. How is the water disposed? _____
C. What contaminants may be present? _____
D. Frequency & volume if discharged: _____ Discharge to: _____
E. At which sample points? _____
F. Comments: _____

18. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS THAT DISCHARGE POLLUTANTS? Yes__ No ✓
A. Describe: _____
B. What contaminants may be present? _____
C. List any sample points/storm drain locations that would receive the stormwater: _____
D. Comments: _____

MSD 042148

19. ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS? Yes ✓ No__
   A. Food wastes? ✓ Affected sample points: 001
   B. Petroleum wastes? ____ Affected sample points: ____
   C. Frequency of cleaning: as needed
   D. Are cleaning logs kept? Yes ✓ No__
   E. How is oil/grease disposed? hauled off site

20. ARE ANY SOLVENTS USED? Yes ✓ No__
   A. Which solvents? xylene, paint thinner
   B. What used for? clean equipment
   C. How disposed? hauled off site

21. DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN? Yes__ No ✓
   A. If yes, last time updated: ____
   B. Update needed? Yes__ No__
   C. Ifyes to B, why? ____
   D. Is it part of another document? Yes__ No__
   E. If yes, list document name: ____
   F. Is there a copy in MSD file? (Obtain copy) Yes__ No__

22. ARE ANY INFECTIOUS MATERIALS HANDLED? Yes ✓ No__
   A. If yes, describe operations: Hospital Wastes (Infectious)
   B. How is waste disposed? Hauled off site for disposal

23. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes ✓ No__
   A. Describe operations: nuclear medicine
   B. NRC License No.: 24-00144-05
   C. How is waste disposed? low level radioactivity discharged to sewer
   D. If to sewer, describe procs: Isotopes stored on site for decay, then sewered, some hauled
   E. Does company have authorization per Ord. 8472, Art. V.1.A? Yes__ No__
   F. Date of authorization: ____ Annual amt approved: ____
   G. Has company exceeded the approved quantity? Yes__ No__
   H. If yes, explain: ____

24. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS? Yes ✓ No__
   A. If yes, describe: X-ray development
   B. Are there silver recovery facilities? Yes ✓ No__
   C. Affecting which sample points? 001.
   D. Comments: Sent to JB for disposal

25. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER? (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
   A. If yes, what non-haz. wastes? infectious waste, grease, waste oil
   B. If yes, what hazardous wastes? solvent, silver, paints
   C. How disposed? hauled off site for disposal
   D. MDNR and/or EPA hazardous waste generator No.: 04272
   E. If yes to B and no HW#, explain why: ____

26. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD? Yes__ No ✓
   A. If yes, describe: ____

27. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS? Yes ✓ No__
   A. How many? 5 Capacities: 2,000 - 20,000
   B. What do they contain? diesel fuel, gasoline, fuel oil
   C. Have there been any known leaks from these tanks? Yes__ No ✓
   D. If yes to C, explain: ____
   E. Are all of the tanks registered with MDNR? Yes ✓ No__
   F. If no to E, explain: ____

28. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS? Yes ✓ No__
   A. How many? 2 Capacities: 200 gallons
   B. What do they contain? liquid oxygen
   C. Are they protected with spill containment facilities? Yes__ No ✓
   D. If no to C, explain: no liquid flow
   E. If yes to C, how is accumulated stormwater disposed? ____

29. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No✓
A. If yes, what needs to be done?_____

30. DOES COMPANY HAVE WRITTEN SPILL PREVENTION, CONTINGENCY, POLLUTION PREVENTION, WASTE MINIMIZATION, ETC. PLANS? Yes✓ No__
A. If yes, list titles: Hazardous Spill/Release
B. Last time updated: 11/1/97
C. Is there a copy in MSD file? (Obtain copy) Rcvd 2/27/98 Yes✓ No__
D. If no to 30, is a plan needed? Yes__ No__
E. If yes to D, explain:_____

31. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN? Yes__ No✓
A. If yes, is it fully contained in another document? Yes__ No__
B. List plan's title:_____
C. Last time updated:_____
D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
E. If no to 31, Is a plan needed? Yes__ No✓
F. If yes to E, explain:_____

32. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes✓ No__
A. Are MSD contacts listed? Yes✓ No__
B. If no to 32 or 32A, describe how handled:_____

33. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No✓
A. Upsets?_____ Bypasses of pretreatment facilities?_____
Spills?_____ Slug discharges?_____ Other?_____
B. Explain any marked:_____

34. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS:_____
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points?_____
D. If no, what is done with the wastewater?_____
E. Method used to verify no disch.(attach diagrams/records as needed):_____
F. What pretreatment is used?_____
G. Is it adequate? Yes__ No__
H. Explain answer to G:_____
I. What date did this process begin?_____
J. Does date agree with PSES/NS? Yes__ No__
K. Comments:_____

35. IF YES TO ITEM 34, AND IF 34A = 413 or 433: NA✓
A. What metals are plated?_____
B. Is cyanide used/on-site? Yes__ No__
C. Is facility a job shop (owns ≤50% of material finished annually)? Yes__ No__
D. If yes to C, how was it verified?_____
E. If 413, what is daily process discharge volume?_____
F. If 413, how was volume verified?_____

36. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A BMR? NA✓ Yes__ No__
A. If yes, date BMR received:_____
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 36 or 36B, explain:_____

37. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? NA✓ Yes__ No__
A. If yes, date 90 Day Report received:_____
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 37 or 37B, explain:_____

38. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS which would be applicable if process wastewater was produced:_____
B. Explain the absence of process wastewater:_____
C. What date did this process begin?_____
D. Does date agree with PSES/NS? Yes__ No__

39. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED? Yes✓ No__
A. If yes, identify the CFR Part, Subpart & PSES/NS: 40 CFR 460 (NO PT STDS)
B. What is done with the process wastewater? Sewered
C. What date did this process begin?_____
D. Does date agree with PSES/NS? Yes__ No N/A
E. Comments:_____

40. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes__ No✓
A. List the non-cat. WW components:_____
B. At which points?_____
C. Is the Combined Wastestream Formula (CWF) applicable? Yes__ No__
D. If no, explain:_____
E. If yes, what is the currently applied factor?_____
F. If yes, is the correct factor currently applied? Yes__ No__
G. If no, explain:_____

41. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes__ No✓
A. At which points?_____
B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes__ No__
C. If yes, explain:_____

42. IS ANY WASTEWATER SUBJECT TO "NON-CATEGORICAL" PRETREATMENT STDS? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS:_____
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points?_____
D. If no, what is done with the wastewater?_____
E. What date did this process begin?_____
F. Does date agree with PSES/NS? Yes__ No__
G. Comments:_____

43. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No✓
A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

B. If unresolved, what is being done?_____
C. Comments:_____

44. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA✓ Yes__ No__
A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

B. If unresolved, what is being done?_____
C. Comments:_____

45. IS COMPANY **REQUIRED** TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__
A. If yes, requirement is contained in permit ✓ or other document_____.
B. If other document, date & description: quarterly
C. How frequently are sampling & reports required? 2
D. Have reports been on-time, complete & signed by proper person? Yes ✓ No__
E. If no, explain:

46. DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ? Yes__ No ✓
A. If yes, explain:

47. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED? Yes ✓ No__
A. If no, explain:

48. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES? Yes__ No ✓
A. If no, explain:

49. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH? Yes__ No ✓
A. At which sampling points?
B. Do charts show compliance with the frequency & duration limits? Yes__ No__
C. If no, explain:
D. If company has a permit, have excursion summaries been submitted? Yes__ No__
E. If no, explain:

50. IS COMPANY SUBMITTING THE RESULTS OF **ALL** REPORTABLE MONITORING? Yes__ No ✓
A. If no, explain:

51. IS COMPANY MAINTAINING ADEQUATE RECORDS? Yes ✓ No__
A. If no, explain:

52. IS COMPANY UNDER **ANY** ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓
A. If yes, type and date:
B. Have the reports & actions been on-time & complete? Yes__ No__
C. If no, explain:

53. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS? Yes__ No ✓
DOES COMPANY HAVE ANY HAULED WASTE APPROVALS? Yes__ No ✓
A. If yes, is company in compliance with requirements? Yes__ No__
B. Approval date:_____ Length of approval:
C. Comments: Controlled substances discharged to sewer

54. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING? Yes__ No ✓
A. What is discharged?
B. Any corresponding MSD sample points:
C. If yes, does company have a permit? Number_____ Yes__ No__
D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
E. If no to C, explain:

55. IS MSD CATEGORY CORRECT? Yes ✓ No__
A. If no, explain:
B. What should category be?_____

56. IS COMPANY AN SIU? Yes ✓ No__
A. If yes, why? potential for adverse impact

57. WERE **ALL** SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__
A. If any SPs cannot be located or opened, explain:
B. If any SP descriptions need to be changed, explain:

58. REVIEW THE SAMPLE POINT MAP! Last map revision date: 9/25/95
A. Are all sample points correctly located & identified? Yes ✓ No__
B. Is the map correct and accurate in **all** its details? Yes ✓ No__
C. If no to A or B, what changes are needed?

59. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:						
If SP flows to a downstream SP, list it:						
Is **discharge** Batch (B) or Continuous (C)?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment? Describe:	Y✓N__ Ag Recov	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Other? Describe:	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct?	Y__N N/A	Y__N N/A	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct? If no, list new factor:	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is the SP trapped?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is SP dry-justified?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process:
SP:____ Specific operation:____
SP:____ Specific operation:____
SP:____ Specific operation:____

B. Describe in detail any sample point problems found:____

C. Are **all** connection points included in the above table? Yes✓ No__

D. If No, explain:____

USE THE SPACE ON THIS PAGE FOR ANY OTHER COMMENTS OR OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS FACILITY.

Inspection conducted with Craig Hundelt. No changes have been made in licensing provided. Hazardous Waste Storage located in the Sub-basement of the main building. This waste included tiles. These products are hauled off for disposal.

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

February 4, 1999

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 2/18/99 at the John Cochran Division.

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Carl Graham, or
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
FEB 09 1999
Environmental Compliance

JC, IF

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE/ DRUG ENFORCEMENT ADMINISTRATION
REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

JAN 1999

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

JU

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. LIBRIUM CAP 025430	1	11	10 mg			
2. LIBRIUM CAP 025428	1	16	10 mg			
3. DIAZEPAM 2mg TAB 025429	1	13	2mg			
4. DEMEROL TAB 131028	1	16	50 mg			
5. CODEINE TUBEX 131027	1	18	30mg			
6. DURAMORPH BAG 131029	1	1	10mg			
7. DURAMORPH BAG 131030	1	1	10mg			
8. ALPRAZOLAM TAB 205856HF	1	120	0.25 mg			
9. FENTANYL 20ML VIAL 131102	1	3	1000 mcg			
10. BUTORPHANOL SPRAY 011529A	1	6	10mg			
11. LIBRIUM CAP 01-15-99B	1	42	10mg			
12. LIBRIUM CAP 01-15-99C						
13. T-3 TAB 025547	1	1	30/300			
14. Ephedrine 50 mg Inj 025548	1	1	50mg			

RECEIVED
FEB 09 1999
Environmental Compliance

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: CMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
15. GUAIFENESIN CUP 025582	1	7	100 mg/10			
16. FENTANYL BAG 131194	1	1	100 mg			
17. DEMEROL PCA 131193	1	5	50 mg			
18. FENTANYL AMP 131222	1	1	1000 mcg			
19. PHENOBARBITAL TAB 025670	1	15	100 mg			
20. MORPHINE SOLUTION 131251	1	30 ml	20 mg/ml			
21.						
22.						
23.						
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25.						
26.						
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RECEIVED
FEB 09 1999
Environmental Compliance

DEPARTMENT OF VETERANS AFFAIRS

IND - VA Medical Center
915 Grand

In Reply Refer To:

January 11, 1999 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 1/21/99 at the John Cochran Division.

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher
Carl Graham, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Pharmacy Services Manager

RECEIVED
JAN 15 1999
Environmental Compliance

Enclosures

cc: 90BJB
07BJC
004S (A. Akinola)
Metropolitan Sewer District

JC, IP

OMB Approval No. 1117-0017	DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See Instructions on reverse of form.

NOV 98

DEC - 98

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
1. Infed PCA 130355	1	1	500 mg			
2. VERSED PiggyBack 024882	1	1	50 mg			
3. LIBRIUM CAP 024890	1	20	10 mg			
4. DIAZEPAM TAB 024891	1	60	2 mg			
5. CODEINE TUBEX 130510	1	11	30 mg			
6. LIBRIUM CAP 025084	1	4	10 mg			
7. DEMEROL TUBEX 130585	1	4	100 mg			
8. CODEINE TUBEX 130586	1	7	30 mg			
9. CODEINE TUBEX 130587	1	9	30 mg			
10. Diazepam Tab 025135	1	8	2 mg			
11. Codeine Tab 130643	1	8	30 mg			
12. Librium Cap 025203	1	11	10 g			
13. Demerol Tab 130736	1	15	50 g			
14. Librium Cap 025201	1	13	10 g			
15. Diazepam tab 025202	1	10	2 g			

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JAN 15 1999
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JC, IP

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)		Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY CMS.	QUANTITY MGS.
1		2	3	4	5	6	7
~~15.~~							
X 16. Fentanyl Inj	130762	2	5ml	50mcg/ml			
X 17. MS 20mg/ml 10ml	130808	1	10ml	50mg/ml			
X 18. Morphine 5g/10ml PF	130866	1	10ml	5g/10ml			
X 19. MORPHINE PCA INJ	130963	1	1	9mg			
X 20. DILAUDID Amp	130973	1	9	10 mg			
X 21. CODEINE Amp	130974	1	1	30 mg			
X 22. COCAINE VIAL	130975	2	25	10gm			
X 23. MORPHINE PCA	130979	3	23	500 mg			
X 24. AMBEIN TAB	025383	1	175	5mg			
X 25. CODEINE TUBEY	130995	1	11	30 mg			
X 26. LIBRIUM CAP	025388	1	13	10 mg			
27.							
28.							
29.							
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33.					JAN 15 1999		
34.					Environmental Compliance		
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December 1999

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
1 Methytestosterone 10mg	1	70	10mg			
2 Oxycodone/APAP	1	15	5mg			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

RECEIVED
JAN 15 1999
Environmental Compliance

DEA Form 41 (Jun. 1986) Previous edition dated 7/84 is usable. * See instructions on reverse side.

November 1998

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS *(Number of grams, tablets, ounces or other units per container)*	Controlled Substance Content, *(Each Unit)*	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
1 Hydrocodone / Acetaminophen	1	20	5			
2 Oxycodone / Acetaminophen	1	35	5			
3						
4						
5						
6						
7						
8						
9						
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Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

IND - VA Medical Ctr
915 N. Grand

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

November 6, 1998

657/119

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NOV 10 1998
Environmental Compliance

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 11/19/98 at the John Cochran Division.

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher,
Carl Graham, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

OCT-98

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

RECEIVED
NOV 10 1998
Environmental Compliance

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1. FENTANYL 5ML AMP 129932	1	1	50/ml			
2. COCAINE BOTTLE 4ML 129931	1	13	4%			
3. DEMEROL PCA INJ 129993	1	2	500 mg			
4. CODEINE TUBEX 130021	1	1	30mg			
5. MORPHINE TUBEX 130008	1	1	1mg/ml			
6. COCAINE BOTTLE 4ml 130130	1	3	4%			
7. ATIVAN TUBEX 024725	1	9	2mg			
8. MSO4 TUBEX 130223 958311	1	1	50mg/ml			
9. MSO4 PCA 130264	1	2	50mg			
10. Phenobarbital Tabs 24811	1	100	100mg			
11.						
12.						
13.						
14.						

Jupr 78

OP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Methadone 70mg	4	1oz	70mg			
2							
3							
4							
5							
6							
7							
8							
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NOV 10 1998
Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

✓ October 1998 OP, JC

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: (314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.) (1)	Number of Containers (2)	CONTENTS (Number of grams, tablets, ounces or other units per container) (3)	Controlled Substance Content, (Each Unit) (4)	FOR DEA USE ONLY: DISPOSITION (5)	QUANTITY GMS. (6)	QUANTITY MGS. (7)
1	Morphine SR 60mg	1	176	60mg			
2	Morphine SR 30g	1	59	30mg			
3	Morphine SR 60	1	65	60mg			
4	Morphine SR 100	1	45	100mg			
5	Morphine Conc	1	115cc	20mg/ml			
6	Morphine Conc	1	30cc	20mg/ml			
7	Fentanyl Patch	2	10	50 mcg/hr			
8	Demerol (Meperidine) 100mg	1	74	100mg			
9							
10							
11							
12							
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RECEIVED
NOV 10 1998
Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

DEPARTMENT OF VETERANS AFFAIRS

IND - VA Medical Center, 915 N Grand.

In Reply Refer To:

October 8, 1998 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 10/15/98 at the John Cochran Division.

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Alan Schmidt,
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey Jr

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

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OCT 13 1998
Environmental Compliance

MSD 042167

JP, JC

SEPT-98

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION
REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AHS926475

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCG.
1	2	3	4	5	6	7
1. COCAINE 4ML VIAL 129476	2	20	4%			
2. FENTANYL AMP 129487	1	1	50 mcg			
3. METHYLPHENIDATE TAB 129596	1	10	10 mg			
4. Temazepam cap 041598A	1	6	15mg			
5. Phenobarbital tab 041598B	1	30	15mg			
6. Lorazepam tab 041598C	1	3	0.5mg			
7. Alprazolam tab 041598D	1	2	0.5mg			
8. FENTANYL PATCH 129662	2	38	75 mcg/h			
9. DILAUDID AMP 129678	1	4	2mg			
10. LIBRIUM CAP 024308	1	12	5mg			
11. MORPHINE 1mg VIAL 129769	1	2	61 1g			
12. ATIVAN TUBEX 024378	1	10	2mg			
13. PARVOCET N-100 TAB 024384	1	2	100/650			
14. COCAINE BOTTLE 129786	1	4	4%			

OVER

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OCT 13 1998
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NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
15. OXYCONTIN TAB 129801	1	2 ~~190~~	40 mg			
16. KLONOPIN TAB 024424	1	20	1 mg			
17. KLONOPIN TAB 024425	1	23	1 mg			
18. KLONOPIN TAB 024485	1	5	1 mg			
19. TYLENOL & COPEINE TAB 024495	1	1	60/300			
20. ~~FENTANYL 5ML AMP 129932~~	1	1	50 mg/ml			
21.						
22.						
23.						
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LAST ITEM

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OCT 13 1998
Environmental Compliance

SEPT. 98 OP. JC Al Schmedt

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS *(Number of grams, tablets, ounces or other units per container)*	Controlled Substance Content, *(Each Unit)*	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	Morphine Concentrate	1	4oz	600mg			
2	DIAZEPAM	1	60	5mg			
3							
4							
5							
6							
7							
8							
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10							
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RECEIVED
OCT 13 1998
Environmental Compliance

DEA Form (Jun. 1986) — 41 Previous edition dated 7/84 is usable. * See instructions on reverse side.

DEPARTMENT OF VETERANS AFFAIRS

IND- VA Medical Center
915 N. Grand.

In Reply Refer To:

August 7, 1998

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. . Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 8/20/98 at the John Cochran Division.

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Alan Schmidt, or
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey /dr

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
AUG 11 1998
Environmental Compliance

July 1998 Alan Schmidt

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	Acetaminophen W/ Codeine	1	60	30 mg			
2	Morphine SR	1	12	30 mg			
3	Morphine Conc	3	4 oz	2400			
4	Fentanyl Patch	4	5	500 mcg			
5	Oxycodone / Acetaminophen	1	1	5 mg			
6	Chloral Hydrate Syrup	1	12 oz	500 / Tsp			
7	Chloral Hydrate Syrup	1	16 oz	500 / Tsp			
8							
9							
10							
11							
12							
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AUG 11 1998
Environmental Compliance

DEA Form (Jun. 1986) — 41 Previous edition dated 7/84 is usable. * See instructions on reverse side.

Mike
IP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

July - 1998

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of consignee or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Units)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCS.
	1	2	3	4	5	6	7
1.	LEVORPHANOL TAB 128725	1	5	2mg			
2.	Chlordiazepoxide 10mg cap 010998	1	~~40~~ 10	~~40~~			
3.	DIAZEPAM 10m TUBEX 23656	1	5 TUBEX	10mg			
4.	FENTANYL INJECTION 128824	1	5 cc	50 mcg/ml			
5.	Morphine PF (10mg) 128769	1	100 cc	0.1 mg/cc			
6.	Morphine PF (10mg) 128770	1	100 cc	0.1 mg/cc			
7.	Hydrocodone / Apap 010998	1	4	5/500			
8.	APAP/CODEINE #4 023677	1	16 TABS	Codeine 60mg			
9.	PHENOBARBITOL TAB 023675	1	15 TABS	30 mg			
10.	KLONOPIN TAB 023673	1	18 TABS	0.5 mg			
11.	PROPOXYPHENE N/100 APAP 023672	1	4 TABS	100 mg			
12.	DIAZEPAM INJ. 023671	1	4 TUBEX	10 mg			
13.	FENTANYL PATCH 128842	1	1 PATCH	50 mg			
14.	FENTANYL PATCH 128841	1	1 PATCH	100 mg			

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AUG 11 1998
Environmental Compliance

MSD 042173

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCS.
1	2	3	4	5	6	7
15. MEPERIDINE 128840	1	22 TAB	50mg			
16. GUAIFENESIN/CODEINE ELIXIR 23687	1	16 CUPS	10mg			
17. DIAZEPAM ~~10mg~~ INJ. 023680	1	7 TUBEX	10mg			
18. HALCION 023679	1	10 TAB	0.125mg			
19. APAP/CODEINE #4 023678	1	14 TAB	60mg			
20. LEVORPHANOL TAB 128897	2	738	2mg			
21. DEMEROL TAB 128898	1	7	50mg			
22. PHENOBARBITAL TAB 023703	1	8	30mg			
23. DEMEROL TAB 128915	1	15	50mg			
24. METHYLPHENIDATE TAB 128916	1	17	10mg			
25. FENTANYL AMP 128920	1	1	50 mcg			
26. DEMEROL TUBEX 128921	1	1	50 mg			
27. FENTANYL 5ML AMP 128930	1	2	250mg			
28. TYLENOL & CODEINE TAB 023719	1	10	300/60			
29. TYLENOL & CODEINE TAB 023726	1	13	300/60			
30. DIAZEPAM 10mg/2cc TUBEX 023746	1	6 tubex	10mg			
31. MORPHINE ELIXER 128991	1	1 BOTTLE	20 mg			
32. T-4 TAB 023797	1	20	60/300			
33. T-4 TAB 023796	1	9	60/300			
34. DEMEROL TAB 129035	1	21	50/mg			
35. CODEINE INJ 129051	1	1	30mg			
36. Fentanyl INJ 129052	1	5ml	250 mcg			
37. MORPHINE VIAL & Syringe 129082	1	1 BTL 1 syr	1mg			
38.						
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RECEIVED
AUG 11 1998
Environmental Compliance

DEPARTMENT OF VETERANS AFFAIRS

File IND- VA Medical Center
915 N Grand

In Reply Refer To:

July 7, 1998 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 7/16/98 at the John Cochran Division.

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Carl Graham, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey /dr

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
JUL - 9 1998
Environmental Compliance

JUNE 18 OP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	ZOLPIDEM 5mg	1	56	5mg			
2	Morphine SR 60mg	1	60	60mg			
3							
4							
5							
6							
7							
8							
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10							
11							
12							
13					RECEIVED		
14					JUL - 9 1998		
15					Environmental Compliance		
16							

DEA Form 41 (Jun. 1986) Previous edition dated 7/84 is usable. * See instructions on reverse side.

JCVC 10 OP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS *(Number of grams, tablets, ounces or other units per container)*	Controlled Substance Content, *(Each Unit)*	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 Methadone 20mg	1	1oz	20mg			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12				RECEIVED		
13				JUL - 9 1998		
14				Environmental Compliance		
15						
16						

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* *See instructions on reverse side.*

IP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

JUNE 98 II

Registrant's DEA Number
AH5976475

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
H1.	LIBRIUM CAP 023463	1	4	5mg			
H2.	PHENOBARBITAL TAB 023464	1	20	30mg			
H3.	BTD Supp 128582	1	8	16/2			
H4.	HALCION TAB 023480	1	5	0.125			
H5.	PHENOBARBITAL ~~TAB~~ VIAL 023479	1	3	65mg			
H6.	MORPHINE VIAL 128626	1	1	10mg/1mL			
H7.	PHENOBARBITAL TAB 023518	2	300	30mg			
H8.	HYDROPIN TAB 023541	1	13	0.5mg			
H9.	PHENOBARBITAL TAB 023542	1	13	30mg			
O 10.	Codeine tab 062598	5	100	60mg			
511.	VALIUM TUBEX 023542	1	12	10mg/2mL			
32.	DIAZEPAM TUBEX 023551	1	13	10mg/2mL			
53.	HYDROPIN TAB 023563	1	24	0.5mg			
14.							

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JUL - 9 1998
Environmental Compliance

IP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE/DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent: JUNE 98 I

Registrant's DEA Number: AHS926475

Registrant's Telephone Number: 314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)		Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. DIAZEPAM TAB	060198-A	1	200	10 mg	✓		
2. ~~DARBOCET~~ DARVON 65 CAP	060198-B	1	200	65 mg	✓		
3. P-B TAB	060198 C	1	~~100~~ 90	32.4 mg	✓		
4. LIBRIUM CAP	060198D	1	77	10 mg	✓		
5. KLONOPIN TAB	060198E	1	16	0.5 mg	✓		
6. ~~DIAZEPAM TAB~~	~~060198F~~	~~1~~	~~100~~	~~10 mg~~			
7. ATIVAN TAB	060198G	1	100	0.5 mg	✓		
8. HYDROCODONE/APA TAB	060198-H	1	20	5/500	✓		
9. HYDROCODONE/APA TAB	060198-I	1	6	5/500	✓		
10. DURAGESIC PATCH	060198J	1	10	25 mcg	✓		
11. COCAINE VIAL	128387	1	10	1/2 oz	✓		
12. FENTANYL AMP	128388	1	1	5 ml	✓		
13. PB VIAL	023295	1	2	65 mg	✓		
14. DIAZEPAM TUBEX	023296	1	42	10 mg	✓		

RECEIVED JUL - 9 1998 Environmental Compliance

II JP, JC

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCS.
15. TRIAZOLAM TAB 023297	1	70	0.125 mg	✓		
16. PHENOBARBITAL VIAL 023310	1	8	65 mg	✓		
17. BTO Supp 128441	1	9	16/12			
18. PHENOBARBITAL VIAL 023339	1	1	65			
19. MORPHINE Supp 128469	1	9	20 mg			
20. DILAUDID Supp 128468	1	12	3mg			
21. DARVOCET N-100 TAB 023363	1	455	100/650			
22. FENTANYL AMP 128495	1	1	50mg			
23. HALCION TAB 023384	1	10	0.125 mg			
24. PHENOBARBITAL TAB 023390	1	8	30mg			
25. HALCION TAB 023388	1	8	0.125			
26. DARVOCET N-100 TAB 023402	1	3	100/650			
27. DEMEROL TAB 128506	1	26	50 mg			
28. HALCION TAB 023403	1	9	0.125			
29. MS CONTIN TAB 128505	1	13	30 mg			
30. HALCION TAB 023412	1	10	0.125			
31. RITALIN TAB 128521	1	21	10 mg			
32. HALCION TAB 023414	1	13	0.125			
33. PHENOBARBITAL TAB 023416	1	2	30 mg			
34. DILAUDID TAB 128523	1	3	2 mg			
35. Tylenol & CODEINE TAB 023413	1	36	300/60 mg			
36. BTO Supp 128522	1	3	16/12			
37. DEMEROL TAB 128524	1	5	50 mg			
38. DIAZEPAM TUBEX 023417	1	1	10 mg/2 mL			
39. DIAZEPAM VIAL 023418	1	1	10 mg/2 mL			
40. DARVOCET TAB 023462	1	12	100/650			

RECEIVED
JUL - 9 1998
Environmental Compliance

IP, JC

II

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCG.
15. TRIAZOLAM TAB 023297	1	70	0.125 mg	✓		
16. PHENOBARBITAL VIAL 023310	1	8	65 mg	✓		
17. BTO SUPP 128441	1	9	16/2			
18. PHENOBARBITAL VIAL 023339	1	1	65			
19. MORPHINE SUPP 128469	1	9	20 mg			
20. DILAUDID SUPP 128468	1	12	3mg			
21. DARVOCET N-100 TAB 023363	1	455	100/650			
22. FENTANYL AMP 128495	1	1	50mg			
23. HALCION TAB 023384	1	10	0.125 mg			
24. PHENOBARBITAL TAB 023390	1	8	30mg			
25. HALCION TAB 023388	1	8	0.125			
26. DARVOCET N-100 TAB 023402	1	3	100/650			
27. DEMEROL TAB 128506	1	26	50mg			
28. HALCION TAB 023403	1	9	0.125			
29. MS CONTIN TAB 128505	1	13	30 mg			
30. HALCION TAB 023412	1	10	0.125			
31. RITALIN TAB 128521	1	21	10mg			
32. HALCION TAB 023414	1	13	0.125			
33. PHENOBARBITAL TAB 023416	1	2	30mg			
34. DILAUDID TAB 128523	1	3	2mg			
35. TYLENOL & CODEINE TAB 023413	1	36	300/60mg			
36. BTO SUPP 128522	1	3	16/2			
37. DEMEROL TAB 128524	1	5	50 mg			
38. DIAZEPAM TUBEX 023417	1	1	10mg/2ml			
39. DIAZEPAM VIAL 023418	1	1	10mg/2ml			
40. DARVOCET TAB 023462	1	17	100/650			

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JUL - 9 1998
Environmental Compliance

DEPARTMENT OF VETERANS AFFAIRS

IND File VA Medical Center
1140460-00

In Reply Refer To:

June 5, 1998

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 6/18/98 at the John Cochran Division. **Please note that drug destruction did not occur in May.**

Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Alan Schmidt, or
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey /dr

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
00IS (A. Akinola)
Metropolitan Sewer District

RECEIVED
JUN 10 1998
Environmental Compliance

JP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

MAY-98

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return-Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See Instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1.	METHADONE TAB 127947	1	50	5mg			
2.	LIBRIUM 100mg AMP 022922	1	17	100 mg			
3.	COCAINE VIAL 127966	1	8	10 gm			
4.	HALCION TAB 023029	1	19	0.125			
5.	ROBITUSSIN CUP 023028	1	15	100 ~~10mg~~			
6.	MS04 PCA 128033	1	4	50 ~~50~~			
7.	OPIUM & BELLA. SUPP 128327	1	16	60 mg			
8.							
9.							
10.							
11.							
12.							
13.							
14.							

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Environmental Compliance

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PACKAGE No.

OMB Approval No. 1117-0017

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

TO: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of Registrant or Authorized Agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

APRIL 98

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	1. VERSED VIAL 022619	1	1	2mg 5mL			
2	2. FENTANYL AMP 127579	1	1	5mL 250 mcg			
3	3. FENTANYL PATCH 127583	1	22	50 mcg/hr			
4	4. ATIVAN TUBEX 022623	1	9	2mg			
5	5. DRABINOL TAB 127615	1	9	2.5mg			
6	6. OXYCODONE TAB 127616	1	12	10mg			
7	7. HALCION TAB 022645	1	28	0.125 mg			
8	8. PB TAB 022646	1	17	30mg			
9	9. HALCION TAB 022647	1	33	0.125 mg			
10	10. ALDRODERM PATCH 022648	1	2	2.5mg			
11	11. LIBRIUM CAP 022649	1	12	5mg			
12	12. T2 TAB 022650	~~2~~ 2	100	325 / 15mg			
13	13. VERSED IVAL VIAL 022651	2	21	5mg			
14	14. LIBRIUM ~~CAP~~ AMPS 022691	1	9	100 mg			
15	15. MORPHINE VIAL 127666	1	2	40 mg/cc			
16	16. ALDRODERM PATCH 022711	1	3	2.5 mg			

RECEIVED JUN 10 1998 Environmental Compliance

See instructions on reverse side

Previous edition dated 7/84 is obsolete

DEA Form — 41 (Jun 1986)

MSD 042184

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
Registrants will fill in Columns 1, 2, 3, and 4 Only						
17 ROBITUSSIN CUP 022727	1	10	100 mg			
18 ROBITUSSIN CUP 022729	1	4	100 mg			
19 LIBRIUM SAL AMP 022728	1	7	100 mg			
20 AMBIEN TAB 022726	1	5	5 mg			
21 MORPHINE TUBEX 127714	1	1	10 mg			
22 FENTANYL AMP 127704	1	1	50 mg			
23 CODEINE TUBEX 127713	1	1	30 mg			
24 LIBRIUM CAP 022755	1	22	5 mg			
25 ROBITUSSIN CUP 022754	1	21	100/5 mg			
26 ROBITUSSIN CUP 022753	1	7	100/5 mg			
27 HALCION TAB 022758	1	80	0.25			
28 MEPERIDINE INJ 127775	1	1	50 mg			
29 DIAZEPAM TAB 022353	1	12	10 mg			
30 LIBRIUM AMP 022372	1	9	100 mg			
31 DIAZEPAM TX 022785	2	7	10 mg/2 mg			
32 Diphenoxylate/Atropine 042098	1	2	2.5 mg			

* See instructions on reverse side.

Previous edition dated 7/84 is usable

A form — 41
n 10881

RECEIVED
JUN 10 1998
Environmental Compliance

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

U.S. GPO: 1986-0-[illegible]-043/[illegible]

MSD 042185

33	1. ROXICODONE ELIXER	127850	1	1	20 mg
34	3. DURA MORPH 5-10 AMP	127869	1	2	5/10 ml
35	PROPOXYPHENE HCL CAP	0424981	1	100	65mg
36	Alprazolam tab	0424982	1	1	.25mg
37	Clonazepam tab	0424983	1	40	1mg
38	Lorazepam tab	0424984	1	8	.5mg
39	7 HYDROCODONE TAB	022867	1	1	1mg
40	8. XANAX TAB	022878	1	7	1mg
41	9 MS CONTIN TAB	127921	1	1	100
42	10. HALCION TAB	022879	1	4	0.25
43	11 ULTIVA VIAL	127925	1	20	2mg
44	12 ULTIVA VIAL	127926	1	79	2mg
45	13 DEMEROL TUBEX	127924	1	18	100 mg
46	14 DEMEROL TUBEX	127923	1	19	50 mg
47	15 BREVITAL VIAL	022880	1	1	500 mg
48	16 DURAMORPH AMP	127922	1	1	5/10 ml
49	MARINOL CAP	127937	1	200	25 mg
50	OXYCODONE TAB	127940	1	50	10mg
51	COCAINE VIAL	127938	1	8	4%
52	LIBRIUM CAP	022891	2	520	5mg
53	COCAINE VIAL	127939	4	41	10%
54	ROBITUSSIN A/C CUP	022890	2	21	100/10 mg

RECEIVED
JUN 10 1998
Environmental Compliance

OMB Approved No. 1117-0007

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

April

JC, OP

IM: (Include Name, Street, City, State and ZIP Code in space provided below.

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. Meprobamate 200mg	2	100	200mg			
2. Meprobamate 200mg	1	59	200mg			
3. Butalbital, Asa, Caffeine	2	100	50mg			
4. Butalbital, Asa, Caffeine	1	90	50mg			
5. Acetaminophen/Codeine	1	29	30mg			
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

RECEIVED
JUN 10 1998
Environmental Compliance

DEA Form (Jun 1988) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

JC, OP

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Pharmacy Service (119JC)
Room A440A
915 N. Grand Blvd.
St. Louis, MO 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
(314) 289-6337

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	2	3	4	5	6	7
1 Oxycodone/Acetaminophen	1	30	5mg/325			
2 Alprazolam 0.25mg	1	120	.25mg			
3 Propoxyphene	1	37	65mg			
4 Hydrocodone 5mg/APAP 500mg	1	50	5mg			
5 Morphine SR 60mg	1	30	60mg			
6 Oxycodone 5mg/APAP 325mg	1	180	5mg			
7 Alprazolam	1	56	0.25mg			
8 Oxycodone 5mg/APAP 325mg	1	2	5mg			
9						
10						
11						
12						
13						
14						
15						
16 Alan Schmidt Pharmacist						

RECEIVED
JUN 10 1998
Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

File VA Medical Center N Grand
11140460

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

May 8, 1998

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 5/21/98 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Alan Schmidt, or
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey /dr

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
MAY 11 1998
Environmental Compliance

I

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

IM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of Registrant or authorized agent

APRIL 98

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314 289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	1. VERSED VIAL 022619	1	1	2mg/2ml			
2	2. FENTANYL AMP 127579	1	1	5ml 250mg			
3	3 FENTANYL PATCH 127583	1	22	50ug/H			
4	4. ATIVAN TUBEX 022623	1	9	2mg			
5	5 DRABINOL TAB 127615	1	9	2.5mg			
6	6 OXYCODONE TAB 127616	1	12	10mg			
7	7 HALCION TAB 022645	1	28	0.125mg			
8	8. PB TAB 022646	1	17	30mg			
9	9 HALCION TAB 022647	1	33	0.125mg			
10	10. ANDRODERM PATCH 022648	1	2	2.5mg			
11	11 LIBRIUM CAP 022649	1	12	5mg			
12	12 T2 TAB 022650	2	100	325/15mg			
13	13 VERSED 10ml VIAL 022651	2	21	5mg			
14	14 LIBRIUM ~~VIAL~~ AMPS 022691	1	9	100mg			
15	15 MORPHINE VIAL 127666	1	2	40cc			
16	16 ANDRODERM PATCH 022711	1	3	2.5mg			

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Environmental Compliance

See instructions on reverse side

Previous edition dated 7/84 is usable

DEA Form — 41
(Jun 1984)

MSD 042190

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
17 ROBITUSSIN CUP 022727	1	10	100 mg			
18 ROBITUSSIN CUP 022722	1	4	100 mg			
19 LIBRIUM 5mL AMPS 022728	1	7	100 mg			
20 AMBIEN TAB 022726	1	5	5 mg			
21 MORPHINE TUBEX 127714	1	1	10 mg			
22 FENTANYL AMP 127704	1	1	50 mg			
23 CODEINE TUBEX 127713	1	1	30 mg			
24 LIBRIUM CAP 022755	1	22	5 mg			
25 ROBITUSSIN CUP 022754	1	21	100/5 mg			
26 ROBITUSSIN CUP 022753	1	7	100/5 mg			
27 HALCION TAB 022758	1	80	10/25			
28 MEPERIDINE INJ 127775	1	1	50 mg			
29 DIAZEPAM TAB 022353	1	12	10 mg			
30 LIBRIUM AMP 022372	1	9	100 mg			
31 DIAZEPAM TX 022785	2	7	10 mg/2 mL			
32 Diphenoxylate/Atropine 042098	1	2	2.5 mg			

* See instructions on reverse side.

Previous edition dated 7/84 is usable

A form — 41
n 1966)

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MAY 11 1998
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PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

U.S. GPO: 1986-[illegible]-043/[illegible]

MSD 042191

33	1. ROXICODONE ELIXER	127850	1	1	20 mg	
34	3. DURA MORPH 5-10 AMP	127869	1	2	5/10 mg	
35	Propoxyphene HCl cap	0424981	1	100	65mg	
36	Alprazolam tab	0424982	1	1	.25mg	
37	Clonazepam tab	0424983	1	40	1mg	
38	Lorazepam tab	0424984	1	8	.5mg	
39	7 HYDROPIN TAB	022867	1	1	1mg	
40	8. XANAX TAB	022878	1	7	1mg	
41	9 MS CONTIN TAB	127921	1	1	100	
42	10. HALCION TAB	022879	1	4	0.25	
43	11 ULTIVA VIAL	127925	1	20	2mg	
44	12 ULTIVA VIAL	127926	1	79	2mg	
45	13 DEMEROL TUBEX	127924	1	18	100 mg	
46	14 DEMEROL TUBEX	127923	1	19	50 mg	
47	15 BREVITAL VIAL	022880	1	1	500 mg	
48	16 DURAMORPH AMP	127922	1	1	5/10 mg	
49	MARINOL CAP	127937	1	200	25 mg	
50	OXYCODONE TAB	127940	1	50	10mg	
51	COCAINE VIAL	127938	1	8	4%	
52	LIBRIUM CAP	022891	2	520	5mg	
53	COCAINE VIAL	127939	4	41	10%	
54	ROBITUSSIN A/C CUP	022890	2	21	100/10 mg	

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APRIL 98

OMB Approved No. 1117-0017	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCG.
1. Meprobamate 200mg	2	100	200mg			
2. Meprobamate 200mg	1	59	200mg			
3. Butalbital, Asa, Caffeine	2	100	50mg			
4. Butalbital, Asa, Caffeine	1	90	50mg			
5. Acetaminophen/Codeine	1	29	30mg			
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

RECEIVED
MAY 11 1998
Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun 1986) Previous edition dated 7/84 is obsolete

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To: 657/119

April 7, 1998

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. . Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 4/16/98 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Larry Haskins, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
APR 1 0 1998
Environmental Compliance

March 1998

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. Acetaminophen w/Codeine	1	9	30 mg			
2. DURAGESIC	11	5	100 ug/h			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

RECEIVED
APR 10 1998
Environmental Compliance

* See instructions on reverse side.

DEA Form 1998 — 41

Previous edition dated 7/84 is usable

JC, IP

OMB Approval No. 1117-0017

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: Include Name, Street, City, State and ZIP Code in space provided below.

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

MAR 98

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. LIBRIUM AMP 022174	1	8	100 mg			
2. XANAX TAB 022187	1	270	1 mg			
3. KLONOPIN TAB 022186	1	37	1 mg			
4. DIAZEPAM TAB 022185	1	17	1 mg			
5. FENTANYL PATCH 030498	1	10	50 mcg/H			
6. LORAZEPAM VIAL 10ML 022310	1	5	2 mg			
7. DURAMORPH 10mg/10mL AMP 127257	1	1	10 mg			
8. NOMATOL CUP 022350	1	7				
9. ATIVAN TUBEX 022351	1	8	2 mg			
10. XANAX TAB 022370	1	9	0.5			
11. LIBRIUM CAP 022366	1	11	25 mg			
12. HALCION TAB 022367	1	17	0.125			
13. DIAZEPAM TAB 022356	1	19	2 mg			
14. TYLENOL # CODEINE TAB 022368	1	25	300 mg/30			
15. NOMATOL TAB 022354	1	13	2.5			
16. LIBRIUM CAP 022360	1	20	10 mg			

RECEIVED
APR 10 1998
Environmental Compliance

DEA Form — 41 (Jun 1986)

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

JC, IP

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
17 DIAZEPAM VIAL 022352	1	3	10 mg 2 ml			
18 LIBRIUM CAP 022368	1	15	5 mg			
19 PP TAB 022363	1	3	30 mg			
20 ATIVAN TAB 022365	1	11	0.5 mg			
21 DEMEROL TUBEX 127294	1	6	100 mg			
22 MS CONTIN TAB 127299	1	22	30 mg			
23 DEMEROL TUBEX 127293	1	9	50 mg			
24 DEMEROL TUBEX 127291	1	5	25 mg			

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in ____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** Strike out lines not applicable. WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

RECEIVED
APR 10 1998
Environmental Compliance

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

U.S.GPO:1984-0-202-043/84970

JC, IP

OMB Approval No. 1117-0017	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Contents (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCS.
25 CODEINE TAB 127290	1	29	30 mg			
26 MSO4 CAP 127289	1	7	10 mg			
27 LIBRIUM CAP 022433	1	8	5 mg			
28 TYLENOL & CODEINE TAB 022435	1	2	300/60			
29 HLONOPIN TAB 0.5 022436	1	24	0.5			
30 DARVOCET N100 TAB 022444	1	20	N100			
31 LORTAB TAB 022449	1	16	2.5			
32 HALCION TAB 0.125 022442	1	10	0.125			
33 LIBRIUM CAP 022445	1	8	25 mg			
34 DIAZEPAM TAB 022446	1	18	2 mg			
35 DIAZEPAM TAB 022439	1	11	5 mg			
36 VERSED VIAL 022440	1	8	5 mg			
37 DIAZEPAM TAB 022434	1	20	10 mg			
38 LIBRIUM CAP 022437	1	10	10 mg			
39 PHENOBARBITAL TAB 022443	1	11	30 mg			
40 DIAZEPAM VIAL 022430	1	3	10 mg			

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APR 10 1998
Environmental Compliance

DEA Form 41 (Jun 1986) Previous edition dated 7/84 is obsolete. * See instructions on reverse side.

JC, JP

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
	2	3		5	6	7
41 TYLENOL & CODEINE TAB 022431	1	27	300 / 30			
42 ATIVAN TAB 022432	1	8	0.5			
43 ATIVAN TAB 022429	1	17	1mg			
44 METHADONE TAB IN LIQUID 127361	1	LIQUID	10mg			
45 DEMEROL TX 127385	1	12	75 mg			
46 DEMEROL TX 127387	1	9	25mg			
47 DEMEROL TX 127386	1	11	50mg			
48 DEMEROL TX 127383	1	24	100 mg			

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in ____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

WITNESSED BY: _____

** Strike out lines not applicable.

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

RECEIVED
APR 10 1998
Environmental Compliance

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

U.S.GPO:1988-0-202-043/84870

OMB Approval No. 1117-0017

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION
REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCG.
49	DEMEROL TAB 127395	1	17	50 mg			
50	MSCONTIN TAB 127391	1	26	30 mg			
51	MSCONTIN TAB 127397	1	27	15 mg			
52	BTO Supp 127394	1	9	60 mg			
53	CODEINE TAB 127396	1	6	30 mg			
54	MSCONTIN TAB 127389	1	33	60 mg			
55	DEMEROL TAB 127392	1	29	50 mg			
56	MSO4 Cup 127406	1	18	10 mg 5 mL			
57	Lomotil Cup 022428	1	10	2.5			
58	MSO4 / PCA's 127388	1	3	50 mg			
59	Robitussin & Codeine Cup 022475	1	2	100 mg 10			
60	HALCION TAB 022476	1	9	0.25 mg			
61	Tylenol & Codeine Cup 153677	1	100	120 mg 5 mL			
62	ATIVAN TAB 022544	1	2	1 mg			
63	EPHEDRINE AMP 022562	1	2	50 mg			
64	FENTANYL AMP 127525	1	1	50 mL			

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APR 10 1998
Environmental Compliance

DEA Form 41 (Jun 1988) Previous edition dated 7/84 is usable. * See instructions on reverse side.

MO-VA Hospital
-Grounds

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

March 11, 1998 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 3/19/98 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Richard Watkins, or
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey /dr

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
MAR 12 1998
Environmental Compliance

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCG
1. Chlordiazepoxide 5mg	5	100	5mg			
Acetaminophen w/Codeine	1	82	30mg			
3 Acetaminophen w/Codeine	1	1	30mg			
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

RECEIVED
MAR 1 2 1998
Environmental Compliance

DEA Form 41 (Jun 1988) Previous edition dated 7/84 is obsolete. * See instructions on reverse side.

JP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

FEB 98

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCS.
1. FENTANYL PATCH 126747	1	15	25 ugH			
2. ALPRAZOLAM TAB 021926	1	100	1mg			
3 VERSED VIAL 2ML 021964	1	1	2mg			
4. EPHEDRINE AMP 021999	1	1	50 mg			
5 Propoxyphene 65mg cap 0216981	1	48	65mg			
6 Phenobarbital 100mg tab 0216982	2	165	100mg			
7 Phenobarbital 60mg tab 0216983	1	19	60mg			
8. Diazepam 10mg tab 0216984	1	53	10mg			
9 Acetaminophen + Codeine tab 300/15mg 0216985	2	170	300/15mg			
10 Diphenoxylate HCl + Atropine soln. 0216986	6	12 oz.	2.5mg			
11 DIAZEPAM TAB 022060	1	14	10 mg			
12 OXYCODONE TAB 127055	1	11	20 mg			
13 LIBRIUM INJ 022147	1	6	100 mg			
14 TESTOSTERONE PATCH 022148	1	32	2.5 mg			
15 LIBRIUM AMP 022151	1	7	100 mg			
16						

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MAR 12 1998
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DEA Form 41 (Jun 1986) — Previous edition dated 7/84 is obsolete

* See instructions on reverse side.

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: VA Medical Center

Premise Address: 915 N Grand Zip Code: 63125

Mailing Address: 1 Jefferson Barracks Dr Zip Code:

Account #: 11140460-00 Current MSD category: 4,9

Inspection Contact Person: Craig Hundelt

Title: Engineer Phone #: 894-6514 ext 4405

Others Present: Dan Burns

Inspection Date: 3/10/98 Time of inspection: From 9AM To 11AM

Inspector: Lorne A. Baker Reinspection ✓ Initial Inspection

References used: IUQ Date: 11/8/96 IDS Date: 3/2/98 Permit Date: 5/1/97

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 3/5/97

1. HAS FIELD CONTACT CHANGED? Yes__ No ✓
   New contact name and title:

2. HAS EMPLOYEE NUMBER CHANGED? Yes__ No ✓
   New Number:

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED? Yes__ No ✓
   New Shifts: New Days per Week:

4. ARE THE LISTED SIC's ACCURATE & CORRECT? Yes ✓ No__
   Note any changes & why:

5. ARE THERE ADDITIONAL ACCOUNT NUMBERS? Yes__ No ✓
   List them, note any changes & reasons:

6. BATCH PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
none				

Comments:

7. CONTINUOUS PROCESSES:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
Hospital Services	exist	Yes	Cont	001
Laboratory Services	exist	Yes	Cont	001, 002
Kitchen Facilities	exist	Yes	Cont	001

Comments:

8. CLEANUP/WASHDOWN:

Description	New/ exist	Water used?	Frequency of discharge	How/where is water discharged(& which SP)?
none				

Comments:

MSD 042204

9. PRETREATMENT:

Description	New/ exist	Frequency of discharge	How/where is water discharged (& which SP)?
Silver Recovery Unit	001	Cont	Sewer, 001
Grease Trap	001		Same

Comments: _____

10. FOR ITEMS 6, 7, 8 AND 9:
A. Is water use excessive? Yes__ No ✓
B. If yes to A, what needs to be done? _____
C. Method used to verify A (attach diagrams/records as needed): _____

11. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS? Yes__ No ✓
A. If yes, what? _____
B. Affect which sample points? _____

12. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED? Yes__ No ✓
A. If yes, what? _____
B. Comments: _____

13. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY? Yes__ No ✓
A. If yes, what? _____
B. Affect which sample points? _____
C. Is surcharge status affected (add, remove or change)? Yes__ No__
D. Is return factor status affected (add, remove or change)? Yes__ No__
E. Is SIU status affected (process discharge <> 25000 GPD)? Yes__ No__
F. If yes to C, D or E explain: _____

14. IS ANY WATER USED FOR COOLING? Yes ✓ No__

What does it cool	Contact or Non-Contact	Once-thru or Recirc	Discharges Where?	Which SP?
Chiller for X-ray	NCCW	Recirc	Sewer	001
Air Conditioner	NCCW	Recirc	CT	001

15. ARE THERE ANY COOLING TOWERS? Yes ✓ No__
A. If yes, is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? Algaecide, biocide
C. How many? 2 Capacity (tons): 725 TONS EACH
D. Frequency & volume of blowdown: 600 gpd Discharge to: Sewer
E. At which sample points? 001
F. Comments: _____

16. IS ANY WATER USED IN BOILERS? Yes ✓ No__
A. Is the water treated or conditioned before or during use? Yes ✓ No__
B. What contaminants may be present? Oxygen scavenger
C. Frequency & volume of blowdown: 100 gpd Discharge to: Sewer
D. At which sample points? 001
E. Comments: _____

17. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES? Yes__ No ✓
A. What types of devices? _____
B. How is the water disposed? _____
C. What contaminants may be present? _____
D. Frequency & volume if discharged: _____ Discharge to: _____
E. At which sample points? _____
F. Comments: _____

18. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS THAT DISCHARGE POLLUTANTS? Yes__ No ✓
A. Describe: _____
B. What contaminants may be present? _____
C. List any sample points/storm drain locations that would receive the stormwater: _____
D. Comments: _____

19. ARE THERE ANY GREASE TRAPS OR OIL INTERCEPTORS? Yes ✓ No__
A. Food wastes? ✓ Affected sample points: 001
B. Petroleum wastes?____ Affected sample points:
C. Frequency of cleaning: yearly
D. Are cleaning logs kept? Yes ✓ No__
E. How is oil/grease disposed? hauled off site

20. ARE ANY SOLVENTS USED? Yes ✓ No__
A. Which solvents? xylene, paint thinner
B. What used for? Clean equipment
C. How disposed? hauled off site

21. DOES COMPANY HAVE A SOLVENT MANAGEMENT PLAN? Yes__ No ✓
A. If yes, last time updated:
B. Update needed? Yes__ No__
C. Ifyes to B, why?
D. Is it part of another document? Yes__ No__
E. If yes, list document name:
F. Is there a copy in MSD file? (Obtain copy) Yes__ No__

22. ARE ANY INFECTIOUS MATERIALS HANDLED? Yes ✓ No__
A. If yes, describe operations: Hospital wastes
B. How is waste disposed? Hauled off site for disposal

23. ARE ANY RADIOACTIVE MATERIALS HANDLED? Yes ✓ No__
A. Describe operations: nuclear medicine
B. NRC License No.: 24-00144-05
C. How is waste disposed? low level radioactivity discharged to sewer
D. If to sewer, describe procs: Isotopes stored on site for decay then sewered, some hauled
E. Does company have authorization per Ord. 8472, Art.V.1.A? Yes ✓ No__
F. Date of authorization: 5/1/97 Annual amt approved: 15 millicuries
G. Has company exceeded the approved quantity? Yes__ No ✓
H. If yes, explain:

24. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS? Yes ✓ No__
A. If yes, describe: X-ray development
B. Are there silver recovery facilities? Yes ✓ No__
C. Affecting which sample points? 001
D. Comments: from JB also, sent to JB for disposal

25. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER? (ALSO INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
A. If yes, what non-haz. wastes? infectious waste, grease, waste oil
B. If yes, what hazardous wastes? solvents, silver, paints
C. How disposed? hauled off site for disposal "
D. MDNR and/or EPA hazardous waste generator No.: 04672
E. If yes to B and no HW#, explain why:

26. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD? Yes__ No ✓
A. If yes, describe:

27. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS? Yes ✓ No__
A. How many? 5 Capacities: 2,000 - 20,000
B. What do they contain? diesel fuel, gasoline, fuel oil
C. Have there been any known leaks from these tanks? Yes__ No ✓
D. If yes to C, explain:
E. Are all of the tanks registered with MDNR? Yes ✓ No__
F. If no to E, explain:

28. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS? Yes ✓ No__
A. How many? 2 Capacities: 800 gallons
B. What do they contain? liquid oxygen
C. Are they protected with spill containment facilities? Yes__ No ✓
D. If no to C, explain: no liquid flow
E. If yes to C, how is accumulated stormwater disposed?

29. COULD SPILLS OR LEAKS OF STORED CHEMICALS, WASTES OR PROCESS MATERIALS EASILY REACH SANITARY SEWERS OR STORM DRAINS? Yes__ No✓
A. If yes, what needs to be done?_____

30. DOES COMPANY HAVE WRITTEN SPILL PREVENTION, CONTINGENCY, POLLUTION PREVENTION, WASTE MINIMIZATION, ETC. PLANS? Yes✓ No__
A. If yes, list titles: Hazardous Spill/Release Emergency Action Plan
B. Last time updated: 4/1/97
C. Is there a copy in MSD file? (Obtain copy) Rec'd 2/27/98 Yes✓ No__
D. If no to 30, is a plan needed? Yes__ No__
E. If yes to D, explain:_____

31. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN? Yes__ No✓
A. If yes, is it fully contained in another document? Yes__ No__
B. List plan's title:_____
C. Last time updated:_____
D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
E. If no to 31, Is a plan needed? Yes__ No✓
F. If yes to E, explain:_____

32. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED? Yes✓ No__
A. Are MSD contacts listed? Yes✓ No__
B. If no to 32 or 32A, describe how handled:_____

33. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION? Yes__ No✓
A. Upsets?_____ Bypasses of pretreatment facilities?_____
Spills?_____ Slug discharges?_____ Other?_____
B. Explain any marked:_____

34. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS? Yes__ No✓
A. If yes, identify the CFR Part, Subpart & PSES/NS:_____
B. Is the wastewater discharged to the sewer? Yes__ No__
C. If yes, which sample points?_____
D. If no, what is done with the wastewater?_____
E. Method used to verify no disch.(attach diagrams/records as needed):_____
F. What pretreatment is used?_____
G. Is it adequate? Yes__ No__
H. Explain answer to G:_____
I. What date did this process begin?_____
J. Does date agree with PSES/NS? Yes__ No__
K. Comments:_____

35. IF YES TO ITEM 34, AND IF 34A = 413 or 433: NA✓
A. What metals are plated?_____
B. Is cyanide used/on-site? Yes__ No__
C. Is facility a job shop (owns ≤50% of material finished annually)? Yes__ No__
D. If yes to C, how was it verified?_____
E. If 413, what is daily process discharge volume?_____
F. If 413, how was volume verified?_____

36. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A BMR? NA✓ Yes__ No__
A. If yes, date BMR received:_____
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 36 or 36B, explain:_____

37. IF YES TO ITEM 34, HAS THE COMPANY SUBMITTED A 90 DAY COMPL. REP.? NA✓ Yes__ No__
A. If yes, date 90 Day Report received:_____
B. If yes, does it correctly reflect current conditions? Yes__ No__
C. If no to 37 or 37B, explain:_____

38. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER? Yes__ No ✓
   A. If yes, identify the CFR Part, Subpart & PSES/NS which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____
   C. What date did this process begin? _____
   D. Does date agree with PSES/NS? Yes__ No__

39. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED? Yes ✓ No__
   A. If yes, identify the CFR Part, Subpart & PSES/NS: 40 CFR 460 (NO PT STDS)
   B. What is done with the process wastewater? sewered
   C. What date did this process begin? _____
   D. Does date agree with PSES/NS? Yes__ NoA__
   E. Comments: _____

40. DOES CATEGORICAL WASTEWATER COMBINE WITH NON-CAT. WW PRIOR TO SAMPLING? Yes__ No ✓
   A. List the non-cat. WW components: _____
   B. At which points? _____
   C. Is the Combined Wastestream Formula (CWF) applicable? Yes__ No__
   D. If no, explain: _____
   E. If yes, what is the currently applied factor? _____
   F. If yes, is the correct factor currently applied? Yes__ No__
   G. If no, explain: _____

41. IS ANY WASTEWATER SUBJECT TO PRODUCTION OR MASS BASED STANDARDS? Yes__ No ✓
   A. At which points? _____
   B. Since calculation of the current limits, has the long term average production rate or discharge volume changed by 20% or more? Yes__ No__
   C. If yes, explain: _____

42. IS ANY WASTEWATER SUBJECT TO "NON-CATEGORICAL" PRETREATMENT STDS? Yes__ No ✓
   A. If yes, identify the CFR Part, Subpart & PSES/NS: _____
   B. Is the wastewater discharged to the sewer? Yes__ No__
   C. If yes, which sample points? _____
   D. If no, what is done with the wastewater? _____
   E. What date did this process begin? _____
   F. Does date agree with PSES/NS? Yes__ No__
   G. Comments: _____

43. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? Yes__ No ✓
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

   B. If unresolved, what is being done? _____
   C. Comments: _____

44. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS? NA ✓ Yes__ No__
   A. If yes:

Pollutant	When	Sample Points	Is problem resolved? (if yes, describe how)

   B. If unresolved, what is being done? _____
   C. Comments: _____

45. IS COMPANY **REQUIRED** TO SELF-MONITOR ANY OF THEIR DISCHARGES? Yes ✓ No__
A. If yes, requirement is contained in permit ✓ or other document____.
B. If other document, date & description: quarterly
C. How frequently are sampling & reports required?
D. Have reports been on-time, complete & signed by proper person? Yes ✓ No__
E. If no, explain:

46. DOES COMPANY DO NON-REQUIRED OR ADDITIONAL SELF-MONITORING ? Yes__ No ✓
A. If yes, explain:

47. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED? Yes ✓ No__
A. If no, explain:

48. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES? Yes__ No ✓
A. If no, explain:

49. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH? Yes__ No ✓
A. At which sampling points?
B. Do charts show compliance with the frequency & duration limits? Yes__ No__
C. If no, explain:
D. If company has a permit, have excursion summaries been submitted? Yes__ No__
E. If no, explain:

50. IS COMPANY SUBMITTING THE RESULTS OF **ALL** REPORTABLE MONITORING? Yes__ No ✓
A. If no, explain:

51. IS COMPANY MAINTAINING ADEQUATE RECORDS? Yes ✓ No__
A. If no, explain:

52. IS COMPANY UNDER **ANY** ENVIRONMENTAL ENFORCEMENT ORDERS OR REQUIREMENTS TO SUBMIT COMPLIANCE SCHEDULE REPORTS? Yes__ No ✓
A. If yes, type and date:
B. Have the reports & actions been on-time & complete? Yes__ No__
C. If no, explain:

53. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS? Yes__ No ✓
DOES COMPANY HAVE ANY HAULED WASTE APPROVALS? Yes__ No ✓
A. If yes, is company in compliance with requirements? Yes__ No__
B. Approval date: Length of approval:
C. Comments: Controlled Substances discharged to sewer

54. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING? Yes__ No ✓
A. What is discharged?
B. Any corresponding MSD sample points:
C. If yes, does company have a permit? Number Yes__ No__
D. Is there a copy in MSD file? (Obtain copy) Yes__ No__
E. If no to C, explain:

55. IS MSD CATEGORY CORRECT? Yes ✓ No__
A. If no, explain:
B. What should category be?

56. IS COMPANY AN SIU? Yes ✓ No__
A. If yes, why? potential for adverse impact

57. WERE **ALL** SAMPLE POINTS OPENED AND INSPECTED? Yes ✓ No__
A. If any SPs cannot be located or opened, explain:
B. If any SP descriptions need to be changed, explain:

58. REVIEW THE SAMPLE POINT MAP! Last map revision date: 9/05/95
A. Are all sample points correctly located & identified? Yes ✓ No__
B. Is the map correct and accurate in **all** its details? Yes ✓ No__
C. If no to A or B, what changes are needed?

59. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SANITARY OR COMBINED SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:						
If SP flows to a downstream SP, list it:						
Is **discharge** Batch (B) or Continuous (C)?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment? Describe:	Y✓N__ Ag Rec	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Other? Describe:	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct? If no, list new factor:	Y__N/A	Y__N/A	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is the SP trapped?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Is SP dry-justified?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process:
SP:____ Specific operation:____
SP:____ Specific operation:____
SP:____ Specific operation:____

B. Describe in detail any sample point problems found:____

C. Are **all** connection points included in the above table? Yes✓ No__

D. If No, explain:____

USE THE SPACE ON THIS PAGE FOR ANY OTHER COMMENTS OR OBSERVATIONS PERTINENT TO YOUR INSPECTION OF THIS FACILITY.

A meeting was conducted with Dan Burns, Craig Hundett was unable to attend. There have been no changes at the hospital. The same services are still provided.

VA Medical Center
St. Louis, MO

MEDICAL CENTER MEMORANDUM 001S-17
November 1, 1997

HAZARDOUS SPILL/RELEASE EMERGENCY ACTION PLAN

1. Purpose. To establish procedures for responding to an uncontrolled release of hazardous material in and around the medical center, e.g., large spills beyond the capacity of the using service, gas release in confined space, ethylene oxide release, as required under 29 CFR 1910.120 (q)(1) and 29 CFR 1910.38 (A).

2. Policy. All hazardous material releases will be responded to and handled in a safe and appropriate manner by the local community emergency response team designated by the local fire department as an internal disaster and be executed as stated in the Medical Center Emergency Preparedness Plan (MCM 001S-1, Section 4.1) and the Medical Center Disaster Response Plan (MCM 001S-16).

3. Delegation of Authority. Applicable supervisory personnel shall handle all uncontrolled spill responses as an internal disaster and follow the Medical Center Disaster Response Plan and Emergency Preparedness Plan to remove all personnel from immediate danger.

4. a. Definition of Internal Disaster. An uncontrolled chemical release which constitutes an internal disaster is an event which causes or threatens to cause physical damage and injury to the medical center, personnel, or patients within the facility.

b. First Responder. All employees in the medical center who witness any release of chemical or gas.

5. Responsibility

a. Employees - Employees in the area of release will respond to any uncontrolled chemical release by first calling the telephone operator (3333) to report details of the incident. The Material Safety Data Sheets (MSDS) of the released chemical will be retrieved at the site and care rendered to protect people, goods and property as feasibly as possible.

b. Industrial Hygienist - The Industrial Hygienist will provide the MSDS for the material and monitor the response team to assure appropriate clean-up and disposal practices are conducted.

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6. Procedure.

a. In the event of an accidental release of a hazardous chemical in large quantities or uncontrolled release of gaseous material (e.g., ETO, CO_2, acids, solvents), the first witness (first responder) will call the hospital emergency No. 3333.

1114 0111-01
1114 0446-00

b. The first responder will give the location of the incident and describe the identity of the chemical, if known.

c. The operator will call the fire department and report to the Medical Center Director information as known so the Director can initiate the Medical Center Disaster Response Plan and the Emergency Preparedness Plan as necessary.

d. All employees in the immediate area will evacuate as the situation requires.

e. The medical center emergency medical surveillance team will arrive and set up at least 300 feet from the incident site (if possible) depending on the location of the incident.

f. The fire department will respond to secure the incident area, evacuate exposed people if necessary, and act as the incident command.

g. The fire department will call the Hazardous Material (Hazmat) Response Team where applicable.

h. The Hazmat Team will be given the MSDS from the Safety Office or site of spill to facilitate the clean-up of the hazardous material.

i. The Hazmat Team will be decontaminated on site.

j. The waste chemical will be secured in a drum and placed in the hazardous waste storage room for disposal or disposed of immediately by the Hazmat Team depending on conditions.

k. The Safety Manager or the Industrial Hygienist will evaluate the clean-up and inform the Director or designee to give an all clear after conferring with the fire department and the Hazmat Team.

l. The Medical Center Director or designee clears the emergency.

7. Post Emergency Operation. The medical surveillance staff will give a report of injured people and casualties to the Medical Center Director/Casualty Information Officer.

8. Training. All employees will be trained on their role as 1st responder in conjunction with emergency preparedness training annually.

9. Reference. OSHA 29 CFR 1910.38, 29 CFR 1910.120, MCM 001S-16, MCM 001S-1, Section 4.1.

10. Rescission. MCM 001S-17 dated August 1,l994.

11. Review Date. November 1, 2000.

for DONALD L. ZIEGENHORN
Medical Center Director

Distribution B (001S)

DEPARTMENT OF VETERANS AFFAIRS

File IND - VA Medical
915 N Grand

In Reply Refer To:

February 25, 1998 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy methadone on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 1:30 p.m. on 2/26/98 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Carl Graham.
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey /dr

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

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FEB 26 1998
Environmental Compliance

Feb 98

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
314-289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	Methadone Oral Sol	4	1 oz	65 mg			
2	Methadone Oral Sol	26	1 oz	55 mg			
3	Methadone Oral Sol	19	1 oz	45 mg			
4	Methadone Oral Sol	17	1 oz	35 mg			
5	Methadone Oral Sol	24	1 oz	25 mg			
6	Methadone Oral Sol	42	1 oz	15 mg			
7	Methadone Oral Sol	7	1 oz	8 mg			
8	Methadone Oral Sol	12	1 oz	3 mg			
9	Methadone Oral Sol	20	1 oz	1.5 mg			
10							
11							
12							
13							
14							
15							
16							

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FEB 26 1998
Environmental Compliance

DEA Form 41 (Jun. 1988) Previous edition dated 7/84 is usable. * See instructions on reverse side.

IND

DEPARTMENT OF VETERANS AFFAIRS, N. Grand

In Reply Refer To:

January 7, 1998 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 1/15/98 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Carolyn Buono, or
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
JAN 14 1998
Environmental Compliance

Dec 1997 JC OP

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospical)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. Chlordiazepoxide	6	100	5mg			
2. Oxycodone / Acetaminophen	1	1	5mg/325			
3. acetaminophen / codeine	1	12	30mg/300mg			
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

RECEIVED
JAN 14 1998
Environmental Compliance

DEA Form (Jun 1986) — 41

Previous edition dated 7/84 is obsolete

* See instructions on reverse side.

JP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

DEC-97

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. FENTANYL PATCH 126014	1	5	75 ug/H			
2. BREVITAL SODIUM VIAL 021283	1	4	500 mg			
3 FENTANYL AMP 5ML 126024	1	2	50 mg			
4. COCAINE VIAL 4ML 126025	1	4	10%			
5 CODEINE TUBEX 126028	1	1	30 mg			
6 RITALIN TAB 126029	1	7	10 mg			
7 CODEINE TUBEX 126048	1	80	30 mg			
8. ATIVAN TUBEX 021316	1	4	2 mg			
9 MSO4 TUBEX 126124	1	1	10 mg			
~~10 MSO4 LEFT OVER FROM PCA 126843~~	~~1~~	~~1 SYR~~	~~60 mg~~	~~10~~		
11 MSO4 TUBEX 126154	1	1 TUBEX	4 mg			
12 FENTANYL AMP 126244	1	2	50 ug/H			
13 MSO4 DRIP MIXED 126306	1	1	100/100			
14 ATIVAN DRIP MIXED 021480 BAG	1	1	40 mg			
15 ~~[illegible]~~ DEMEROL PCA 126383	1	1	50 mg			
16 MSO4 PCA 126384	1	2	50 mg			

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JAN 14 1998
Environmental Compliance

DEA Form (Jun 1988) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042218

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
17 RiTalin TAB 126382	1	5	10 Mg			
18 ~~Dilaudid TAB 021578~~	~~1~~	~~17~~	~~1 Mg~~			
19 ~~Hydropin TAB 021578~~	~~1~~	~~19~~	~~1 Mg~~			
20 ~~Hydropin TAB 021577~~	~~1~~	~~18~~	~~.5 Mg~~			
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** Strike out lines not applicable. WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 2 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

U.S.GPO: 1984-0-202-043/84870

DEPARTMENT OF VETERANS AFFAIRS

IND - VA Medical Center 11140460-00

In Reply Refer To:

December 9, 1997

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 12/18/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Carolyn Buono, or
Larry Fisher, alternate
Gail Larosa, primary
Angela Walker, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
DEC 11 1997
Environmental Compliance

OMB Approval No. 1117-0017

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION
REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

TP, JC

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314 289-6337

DESTRUCTION

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

Nov-97

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCS.
1. CODEINE TUBEX 125694	1	10	30 mg			
2. COCAINE 4% 4ML VIAL 125702	1	21	4%			
3 CODEINE TUBEX 125703	1	3	30 mg			
4. DEMEROL PCA's 1mg 125706	1	4	500 mg			
5 LEVO-DROMORAN TAB 125731	1	1	2mg			
6 MSO4 TUBEX 125738	1	2	15 mg			
7 TYLENOL & CODEINE #4 TAB 021033	1	6	60 300mg			
8. DIAZEPAM TUBEX 021034	1	1	10mg 2ML			
9 EPHEDRINE AMP 021151	1	1	50 mg			
10 MORPHINE 1mg/60ML VIAL 125875	1	1	1mg 60ML			
11 NANDROLONE "DEC" 021169 VIAL	1	10	100 mg			
12 AMBIEN TAB 021211	1	99	5mg			
13 FENTANYL 5ML AMP 125945	1	1	50mg			
14						
15						
16						

RECEIVED
DEC 11 1997
Environmental Compliance

DEA Form 41 (Jan 1988)

Previous edition dated 7/84 is obsolete.

* See instructions on reverse side.

Nov. 97 OP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA MEDICAL CENTER
PHARMACY SERVICE 119JC
ROOM A440A
915 N. GRAND BLVD
ST. LOUIS, MO. 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314 289-6337

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCS.
1. Oxycodone 5mg/APAP 325mg	1	80	5/325			
2. Oxycodone 5mg/APAP 325mg	1	59	5/325			
3 Morphine SR	1	60	100mg			
4. Diphenoxylate + Atropine	1	90	2.5mg			
5						
6						
7						
8						
9						
10						
11				RECEIVED		
12				DEC 11 1997		
13				Environmental Compliance		
14						
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16						

DEA Form (Jun 1986) — 41 Previous edition dated 1/84 is obsolete * See instructions on reverse side.

File IND

DEPARTMENT OF VETERANS AFFAIRS Hospital

In Reply Refer To:

November 7, 1997 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 11/20/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Alan Schmidt, alternate
Yolanda Johnson, primary
Gail Larosa, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Pharmacy Services Manager

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

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NOV 13 1997
Environmental Compliance

OCTOBER 97

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 Methadone Oral Sol	15	1 oz	1.5 mg			
2 Methadone Oral Sol	13	1 oz	3 mg			
3						
4						
5						
6						
7						
8						
9						
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NOV 13 1997
Environmental Compliance

DEA Form 41 (Jun. 1988) Previous edition dated 7/84 is usable * See instructions on reverse side.

October 1997

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Oxycodone 5mg/Acet 325mg	1	118	5mg/325			
2	Oxycodone 5mg/Acet 325	1	40	5/325			
3	Morphine SR 15mg	1	29	15mg			
4	Lorazepam	1	1	2mg			
5	Oxycodone 5mg/Acet 325	1	100	5mg/325			
6	Oxycodone 5mg/Acet 325	1	12	5mg/325			
7							
8							
9							
10							
11							
12							
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15							
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NOV 13 1997
Environmental Compliance

DEA Form 41 (Jun. 1988) — Previous edition dated 7/84 is usable — * See instructions on reverse side.

JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent: SEPT-97

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCG.
1. Tylenol & Codeine Tab 124915	1	100	300 / 15 mg			
2. Morphine Bottle 300cc 124952	1	300cc	1mg/mL			
3 Methadone Tab 125042	1	1 Tab in H2O	5mg			
4. Diazepam tab 091697	1	17	5mg			
5 Alprazolam tab 091597	1	10	0.25mg			
6 Demerol Tubex 125085	1	6	10mg			
7 Darvocet Tab N100 020515	1	54	100/650			
8. Duramorph Bag 125112	1	1	10mg/100cc			
9 Pentothal Kit 020551	1	2	25mg			
10. Librium Cap 020563	1	8	10mg			
11 Valium Tab 020564	1	7	2mg			
12 Meperidine Inj PCA 125166	1	1 syring	500 mg			
13 Morphine Inj PCA 125167	1	5 syrings	50 mg			
14 Phenobarbital Oral Soln 20568	1	9 dups	30 mg			
15 Diazepam Inj Syrings 20569	1	8 syrings	10mg			
16 Diazepam Tabs 20571	1	13 Tabs	10mg			

* See instructions on reverse side.

RECEIVED NOV 15 Environmental Compliance

DEA Form — 41 Previous edition dated 7/84 is usable

MSD 042226

SEPT

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTIT: GMS.	QUANTIT: MGS.
1	2	3	4	6	6	7
17 DIAZEPAM TABS 20570	1	14 tabs	10mg			
18 Librium 10mg capsule 20582	1	20 capsule	10mg			
19 Codeine 30mg Tab 125184	1	8 tabs	30mg			
20 DEMEROL TUBEX 125212	1	1	50mg			
21 Duramorph 10mg in NS 10cc 125214	1	1 bag	10mg			
22 ATIVAN VIAL 10ML 020621	1	2mg	10 mL			
23 PHENOBARBITAL VIAL 020625	1	2	65 mg			
24 DEMEROL TAB 125229	1	9	50 mg			

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** Strike out lines not applicable. WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 2 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 88 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

RECEIVED
NOV 13 1997
Environmental Compliance

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent: OCT-97

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314-894-6599

DESTRUCTION

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. LIBRIUM CAP 020631	1	22	10 mg			
2. EPHEDRINE AMP 020650	1	1	50 mg			
3. FENTANYL PATCH 125269	1	5	50 ug/H			
4. COCAINE BOTTLE 4ML 125270	1	10	4%			
5. COCAINE BOTTLE 4ML 125271	1	12	10%			
6. COCAINE BOTTLE 4ML 125324	1	8	4%			
7. COCAINE BOTTLE 4ML 125325	1	4	10%			
8. DIAZEPAM TAB 020697	1	4	10 mg			
9. MORPHINE CUP 125431-A	1	10	10 mg/ML			
10. DIAZEPAM TAB 020765	1	9	10 mg			
11. MS CONTIN TAB 125435	1	24	100 mg			
12. MS CONTIN TAB 125437	1	17	100 mg			
13. TYLENOL & CODEINE TAB 125436	1	12	300/60			
14. LIBRIUM CAP 020780	1	15	10 mg			
15. B&O Supp 125456	1	12	Nor mal			
16. MS CONTIN TAB 125538	1	19	100 mg			

RECEIVED
NOV 13 1997
Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun 1988)

Previous edition dated 7/84 is usable

MSD 042228

OCT

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTIT: GMS.	QUANTIT: MGS.
1	2	3	4	5	6	7
17 Fentanyl 20ml mixed in Sodium 250ml 1256cc	1	1	20 cc			
17A Alprazolam tab 1024971	1	10	0.25 mg			
18 Klonopin tab 1024972	1	29	0.5 mg			
19 Diazepam tab 1024973	1	20	2 mg			
20 Lorazepam tab 1024974	1	12	0.5 mg			
21 Lorazepam tab 1024975	1	30	1 mg			
22 Hydrocodone/Apap tab 1024976	1	5	5/500 mg			
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** Strike out lines not applicable. WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

RECEIVED
NOV 13
Environmental Compliance

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

☆U.S.GPO:1984-0-202-043/44970

DEPARTMENT OF VETERANS AFFAIRS

RASA

In Reply Refer To:

August 13, 1997

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 8/21/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Donna Horton-Bowrey, alternate
Yolanda Johnson, primary
Gail Larosa, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey /dr

JACK C. DICKEY
Acting Chief, Pharmacy Service

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
AUG 14 1997
Environmental Compliance

July 1999

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 Belladonna + Opium Suppositories	10	12	60mg			
2 Belladonna + Opium Suppositories	1	6	60mg			
3 Morphine SR	1	59	30mg			
4 Oxycodone 5mg / Acetaminophen 325mg	1	193	5/325mg			
5						
6						
7						
8						
9						
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11						
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13						
14						
15						
16						

RECEIVED
AUG 14 1997
Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun. 1988) Previous edition dated 7/84 is usable

Larry Fisher
IP/JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

July 97

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. DIAZEPAM TAB # 019957	1	8	2 mg			
2. EPHEDRINE CAP 019763	1	200	25 mg			
3. Tylenol #2 019775	1	5	15 mg			
4. DILAUDID Supp 124157	1	6	3 mg			
5. EPHEDRINE AMP 013868	1	1	50 mg			
6. FENTANYL AMP 124239	1	1	50 mg			
7. FENTANYL AMP 5ML 124364	1	2	250 mcg			
8. DIAZEPAM TAB 019954	1	11	2 mg			
9. DIAZEPAM VIAL 019953	1	1	10 mg			
10. MSO4 PCA INJ 124366	1	3	50 mg			
11. MSO4 PCA INJ 124367	1	1	50 mg			
12. MSO4 TUBEX 10mg 124385	1	1	10 mg			
13. DIAZEPAM TUBEX 10mg/2ml 013878	1	1	10 mg			
14. DIAZEPAM TAB 013879	1	8	2 mg			
15. PHENOBARBITAL TAB 020006	1	2	100 mg			
16. KLONOPIN TAB 020007	1	28	1 mg			

RECEIVED
AUG 14 1997
Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun 1986)

Previous edition dated 7/84 is obsolete

NAME OF DRUG OR PREPARATION		Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7	
17 PHENOBARBITAL TAB	020030	1	7	30 mg			
18 M504 CUP	124434	1	1	10 mg			
19 PHENOBARBITAL CUP	020032	1	100	30 mg			
20 TYLENOL & CODEINE TAB	020033	1	50	300/15 mg			
21 RESTORIL CAP	020034	1	75	30 mg			
22 PHENOBARBITAL TAB	020035	1	500	15 mg			
23							
24							

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

RECEIVED
AUG 14 1997
Environmental Compliance

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

IND-VA-Grand (Cochran)

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

July 10, 1997 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. . Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 7/17/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Donna Horton-Bowrey, alternate
Yolanda Johnson, primary
Gail Larosa, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Acting Chief, Pharmacy Service

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
JUL 15 1997
Environmental Compliance

JC JP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

JUNE - 97

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS
1. VERSED 10cc VIAL 019425	1	4	5mg			
2. DIAZEPAM TAB 123523	1	16	2mg			
3. MSO4 PCA INJ 123838	2	1	50mg			
4. DEMEROL PCA INJ 123839	1	1	200mg			
5. PB 65mg VIAL 019517	1	8	65mg			
6. TESTOSTERONE VIAL 019520	1	9.5	200mg			
7. VERSED INJ VIAL 019533	1	25	5mg			
8. LIBRIUM CAP 01953	1	6	5mg			
9. Meperidine tab 061697	1	35	50mg			
10. MORPHINE VIAL 123934	1	1	60mg 60cc			
11						
12						
13						
14						
15						
16						

RECEIVED
JUL 15 1997
Environmental Compliance

DEA Form (Jun 1986) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042235

June 1997

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only.)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 Diphenoxylate & Atropine Solution	1	60 ml	25 mg / 5 ml			
2 Morphine	1	60	60 mg			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

RECEIVED
JUL 15 1997
Environmental Compliance

* See instructions on reverse side.

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

June 10, 1997

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 6/19/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Cynthia Davidson, or
Larry Fisher, alternate
Yolanda Johnson, primary
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Acting Chief, Pharmacy Service

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
JUN 12 1997
Environmental Compliance

MAY 1997

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return-Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 Oxycodone HCl oral Solution	1	30ml	20mg			
2						
3						
4						
5						
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16						

DEA Form (Jun. 1988) — 41

Previous edition dated 7/84 is usable.

RECEIVED
JUN 12 1997
Environmental Compliance

IP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

MAY-97

M: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
1. Duramorph 10mg/10ml vial 123361	~~4~~ 1	~~40 mg~~ 40 vials	(10mg/10ml)			
2. MORPHINE CUP 123355	1	6	10mg 5ml			
3 CODEINE TUBEX 123405	1	1 TX	30 mg			
4. LOMOTIL TAB 019161	1	4	2.5 mg			
5 MARINOL TAB 123436	1	26	5mg			
6 FENTANYL AMP 123482	1	5ML	50/ML			
7 COCAINE VIAL 123490	1	5 4ml	4%			
8. DIAZEPAM TAB 019312	1	80	2mg			
9 DIAZEPAM TAB 019333	1	8	2mg			
10. CLONAZEPAM TAB 019334	1	6	1mg			
11 ATIVAN TAB 019335	1	2	0.5 mg			
12 FLUOXYMESTERONE TAB 019353	1	100	10 mg			
13 COCAINE BOTTLES 123685	1	23	4%			
14 COCAINE BOTTLES 123686	1	7	10%			
15 FENTANYL AMP 123690	1	1	2.50 mg			
16 COCAINE BOTTLES 123691	1	5	4%			

RECEIVED
JUN 12 1997
Environmental Compliance

DEA Form (Jun 1988) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

May 14 1997

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 5/29/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Carl Graham, alternate
Yolanda Johnson, primary
Gail Larosa, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Acting Chief, Pharmacy Service

Enclosures

cc: 90BJB
07BJC
00IS (A. Akinola)
Metropolitan Sewer District

RECEIVED
MAY 16 1997
Environmental Compliance

JC IP
Larry Fisher

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

APRIL-97

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. Demerol tab	1	100mg	100			
2. FENTANYL 2ML VIAL 123174	1	2ML	50mg/ML			
3 MS CONTIN 60mg TAB 123175	1	21	60 mg			
4 LIBRIUM CAP 5mg 018959	1	6	5mg			
5 ATIVAN TAB 0.5mg 018960	1	8	0.5mg			
6 VERSED 1ML VIAL 018958	1	6	5mg			
7 FENTANYL AMP 123319	1	1	50mg			
8						
9						
10						
11						
12						
13						
14						
15						
16						

RECEIVED
MAY 16 1997
Environmental Compliance

DEA Form (Jun 1986) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

APRIL 97 JC OP Earl Graham

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Methadone Oral Sol	8	1oz	1.5mg			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

RECEIVED
MAY 16 1997
Environmental Compliance

* See instructions on reverse side.

DEA Form — 41 Previous edition dated 7/84 is usable

IND -VA HOSPITAL - COCHRAN

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

April 9, 1997 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 4/17/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Carolyn Buono, or
Larry Fisher, alternate
Yolanda Johnson, primary
Gail Larosa, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Acting Chief, Pharmacy Service

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
APR 15 1997
Environmental Compliance

March 1997 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Oxycodone 5mg/acetaminophen 325	1	5mg	30			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

RECEIVED
APR 15 1997
Environmental Compliance

* See instructions on reverse side.

... dated 7/94 is usable

MSD 042244

JC, IP

OMB Approval No. 1117-0017	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FEB 97

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS
1. HALCION TAB 018233	1	90	0.25			
2. FIORINAL TAB 122269	1	100	?			
3 Tylenol #4 018286	1	25	60/300			
4. AMBIEN TAB 018287	1	5	5mg			
5 Codeine 60mg tab 021797	1	52	60mg			
6 MORPHINE 2mg Tubex 122443	1	1ML	2mg			
7 LIBRIUM VIAL 018360	1	4	100 mg			
8. MARINOL CAP 122446	1	3	2.5			
9 MSO4 PCA² INJ 122449	1	2	50mg			
10 DIAZEPAM 2mg TAB 018372	1	24	2mg			
11 Fentanyl 50mcg/ml Sml #1 122471	1	250mcg	5ml			
12 FENTANYL 50mcg/ml Sml #1 122545	1	250mcg	5ml			
13 PENTOTHAL INJ 018453	5	2.5	25mg			
14 BTO Supp 122595	1	5	16.2			
15 VERSED INJ VIAL 018451	1	1	5mg			
16 DARVON 65mg CAP 018454	1	7	65mg			

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* See instructions on reverse side.

DEA Form — 41
(Jun 1988)

Previous edition dated 1/84 is obsolete

MSD 042245

JC, JP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

MAR 97

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of registrant or authorized agent

Registrant's DEA Number: AH5926[illegible]75

Registrant's Telephone Number: 314-894-659[illegible]

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS
✓ 1. Temazepam cap	1	148	30mg			
✓ 2. Lorazepam tab	1	181	2mg			
✓ 3 DEMEROL TUBEX 122671	1	2	100 mg			
✓ 4. RITALIN TAB 122669	1	90	10mg			
✓ 5 RESTORIL CAP 018518	1	25	30mg			
✓ 6 CODEINE TUBEX 122670	1	6	30 mg			
✓ 7 PB TAB 018532	1	4	30 mg			
✓ 8. B&O Supp. 122687	1	2	16&2 mg			
✓ 9 PHENOBARBITAL TAB 018653	1	10	100 mg			
✓ 10. MARINOL ~~TAB~~ CAP 122849	1	6	2.5 mg			
✓ 11 PHENOBARBITAL TAB 018664	1	11	30 mg	RECEIVED		
✓ 12 XANAX TAB 018665	1	29	1mg	APR 15 1997		
✓ 13 Alprazolam tab 031997	1	30	1mg	Environmental Compliance		
✓ 14 METHADONE TAB 122873	1	28	5mg			
✓ 15 METHADONE TAB MIXED IN H2O 122957	1	4	5mg			
✓ 18 MSO4 PCA* INJ 122964	1	8	50mg			

DEA Form (Jun 1988) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042246

JC, IP

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTIT	
					GMS.	MGS.
1	2	3	4	5	6	7
✓ 17 MSO4 PCA² INJ 122964	1	2	400 mg			
✓ 18 XANAX TAB 018768	1	5	1 mg			
✓ 19 PHENOBARBITAL TAB 018769	1	5	30 mg			
✓ 20 MSO4 PCA² INJ 122973	1	2	50 mg			
✓ 21 METHADONE HCL 10 mg TAB 122974	1	4	40 mg			
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** Strike out lines not applicable.

WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

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PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

* U.S. GPO: 1986-0-202-043/66670

IND - VA Hospital - Cochran

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

March 13, 1997 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 3/20/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Danny Kincade, alternate
Yolanda Johnson, primary
Gail Larosa, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

JACK C. DICKEY
Acting Chief, Pharmacy Service

Enclosures

cc: 90BJB
07BJC
001S (A. Akinola)
Metropolitan Sewer District

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Larry Fisher IP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FEB 97

IM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
1 HALCION TAB 018233	1	90	0.25			
2 FIORINAL TAB 122269	1	100	?			
3 TYLENOL #4 018286	1	25	60/300			
4 AMBIEN TAB 018287	1	5	5mg			
5 Codeine 60mg tab 021797	1	52	60mg			
6 MORPHINE 2mg TUBEX 122443	1	1ML	2mg			
7 LIBRIUM VIAL 018360	1	9	100 mg			
8 MARINOL CAP 122446	1	3	2.5			
9 MSOH PGA² INJ 122449	1	2	50mg			
10 DIAZEPAM 2mg TAB 018372	1	24	2mg			
11 Fentanyl 50mcg/ml Sme #1 122471	1	250mcg	5ml			
12 FENTANYL 50mcg/ml Sme #1 122545	1	250mcg	5ml			
13 PENTOTHAL KITS 018453	8	25ml 2.5	25mg			
14 B&O Supp 122595	1	5	16.2			
15 VERSED 1ML VIAL 018451	1	1	5mg			
16 DARVON 65mg CAP 018454	1	7	65mg			

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MAR 18 1997
Environmental Compliance

DEA Form (Jun 1986) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

DM

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: VA MEDICAL CENTER (Cochran Facility)

Premise Address: 915 N GRAND Zip Code: 63106

Account #: 11140460-00 Current MSD category: 4,9

Inspection Contact Person: Craig Hundelt

Title: Engineering Tech Phone # 894-6514 ext. 4105

Inspection Date: 5/5/97 Time of inspection: From 9 AM To 11:30 AM

Inspector: Diane R. Baker Reinspection ✓ Initial Inspection ___

References used: IUQ Date: 1/31/97 IDS Date: 1/31/97 Permit Date: 5/1/94

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 9/5/95

1. HAS FIELD CONTACT CHANGED ? Yes ✓ No___
   New contact name and title Craig Hundelt, Engineering Tech

2. HAS EMPLOYEE NUMBER CHANGED ? Yes___ No ✓
   New Number ___

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes___ No ✓
   New Shifts ___ New Days per Week ___

4. ARE THE LISTED SIC's CORRECT ? Yes ✓ No___
   Note any changes: ___

5. ARE MAJOR PROCESSES BATCH ? ___ OR CONTINUOUS ? ✓
   A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ___
   B. Any new batch processes which discharge ? Yes___ No ✓
   C. Comments: ___

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes___ No ✓
   A. If yes, what ? ___
   B. Affect which sample points ? ___

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes___ No ✓
   A. If yes, what ? ___
   B. Comments: ___

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes___ No ✓
   A. If yes, what ? ___
   B. Affect which sample points ? ___
   C. Is surcharge status affected ? Yes___ No___
   D. Is return factor status affected ? Yes___ No___
   E. If yes to C or D, explain: ___

9. IS ANY WATER USED FOR COOLING ? Yes ✓ No__
   A. What does the water cool ? Chiller for X-RAY PROCESSOR, AIR CONDITIONER
   B. Contact CW ? Chiller - xRay proc Non-contact CW ? ✓
   C. Once-through ? _____ Recirculated ? AIR CONDITIONERS
   D. Is the water treated or conditioned before or during use ? Yes ✓ No__
   E. What contaminants may be present ? Algecides, Biocides
   F. Cooling tower(s) 2 Capacity (tons) 725 TONS EACH
   G. Frequency & volume of blowdown Auto ~ 8600 gpd Discharge to SEWER
   H. At which sample points ? 001
   I. Comments: JOE ESCOFFIER - Util sys FOREMAN SEASONAL Shutdown (Nov - Apr.)

10. IS ANY WATER USED IN BOILERS ? Yes ✓ No__
   A. Is the water treated or conditioned before or during use ? Yes ✓ No__
   B. What contaminants may be present ? OXYGEN SCAVENGER - CAUSTIC, Sodium Sulfite
   C. Frequency & volume of blowdown daily ~ 100 gal Discharge to SEWER
   D. At which sample points ? 001
   E. Comments: _____

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No ✓
   A. What types of devices ? _____
   B. How is the water disposed ? _____
   C. What contaminants may be present ? _____
   D. Frequency & volume if discharged _____ Discharge to _____
   E. At which sample points ? _____
   F. Comments: _____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes__ No ✓
   A. Describe _____
   B. What contaminants may be present ? _____
   C. At which sample points ? _____
   D. Comments: _____

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes ✓ No__
   A. Food wastes ? ✓ Petroleum wastes ? _____
   B. Frequency of cleaning once/year
   C. Are cleaning logs kept ? Yes ✓ No__
   D. How is oil/grease disposed ? hauled off site

14. ARE ANY SOLVENTS USED ? Yes ✓ No__
   A. Which solvents ? XYLENE, paint thinner
   B. What used for: Clean equipment
   C. How disposed ? hauled off site
   D. Does company have a solvent management plan ? Yes__ No ✓
   E. If yes, last time updated _____. Update needed ? Yes__ No__
   F. Is there a copy in MSD file ? (Obtain copy) Yes__ No ✓

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations Hospital Waste
   B. How is waste disposed ? SEWERED & hauled off site

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations Nuclear medicine
   B. NRC License No.: 24-00144-05
   C. How is waste disposed ? Low level radioactivity discharged to sewer
   D. If disposed to sewer, describe procedures: Isotopes are stored on site for decay before discharge, and some stored for future hauling.
   E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes ✓ No__

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes ✓ No__
   A. If yes, describe X-ray developing
   B. At which sample points ? 001
   C. Silver recovery facilities at these points ? Yes ✓ No__
   D. Comments: Two collection points - Electrolytic Recovery. Fixer from Jefferson Barracks is also treated at this site.

18. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER ? (INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
   A. If yes, what types of wastes ? Infectious waste, grease, paints, spent solvents, silver, waste oil, chemicals
   B. How disposed ? hauled off site
   C. Are any of these wastes RCRA hazardous ? Yes ✓ No__
   D. MDNR and/or EPA hazardous waste generator No.: 04272

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No ✓
   A. If yes, describe:
   Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes ✓ No__
   A. How many ? 5 Capacities: 2,000 - 20,000 gals
   B. What do they contain ? #2 Diesel fuel
   C. Have there been any known leaks from these tanks ? Yes__ No ✓
   D. If yes to C, explain:
   E. Are all of the tanks registered with MDNR ? Yes ✓ No__
   F. If no to E, explain:

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes ✓ No__
   A. How many ? 2 Capacities: 200 gals
   B. What do they contain ? liquid oxygen
   C. Are they protected with spill containment facilities ? Yes__ No ✓
   D. If no, explain: no liquid flow
   E. If yes to C, how is accumulated stormwater disposed ?

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes__ No ✓
   A. If yes, what needs to be done ?

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes ✓ No__
   A. If yes, last time updated 8/1/1994
   B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
   C. If No to 23, is a plan needed ? Yes__ No__
   D. If yes to C, explain:

MSD 042252

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes__ No✓
   A. If yes, last time updated _____
   B. Is there a copy in MSD file ? (Obtain copy) Yes__ No✓
   C. Is a plan needed ? Yes__ No✓
   D. If yes, explain: _____

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes✓ No__
   A. Are MSD contacts listed ? Yes✓ No__

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes__ No✓
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ?_____
   B. Explain any marked: _____

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ No A
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ No A
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No✓
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes✓ No__
   A. If yes, identify the CFR Part & Subpart: 40 CFR 460 (NO PT STDS)
   B. What is done with the process wastewater ? GENERED
   C. Comments: GEN STANDARDS ONLY

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No✓
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No✓
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No✓
   A. If yes, what pollutants ? _____ How often ? _____
      At which sample points ? _____
   B. Has the problem been resolved ? Yes__ No__
   C. If no, what is being done ? _____
   D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA✓
   A. If yes, what pollutants ? _____ How often ? _____
      At which sample points ? _____
   B. Has the problem been resolved ? Yes__ No__
   C. If no, what is being done ? _____
   D. Comments: _____

37. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes✓ No__
   A. If yes, requirement is contained in permit ✓ or other document ____.
   B. If other document, date & description: _____
   C. Have the reports been on-time and complete ? Yes__ No✓
   D. If no, explain: _____

38. IF NO TO ITEM 37, DOES COMPANY SELF MONITOR ANYWAY ? Yes__ NpA
   A. If yes, explain: _____

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes✓ No__
   A. If no, explain: _____

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes✓ No__
   A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No✓
   A. At which sampling points ? _____
   B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
   C. If no, explain: _____

42. IS COMPANY SUBMITTING THE RESULTS OF ALL REPORTABLE MONITORING ? Yes✓ No__
   A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes✓ No__
   A. If no, explain: _____

44. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS ? Yes__ No✓
A. If yes, type and date: _____

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes✓ No__
A. If yes, is company in compliance with requirements ? Yes✓ No__
B. Comments: 20 gallons of ethylene glycol 11/95
Controlled substances flushed into sewer lines per month.

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No✓
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes✓ No__
A. If no, explain: _____
B. What should category be ? _____

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: 9/25/95
A. Are all sample points correctly located & identified ? Yes✓ No__
B. Is the map correct and accurate in <u>all</u> its details ? Yes✓ No__
C. If no to A or B, what changes are needed ? _____

50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____
Sample points checked

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Personnell from VA Hospital assisted me on the tour of the facilities which also included opening the SP001 and SP002. It appears that SP001 is not where VA Hospital has been sampling. They are sampling from a MH downstream from SP002. Craig Hendelt, Engineering Tech, was informed of this wrong location and stated it would be corrected. The meeting was also attended by Abbey Akinola, Industrial Hygienist, Larry Chandler, Nuclear Medicine and Craig Hendelt.

Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:						
Is discharge Batch (B) or Continuous (C) ?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Describe:	Ag Rec.					
Process wastes ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ?	Y__N/A	Y__N/A	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:						
Disch. Fact. Correct ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:						
Is it possible to obtain representative sample ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
If yes, describe below.						

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: _____

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes ✓ No__

D. If No, explain: _____

RETURN FACTOR (RF) SUMMARY SHEET FOR INSPECTIONS

Date: 3/5/97 Inspector: DIONE A. BAKER

Company name: VA MEDICAL CENTER Account #: 11140460-00
Premise address: 915 N. GRAND Zip code: 63106

What is the current RF (from MENZ)? .88 Does it agree with PSIM? yes ✓ no___ NA___
Date granted? 8/n/90 How was date determined? MENZ
What is account's current water consumption (GPD)? 127,812
For what purpose was RF granted? Cooling TOWER EVAPORATION

TYPE OF WASTE-WATER NOT DIS-CHARGED TO SEWER	VOLUME (GPD)	METHOD OF DISPOSAL	DOCUMENTATION	COMMENTS
Cooling Tower Blowdown	15338	Evaporation	RF File	granted 8-7-90 per Stephen Sonis for cooling tower evaporation

Based on the information above, what is the estimated actual return factor? .88

Are there other accounts with return factors? yes___ no ✓ How many?_____

dmm 8/96

MSD 042257

IUD - VA Hospital - John Cochran

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

January 13, 1997 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 1/16/97 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Alan Schmidt, or
Larry Fisher, alternate
Yolanda Johnson, primary
Gail Larosa, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Jack Dickey /dr

JACK C. DICKEY
Acting Chief, Pharmacy Service

Enclosures

cc: 90BJB
70BJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
JAN 14 1997
Environmental Compliance

MSD 042258

December 1990 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	Codeine	1	18	30mg			
2	Oxycodone 5mg/APAP 325mg	1	103	5mg			
3	Fluoxymesterone	1	100	10mg			
4	Phenobarbital	2	Error 16	20mg/5ml			
5	Guaituss AC	1	4	10mg/5ml			
6							
7							
8							
9							
10							
11							
12							
13							
14							
16							

RECEIVED
JAN 14 1997
Environmental Compliance

DEA Form — 41 Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042259

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

DEC- 96

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1. Duramorph 10mg/10ml 121499	1	10mg	10mg			
2. BEER 12% CANS 121507	1	6	3.2			
3 DARVON 65 CAP 017523	1	7	65mg			
4 DARVON 65 CAP 017524	1	9	65mg			
5 XANAX TAB 017532	1	240	1mg			
6 XANAX TAB 017537	1	21	1mg			
7 DIAZEPAM TAB 017536	1	5	2mg			
8 HALCION TAB 012535	1	8	0.125			
9 OXYCODONE 40mg TAB 121526	1	5	40mg			
10 RITALIN TAB 121527	1	9	10mg			
11 XANAX TAB 017545	1	2	1mg			
12 OXYCODONE TAB 121538	1	30	40mg			
13 CODEINE TUBEX 121540	1	1	30mg			
14 Diazepam tab	1	19	2mg			
15 Diazepam tab 121621	2	200	2mg			
16 Demerol 50mg Tubex 121627	1	50mg	50mg			

RECEIVED
JAN 14 1997
Environmental Compliance

DEA Form 41 (Jun 1988)

Prior-out edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042260

		Number of containers	Number of other units per container	Contents (Each Unit)	Disposition	Quantity Gms.	Quantity Mgs.
	1	2	3	4	5	6	7
17 Morphine 10m Tablet	121628	1	10	10m			
18 VERSED VIAL	017719	1	2	5mL			
19 ATIVAN TAB	017714	1	13	1mg			
20 XANAX TAB	017715	1	3	1mg			
21 DIAZEPAM TAB	017716	1	5	10mg			
22 KLONOPIN TAB	017717	1	9	0.5mg			
23 DARVON CAP	017718	1	12	65mg			
24 VERSED INJ VIAL	017720	1	1	5mg			

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: Disposition	Quantity Gms.	Quantity Mgs.
25 LIBRIUM CAP 017721	1	33	25mg			
26 XANAX TAB 017722	1	13	1mg			
27 RITALIN TAB 121712	1	20	10mg			
28 PARAGORIC CAP 017751	1	6	Cap			
29 MS04 PCA 121716	1	2	90mg			
30 DILAUDID 2mg 121710	1	11	2mg			
31 ~~DILAUDID~~ DEMEROL TAB 121205	1	25	50mg			
32 CAFEINE TAB 121711	1	14	30mg			
33 DEMEROL TAB 121709	1	13	50mg			
34 DILAUDID TAB 121757	1	16	2mg			
35 HALCION TAB 017796	1	6	0.125			
36 DARVON CAP 017795	1	12	65			
37 Temazepam Cap 120696	1	28	30mg			
14						
15						
16						

RECEIVED
JAN 14 1997
Environmental Compliance

DEA Form (Jun 1986) — 41 Previous edition dated 1/86 is obsolete * See instructions on reverse side.

1114 0460-00
V. A. MEDICAL CENTER/COCHRAN DIV.
915 NORTH GRAND BLVD.
ST. LOUIS, MO 63106

INDUSTRIAL 1994 - 1996 CORRESPONDENCE

07-15-15 Moved to ARCHIVED INDUST

IND - VA Medical Ctr - Cochran

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

December 9, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 12/19/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Alan Schmidt, alternate
Gail Larosa, PPMS/or
Cynthia Carter, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90BJB
70BJC
00LS (A. Akinola)
Metropolitan Sewer District

RECEIVED
DEC 11 1996
Environmental Compliance

November 1996 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Methyltestosterone	1	100	10mg			
2	methyltestosterone	2	100	10mg			
3	Phenobarbital	1	80	15mg			
4	Phenobarbital	8	100	15mg			
5	Morphine controlled Release	1	1	15mg			
6	Tylenol c̄ Codeine	1	1	30mg			
7							
8							
9							
10							
11							
12							
13							
14							
16							

RECEIVED
DEC 11 1996
Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

VA MEDICAL CTR - COCHRAN

DEPARTMENT OF VETERANS AFFAIRS

RECEIVED
NOV 14 1996
Environmental Compliance

In Reply Refer To:

November 13, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 11/21/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Richard Watkins, or
Larry Fisher, alternate
Gail Larosa, PPMS/or
Cynthia Carter, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Lewis Myles/dr

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90BJB
70BJC
001S (A. Akinola)
✓Metropolitan Sewer District

OCT 1996 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Lorazepam	4	100	2mg			
2	Lorazepam	1	one (1)	2mg			
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
16							

DEA Form (Jun. 1988) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042266

JC, IP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	"-" FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
17 FENTANYL INJ (2ml Amp) 121117	1	2ml Amp	50 mcg/ml			
18 HALCION 0.125 TAB 017162	1	1	0.125			
~~19 [illegible]~~						
4 LAST ITEM						
5						
6						
7						
8						
9						
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11						
12						
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16						

DEA Form 41 (Jun 1988)

Previous edition dated 7/84 is usable

* See instructions on reverse side.

11/13/96 WED 09:20 FAX 314 289 7042 VA MED CTR- PHARMACY →→→ JB OPT PHARM 003

MSD 042267

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
	2	3	4	5	6	7
#1 CHLORAL HYDRATE (45) 016917	1	45	500 mg			
#2 KLONOPIN Inj (22) 016918	1	22	1 mg			
#3 PARAGORIC CUP #(56) 016978	1	56	5 mL			
4 DIAZEPAM TAB (16) 016985	1	16	2 mg			
5 DILAUDID TAB (14) 120863	1	14	2 mg			
6 KLONOPIN TAB (19) 016979	1	19	1 mg			
7 Fentanyl Inj 5ml (#1) 120880	1	1	250 mcg			
8 Fentanyl Inj 5ml (1) 120884	1	1	250 mcg			

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in ____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** Strike out lines not applicable. WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 88 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated:

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

* U.S.GPO:1986-0-202-043/94970

11/13/96 WED 09:20 FAX 314 289 7042 VA MED CTR- PHARMACY →→→ JB OPT PHARM 004

JC, IP

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTIT: GMS.	QUANTIT: MGS.
	2	3	4	5	6	7
9 MS04 10mg TUBE 120948	1	6	10mg			
10 TEMAZEPAM 30mg CAP 017089	1	9	30mg			
11 Fylnol #2 17109	1	8	15mg			
12 DARVON 65mg # 9-017123	1	9	65mg			
13 CHLORAL HYDRATE # 6-01724	1	6	500mg			
14 KLONOPIN TAB 7 017125	1	7	1mg			
15 MS CONTIN TAB 25 121076	1	25	100mg			
16 DEMEROL TUBE 50mg 121106	1	1	50mg			

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** Strike out lines not applicable. WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

* U.S.GPO:1988-0-202-043/84970

11/13/96 WED 09:21 FAX 314 289 7042 VA MED CTR- PHARMACY →→→ JB OPT PHARM

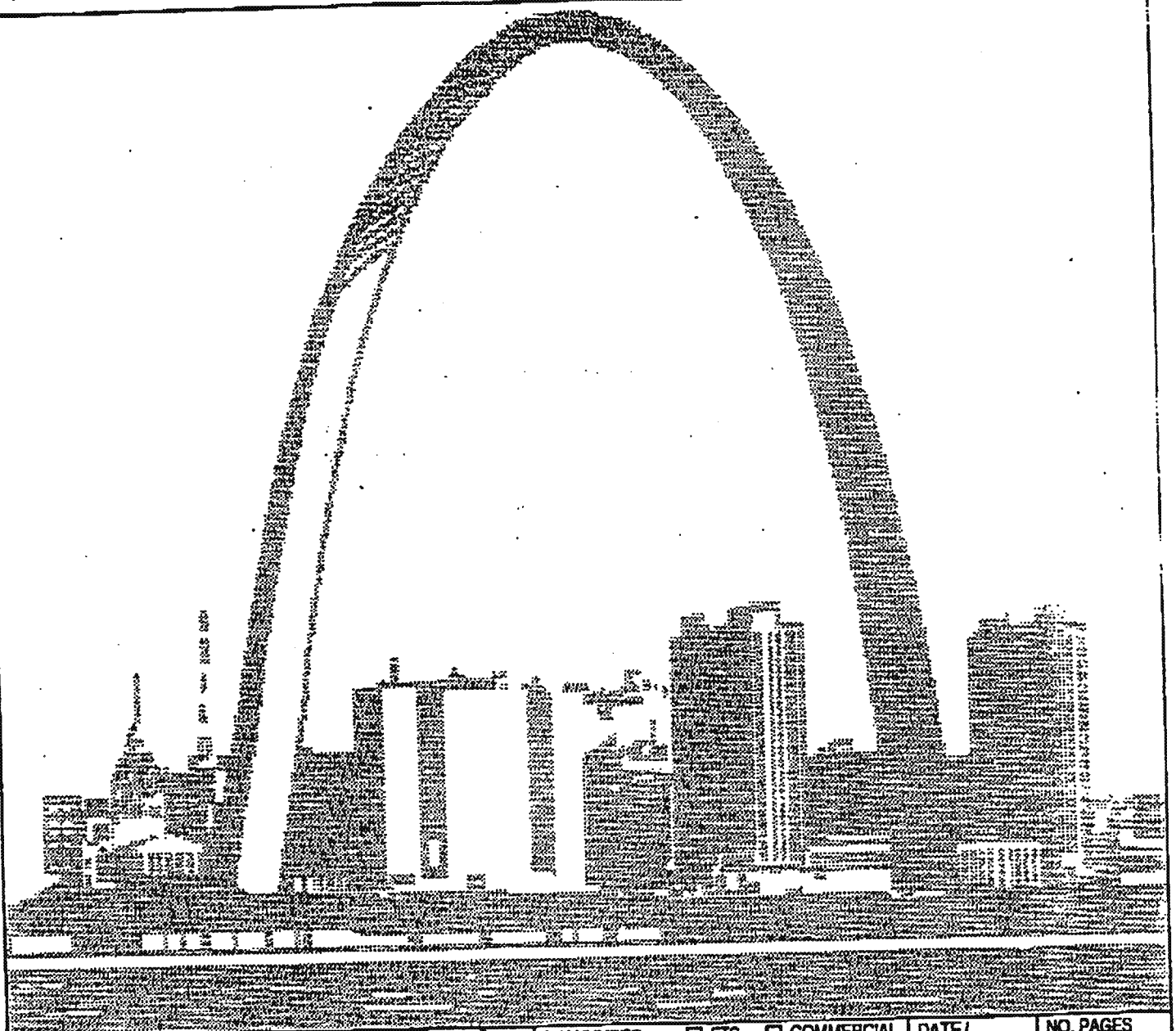
Department of Veterans Affairs

VHA FAX TRANSMITTAL

This transmission is intended only for the use of the person or office to whom it is addressed and may contain information that is privileged, confidential, or protected by law.

All others are hereby notified that receipt of this message does not waive any applicable privilege or exemption from disclosure and that any dissemination, distribution, or copying of this communication is prohibited.

If you have received this communication in error, please notify us immediately at the telephone number shown below. Thank you



TO Fabian Grabski MSD	FAX NUMBER ☐ FTS ☐ COMMERCIAL 436-8753	DATE 11/14/96	NO. PAGES ATTACHED 2
SUBJECT Revision to IUQ for J.C. division - pgs 3+4			
FROM Craig Hundelt St Louis VAMC	TELEPHONE NUMBER ☐ FTS ☐ COMMERCIAL 487-0400 x 4105		

VA FORM 10-0114R
MAY 1993

Department of Veterans Affairs

Memorandum

Date: 11/7/96

From: Engineering Tech. (138)

Subj: Industrial User Questionnaire for JC Division

To: Gunter Durdel, MSD

1. I have attached filled out questionnaire for the JC Division and drawings on the site.

Craig Hundelt

RECEIVED
NOV 08 1996
Environmental Compliance

VA FORM MAR 1989 2105

IND - VA MEDICAL CTR - COCHRAN

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

October 9, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 10/17/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Alan Schmidt
Gail Larosa, PPMS/or
Cynthia Carter, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90BJB
006SJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
OCT 11 1996
Environmental Compliance

Inpt JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

M: (Include Name, Street, City, State and ZIP Code in space provided below).

SEPT 1996

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
1	2	3	4	5	6	7
1. Duramorph 10mg/10ml 2 bags (vials) 120434	2	20ml	20mg			
2. DEMEROL PCA 50cc INJ 120456	1	1	50mg			
3 Phenobarbital 15mg tab (Discharge)	4	370	15mg			
4 MSO4 15mg TUBEX 120558	1	8	15 mg			
5 TESTOSTERONE VIAL 200mg ~~120559~~ 116695	1	VIAL	9cc			
6 COCAINE 4ML VIAL 120650	1	2	10%			
7 Acetaminophen & Codeine Oral Soln	20	30mg/125ml	30mg			
8 MORPHINE 10mg TUBEX 120702	1	1	10mg			
9 Morphine SR 100mg tab (Discharge)	1	200	100mg			
10 Lorazepam 2mg tab (Discharge)	2	160	2mg			
11						

RECEIVED
OCT 11 1996
Environmental Compliance

HUGUST 96

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

(JC - Bld 5, DDTU Program) (NTP Program)

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
314-894-6599

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
	2	3	4	5	6	7
1 Methadone Oral Sol	6	1oz	3mg			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

RECEIVED
OCT 11 1996
Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

MSD 042274

Sept. 96

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

(JC - Bld 5, DDTU Program) (NTP Program)

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
314-894-6599

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS *(Number of grams, tablets, ounces or other units per container)*	Controlled Substance Content *(Each Unit)*	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
		2	3	4	5	6	7
1	Methadone Oral Sol	14	1oz	55mg			
2	Methadone Oral Sol	6	1oz	8mg			
3							
4							
5							
6							
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OCT 11 1996
Environmental Compliance

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

MSD 042275

Sept 96

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	Haloperidol 5mg	1	100	5mg			
2	Percocet	1	157	5mg			
3							
4							
5	Rich						
6							
7							
8							
9							
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OCT 11 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form — 41 Previous edition dated 7/84 is usable

MSD 042276

DEPARTMENT OF VETERANS AFFAIRS VA Hospital - John Cochran

In Reply Refer To:

August 9, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 9/19/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Alan Schmidt, or
Larry Fisher, alternate
Gail Larosa, PPMS/or
Cynthia Carter, alternate
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90BJB
006SJC
001S (A. Akinola)
✓Metropolitan Sewer District

RECEIVED
SEP 1 0 1996
Environmental Compliance

JC, IP.

for proper disposition.

[redacted]-96 AUG

(Must include Name, Street, City, State and Zip Code in space provided below)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	
1 FENTANYL VIAL 5mL 120267	1	1	5mL			
2 GUAIFENESIN CUP #3 016091	1	3	5mL			
3 METHADONE #1 TAB 120119	1	1	5mg			
4 FENTANYL VIAL #1 120203	1	5mL	0105			
5 Morphine PCA 1 120207	1	50mL	50g			
6 Fentanyl Inj #1 120266	1	5mL	50 mcg/mL			
7 Dilaudid 10g/10mL 120269	1	10mL	10mg			
8 FENTANYL VIAL 20mL 120278	1	20mL	20mL			
9 DIAZEPAM 10mg TAB 016313	1	16	10mg			
10 METHADONE VIAL 30mg 120282	1	16DR	16DR			
11 DURAMORPH #1 MIX 1/10/10mL 120326	1	250mL	250mL			
12 EPHEDRINE 50mg VIAL 016372	1	50cc	1mL			
13 MSOM Piggy Back Bag #1 120365	1	100cc	10mg			
14 HALCION TAB 016382	1	9 TABS	9 TABS			
15 HALDOL TAB #3 016384	1	3 TAB	5mg			
16 HALCION TAB #26 016406	1	26 TAB	0125			

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SEP 10 1996
Environmental Compliance

* See instructions on reverse side.

SEP- 4-96 WED 13:48 JC VAMC INPT. PHARM. 2897042 P.02

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTIT: GMS.	QUANTIT: MGS.
[redacted]						
17 KLONOPIN TAB #8 016411	1	72	0.5			
18 KLONOPIN TAB #9 016409	1	9	0.5			
19 DIAZEPAM TUBEX #4 016411	1	4	20 mh 10 mg			
20 MS CONTIN TAB #6 120392	1	6	100 mg			
21 PHENOBARBITAL TAB #5 016405	1	5	60 mg			
22 HALCION TAB. #7 016410	1	7	0.125 mg			
23 ~~PARE GORIC CUP~~						
24 PHENOBARBITAL CUPS #5 016407	1	5	30 mg			

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in ____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ___ DESTROYED BY: _____

WITNESSED BY: _____

** *Strike out lines not applicable.*

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

RECEIVED
SEP 1 0 1996
Environmental Compliance

August 1996 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 Propoxyphene-N-100 (29)	1	120	100mg			
2 morphine SR 15mg	1	1	15mg			
3						
4						
5						
6						
7						
8						
9						
10						
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RECEIVED
SEP 10 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun. 1988)

Previous edition dated 7/84 is usable

MSD 042280

IND - VA HOSPITAL

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

August 8, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 8/22/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Richard Watkins, alternate
Gail Larosa, PPMS/or
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90BJB
006SJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
AUG 12 1996
Environmental Compliance

MSD 042281

JULY 96 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

following schedule is an inventory of controlled substances which is hereby surrendered to you proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	TRIAZOLAM 25mg	1	80	.25mg			
2	METHYLTESTERONE 10mg	1	42	10mg			
3	DEMEROL 100mg	1	100	100mg			
4	DEMEROL 100mg	1	60	100mg			
5	Propoxphene & APAP	1	114	100mg			
6	Acetaminophen w Codeine 30mg	1	63	30mg			
7							
8							
9							
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AUG 12 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable

MSD 042282

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

[redacted]-96

IM: (Include Name, Street, City, State and ZIP Code in space provided below):

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
✓1 Chlordiazepoxide 25mg Cap (#3)	1	3	25mg			
✓2 Tylenol & Cod #4 Tab 015757 (#9)	1	9	60mg			
✓3 Robitussen & Cod Cups 015754 #(4)	1	4	10mg			
✓4 Phenobarb Tab 015755 #(3)	1	3	30mg			
✓5 Phenobarb Cup 015753 (#12)	2	12	30mg			
✓6 Phenobarb Tab 015756 #(20)	1	20	60mg			
✓7 Darvon 65mg Cap 015758 #(7)	1	7	65mg			
✓8 Phenobarbital 60mg Tab 015778 (970)	2	970	60mg			
✓9 Phenobarbital 15mg Tab 015781	1	585	15mg			
✓10 Dilaudid Tab 4mg 119760	1	250	4mg			

RECEIVED
AUG 12 1996
Environmental Compliance

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

PACKAGE No.

OMB Approved No. 1117-0017

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

[redacted] July 96

IM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form

CONT

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
Registrants will fill in Columns 1, 2, 3, and 4 Only	1	2	3	4	5	6
✓25 Demerol 100mg tab	1	170	100mg			
✓26 PENTOBARBITAL TUBEX 119926	1	40	100 MG			
✓27 FIORINAL TAB 119932	1	~~178~~ 78	325/40/50			
✓28 FENTANYL 2cc AMP 119990	1	100 MCG	1			
Rx Tylenol #2 TAB 016004	1	25	300/15mg			
6						
7						
8						
9						
10						

RECEIVED
AUG 12 1996
Environmental Compliance

NAME OF DRUG OR PREPARATION [redacted]	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
✓ 17 ATIVAN TAB 015672	1	9	0.5mg			
✓ 18 PHENOBARBITAL TAB 015919	1	13	30mg			
✓ 19 TYLENOL #2 TAB 015916	1	30	300/15mg			
✓ 20 ATIVAN TAB 015917	1	12	0.5mg			
✓ 21 TYLENOL #4 TAB 015920	1	9	300/60mg			
✓ 22 VALIUM INJ 015918	1	3	10/2mL			
✓ 23 CODEINE INJ 0119885	1	8	30mg			
✓ 24 ATIVAN TAB 015932	1	27	0.5mg			

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 2 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 53 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 302 of the Controlled Substances Act of 1970 (P.L. 91-513)

RECEIVED
AUG 12 1996
Environmental Compliance

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

July 8, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 7/18/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Carl Graham, or
Larry Fisher, alternate
Gail Larosa, PPMS/or
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

Lewis J. Myles

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90BJB
006SJC
00IS (A. Akinola)
Metropolitan Sewer District

RECEIVED
JUL 1 0 1996
Environmental Compliance

June 1996 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

e following schedule is an inventory of controlled substances which is hereby surrendered to you proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	Percocet	1	1	5mg			
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13					RECEIVED JUL 10 1996		
					Environmental Compliance		
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DEA Form 41 (Jun. 1988) Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042287

JUNE 95 JC, DP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

(JC - Bld 5, DDTU Program) (NTP Program)

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
314-894-6599

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Contents (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
		2	3	4	5	6	7
1	Methadone Oral Sol	48	1oz	75mg			
2	Methadone Oral Sol	26	1oz	80mg			
3	Methadone Oral Sol	33	1oz	85mg			
4	Methadone Oral Sol	11	1oz	90mg			
5	Methadone Oral Sol	3	1oz	95mg			
6	Methadone Oral Sol	8	1oz	100mg			
7							
8							
9							
10							
11							
12							
13							
14							
15							
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RECEIVED JUN 10 1996 Environmental Compliance

DEA Form (Jun. 1986) — 41 Previous edition dated 7/84 is usable. * See instructions on reverse side.

MSD 042288

JC, IP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

[redacted]-96 JUN 05 1996

IM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

JUN 05 1996

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1. PHENOBARBITAL 30mg #16 TAB	1	30mg	16			
2 Ephedrine Inj 50mg/ml 1ml 15433	1	50mg	50mg			
3 MSO4 50ML SYRINGE #9 119465	9	50ML	50ML			
4 EPHEDRINE 50mg #1 VIAL 015476	1	50mg	50mg			
5 VERSED MIXED PBACK #1 100mg 015477	1	100mg	100mg			
6 Fentanyl 5ml Amps 119554	1	250mg	50mg/ml			
~~7 Dilaudid Tab #19 015593~~	~~1~~	~~19TAB~~	~~4mg~~			
8 BB TAB #5 015594	1	5TAB	60mg			
9 PB TAB #12 015595	1	12TAB	30mg			
10 PB Cup #8 015596	2	8cup	7.5ML			
11 GUIFENSIN Cup 015597	2	8cup	5mg/10ML			
12 DEMEROL TAB #18 119609	1	18TAB	50mg			
13 DILAUDID TAB #19 119610	1	19TAB	4mg			
14 PB ~~TAB~~ CUP #6 015630	1	6 Cups	30mg			
15 MS CONTIN TAB #27 119632	1	27TAB	100mg			
16 DEMEROL PCA #2 119633	1	2INJ	50mg			

RECEIVED JUL 10 1996 Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun. 1988)

Previous edition dated 7/84 is usable

MSD 042289

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
17 MS CONTIN TAB #9 119634	1	9 TAB	100mg			
18 DEMEROL PCA HID 119635	1	1 PCA	50mg			
19 MS contin 100mg 119636	1	25 tab	100mg			
20 MS contin 100mg 119637	1	31 tab	100mg			
21 Meperidine 50mg inj 119646	1	28 tablets	50mg			
22 MS Contin 100mg 119676	1	25	100mg			
23 Fioricet Tabs 119677	1	4	50mg			
24 MS Contin 100mg 119678	1	7	100mg			

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

☆U.S.GPO:1988-0-202-043/84870

JC, IP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

JUL 02 1996 [redacted]-96

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 Tylenol #2 Tabs 015680	1	23	15mg			
2 Phenobarbital 15mg Tabs 015681	1	14	15mg			
3 Lorazepam 0.5mg Tabs 015679	1	9	0.5mg			
4						
5						
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RECEIVED JUL 10 1996 Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun. 1986)

Previous edition dated 7/84 is usable

MSD 042291

Larry Fischer

	NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
					DISPOSITION	QUANTITY	
						GMS.	MGS.
	1	2	3	4	5	6	7
17							
18							
19							
20							
21							
22							
23							
24							

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area;
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent In Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

*U.S.GPO:1966-0-203-043/84970

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

June 10, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 6/20/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Richard Watkins, alternate
Gail Larosa, PPMS/or
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90BJB
006SJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
JUN 12 1996
Environmental Compliance

MAY 1996

JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

e following schedule is an inventory of controlled substances which is hereby surrendered to you r proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	ALPRAZOLAM 0.25mg	1	59	0.25g			
2	Fluoxymesterone	1	35	10mg			
3							
4							
5							
6							
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RECEIVED
JUN 12 1996
Environmental Compliance

DEA Form 41 (Jun. 1988)

Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042294

INPT
JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

[redacted] 96 MAY

M: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106.

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
1	2	3	4	5	6	7
1 FENTANYL 2ML VIAL #2 (118932)	2	200	400			
2 Fentanyl 20ml vial #1 (119084)	1	wasted 20ml	20ml			
3 Fentanyl 20ml vial #2 (119113)	2	20ml	40ml			
4 Midazolam 50g inj #1 (015124)	1	10ml	10ml			
5 Fentanyl 50mcs/ml 5ml #1 amp 119162	1	250 mcs	5ml			
6 FENTANYL 20ML VIAL #1 119152	1	20ml	20ML			
7 METHADONE TAB #2 IN H_2O 119229	1	10mg X2	20mg			
8 Fentanyl 50mcs/ml 5ml #1 amp 119333	1	250 mcs	5ml			
9 LIBRIUM CAPS 10mg #7 015340	1	70mg	10mg			
10 DIAZEPAM 10mg/2ML INJ #7 015341	7	2ML	10mg/2ML			
11						
12						
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LAST ITEM

RECEIVED
JUN 12 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form (Jun. 1988) — 41

Previous edition dated 7/84 is usable

MSD 042295

(INB) VA - John Cochran

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

May 7, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 5/16/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Haskins, or
Larry Fisher, alternate
Gail Larosa, PPMS/or
Coral Olson, Asst. Chief, PPMS, alternate
Bobby Harris, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90JB
006SJC
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
MAY 10 1996
Environmental Compliance

OMB Approval No. 1117-0017	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

[redacted]96

IM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

April 96

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	
1 SERAX TAB # 25 014619	1	25	10mg			
2 DIAZEPAM Tubex 10mg/2ml 014620	1	1	10mg			
3 FENTANYL 2ML # 1 VIAL 118583	1	2ML	2ML			
4 LOMOTIL ORAL CUPS 014813 # 8 cups	1	8 cups	5ML			
5 DARVON 65mg CAP # 18 014812	1	18 caps	65mg			
6 RITALIN 10mg TAB # 118861	1	6 CAP	10mg			
7						
8						
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LAST ITEM

RECEIVED
MAY 10 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable

April 1996 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Morphine Sulfate injection	3	10	15mg			
2	Testoderm Patches	1	30	6mg			
3	Chloral Hydrate	1	100	500mg			
4	Chloral Hydrate	1	30	500mg			
5	Clonazepam	1	90	0.5mg			
6	Halcion	1	1	.25mg			
7							
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RECEIVED
MAY 10 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun. 1988)

Previous edition dated 7/84 is usable

MSD 042298

(IND) IA - COCHRAN

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

April 2, 1996 657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 4/18/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Richard Watkins, alternate
Gail Larosa, PPMS/or
Coral Olson, Asst. Chief, PPMS, alternate
Bobby Harris, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LJM/dr

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90JB
006SJC
138JB (Stan Wilson)
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
APR - 4 1996
Environmental Compliance

March 1996 · OP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
	Lorazepam	1	1	0.5mg			
2	Tylenol #4	1	1	60mg			
3	Percocet	1	1	5mg			
4							
5							
6							
7							
8							
9							
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11							
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13							
14							
16							

RECEIVED
APR - 4 1996
Environmental Compliance

DEA Form 41 (Jun. 1988) — Previous edition dated 7/84 is usable

* See instructions on reverse side.

6+ JC

FEB 1996

B Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Dilaudid Suppositories	24	6	3mg			
2	Guaifenesin w/Codeine Syrup	1	120ml	10mg/5ml			
3	Guaifenesin w/Codeine Syrup	1	96ml	10mg/5ml			
4	Methadone tablets	1	80	10mg			
5	Methadone tablets	1	100	5mg			
6	Methadone tablets	2	200	10mg			
7							
8							
9							
10							
11							
12							
13							
14	Richard Watkins						
15	Pharmacist for March						
16							

RECEIVED
APR - 4 1996
Environmental Compliance

* See instructions on reverse side.

MSD 042301

IP JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

[redacted] 96

DIRECTIONS: Include Name, Street, City, State and ZIP Code in space provided below.

MAR 96

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106.

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

FOR DEST.
FISHER, LARRY

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2		4	5	6	
1. MSO4 Cap 5mg/10mg #10 118342	10	10 Caps	10mg			
2 T-3 Cap 12.5mg #1 014470	1	1 Cap 12.5mg	12.5			
3 Fentanyl 50mcg/hr Sml #1 118446	1	1mg	250 mcg			
4 METHADONE 10mg TAB #4 118507	1	1 TAB	10mg			
5 CODEINE 30mg INJ #4 118509	1	1/2 GR	4			
6 KLONOPIN 1mg TAB #4 014563	1	4 TAB	4mg			
7 DIAZEPAM 2mg TAB #1 014566	1	1 TAB	2mg			
8 PHENOBARBITAL 30mg TAB 014564	1	4 TAB	120mg			
9 phenobarbital 100mg Tab 5829500	1	89 Tab	100mg			
10						
11						
12						
13						
14						
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16						

RECEIVED
APR - 4 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form - 41 (Jun. 1988)

Previous edition dated 7/84 is usable

APR- 1-96 MON 10:03 JC VAMC INPT. PHARM. 2897042 P.01

MSD 042302

RI 16:05 JC VAMC INPT. PHARM. 2897042 P.01

P. Larry Fisher

Approval 17-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FEB-96

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MCS.
Registrants will fill in Columns 1, 2, 3, and 4 Only	2	3	4	5	6	7
1. HALCION TAB 014000	1	20 TAB	0.125 MG			
2. TYLENOL #4 TAB 018004	1	5 TABS	300/60 mg			
3. TYLENOL #2 TAB 118003	1	12 TABS	300/15 mg			
4. LIBRIUM VIAL 013998	1	4 VIALS	100 mg			
5. ROXANOL ELIX. 70ML BOTTLE 118056	1	70 ML	20 mg/ml			
6. MS CONTIN 100mg TAB 118055	1	5 TABS	100 mg			
7. VERSED 1ML VIAL 014175	1	5 mg	1 ML			
8. T-3 CUP 014229	1	2	12.5			
9. PERCOCET TAB 118243	1	25 TABS	5/325			
10.						
11.						
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LAST ITEM

RECEIVED
APR - 4 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun. 1986)

Previous edition dated 7/84 is usable

MARCH 95

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

(JC - Bld 5, DDTU Program) (NTP Program)

Signature of applicant or authorized agent

Registrant's DEA Number
PV0163422

Registrant's Telephone Number
314-894-6599

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	Methadone Oral Sol	7	1 oz	1.5 mg			
2	Methadone Oral Sol	1	1 oz	3 mg			
3							
4							
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RECEIVED
APR 4 1996
Environmental Compliance

DEA Form 41 (Jun. 1986) Previous edition dated 7/84 is usable. * See instructions on reverse side.

MSD 042304

IND
MED CENTER 915 N RAND

DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

657/119

March 7 , 1996

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 3/21/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Richard Watkins, or
Larry Fisher, alternate
Gail Larosa, PPMS/or
Coral Olson, Asst. Chief, PPMS, alternate
Bobby Harris, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90JB
006SJC
138JB (Stan Wilson)
001S (A. Akinola)
Metropolitan Sewer District

RECEIVED
MAR 1 2 1996
Environmental Compliance

OP JC

FEB 1996

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Dilaudid Suppositories	24	6	3mg			
2	Guaifenesin w/Codeine Syrup	1	120ml	10mg/5ml			
3	Guaifenesin w/Codeine Syrup	1	96ml	10mg/5ml			
4	Methadone tablets	1	80	10mg			
5	methadone tablets	1	100	5mg			
6	Methadone tablets	2	200	10mg			
7							
8							
9							
10							
11							
12							
13							
14	Richard Watkins						
15	Pharmacist for March						
16							

RECEIVED
MAR 12 1996
Environmental Compliance

* See instructions on reverse side.

...dated 7/94 is usable

MSD 042306

P. Larry [redacted] Fisher

OMB Approval No. 1117-0017	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FEB-96

FROM: (Include Name, Street, City, State and ZIP Code in space provided below.)

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number: AH5926475

Registrant's Telephone Number: 314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Column 1, 2, 3, and 4 Only)		Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	3	4	5	6	7
1. HALCION TAB	014000	1	20 TAB	0.125			
2 TYLENOL #4 TAB	018004	1	5 TABS	30/60			
3 TYLENOL #2 TAB	118003	1	12 TABS	30/15			
4 LIBRIUM VIAL	013998	1	4 VIALS	100mg			
5 ROXANOL ELIX. 70ML BOTTLE	118056	1	70ML	20mg/ml			
6 MS CONTIN 100mg TAB	118055	1	5 TABS	100mg			
7 VERSED 1ml VIAL	014175	1	5mg	1ML			
8 T-3 CUP	014229	1	2	12.5			
9 PERCOCET TAB	118243	1	TABS 25	5/325			
10							
11							
12							
13							
14							
15							
16							

LAST ITEM

RECEIVED
MAR 12 1996
Environmental Compliance

* See instructions on reverse side.

DEA Form - 41 (Jun. 1986)

Previous edition dated 7/84 is usable

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

February 13, 1996

Craig T. Hundelt
Chief, M&O Section
VA MEDICAL CENTER
138 Jefferson Barracks Dr.
St. Louis, MO 63125

Re: 915 N. Grand Blvd.
St. Louis, MO 63106

Dear Mr. Hundelt:

We have received a "Freedom of Information Act" request for information from our industrial user files. The request was from Tom Leigh, 19 Barberry Lane, Kirkwood, MO 63122. Mr. Leigh requested a list of companies not in compliance with permit discharge parameters for 1995, and a list of companies that paid sewer surcharge fees in excess of $20,000 in 1995 including the dollar amount paid.

As is our policy we honor such requests and in turn notify the company involved. We have provided the requestor with the lists. Your company was included on one or both of these lists.

If you have any questions, please call me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

ldl

file-industry

Medical Center St. Louis MO 63125

Veterans Administration

In Reply Refer To:

February 7, 1996

657/119

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd. , Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 2/22/96 at the John Cochran Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Janice Wade, alternate
Gail Larosa, PPMS/or
Coral Olson, Asst. Chief, PPMS, alternate
Bobby Harris, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90JB
006SJC
138JB (Stan Wilson)
001S (A. Akinola)
Metropolitan Sewer District

"America is #1—Thanks to our Veterans"

JAN 199

OP, JC

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 Diphenoxylate & Atropine	1	20	2.5mg			
2 Tylenol w/codeine elixir	1	200ml	12mg/5ml			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

* See instructions on reverse side.

DEA Form 41 Previous edition dated 7/84 is usable

MSD 042310

OMB Approved No. 1117-0017

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

INP. JC. Jan 96

M: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION (Registrants will fill in Columns 1, 2, 3, and 4 Only)	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1. DIAZEPAM 10/2ML VIAL 013620	1	2ML	2ML			
2. MSO4 100/4ML INJ 117430	2	100ML / 4ML	100ML / 4ML			
3 PF. MSO4 1mg/mL & 0.1% bupiv. 200mL - 117443	3	1mg/mL / 200mL	1mg/mL / 200mL			
4 Fentanyl Inj 50 mcg/ml 5ml 117451	1	50mcg / ml	250 mcg			
5 DIAZEPAM 10/2ML INJ 013633	1	2ML	2ML			
6 CLORAZEPAM 10mg TAB 013636	1	3TABS	3TABS			
7 LIBRIUM 10mg CAP. 013637	1	11Cap	11Cap			
8 MS CONTIN TAB 100mg 117530	1	27TAB	27TAB			
9 MSO4 CUP 10mg/5ML 117550	2	5ML	5ML			
10 DILAUDID Supp. 3mg 117653	3	3mg	3mg			
11 MSO4 Supp 20mg 117661	5	19	20mg			
12 FENTANYL 5ML VIAL 117667	2	5ML	5ML			
13 METHADONE 10ML TABS IN MLO VIAL 2oz 117657	1	7	7			
14 MSO4 CUP 10mg/5ML 117685	1	15ML	5ML			
15 ATIVAN 60mg/50ML 013804	2	50ML	50ML			
16 DEMEROL 75mg INJ 117744	1	1ML	10ML			

* See instructions on reverse side.

DEA Form (Jun. 1988) — 41

Previous edition dated 7/84 is usable

Jan 96

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
17 METHADONE MIXED 10mg 117748 VIAL	1	10mg	10mg			
18 DEMEROL PCA 250mg 117747 INJ	3	50mg	50mg			
19 CHLORAL HYDRATE 500mg CAP 013891	8	500mg	500mg			
20 LONITIL CUP 3 013820	3	5mL	5mL			
21 CHLORAL HYDRATE CAP 013921	4	50 CAP 40 CAP	TOTAL 190			
22 CODEINE 30mg INJ TUBEX 117917	1	50 TUBEX	50			
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 88 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

• U.S. GPO: 1988-0-202-043/80070

Medical Center St. Louis MO 63125

Veterans Administration

In Reply Refer To:

February 7, 1996

Mr. Darrin Kipp
Drug Enforcement Administration
St. Louis Division
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form (s) 41. The destruction count is scheduled to begin at 9:00 a.m. on 2/21/96 at the Jefferson Barracks Division. Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Judith Johnson, or
Sandy Flint-Smith, alternate
Yolanda Johnson, PPMS/or
Coral Olson, Asst. Chief, PPMS, alternate
Rayetta Williamson, alternate

If further information is needed, please contact the Pharmacy office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90JB
006SJC
138JB (Stan Wilson)
001S (A. Akinola)
Metropolitan Sewer District

"America is #1—Thanks to our Veterans"

36 IP JB

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
Jefferson Barracks
St Louis, Missouri 63125

(JB - Hospital)

Signature of applicant or authorized agent

Registrant's DEA Number
AA4418732

Registrant's Telephone Number
314-894-6599

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.		Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7	
1 ACETAMINOPHEN ECOD. 30mg	0000656	1	36	30MG			
2 ACETAMINOPHEN ECOD 30 MG	0000657	1	6	30mg			
3 ACETAMINOPHEN ECOD 30 MG	0000658	1	8	30mg			
4 ACETAMINOPHEN ECOD 30 MG	0000659	1	2	30mg			
5 MEPERIDINE 50 MG	0000667	1	2	50mg			
6 PERCOCET	0000668	1	1	—			
7 TYLENOL #3	0000669	1	2	30mg			
~~8 Morphine Sulfate inj 60ml 1mg/ml~~	~~0000[illegible]04~~	~~1~~	~~16 vials 960ml~~	~~1mg/ml~~	~~[illegible] MR 2/2/96~~		
9 Hydromorphone Supp	0000[illegible]05	1	134	3mg			
10							
11							
12							
13							
14							
15							
16							

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

MSD 042314

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 2 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

• U.S.GPO:1988-0-202-043/84970

39 IP Maureen

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
Jefferson Barracks
St Louis, Missouri 63125

(JB - Hospital)

Signature of applicant or authorized agent

Registrant's DEA Number
AA4418732

Registrant's Telephone Number
314-894-6599

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 LORAZEPAM 0.5 MG	1	12	0.5mg			
2 PROPOXYPHENE N-100 APAP 650	1	28	100/650			
3 LORAZEPAM 0.5 MG	1	1	0.5mg			
4 CLONAZEPAM 0.5 MG	1	56	0.5mg			
5 PROPOXYPHENE-N 100 & APAP	1	41	100			
6 PROPOXYPHENE-N100 & APAP	1	20	100			
7 DIAZEPAM 10MG	1	39	10mg			
8 Diphenoxylate & Atropine 60ml	1	2 ounces	2.5mg/5ml			
9 Chloral Hydrate 500mg Cap	1	124	500mg			
10 Diazepam inj 10mg/2ml	1	~~12~~ 2	~~6mg/2ml~~			
11 Triazolam 0.125mg Tab	1	1360	0.125mg			
12 Phenobarbital inj. 65mg/ml	1	10	65mg/ml			
13 Clonazepam 2mg	1	695	2mg			
14 Chlordiazepoxide 5mg	1	1	5mg			
15 DIAZEPAM 5MG	1	53	5MG			
16 ALPRAZOLAM 0.5MG	1	113	0.5mg			

DEA Form (Jun. 1986) — 41 Previous edition dated 7/84 is usable. * See instructions on reverse side.

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
17 CHLORDIAZEPOXIDE 25MG	1	15	25MG			
18 DIAZEPAM 10MG	1	55 1/2	10MG			
19 CLONAZEPAM 2MG	1	34	2MG			
20 CLONAZEPAM 1MG	1	199	1MG			
21 CLONAZEPAM 0.5MG	1	60	0.5MG			
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

• U.S.GPO:1988-0-202-043/84970

5

IP
JB

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION **REGISTRANTS INVENTORY OF DRUGS SURRENDERED**	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
Jefferson Barracks
St Louis, Missouri 63125

Signature of applicant or authorized agent

Registrant's DEA Number
PV0156275

Registrant's Telephone Number
314-894-6599

(JB - Methadone - NTP Program)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS *(Number of grams, tablets, ounces or other units per container)*	Controlled Substance Content, *(Each Unit)*	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
1	2	3		5	6	7
1 Methadone Concentrate 10mg/5ml 0000167	1	50ml	10mg/5ml			
2 Methadone Concentrate 10mg/5ml 0000168	1	10ml	10mg/5ml			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

DEA Form (Jun. 1986) — 41

Previous edition dated 7/84 is usable.

* See instructions on reverse side.

MSD 042318

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

☆U.S.GPO:1988-0-202-043/84970

(IND) VA — Cochran

Medical Center St. Louis MO 63125

Veterans Administration

January 5, 1996

In Reply Refer T657/119

Drug Enforcement Administration
St. Louis Division
ATTN: Darrin Kipp
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form(s) 41. The destruction count is scheduled to begin at **9:00 a.m. on 01/18/96** at the **John Cochran Division.** Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Richard Watkins, or
Larry Fisher, alternate
Gail Larosa, PPMS/or
Yolanda Johnson, alternate
Coral Olsen, Asst. Chief, PPMS, alternate

If further information is needed, please contact the Pharmacy Office at 487-0400, ext. 4500.

Sincerely,

Lewis J. Myles

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90B JB
006S JC
138 JB (Stan Wilson)
001S (A. Akinola)
Metropolitan St. Louis Sewer District

RECEIVED
JAN 11 1996
Environmental Compliance

"America is #1—Thanks to our Veterans"

December 1995

of 50

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1	2	3	4	5	6	7
1	LORAZEPAM	2	100	2mg			
2	LORAZEPAM	1	18	2mg			
3							
4							
5							
6							
7							
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16							

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JAN 11 1996
Environmental Compliance

DEA Form (Jun. 1988) — 41

Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042321

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

DEC-95

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
Registrants will fill in Columns 1, 2, 3, and 4 Only	2	3	4	5	6	7
#1 NANDROLONE DECANOATE 100mg 2ml 013346	4	2ML	2ML			
#2 CODEINE INJ 30mg 117033	9	1ML	1ML			
3 PHENOBARBITAL 30mg #8cups 013354	8	7.5ml	7.5ml			
4 DRONABINOL CAP 117034	13	2.5	2.5			
5 FENTANYL 2ML VIAL 117040	1	2ML	2ML			
6 FENTANYL 2ML VIAL 117041	2	2ML	2ML			
7 FENTANYL 2ML VIAL 117067	1	2ML	2ML			
8 CODEINE INJ 30mg 117078	2	1ML	1ML			
9 MS CONTIN TAB 100mg 117079	23	1TAB	1TAB			
10 XANAX TAB 1mg 013382	35	1TAB	1TAB			
11 TALWIN CAP 12.5 013451	1	12.5ml	12.5ml			

RECEIVED
JAN 11 1996
Environmental Compliance

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
17 FENTANYL 50/ML 117238	1	1ML	1ML			
18 LIBRIUM 5mg CAP 013507	4	5mg	5mg			
19 NEMBUTAL 50mg/ML 117252	1	49.7	49.7			
20 NEMBUTAL 60/ML 95693	1	.6	.6			
21 METHADONE 10mg w/H2O 117288	1	30mg	30mg			
22 DURAMORPH 10/10 1 VIAL 117311	1	10ML	10ML			
23 DIAZEPAM 10/2ML 013620	1	2ML	2ML			
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been inventoried in ___ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ___ DESTROYED BY: _____

** Strike out lines not applicable. WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 2 pkgs., 100 tabs., 1/4 gr. (16 mgs.) or morphine sulfate tabs., 1 pkg., 50 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

RECEIVED
JAN 11 1996
Environmental Compliance

Medical Center St. Louis MO 63125

(IND) UA -

Veterans Administration

December 5, 1995

In Reply Refer To: 657/119

Drug Enforcement Administration
St. Louis Division
ATTN: Darrin Kipp
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form(s) 41. The destruction count is scheduled to begin at **9:00 a.m. on 12/21/95** at the **John Cochran Division.** Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Larry Fisher, or
Wayne Ratliff, alternate
Gail Larosa, PPMS/or
Yolanda Johnson, alternate
Coral Olsen, Asst. Chief, PPMS, alternate

If further information is needed, please contact the Pharmacy Office at 487-0400, ext. 4500.

Sincerely,

for LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90B JB
006S JC
138 JB (Stan Wilson)
001S (A. Akinola)
Metropolitan St. Louis Sewer District

RECEIVED
DEC 0 7 1995
Environmental Compliance

"America is #1—Thanks to our Veterans"

OMB Approval No. 1117-0007

DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REGISTRANTS INVENTORY OF DRUGS SURRENDERED

PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

NOV - 95

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE: See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	Registrants will fill in Columns 1, 2, 3, and 4 Only	1	2	3	4	5	6
1	PHENOBARBITAL 30mg Tab	013039	5	5			
2	LOMOTIL CUPS 5ML #4EA	013124		4			
3	FENTANYL VIAL 20ML #1	116857	20ML	1			
4	MSO4 Cup #3	116023	3	5ML	3		
5							
6							
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16							

RECEIVED
DEC 07 1995
Environmental Compliance

* See instructions on reverse side.

Previous edition dated 7/84 is usable

DEA Form 41 (Jun. 1988)

DEC- 4-95 MON 12:07 JC VAMC INPT. PHARM. 2897842 P.01

MSD 042325

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

November 17, 1995

Tom Albers
S. J. MECHANICAL
645 North Florissant
Florissant, MO 63031

Dear Mr. Albers:

We have reviewed your application dated November 16, 1995 for approval for disposal of 20 gallons of an ethylene glycol heat transfer solution into the District's sanitary sewers. The solution is contained in mechanical equipment at the Veteran's Administration Hospital, 915 North Grand Boulevard, St. Louis, Missouri.

We have looked into the impact of glycol solutions on the District's treatment processes. Information we have obtained concerning the biodegradability of ethylene glycol indicates that the type of biological systems we utilize in our treatment processes can remove this organic compound. Until specific regulations governing disposal of this material have been established, or problems are encountered in treating the material at our facilities, we consider disposal of glycol solutions into the sanitary sewer system as an acceptable disposal method, in quantities and concentrations such as you have requested.

Therefore, based on the information you have provided, this material meets our requirements and is approved for discharge into a sanitary sewer on site. This approval is valid for 30 days from the date of this letter.

You must be certain the waste is discharged into a sanitary or combined sewer inlet only. This letter does not authorize any discharge to a separate storm sewer, or to any watercourse, as any such discharge would be in violation of state and federal laws.

This discharge has been approved based upon the information you provided, and is subject to the conditions stated above. This approval may be revoked by the District at any time if any of the information is found to be incorrect, or if the conditions of this approval are violated. Also, if the discharge causes any operational or maintenance problem within the District's collection or treatment system, or results in violations of any conditions of the District's NPDES permit, the Veteran's Administration will be considered responsible for damages.

If you have any questions, please call me at 436-8757.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Michael Townley
Civil Engineer

cm

pc: Bernie Rains
Mike Halliburton, Veteran's Administration, 1 Jefferson Barracks Drive, St. Louis, MO 63125-4199

10 EAST GRAND AVENUE.

APPLICATION FOR APPROVAL

Post-it® Fax Note [redacted]7671	Date 11-16-95	# of pages ▶
To Mike Townley	From Tom Albers	
Co./Dept.	Co. S & J Mechanical	
Phone #	Phone # 839-0101	
Fax #	Fax #	

I. Application is hereby made for (CHECK ON

☑ DISCHARGE TO SANITARY OR COMBINED SEWER (

****

NOTE: NO DISCHARGE TO A SEPARATE S[illegible] SEWER OR WATERCOURSE IS ALLOWED.

****

☐ TRANSPORT TO MSD TREATMENT PLANT: Name plant: _____

****

NOTE: THE DISTRICT CAN NOT ACCEPT ANY TRANSPORTED WASTE IDENTIFIED AS HAZARDOUS IN 40 CFR PART 261 (RCRA).

****

II. RESPONSIBLE PARTIES:

SOURCE: Site Name V.A. Hosp (John Cochran)
Street Address 915 N. Grand Blvd City St. Louis State MO Zip 63106
Owner Veteran's Administration
Contact person Mike Halliburton Title VA Project Engineer
Mailing Address #1 Jefferson Barracks Dr City St. Louis State MO Zip 631254199
Telephone 894-6574 Fax _____

SITE CONTRACTOR: Name S.J MECHANICAL
Street Address 645 N. Florissant City Florissant State MO Zip 63031
Contact Person Tom Albers or Mary Jane Raymond Title President
Mailing Address 645 N. Florissant City Florissant State MO Zip 63031
Telephone (314) 839-0101 Fax 839-9217

TRANSPORTER: Name _____ MSD Transporter Identification # _____
Street Address _____ City _____ State _____ Zip _____
Contact person _____ Title _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____

III. MATERIAL TO BE DISCHARGED:

1. Fully describe the waste and the nature of the activities requiring its disposal: WATER COOLER CONDENSER SYS 80% WATER 20% Glycicole
   a. Copy of laboratory analyses attached? YES ___ NO ✓
   b. Copies of Material Safety Data Sheets attached? YES ___ NO ✓
   c. Is waste from a process subject to federal categorical standards? YES ___ NO ___ If yes, identify the standard: 40 CFR Part ___, Subpart ___.
2. Quantity to be discharged to MSD: 20 Gals
3. Proposed rate and/or frequency of discharge: ONE Time
4. If waste is from an underground storage tank, storage tank excavation or is groundwater from a site remediation project:
   a: Identify the substances which were in the tanks or which contaminated the groundwater: _____
   b: How long has the tank or site been out of service? N/C
5. Describe any treatment to be provided prior to discharge to MSD: NO / None
6. Describe proposed point of entry to sewer (if on-site): _____

Turn over and complete parts IV through VI

tainer as part of this application. The requirement of

[illegible] as part of this application. The requirement for a sample may be waived if an acceptable report containing results of analyses for the parameters specified by the Department of Environmental Compliance has been submitted. The Department may require a sample in addition to any analytical reports. Complete the following for any sample submitted:

1. Sampled by: Name: _____ Company: _____
2. Date sampled: _____ Time: _____ Preservatives: _____
3. Type sample: Grab___ Composite___ How composited: _____

If MSD performs any analyses necessary to determine the acceptability of this waste, the applicant may be billed by invoice for the cost of those analyses. Most wastes considered for acceptance must be analyzed for one of the following two groups of substances.

<u>Group 1</u>: pH, TS, TSS, VSS, COD, Cd, Cr, Cu, Fe, Pb, Ni, Zn and the volatile organic priority pollutants. Group 1 analyses will be invoiced at $470.00.

<u>Group 2</u>: pH, TSS, COD, Pb, benzene, toluene, ethylbenzene and xylene (BTEX). Group 2 analyses will be invoiced at $191.00.

The charges for any additional analyses required will be added to the above amounts. In some cases, fewer analyses may be required. The applicant will be billed only for the analyses actually performed. Analytical charges are listed in Appendix III of MSD Sewer Service Charge Ordinance #9029.

Provide your Purchase Order number if you require one for billing: _____

****

V. SIGNATURE AND CERTIFICATION: This application must be signed by the owner of the source site or a contractor directly responsible for site remediation activities.

I hereby certify that to the best of my knowledge and belief the information in this application is true, complete and accurate. If granted approval to discharge, I agree to abide by the MSD Ordinances, and all applicable federal, state and local regulations. I agree to pay the costs of any pre-approval analyses performed by MSD and to pay any applicable disposal charges for the volume or strength of the wastes discharged.

Applicant name (Printed) Tom Albers

Applicant signature: _____ Date: 11-16-95

VI. HAZARDOUS WASTE CERTIFICATION: If you checked the box on page 1 "Transport to MSD Treatment Plant", you must sign the following certification:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE MATERIAL IS NOT CLASSIFIED AS A HAZARDOUS WASTE AS DESCRIBED IN 40 CFR Part 261. (RCRA)

Applicant signature: _____ Date: 11-16-95

****

For MSD Department Of Environmental Compliance use only:

Sample Received: Date: _____ Time: _____ Via: _____ By: _____

How labeled: _____

Comments: _____

Receiving STP (If on-site discharge): _____

Transmitted to lab: Date: _____ Time: _____ By: _____ Lab ID: _____

(IND) VA — Cochran

Medical Center St. Louis MO 63125

Veterans Administration

November 6, 1995

In Reply Refer To: 657/119

Drug Enforcement Administration
St. Louis Division
ATTN: Darrin Kipp
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form(s) 41. The destruction count is scheduled to begin at **9:00 a.m. on 11/16/95** at the **John Cochran Division.** Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Carl Graham, or
Larry Fisher, alternate
Gail Larosa, PPMS/or
Yolanda Johnson, alternate
Coral Olsen, Asst. Chief, PPMS, alternate

If further information is needed, please contact the Pharmacy Office at 487-0400, ext. 4500.

Sincerely,

Lewis J. Myles

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90B JB
006S JC
138 JB (Stan Wilson)
001S (A. Akinola)
Metropolitan St. Louis Sewer District

RECEIVED
NOV - 8 1995
Environmental Compliance

"America is #1—Thanks to our Veterans"

October 1995

JC-OP Cook Graham Nov

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Morphine SR	1	60	60mg			
2	Morphine conc	1	120ml	20mg/ml			
3	Tylenol c Codeine	1	94	30mg			
4	Tylenol c Codeine	1	16	30mg			
5							
6							
7							
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10							
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NOV - 8 1995
Environmental Compliance

* See instructions on reverse side.

DEA Form 41 Previous edition dated 7/84 is usable

MSD 042331

JC Larry Fisher

OMB Approval No. 1117-0017	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

OCT-95

M: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1 DIAZEPAM INJ 10/2 ML 116071	90	2ML	2ML			
2 CODEINE INJ 30mg/ML 116072	30	1ML	1ML			
3 MSO4 15mg INJ 116073	40	15mg	15ML			
4 NEMBUTAL 50mg INJ	2	50mg	50ML			
5 FENTANYL 50/20ML INJ 116080	1	50mg	20ML			
6 Fentanyl 50mg/ml 116162	1	50mg	1ML			
7 Morphine 20g/ml 116159	1	20mg/ml	732ml			
8 Lomotil 2.5mg 12695	1	2.5mg	2.5mg			
9 Valium 10mg/2ml 12693	2	10mg	10mg/2ml			
10 chloral hydrate 12696	8	500mg	500mg			
11 Librium 5mg 12697	8	5mg	5mg.			
12 SUBLIMAZE 20ML 116293 50mg	1	20ML	20ML			

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NOV - 8 1995
Environmental Compliance

MSD 042332

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY: GMS.	QUANTITY: MGS.
1	2	3	4	5	6	7
17 DIAZEPAM VIAL 2ML 012919	1	2ML	2ML			
18 LIBRIUM CAP 5mg 012920	1	12	12			
19 MSO4 100mg 4ML VIAL 116541 INJ	8	4ML	8			
20 VERSED 10ML 5mg VIAL 012964 INJ	1	10ML	1			
21 LIBRIUM 5mg CAP 012918 112V	1	5ML	2			
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 88 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent In Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of controlled substances. Disclosures of information from this system are made to the following categories of users for the purposes stated:

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the

RECEIVED
NOV - 8 1995
Environmental Compliance

Medical Center St. Louis MO 63125

Veterans Administration

In Reply Refer To:
657/119

September 6, 1995

Drug Enforcement Administration
St. Louis Division
ATTN: Darrin Kipp
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

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Ray Klotz, or
Larry Fisher, alternate
Gail Larosa, PPMS/or
Yolanda Johnson, alternate
Coral Olsen, Asst. Chief, PPMS, alternate

If further information is needed, please contact the Pharmacy Office at 487-0400, ext. 4500.

Sincerely,

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosures

cc: 90B JB
006S JC
138 JB (Stan Wilson)
001S (A. Akinola)
Metropolitan St. Louis Sewer District

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Environmental Compliance

"America is #1—Thanks to our Veterans"

SEP- 6-95 WED 8:28 JC VAMC INPT. PHARM. 2897042 P.01

AUG 95 Aug 95 Mike I.P.

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

M: (Include Name, Street, City, State and ZIP Code in space provided below).

VA Medical Center
Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
314-894-6599

(JC - Hospital)

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only		Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	MGS.
	1		2	3	4	5	6	7
1	Fentanyl Inj 50mcg/ml 5ml	115247	1	5ml	50mcg/ml			
2	VERSED 5mg/10	011895	2	200ML	200ML			
3	Fentanyl 5ml INJECTION	115299	2	250 mcg	50mcg/ml			
4	BREVITAL SODIUM INJ	115302	2 / 1	BOTTLES 1000mg	500mg			
5	BREVITAL SODIUM INJ	115303	1	500mg	500mg			
6	DIAZEPAM VIAL INJ	012054	2	10ML	10ML			
7	METHADONE TAB 10mg	115364	5	10mg	5			
8	DEMEROL PCA*	115367	3	50mg	50mg			
9	FENTANYL 2ML VIAL	115368	1	50mg	50mg			
10	Librium 5mg	12166	1	5mg	1			
11	Phenobarbital 30mg	12167	2	30	2			
12	Librium 5mg	12162	13	5mg	13			
13	Morphine PCA 50mg/50ml	115511	1	50mg/50ml	1			
14	NANDROLONE DECONATE	012198	1	100mg/ML	1			
15	DIAZEPAM 10/2ML	012199	1	10/2ML	2			
16	LIBRIUM 5mg	012200	1	5mg CAP	31			

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DEA Form 41 (Jun. 1988) Previous edition dated 7/84 is usable

* See instructions on reverse side.

MSD 042335

Mike I.P

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTIT: GMS.	QUANTIT: MGS.
1	2	3	4	5	6	7
17 DARVON 65mg 012201	1	65mg	100			
18 CHLORAL HYDRATE 500mg 012202	1	500mg	140			
19 COCAINE 4% Top. 115560	1	4%/4mL	10			
20 Morphine SO4 10mg/mL	3	4mg/mL	3			
21 MSO4 60mL INJ 115665	1	1mg/14mL	2			
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in ____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ____ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any furhter inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

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AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

U.S.GPO:1995-0-202-043/84870

August 1995 JC, OP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

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Chief, Acquisition & Material
Management Service
3500 Franklin Ave
St Louis, Missouri 63106

Signature of applicant or authorized agent

Registrant's DEA Number
AH5926475

Registrant's Telephone Number
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(JC - Hospital)

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	NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY: DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
	1	2	3	4	5	6	7
1	Methadone	2	100	10mg			
2	Diphenoxylate/Atropine Sol	5	2oz	2.5mg			
3	Morphine Sol	6	120	2400mg			
4	Morphine Sol	2	120	2400mg			
5	Morphine Sol	2	120	2400mg			
6	Morphine Sol	2	120	2400mg			
7	Morphine Sol	1	120	2400mg			
8							
9							
10							
11							
12							
13							
14							
15							
16							

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Environmental Compliance

* See instructions on reverse side.

DEA Form 41 (Jun. 1988)

Previous edition dated 7/84 is usable

MSD 042337

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: VA Medical Center (Cochran Facility)

Premise Address: 915 N. Grand Zip Code: 63106

Account #: 1114 0460-00 Current MSD category: 49

Inspection Contact Person: DAN BURNS

Title: MAINTENANCE SUPERVISOR Phone # 289-6450

Inspection Date: 9/5/95 Time of inspection: From 9:00 A To 10:45 A

Inspector: J. GOODALL Reinspection ✓ Initial Inspection ___

References used: IUQ Date: 3/9/94 IDS Date: 11/30/94 Permit Date: 5/1/94

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 10/27/94

1. HAS FIELD CONTACT CHANGED ? Yes ✓ No ___
   New contact name and title DAN BURNS - MAINTENANCE SUPERVISOR

2. HAS EMPLOYEE NUMBER CHANGED ? Yes ___ No ✓
   New Number ___

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes ___ No ✓
   New Shifts ___ New Days per Week ___

4. ARE THE LISTED SIC's CORRECT ? Yes ✓ No ___
   Note any changes: ___

5. ARE MAJOR PROCESSES BATCH ? ___ OR CONTINUOUS ? ✓
   A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ___
   B. Any new batch processes which discharge ? Yes ___ No ✓
   C. Comments: ___

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes ___ No ✓
   A. If yes, what ? ___
   B. Affect which sample points ? ___

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes ___ No ✓
   A. If yes, what ? ___
   B. Comments: ___

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes ___ No ✓
   A. If yes, what ? ___
   B. Affect which sample points ? ___
   C. Is surcharge status affected ? Yes ___ No ___
   D. Is return factor status affected ? Yes ___ No ___
   E. If yes to C or D, explain: ___

MSD 042338

9. IS ANY WATER USED FOR COOLING ? Yes ✓ No__
   A. What does the water cool ? Chiller for X-RAY PROCESSORS, AIR CONDITIONERS
   B. Contact CW ? ____ Non-contact CW ? ✓
   C. Once-through ? Chiller - X RAY PROC. Recirculated ? AIR CONDITIONERS
   D. Is the water treated or conditioned before or during use ? Yes ✓ No__
   E. What contaminants may be present ? Algecides, Biocides
   F. Cooling tower(s) 2 Capacity (tons) 725 TONS EACH
   G. Frequency & volume of blowdown Auto ~ 8,600 gpd Discharge to SEWER
   H. At which sample points ? 001
   I. Comments: Joe Escoffier - Util. Sys. Foreman SEASONAL shutdown (NOV-APR)

10. IS ANY WATER USED IN BOILERS ? Yes ✓ No__
   A. Is the water treated or conditioned before or during use ? Yes ✓ No__
   B. What contaminants may be present ? OXYGEN SCAVENGERS - CAUSTIC, Sodium Sulfite
   C. Frequency & volume of blowdown daily ~ 100 gal Discharge to SEWER
   D. At which sample points ? 001
   E. Comments: ____

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No ✓
   A. What types of devices ? ____
   B. How is the water disposed ? ____
   C. What contaminants may be present ? ____
   D. Frequency & volume if discharged ____ Discharge to ____
   E. At which sample points ? ____
   F. Comments: ____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes__ No ✓
   A. Describe ____
   B. What contaminants may be present ? ____
   C. At which sample points ? ____
   D. Comments: ____

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes ✓ No__
   A. Food wastes ? ✓ Petroleum wastes ? ____
   B. Frequency of cleaning ONCE / YEAR
   C. Are cleaning logs kept ? Yes ✓ No__
   D. How is oil/grease disposed ? hauled off site

14. ARE ANY SOLVENTS USED ? Yes ✓ No__
   A. Which solvents ? Safety Kleen Solvent
   B. What used for: CLEAN EQUIPMENT
   C. How disposed ? hauled off site
   D. Does company have a solvent management plan ? Yes__ No ✓
   E. If yes, last time updated ____. Update needed ? Yes__ No__
   F. Is there a copy in MSD file ? (Obtain copy) Yes__ No__

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations Hospital waste
   B. How is waste disposed ? SEWERED & hauled off site

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes ✓ No__
A. If yes, describe operations Nuclear medicine
B. NRC License No.: 24-00144-05
C. How is waste disposed ? Low level radioactivity discharged to sewer.
D. If disposed to sewer, describe procedures: Isotopes are stored on site for decay before discharge.
E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes ✓ No__

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes ✓ No__
A. If yes, describe X-ray developing
B. At which sample points ? 001
C. Silver recovery facilities at these points ? Yes ✓ No__
D. Comments: Two collection points – electrolytic recovery. Fixer from Jefferson Barracks is also treated at this site.

18. ARE ANY WASTES GENERATED WHICH ARE NOT DISPOSED TO THE SEWER ? (INCLUDE ANY WASTES PREVIOUSLY LISTED) Yes ✓ No__
A. If yes, what types of wastes ? Infectious waste, grease, spent solvent, silver
B. How disposed ? hauled off site
C. Are any of these wastes RCRA hazardous ? Yes ✓ No__
D. MDNR and/or EPA hazardous waste generator No.: 04272

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No ✓
A. If yes, describe:
Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes ✓ No__
A. How many ? 5 Capacities: 2,000 gal each
B. What do they contain ? #2 Diesel fuel
C. Have there been any known leaks from these tanks ? Yes__ No ✓
D. If yes to C, explain:
E. Are all of the tanks registered with MDNR ? Yes ✓ No__
F. If no to E, explain:

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes ✓ No__
A. How many ? 2 Capacities: unk
B. What do they contain ? liquid oxygen
C. Are they protected with spill containment facilities ? Yes__ No ✓
D. If no, explain: No liquid flow if spilled
E. If yes to C, how is accumulated stormwater disposed ?

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes__ No ✓
A. If yes, what needs to be done ?

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes ✓ No__
A. If yes, last time updated 1993
B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
C. If No to 23, is a plan needed ? Yes__ No__
D. If yes to C, explain:

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes ✓ No__
   A. If yes, last time updated 1993
   B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
   C. Is a plan needed ? Yes__ No__
   D. If yes, explain: _____

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes ✓ No__
   A. Are MSD contacts listed ? Yes ✓ No__

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes__ No ✓
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ?_____
   B. Explain any marked: _____

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No ✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ N~~o~~/A
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ N~~o~~/A
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No ✓
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes ✓ No__
   A. If yes, identify the CFR Part & Subpart: 40 CFR 460 (No PT STDS)
   B. What is done with the process wastewater ? SEWERED
   C. Comments: GEN STANDARDS ONLY

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No ✓
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No ✓
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No✓
A. If yes, identify the CFR Part & Subpart: _____
B. Is the wastewater discharged to the sewer ? Yes__ No__
C. If yes, which sample points ? _____
D. If no, what is done with the wastewater ? _____
E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No✓
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA✓
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

37. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes✓ No__
A. If yes, requirement is contained in permit ✓ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No✓
D. If no, explain: 4th Quart - late

38. IF NO TO ITEM 37, DOES COMPANY SELF MONITOR ANYWAY ? Yes__ N/A
A. If yes, explain: _____

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes✓ No__
A. If no, explain: MSD Contract

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes✓ No__
A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No✓
A. At which sampling points ? _____
B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
C. If no, explain: _____

42. IS COMPANY SUBMITTING THE RESULTS OF ALL REPORTABLE MONITORING ? Yes✓ No__
A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes✓ No__
A. If no, explain: _____

MSD 042342

44. IS COMPANY UNDER ANY ENVIRONMENTAL ENFORCEMENT ORDERS ? Yes__ No✓
A. If yes, type and date: _____

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes__ No✓
A. If yes, is company in compliance with requirements ? Yes__ No__
B. Comments: _____

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No✓
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes✓ No__
A. If no, explain: _____
B. What should category be ? _____

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: 11/1/94
A. Are all sample points correctly located & identified ? Yes__ No✓
B. Is the map correct and accurate in all its details ? Yes__ No✓
C. If no to A or B, what changes are needed ? New map format, base map location, SD 002 description - Flows to manholes added did not agree with IDS & permit

50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____

JEB

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Incinerator no longer used. Shut down June '95.

Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:						
Is discharge Batch (B) or Continuous (C) ?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Describe:	Ag Rec.					
Process wastes ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ?	Y__N/A	Y__N/A	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:						
Disch. Fact. Correct ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:						
Is it possible to obtain representative sample ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: _____

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes✓ No__

D. If No, explain: _____

Medical Center St. Louis MO 63125

Veterans Administration

RECEIVED
MAY - 4 1995
Environmental Compliance

In Reply Refer To:
657/119

May 2, 1995

Drug Enforcement Administration
St. Louis Division
ATTN: Darrin Kipp
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form(s) 41. The destruction count is scheduled to begin at **9:00 a.m. on 5/18/95** at the **John Cochran Division.** Destruction generally is one hour after starting time. Participants in the destruction will be:

Larry Fisher, or
Larry Haskins, alternate
Victor Koellner, PPMS/or
Rayetta Williamson, alternate
Coral Olsen, Asst. Chief, PPMS, alternate

If further information is needed, please contact the Pharmacy Office at 487-0400, ext. 4500.

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosure

cc: 90B JB
006S JC
138 JB (Stan Wilson)
001S (A. Akinola)
Metropolitan St. Louis Sewer District

"America is #1—Thanks to our Veterans"

Medical Center St. Louis MO 63125

Veterans Administration

In Reply Refer To:

May 2, 1995

657/119

Drug Enforcement Administration
St. Louis Division
ATTN: Darrin Kipp
United Missouri Bank Bldg.
7911 Forsythe Blvd., Suite 500
St. Louis, MO 63105

Dear Mr. Kipp:

This is to serve as notification of intent to destroy the controlled substances on the enclosed DEA Form(s) 41. The destruction count is scheduled to begin at **9:00 a.m. on 5/17/95** at the **Jefferson Barracks Division.** Destruction generally is one hour after starting time and will occur by flushing the controlled substances into the sewer lines. Participants in the destruction will be:

Alan Macke, or
Margaret Raisch, alternate
Yolanda Johnson, PPMS/or
Coral Olsen, Asst. Chief, PPMS, alternate

If further information is needed, please contact the Pharmacy Office at 487-0400, ext. 4500.

LEWIS J. MYLES
Chief, Pharmacy Service

Enclosure

cc: 90BJB
006S JC
138 JB (Stan Wilson)
001S (A. Akinola)
✓Metropolitan St. Louis Sewer District

"America is #1—Thanks to our Veterans"

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

File - And

February 6, 1995

Larry Chandler
Radiation Control Officer
VA MEDICAL CENTER
915 N. Grand
St. Louis, MO 63106
attn: 115-JC

Re: 915 N. Grand and
138 Jefferson Barracks Dr.

Dear Mr. Chandler:

Recently, the Metropolitan St. Louis Sewer District granted you approval to discharge certain levels of radioactivity to the District's sewers. This approval was given for an annual level of discharge. However, the starting basis for annual was not made explicit.

The approval for annual radioactive discharge levels is based on a calendar year. All approved discharges prior to January 1, 1995 will be considered part of the 1994 annual discharge level.

Please note that you must continue to limit your levels of radioactivity discharged to the District's sewers to the approved amount. The total discharge levels for each watershed were allocated based in part on your estimated needs.

If you have any questions, please call me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

ph

pc: Craig Hundelt, VA Medical Center
138 Jefferson Barracks Dr.
St. Louis, MO 63125

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: VA MEDICAL CENTER (COCHRAN FACILITY)

Premise Address: 915 N. GRAND Zip Code: 63106

Account #: 1114 0460 -00 Current MSD category: 49

Inspection Contact Person: ROGER TODD / DAN BLAST - PIPEFITTER

Title: MAINTENANCE GENERAL FORMAN Phone # 314-652-4100 EXT 6450

Inspection Date: 10-27-94 Time of inspection: From 9:00 AM To 11:00 AM

Inspector: JOHN SCANGA Reinspection ✓ Initial Inspection ____

References used: IUQ Date: 3-9-94 IDS Date: 9-26-94 Permit Date: 5-1-94

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 9-8-93

1. HAS FIELD CONTACT CHANGED ? Yes__ No ✓
   New contact name and title ____

2. HAS EMPLOYEE NUMBER CHANGED ? Yes__ No ✓
   New Number ____

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes__ No ✓
   New Shifts ____ New Days per Week ____

4. ARE THE LISTED SIC's CORRECT ? Yes ✓ No__
   Note any changes: ____

5. ARE MAJOR PROCESSES BATCH ? ____ OR CONTINUOUS ? ✓
   A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ____
   B. Any new batch processes which discharge ? Yes__ No__
   C. Comments: ____

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes__ No ✓
   A. If yes, what ? ____
   B. Affect which sample points ? ____

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes__ No ✓
   A. If yes, what ? ____
   B. Comments: ____

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes__ No ✓
   A. If yes, what ? ____
   B. Affect which sample points ? ____
   C. Is surcharge status affected ? Yes__ No__
   D. Is return factor status affected ? Yes__ No__
   E. If yes to C or D, explain: ____

MSD 042348

9. IS ANY WATER USED FOR COOLING ? Yes ✓ No__
   A. What does the water cool ? Air Conditioning
   B. Contact CW ? _____ Non-contact CW ? ✓
   C. Once-through ? _____ Recirculated ? ✓
   D. Is the water treated or conditioned before or during use ? Yes ✓ No__
   E. What contaminants may be present ? Algeciders Biociders
   F. Cooling tower(s) 2-CT Capacity (tons) UNK
   G. Frequency & volume of blowdown Automatic-make up Discharge to Sewered
   H. At which sample points ? 001
   I. Comments: _____

10. IS ANY WATER USED IN BOILERS ? Yes ✓ No__
   A. Is the water treated or conditioned before or during use ? Yes ✓ No__
   B. What contaminants may be present ? Boiler Treatment - O2 Scavenger
   C. Frequency & volume of blowdown Daily - 100 gal Discharge to Sewer
   D. At which sample points ? 001
   E. Comments: _____

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No ✓
   A. What types of devices ? _____
   B. How is the water disposed ? _____
   C. What contaminants may be present ? _____
   D. Frequency & volume if discharged _____ Discharge to _____
   E. At which sample points ? _____
   F. Comments: _____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes__ No ✓
   A. Describe _____
   B. What contaminants may be present ? _____
   C. At which sample points ? _____
   D. Comments: _____

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes ✓ No__
   A. Food wastes ? Grease Trap Petroleum wastes ? _____
   B. Frequency of cleaning As needed or once per year
   C. Are cleaning logs kept ? Yes ✓ No__
   D. How is oil/grease disposed ? Hauled off site

14. ARE ANY SOLVENTS USED ? Yes__ No ✓
   A. Which solvents ? _____
   B. What used for: _____
   C. How disposed ? _____
   D. Does company have a solvent management plan ? Yes__ No__
   E. If yes, last time updated _____. Update needed ? Yes__ No__
   F. Is there a copy in MSD file ? (Obtain copy) Yes__ No__

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes ✓ No__
   A. If yes, describe operations Hospital waste
   B. How is waste disposed ? Incinerated on site

MSD 042349

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes ✓ No__
A. If yes, describe operations NUCLEAR MEDICINE
B. NRC License No.: 24-00144-05
C. How is waste disposed ? LOW LEVEL RADIOACTIVITY DISCHARGED TO SEWER
D. If disposed to sewer, describe procedures: ISOTOPES ARE STORED ON SITE FOR DECAY BEFORE DISCHARGE
E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes ✓ No__

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes ✓ No__
A. If yes, describe X-RAY DEVELOPING
B. At which sample points ? 001
C. Silver recovery facilities at these points ? Yes ✓ No__
D. Comments:

18. ARE ANY WASTES (OTHER THAN ANY INCLUDED ABOVE) GENERATED WHICH ARE NOT DISPOSED TO THE SEWERS ? Yes ✓ No__
A. If yes, what types of wastes ? INFECTIOUS WASTE, GREASE, SILVER
B. How disposed ? INCINERATED AND HAULED OFF SITE
C. Are any of these wastes RCRA hazardous ? Yes ✓ No__
D. MDNR and/or EPA hazardous waste generator No.: HW# 04272

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No ✓
A. If yes, describe:
Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes ✓ No__
A. How many ? 5 Capacities: 1 ~ 10,000
B. What do they contain ? DIESEL #2
C. Have there been any known leaks from these tanks ? Yes__ No ✓
D. If yes to C, explain:
E. Are all of the tanks registered with MDNR ? Yes ✓ No__
F. If no to E, explain:

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes ✓ No__
A. How many ? 2 Capacities: UNK
B. What do they contain ? LIQUID OXYGEN
C. Are they protected with spill containment facilities ? Yes__ No ✓
D. If no, explain: NONE REQUIRED DUE TO NO LIQUID FLOW.
E. If yes to C, how is accumulated stormwater disposed ? NONE

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes__ No ✓
A. If yes, what needs to be done ?

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes ✓ No__
A. If yes, last time updated 1993
B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
C. If No to 23, is a plan needed ? Yes ✓ No__
D. If yes to C, explain:

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes ✓ No__
   A. If yes, last time updated 1993
   B. Is there a copy in MSD file ? (Obtain copy) Yes ✓ No__
   C. Is a plan needed ? Yes ✓ No__
   D. If yes, explain: PART OF SPCCP

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes ✓ No__
   A. Are MSD contacts listed ? I ADVISED COMPANY TO POST MSD EMERGENCY PHONE NUMBER. Yes__ No ✓

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes__ No ✓
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ?_____
   B. Explain any marked: _____

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No ✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ No__ N/A
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ No__ N/A
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No ✓
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes__ No ✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. What is done with the process wastewater ? _____
   C. Comments: _____

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No ✓
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No ✓
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No✓
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes✓ No__
   A. If yes, what pollutants ? OIL + GREASE How often ? 2 OF 8 OR 25%
      At which sample points ? 001
   B. Has the problem been resolved ? Yes__ No✓
   C. If no, what is being done ? _____
   D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA✓
   A. If yes, what pollutants ? _____ How often ? _____
      At which sample points ? _____
   B. Has the problem been resolved ? Yes__ No__
   C. If no, what is being done ? _____
   D. Comments: _____

37. IS COMPANY <u>REQUIRED</u> TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes✓ No__
   A. If yes, requirement is contained in permit ✓ or other document ____.
   B. If other document, date & description: _____
   C. Have the reports been on-time and complete ? Yes✓ No__
   D. If no, explain: _____

38. IF NO TO ITEM 38, DOES COMPANY SELF MONITOR ANYWAY ? Yes__ No__ N/A
   A. If yes, explain: _____

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes✓ No__
   A. If no, explain: _____

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes✓ No__
   A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No✓
   A. At which sampling points ? _____
   B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
   C. If no, explain: _____

42. IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING ? Yes✓ No__
   A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes✓ No__
   A. If no, explain: _____

MSD 042352

44. IS COMPANY UNDER ANY ENFORCEMENT ORDERS ? Yes__ No✓
A. If yes, type and date: _____

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes__ No✓
A. If yes, is company in compliance with requirements ? Yes__ No__
B. Comments: _____

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No✓
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes✓ No__
A. If no, explain: _____
B. What should category be ? _____

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: 10-14-92
A. Are all sample points correctly located & identified ? Yes✓ No__
B. Is the map correct and accurate in all its details ? Yes✓ No__
C. If no to A or B, what changes are needed ? MAP NEEDS TO BE DRAWN ON NEW REPORT FORM.

50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:						
Is discharge Batch (B) or Continuous (C) ?	B__C✓	B__C✓	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ?	Y✓N	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Describe:	Ag Rec.					
Process wastes ? Hospital	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y✓N__	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ?	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:	N/A	N/A				
Disch. Fact. Correct ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:						
Is it possible to obtain representative sample ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y✓N__	Y✓N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ? If yes, describe below.	Y__N✓	Y__N✓	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: _____

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes✓ No__

D. If No, explain: _____

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

File - Ind

July 22, 1994

Cynthia Tao
VA MEDICAL CENTER
915 North Grand Blvd.
St. Louis, MO 63106

RE: DISCHARGE PERMIT NUMBER 11140460-00

Dear Ms. Tao:

We have reviewed the self-monitoring data you recently submitted to the District for your wastewater discharge. The results of analyses of these samples show noncompliance with the limitations for certain parameters as indicated below:

SAMPLE DATE	SAMPLE POINT	SAMPLE TYPE	PARAMETER	MSD ORD. 8472 LIMIT	CONCENTRATION FOUND
5/2/94	001	M/I	Oil & Grease (total)	200 mg/l	371 mg/l

mg/l = milligrams per liter

We are aware that your facility was resampled on June 7, 1994 and June 10, 1994 for oil and grease. These samples were in compliance.

Please refer to the enclosure for information on potential enforcement actions should noncompliance continue. The enclosure also explains the meaning of any asterisks which appear next to the concentrations found above.

If you have any questions, please call me at 436-8716.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Judith A. Kalna

Judith A. Kalna
Engineering Associate

ph

Enclosure

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

July 8, 1994

Larry Chandler
Radiation Control Officer
VA MEDICAL CENTER
915 N. Grand
St. Louis, MO 63106
attn: 115-JC

Re: 915 N. Grand
St. Louis, MO 63106

Dear Mr. Chandler:

We have reviewed your letters dated March 24, 1994 and June 16, 1994 requesting approval to discharge small quantities of radioactive material to the District for treatment. You indicated that the VA Medical Center (Cochran) anticipates a need to discharge approximately 12.5 millicuries per year.

As you were previously informed, District Ordinance 8472 limits the aggregate of all radioactive materials discharged from all users to the sewers tributary to each of the District's treatment plants to one curie per year. the VA Medical Center's (Cochran) wastewater discharges to the District's Bissell Point Treatment Plant.

Based on the total level of requests received for discharges to this treatment plant, we can approve a discharge of 15 millicuries per year from the VA Medical Center (Cochran). Please note that all radioactive material discharged to the sewer system must be readily soluble, or readily dispersible biological material, in water. Should additional requests for discharge of radioactive material be received from users in the future, the level of radioactive material approved for discharge from the VA Medical Center (Cochran) may be modified.

Under 10 CFR 20.2108, each Nuclear Regulatory Commission licensee is required to maintain records of the disposal of NRC licensed radioactive materials. Under 19 CSR 20-10.060, each Missouri Department of Health licensee is required to maintain records of the disposal of MDH licensed radioactive materials. District Ordinance 8472, Article VIII, Section Twelve provides for the District to require the submittal of reports to ensure compliance with the provisions of the Ordinance and with applicable State and Federal regulations.

As a condition of the District's approval of your request for discharge of radioactive material to the sewer system, a completed copy of the attached report must be submitted to the District on a quarterly basis. The quarters shall be January through March, April through June, July through September, and October through December. The reports shall be due by the 28th day of the month following the end of the quarter. You are required to certify compliance only with federal regulations. The first report due shall cover the period July 1, 1994 through September 30, 1994 and is due by October 28, 1994.

The reports are to be submitted at the same time as the required wastewater self-monitoring reports. The VA Medical Center's (Cochran) Industrial Wastewater Discharge Permit will be modified to incorporate this approval and the reporting requirements.

This approval is not intended to relieve the VA Medical Center (Cochran) of any requirements set forth under applicable state or federal regulations. In addition, all provisions of District Ordinance 8472 must continue to be met.

If you have any questions, please call me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

Enclosure

pc Gunter Durdel - MSD
Craig Hundelt - VA Medical Center
138 Jefferson Barracks Dr.
St. Louis, MO 63125

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL USER RADIOACTIVE MATERIALS DISCHARGE REPORT

PART I: IDENTIFYING INFORMATION

Company Name: _____

Permit No: _____

Premise Address: _____

Reporting Period: ☐(JAN-MAR) ☐(APR-JUNE) ☐(JULY-SEPT) ☐(OCT-DEC)

PART II: RECORD OF DISPOSAL OF RADIOACTIVE MATERIALS TO THE SEWER SYSTEM

RADIONUCLIDE	ACTIVITY DISCHARGED (millicuries)
TOTAL ACTIVITY DISCHARGED:	

PART III: CERTIFICATION STATEMENTS

Place your initials in the boxes under item A which apply to you. **Everyone must complete the information under item B and sign this report.**

A. CERTIFICATION OF COMPLIANCE WITH STATE AND FEDERAL REGULATIONS

☐ I certify that to the best of my knowledge and belief, all requirements of 19 CSR Part 20-10.090 governing disposal by release into sanitary sewage for material regulated by the Missouri Department of Health have been met for the period covered by this report.

☐ I certify that to the best of my knowledge and belief, all requirements of 10 CFR Part 20.2003 governing disposal by release into sanitary sewage for material regulated by the Nuclear Regulatory Commission have been met for the period covered by this report.

B. RADIOACTIVE MATERIALS DISCHARGE REPORT CERTIFICATION

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.

Print or type name of signing official: _____

Title: _____ Telephone: _____

Signature: _____ Date: _____

radrpt 6/94

Grand/Cochran

DEPARTMENT OF VETERANS AFFAIRS
Medical Center
St Louis MO 63125

June 16, 1994

In Reply Refer To:

Douglas Mendoza, P.E.
Department of Environmental Compliance, MSD
10 East Grand Ave.
St. Louis, MO. 63147-2913

Dear Mr. Mendoza;

In response to your letter of June 2, I have determined that it will be necessary to test from both of our sample points in order to monitor our radioactive waste discharges. There should not be any discharges which are not accessable throught these sampling points.

@ Grand

all thru the 1 J.B. point.

At any point during the day shift, there is likely to be activity in the form of Technicium 99m and other imaging isotopes from the urine of diagnostic Nuclear Medicine patients. Unfortunately, inasmuch as other types of discharges are few, it is unlikely that you will be able to verify any particulars such as isotope or activity for any of the longer-lived material, mostly beta emitters, used in research.

It is unclear to me whether and for what purpose you require discharge locations within [the] facility . If you mean sinks where material is actually dumped, there are a number of these, which vary from year-to-year, depending upon whether a lab is occupied and by whom. If you in fact require such information it may be easier to call me at 289-6348 and I can provide a list of room numbers (of all potential sites) by mail within a day or two.

My office is at the John Cochran facility. Please address any future correpondance to 915 N. Grand, 63106, to my attention, 115-JC .

Larry Chandler

Larry Chandler, MSRHS
Radiation Control Officer

RECEIVED
JUN 20 1994
Environmental Compliance

District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

Grand/Cochran

June 9, 1994

Larry Chandler
DEPARTMENT OF VETERANS AFFAIRS - MEDICAL CENTER
138 Jefferson Barracks Drive
St. Louis, MO 63125

Dear Mr. Chandler:

We have reviewed your letter dated March 24, 1994 requesting permission to discharge radioactive wastewater from the Jefferson Barracks and Cochran Veterans Affairs Medical Centers. We are in the process of processing your request.

In your letter, you state that you "hope that [your] operations are not adversely impacted unless and until a real problem has been identified." Our intent is not to adversely impact any user's operations. However, our primary concern must be to insure that the District's operations are not adversely impacted. Should the District experience problems with sludge handling and disposal, wastewater discharge to the rivers, or worker safety or exposure, then all users could be subsequently impacted. To insure that this does not occur, our objective is simply to control any risks before a problem develops.

Regarding the information required in the request, you did not supply information regarding the intended discharge locations of the radioactive materials within your facility and the connection points to the District's sewers for these discharge locations. You stated that it would be easier for the District to determine this information. However, it is not possible for the District to identify your internal discharge locations, since we have no knowledge of the internal drains you plan to use for disposal. In addition, we own only the sewer mains and not the sewer laterals exiting your facilities. At the Jefferson Barracks facility we can assume that all radioactive wastewater will pass through your only sampling point, but this must still be verified by you. At the Cochran facility, there are two sampling points through wastewater may flow. We will need similar information for this facility.

Before we can complete processing of your application, you will need to provide us with the internal discharge locations and confirmation regarding through which sample points the radioactive wastewater flows. If any radioactive wastewater does not flow through the existing sample points, you will need to identify the lateral through which it exits.

If you have any questions, please call me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

ph

Grand (Cochran)

DEPARTMENT OF VETERANS AFFAIRS
Medical Center
St Louis MO 63125

March 24, 1994

In Reply Refer To: 657/115JC

Douglas M. Mendoza, P.E.
Metropolitan St. Louis Sewer District
Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913

Dear Mr. Mendoza:

As you are aware, the NRC regulations for disposal of radwaste via sewer allow much higher activities than your previous communication has indicated you are considering for MSD. Our facility, as I'm sure all other medical/research facilities do, already employs decay to the maximum possible advantage. FInally, as I'm sure you must know, there will likely be no radwaste disposal by burial for a period of ten years or more beginning as soon as this summer.

So, although we use only a small fraction of our NRC-allotted drain disposal, we are dependent upon what we use. Thus I am sure you can appreciate the concern generated by proposals to further regulate an already heavily regulated area and to limit disposal when no alternative exists. Determining whether isotopes are concentrated at treatment facilities and secondly, whether this concentration represents any substantial risk, should be a simple matter of measuring the concentrations at the points in questions. I hope that our operations are not adversely impacted unless and until a real problem has been identified.

The isotopes used by this facility are those described in my previous letter (excerpt enclosed). These isotopes are common; I have therefore included a reference guide to their properties. The activities of beta emitters discharged will, if anything, decrease in the future, so the 1992 figures previously supplied can be used as a conservative guide. I am sure it would be easier for MSD to determine the discharge point for the Jefferson Barracks complex then for me to do so.

Clinical isotopes emitting x- and gamma rays (Tc-99m, Ga-67, Tl-201, In-111, I-123, and I-131) are used at the John Cochran facility (915 N. Grand) only. However, the discharge of these isotopes via patient excretions is unregulated by NRC, and the activities unknown, for obvious reasons. Of course, much of this excretion occurs at the home of the outpatient. However, with half-lives measured in hours, it can be assumed that most imaging agents decay significantly before reaching the treatment plant. Iodine 131 as a therapy agent has a half-life of eight (8) days, but an inpatient procedure is uncommon at this facility; they can be much more common at other hospitals.

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Environmental Compliance

All material discharged is soluble or readily dispersible. There is a small amount of biological material included in some beta waste, however, no solid waste is prepared (i.e., ground up) so as to be disposable via sewer; all originates as a liquid.

A copy of the applicable portions of our NRC license is enclosed. Note that this license is in renewal, the process anticipated to take approximately one year. If you have any questions, please call me at 289-6348.

Larry Chandler

LARRY D. CHANDLER, M.S.R.H.S.

Enclosures

Dear Mr. Mendoz

Thank you for your letter of 2/23. After speaking with Ms. Armstrong, I have realized that, at the time you and I spoke on the phone I had not received you original letter and, in fact, never did. However, I had received her letter, which contains no mention of any response. This, I hope, explains my confusion when we spoke on the phone.

I have finally received all necessary drain logs from 1992 and can report our total disposal via sewer:

Division	Isotope	Activity (mCi)
JC	3H	1
"	14C	1
"	32P	8
"	35S	2.5
"	125I	
JB	3H	21.6
"	14C	<.001
"	32P	5.75
"	35S	.007
"	125I	.006

Each authorized lab utilizes a single drain for disposal. The monthly and weekly amounts are set so as to distribute the disposal as evenly as possible over the year. Isotopes of half-life less than 65 days are usually decayed prior to drain disposal, in which case the activities are only at trace levels.

I have some questions regarding this program to regulate sewer disposal. As you must know, in Missouri, all NRC licensee's are bound by the same system of Federal regulations, including those pertaining to maximum permissible concentration of isotopes in effluents. In practice, most large (in terms of water usage) licensees will even have the same numerical limits due to the fact that dilution is considered only to a certain point of total annual activity; beyond that, an absolute maximum limit takes effect.

These annual limits are: 5 Curies 3H, 1 Curie 14C and 1 Curie all other isotopes combined, excluding excretion from patients, with the usual provision that the material be readily mixable with water, etc.

These numbers are the starting point for our drain disposal program, as they are for everyone else. We divide this amount into equal units. Each isotope permit holder is then eligible for one or more units. In this way we can be certain that we never over-allocate drain disposal. Currently, we have not allocated all the units, nor, as you can see from the 1992 totals, are all of the allocated units being used to capacity. Thus, our total drain disposal is a small fraction of that allowed by NRC regs. In other words, at present, we do not require the full NRC allocation for sewer disposal.

However, this will not be the case for licensees with more research activity, such as St. Louis University or Washington University, which has perhaps a hundred times as many labs as we.

ucation and industry.

tion Sources)
: Interest—Gamma Energy v (X-ray energy in Kev)
om T1-208], Others
332[1] [2.505 Sum]
+ anhilation] ..786 Sum)
+ anhilation] .2 Kev)
.5 Kev)
3.0 Kev)
eta, [Bremsstrahlung, amma Ray]
.276, 0.302, 0.356, (32.0 Kev)
.122, 0.136[2] (6.5 Kev)
3.0 Kev)
)
mma Rays 180° Apart)
.596 [2] (1.107 Sum)
.34
.075 (Others)
.275 (1.786 Sum)

III. SHORT LIVED GAMMA EMITTERS (Medical Life Science Applications)

Isotope	Mass Symbol At. No.	Half Life	Peaks of Interest—Gamma Energy in Mev (X-ray energy in Kev)
Technecium—99m	$^{99m}Tc_{43}$	6.0 hr.	0.141
Iodine—125	$^{125}I_{53}$	60.2 d.	0.035 (27 Kev) [2]
Iodine—131	$^{131}I_{53}$	8.1 d.	0.365, 0.638 (Others) (33 Kev)
Xenon—133 GAS	$^{133}Xe_{54}$	5.3 d.	0.083 (30 Kev)
Chromium—51	$^{51}Cr_{24}$	27.8 d.	0.322
Indium—113m	$^{113m}In_{49}$	1.7 hr.	0.393 (24 Kev)
Selenium—75	$^{75}Se_{34}$	120 d.	0.136, 0.121, 0.265, 0.280[2]
Sodium—24	$^{24}Na_{11}$	15 hr.	1.368, 2.750
Iron—59	$^{59}Fe_{26}$	45 d.	0.145, 0.191, 1.097, 1.289
Mercury—197	$^{197}Hg_{80}$	65 hr.	0.0778

IV. BETA EMITTERS (For Chemistry & Life Science Applications)

Isotope	Mass Symbol At. No.	Half Life	Maximum energy of beta particle in Mev
Carbon—14	$^{14}C_{6}$	5.7×10^3 yr.	0.155 Beta Energy
Tritium	$^{3}H_{1}$	12.3 yr.	0.018 Beta Energy
Sulfur—35	$^{35}S_{16}$	86.7 d.	0.170 Beta Energy
Phosphorus—32	$^{32}P_{15}$	14.3 d.	1.70 Beta Energy
Calcium 45 Krypton—85	$^{85}Kr_{19}$	165 d 10.6 yr.	0.670 Beta, [Bremsstrahlung, 0.515 Gamma Ray]

V. MONOENERGETIC BETA EMITTERS (Particle Detector Calibration Sources)

Isotope	Mass Symbol At. No.	Half Life	Beta Particle energy in Mev
Bismuth—207	$^{207}Bi_{83}$	30.2 yr.	0.481, 0.554, 0.976, 1.048
Cobalt—57	$^{57}Co_{27}$	270 d.	0.007, 0.116, 0.130
Tin—113	$^{113}Sn_{50}$	118 d.	0.205, 0.368, 0.389

MATERIALS LICENSE
SUPPLEMENTARY SHEET

License number: 24-00144-05
Docket or Reference number: 030-02267
Amendment No. 19

6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
G. Any byproduct material with Atomic Numbers 3 through 83, inclusive	G. Any	G. 50 millicuries of each byproduct material, 4 curies total, except as noted below: Hydrogen-3 500 millicuries Phosphorus-32 300 millicuries Iodine-131 600 millicurie Xenon-133 1.5 curies Molybdenum-99 10 curies Technetium-99m 10 curies
H. Cobalt-60	H. Sealed sources	H. 15 millicuries
I. Cesium-137	I. Sealed sources	I. 1.2 curies
J. Nickel-63	J. Sealed sources	J. 100 millicuries
K. Cesium-137	K. Sealed sources (AECL Model C-161-type 8)	K. 4,200 curies (2 sources not to exceed 2,100 curies each

9. Authorized Use:

A. Medical use described in 10 CFR 35.100.

B. Medical use described in 10 CFR 35.200.

C. Medical use described in 10 CFR 35.300.

D. Medical use described in 10 CFR 35.400.

E. In vitro studies.

F. Shielding in a linear accelerator.

G. and J. To be used for research and development as defined in 10 CFR Part 30, Section 30.4(q).

H. and I. To be used for instrument calibration.

K. To be used in an AECL Gammacell Model 40 irradiator for the irradiation of small animals and in vitro samples.

MATERIALS LICENSE

Amendment No. 19

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 40 and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee	
1. V. A. Medical Center	In accordance with application dated April 25, 1986
2. 915 North Grand Boulevard St. Louis, MO 63125	3. License number 24-00144-05 is amended in its entirety to read as follows:
	4. Expiration date April 30, 1994
	5. Docket or Reference No. 030-02267

6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Any byproduct material identified in 10 CFR 35.100	A. Any radiopharmaceutical identified in 10 CFR 35.100	A. As needed
B. Any byproduct material identified in 10 CFR 35.200	B. Any radiopharmaceutical identified in 10 CFR 35.200	B. As needed
C. Any byproduct material identified in 10 CFR 35.300	C. Any radiopharmaceutical identified in 10 CFR 35.300	C. As needed
D. Any byproduct material identified in 10 CFR 35.400	D. Any brachytherapy source identified in 10 CFR 35.400	D. As needed
E. Any byproduct material identified in 10 CFR 31.11	E. Prepackaged Kits	E. As needed
F. Uranium depleted in Uranium-235	F. Cadmium plated metal	F. As needed

Metropolitan
St. Louis Sewer
District

Department of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913
(314) 436-8710
FAX (314) 436-8753

March 8, 1994

Larry Chandler
V. A. MEDICAL CENTER
915 North Grand Boulevard
St. Louis, MO
63106

Dear Mr. Chandler:

Recently, the Metropolitan St. Louis Sewer District requested a list of organizations holding licenses for radioactive materials from the United States Nuclear Regulatory Commission. Your organization was included on this list.

The Nuclear Regulatory Commission, under 10 CFR 20.2003, permits the discharge of small quantities of radionuclides into sanitary sewage systems within the limits specified in the regulation, provided such materials are readily soluble or are readily dispersible biological materials. The District believes that low level radioactive materials discharged to the sewer system by numerous small sources may be concentrated within the District's wastewater treatment processes and possibly pose a hazard for our employees, adversely affect our sludge disposal options, and possibly adversely impact the District's ability to comply with state and federal environmental regulations.

District Ordinance No. 8472, Article V, Section 1.A.13 regulates the discharge of radioactive material by prohibiting the discharge of any radioactive material to the District's sewers except those wastes authorized under applicable State and Federal regulations and specifically authorized by the Director. The ordinance further limits the aggregate of radioactive wastes discharged from all sources to any treatment plant to one curie per year. An excerpt of this section of the ordinance is enclosed.

If you discharge or wish to discharge radioactive material to the District's sewer system, you must obtain approval from us prior to any discharge. Your request must contain at least the following information:

1. A list itemizing the isotopes used and those to be discharged.

2. Decay rates (half-life) for those isotopes to be discharged.

3. Information concerning the form of radiation emitted by each isotope (i.e. alpha, beta, gamma).

4. The total level of radiation to be discharged, along with a list of the radiation level corresponding to each isotope.

5. The discharge locations of the radioactive materials within your facility and the connection points to the District's sewers for these discharge locations.

6. Verification that the material is readily soluble or is readily dispersible biological material.

7. Copies of your radioactive materials licenses.

Please note that radioactive discharges approved by the District are grouped by treatment plant. Thus, we must consider the contribution from all sources in a treatment plant's watershed when determining whether or not to accept additional radioactive wastes.

Rather than discharging such wastes to the sewer system, you may wish to investigate concentration of radioactive wastes with shipment to an approved low-level radioactive waste disposal site. For short-lived radionuclides, you might consider storage for at least ten half-lives to allow sufficient decay to background levels prior to disposal to the sewer.

If you have elected to pursue discharge to the District's sewers, please submit your request by April 18, 1994. We also ask that you notify us by this date if you have a sealed source <u>only</u> with no discharge, or have elected to dispose of your radioactive wastes by other means. If you have any questions, please contact me at (314) 436-8717.

Sincerely,
METROPOLITAN ST. LOUIS SEWER DISTRICT

Douglas M. Mendoza, P.E.
Industrial Waste Engineer

Enclosure

file-industry
radiation

EXCERPT FROM MSD ORDINANCE 8472

ARTICLE V, SECTION ONE, SUBSECTION A.13

EFFECTIVE 8-14-91

Section One - Prohibited Substances.

A. No person shall discharge or cause to be discharged into any sanitary or combined sewer any of the following substances:

13. Any radioactive material, except those wastes which are authorized for disposal into sanitary sewers under applicable State and Federal regulations and as specifically authorized by the Director. The aggregate of all radioactive materials discharged from all users to the sewers tributary to each of the District's treatment plants shall be limited to one (1) curie per year. Excreta from individuals undergoing medical diagnosis or treatment with radiological materials shall be exempt from this prohibition. Any radioactive material discharged to the wastewater system must be readily soluble or dispersible in water.

1114 0460-00
V. A. MEDICAL CENTER/COCHRAN DIV.
915 NORTH GRAND AVENUE
ST. LOUIS, MO 63106

CORRESPONDENCE FROM 1973-93
PLACED IN BROWN FOLDER BEHIND
THIS FILE

07-15-15 Moved to ARCHIVED IND

1/8/97 ph

1114 0460-00
V. A. MEDICAL CENTER/COCHRAN DIV.
915 NORTH GRAND AVENUE
ST. LOUIS, MO 63106

CORRESPONDENCE FROM 1973-93

07-15-15 Moved to ARCHIVED IN

PO

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: VA MEDICAL CENTER - COCHRAN

Premise Address: 915 N. GRAND Zip Code: 63106

Account #: 1114-0460-00 Current MSD category: 49

Inspection Contact Person: Roger Todd / DAN BURNS

Title: Pipefitter Phone # 289-6450

Inspection Date: 9/8/93 Time of inspection: From 1345 To 1445

Inspector: SM ARMSTRONG Reinspection X Initial Inspection ___

References used: IUQ Date: 12-23-91 IDS Date: 9/8/93 Permit Date: 8/17/92

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 1/13/93

1. HAS FIELD CONTACT CHANGED ? Yes__ No X
   New contact name and title ___

2. HAS EMPLOYEE NUMBER CHANGED ? Yes__ No X
   New Number ___

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes__ No X
   New Shifts ___ New Days per Week ___

4. ARE THE LISTED SIC's CORRECT ? Yes X No__
   Note any changes: ___

5. ARE MAJOR PROCESSES BATCH ? ___ OR CONTINUOUS ? Continuous
   A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ___
   B. Any new batch processes which discharge ? Yes__ No X
   C. Comments: ___

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes__ No X
   A. If yes, what ? ___
   B. Affect which sample points ? ___

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes__ No X
   A. If yes, what ? ___
   B. Comments: ___

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes__ No X
   A. If yes, what ? ___
   B. Affect which sample points ? ___
   C. Is surcharge status affected ? Yes__ No__
   D. Is return factor status affected ? Yes__ No__
   E. If yes to C or D, explain: ___

MSD 042372

9. IS ANY WATER USED FOR COOLING ? Yes X No__
A. What does the water cool ? CAT SCAN & AIRCONDITIONING
B. Contact CW ? _____ Non-contact CW ? XX
C. Once-through ? _____ Recirculated ? XX Chiller for cat scan
D. Is the water treated or conditioned before or during use ? Yes X No__
E. What contaminants may be present ? inhibitor, phosphate treatment, caustic (NaOH)
F. Cooling tower(s) 2 Capacity (tons) 725, 725
G. Frequency & volume of blowdown varies Discharge to sam
H. At which sample points ? 001
I. Comments: _____

10. IS ANY WATER USED IN BOILERS ? Yes X No__
A. Is the water treated or conditioned before or during use ? Yes X No__
B. What contaminants may be present ? Boiler Treatment
C. Frequency & volume of blowdown 225? gpd Discharge to sam
D. At which sample points ? 001
E. Comments: New Boiler installed 12/31/92
NEW BOILERS

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No X
A. What types of devices ? _____
B. How is the water disposed ? _____
C. What contaminants may be present ? _____
D. Frequency & volume if discharged _____ Discharge to _____
E. At which sample points ? _____
F. Comments: _____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes X No__
A. Describe Second burn on the incinerator, hoods in lab
B. What contaminants may be present ? VOC
C. At which sample points ? —
D. Comments: _____

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes X No__
A. Food wastes ? X Petroleum wastes ? _____
B. Frequency of cleaning 1/year
C. Are cleaning logs kept ? Yes X No__
D. How is oil/grease disposed ? Pumped & Hauled off-site by

14. ARE ANY SOLVENTS USED ? Yes X No__
A. Which solvents ? Xylene, ethyl alcohol, methyl alcohol; iso propyl alcohol
B. What used for: Histology lab
C. How disposed ? xylene is burned for incineration, alcohol goes down sink
D. Does company have a solvent management plan ? Yes__ No__
E. If yes, last time updated 2/92. Update needed ? Yes__ No X
F. Is there a copy in MSD file ? (Obtain copy) Yes X No__

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes X No__
A. If yes, describe operations Collected to holding stations
B. How is waste disposed ? Incinerate on site

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes X No__
A. If yes, describe operations 3H, 14C, 32P, 125I
B. NRC License No.: 24-00144-05
C. How is waste disposed ? discharge low level radioactive materials to sewer
D. If disposed to sewer, describe procedures: Isotopes are decayed prior to drain disposal.
E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes__ No__ N/A

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes X No__
A. If yes, describe X-ray developing
B. At which sample points ? 001, 002
C. Silver recovery facilities at these points ? Yes X No__
D. Comments: _____

18. ARE ANY WASTES (OTHER THAN ANY INCLUDED ABOVE) GENERATED WHICH ARE NOT DISPOSED TO THE SEWERS ? Yes X No__
A. If yes, what types of wastes ? Asbestos, waste solvents
B. How disposed ? hauled-off site
C. Are any of these wastes RCRA hazardous ? Yes X No__
D. MDNR and/or EPA hazardous waste generator No.: 04272

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No X
A. If yes, describe: _____
Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes X No__
A. How many ? 3 Capacities: 1,000, 2,000, 125
B. What do they contain ? Fuel for emergency generator
C. Have there been any known leaks from these tanks ? Yes X No__
D. If yes to C, explain: _____
E. Are all of the tanks registered with MDNR ? Yes X No__
F. If no to E, explain: _____

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes X No__
A. How many ? 2 Capacities: 560 gal, 10,000
B. What do they contain ? fuel oil, oxygen
C. Are they protected with spill containment facilities ? Yes__ No X
D. If no, explain: low potential for spill
E. If yes to C, how is accumulated stormwater disposed ? _____

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes__ No X
A. If yes, what needs to be done ? _____

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes X No__
A. If yes, last time updated 2/92
B. Is there a copy in MSD file ? (Obtain copy) Yes X No__
C. If No to 23, is a plan needed ? Yes__ No__
D. If yes to C, explain: _____

MSD 042374

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes X No__
   A. If yes, last time updated 2/92
   B. Is there a copy in MSD file ? (Obtain copy) Yes X No__
   C. Is a plan needed ? Yes__ No__
   D. If yes, explain: CONTAINED IN SPILL PLAN

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes ✓ No__
   A. Are MSD contacts listed ? Yes X No__

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes__ No X
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ?_____
   B. Explain any marked: _____

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No X
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ No/A
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ No/A
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No X
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes X No__
   A. If yes, identify the CFR Part & Subpart: 40 CFR 460 (GEN STD ONLY)
   B. What is done with the process wastewater ? Discharged to SAN sewer at 001,002
   C. Comments: _____

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No X
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No X
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

MSD 042375

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No X
A. If yes, identify the CFR Part & Subpart: _____
B. Is the wastewater discharged to the sewer ? Yes__ No__
C. If yes, which sample points ? _____
D. If no, what is done with the wastewater ? _____
E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes X No__
A. If yes, what pollutants ? Silver How often ? 1/6/93
At which sample points ? 001
B. Has the problem been resolved ? Yes X No__
C. If no, what is being done ? _____
D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA X
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

37. IS COMPANY <u>REQUIRED</u> TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes X No__
A. If yes, requirement is contained in permit X or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes X No__
D. If no, explain: _____

38. IF NO TO ITEM 38, DOES COMPANY SELF MONITOR ANYWAY ? Yes__ No ~~A~~
A. If yes, explain: _____

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes X No__
A. If no, explain: _____

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes X No__
A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No X
A. At which sampling points ? _____
B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
C. If no, explain: _____

42. IS COMPANY SUBMITTING THE RESULTS OF <u>ALL</u> REPORTABLE MONITORING ? Yes X No__
A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes X No__
A. If no, explain: _____

MSD 042376

44. IS COMPANY UNDER ANY ENFORCEMENT ORDERS ? Yes__ No X
A. If yes, type and date: _____

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No ✓
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes__ No X
A. If yes, is company in compliance with requirements ? Yes__ No__
B. Comments: _____

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No X
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes X No__
A. If no, explain: _____
B. What should category be ? _____

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: 10/14/92
A. Are all sample points correctly located & identified ? Yes X No__
B. Is the map correct and accurate in all its details ? Yes X No__
C. If no to A or B, what changes are needed ? _____

50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Laundry is washed at Jefferson Barracks

Complete Item 51 on the next page

MSD 042377

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:	—	—				
Is discharge Batch (B) or Continuous (C) ?	B__C X	B__C X	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y X N__	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ? Describe:	Y X N__ Silver recovery	Y X N__ Silver Recovery	Y__N__	Y__N__	Y__N__	Y__N__
Process wastes ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N X	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y X N__	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y X N__	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y__N X	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ? If no, list new factor:	Y__N/A	Y__N/A	Y__N__	Y__N__	Y__N__	Y__N__
Disch. Fact. Correct ? If no, list new factor:	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Is it possible to obtain representative sample ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ? If yes, describe below.	Y__N X	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: None

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes X No__

D. If No, explain: _____

MSD 042378

VA Hospital-Cochran

DEPARTMENT OF VETERANS AFFAIRS
Medical Center
St Louis MO 63125

RECEIVED
MAR 15 1993
DEPT. of ENVIRONMENTAL COMPLIANCE

In Reply Refer To: 115/JC

March 12, 1993

Douglas M. Mendoza
Industrial Waste Engineer
Metropolitan St. Louis
Sewer District
Dept. of Environmental Compliance
10 East Grand Avenue
St. Louis, MO 63147-2913

Dear Mr. Mendoza;

Thank you for your letter of 2/23. After speaking with Ms. Armstrong, I have realized that, at the time you and I spoke on the phone I had not received your original letter and, in fact, never did. However, I had received her letter, which contains no mention of any response. This, I hope, explains my confusion when we spoke on the phone.

I have finally received all necessary drain logs from 1992 and can report our total disposal via sewer:

Division	Isotope	Activity (mCi)
JC	3H	1.0
"	14C	1.0
"	32P	8.0
"	35S	2.5
"	125I	.5
JB	3H	21.6
"	14C	< .001
"	32P	5.75
"	35S	.007
"	125I	.006

Each authorized lab utilizes a single drain for disposal. The monthly and weekly amounts are set so as to distribute the disposal as evenly as possible over the year. Isotopes of half-life less than 65 days are usually decayed prior to drain disposal, in which case the activities are only at trace levels.

I have some questions regarding this program to regulate sewer disposal. As you must know, in Missouri, all NRC licensee's are bound by the same system of Federal regulations, including those pertaining to maximum permissible concentration of isotopes in effluents. In practice, most large (in terms of water usage) licensees will even have the same numerical limits due to the fact that dilution is considered only to a certain point of total annual activity; beyond that, an absolute maximum limit takes effect.

RECEIVED

MAR 15 1993

DEPT OF ENVIRONMENTAL COMPLIANCE

These annual limits are: 5 Curies 3H, 1 Curie 14C and 1 Curie all other isotopes combined, excluding excretion from patients, with the usual provision that the material be readily mixable with water, etc.

These numbers are the starting point for our drain disposal program, as they are for everyone else. We divide this amount into equal units. Each isotope permit holder is then eligible for one or more units. In this way we can be certain that we never over-allocate drain disposal. Currently, we have not allocated all the units, nor, as you can see from the 1992 totals, are all of the allocated units being used to capacity. Thus, our total drain disposal is a small fraction of that allowed by NRC regulations. In other words, at present, we do not require the full NRC allocation for sewer disposal.

However, this will not be the case for licensees with more research activity, such as St. Louis University or Washington University, which has perhaps a hundred times as many labs as we.

If you indeed intend to limit annual activity at each sewage treatment plant to 1 Curie per year, I am curious as to the impact on, not only ourselves, but the much larger entities, whose current programs would be devastated. In addition, has there been any discussion of the sudden pre-emption of Federal regulations? I am sure you are aware that current NRC concentration standards already comply with the Clean Water Act.

Also, I would like to know whether numerical limits are going to be assigned to each licensee. As I am sure you are aware, the current cost of disposal of radioactive liquids, regardless of activity, is roughly $2000.00 per 15 gallons; even this option will expire in mid-1994. Obviously, licensees must be able to plan for the future.

I appreciate any information you can provide.

Larry Chandler

LARRY CHANDLER, M.S.
Radiation Control Officer

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL FACILITY INSPECTION REPORT

Company: VETERANS ADMINISTRATION MEDICAL CENTER

Premise Address: 915 N. GRAND BLVD Zip Code: 63125

Account #: 1114-0460-00 Current MSD category: 4,9

Inspection Contact Person: Roger Todd

Title: Pipefitter Foreman Phone # 289-6450

Inspection Date: 1/13/93 Time of inspection: From 0930 To 1030

Inspector: S.M. Armstrong Reinspection X Initial Inspection ____

References used: IUQ Date: 12-23-91 IDS Date: 10/24/91 Permit Date: 8/17/92
Obi Akinola, Industrial Hygenist 487-0400
Larry Chandler, Roadmaster

NOTE: ALL ITEMS ARE TO BE COMPLETED BASED ON EVENTS SINCE LAST INSPECTION

Date of Last Inspection: 7-3-90

1. HAS FIELD CONTACT CHANGED ? Yes__ No X
New contact name and title ____

2. HAS EMPLOYEE NUMBER CHANGED ? Yes__ No X
New Number ____

3. HAVE SHIFTS OR DAYS PER WEEK CHANGED ? Yes__ No X
New Shifts ____ New Days per Week ____

4. ARE THE LISTED SIC's CORRECT ? Yes X No__
Note any changes: ____

5. ARE MAJOR PROCESSES BATCH ? ____ OR CONTINUOUS ? Continuous
A. If batch, how frequent is cleanup and how is cleanup waste disposed ? ____
B. Any new batch processes which discharge ? Yes__ No__
C. Comments: ____

6. HAVE THERE BEEN ANY CHANGES IN PROCESSES OR RAW MATERIALS ? Yes__ No X
A. If yes, what ? ____
B. Affect which sample points ? ____

7. HAVE THERE BEEN ANY CHANGES IN TYPES OF PRODUCTS PRODUCED ? Yes__ No X
A. If yes, what ? ____
B. Comments: ____

8. HAVE THERE BEEN ANY CHANGES IN WASTEWATER QUALITY OR QUANTITY ? Yes__ No X
A. If yes, what ? ____
B. Affect which sample points ? ____
C. Is surcharge status affected ? Yes__ No__
D. Is return factor status affected ? Yes__ No__
E. If yes to C or D, explain: ____

MSD 042381

9. IS ANY WATER USED FOR COOLING ? Yes X No__
A. What does the water cool ? Cat Scan, airconditioning
B. Contact CW ? _____ Non-contact CW ? XX
C. Once-through ? _____ Recirculated ? XX chiller for cat scan
D. Is the water treated or conditioned before or during use ? Yes__ No__
E. What contaminants may be present ? _____
F. Cooling tower(s) 2 Capacity (tons) 725, 725
G. Frequency & volume of blowdown varies Discharge to SAN
H. At which sample points ? 001
I. Comments: Chiller Plant for AIR conditioning

10. IS ANY WATER USED IN BOILERS ? Yes X No__
A. Is the water treated or conditioned before or during use ? Yes X No__
B. What contaminants may be present ? Boiler Treatment Chemical, Softeners
C. Frequency & volume of blowdown 55 gpd Discharge to 001 San Sewer
D. At which sample points ? 001
E. Comments: _____

11. IS ANY WATER USED IN AIR POLLUTION CONTROL DEVICES ? Yes__ No X
A. What types of devices ? _____
B. How is the water disposed ? _____
C. What contaminants may be present ? _____
D. Frequency & volume if discharged _____ Discharge to _____
E. At which sample points ? _____
F. Comments: _____

12. ARE THERE, ON THE ROOF, ANY AIR POLLUTION CONTROL DEVICES OR EXHAUST FANS FROM WHICH POLLUTANTS MAY ENTER STORM DRAINS ? Yes X No__
A. Describe Second burn on the incinerator, hoods in lab
B. What contaminants may be present ? VOC
C. At which sample points ? _____
D. Comments: Mid-year 1993 they won't be able to burn anything due to the air pollution laws.

13. ARE THERE ANY GREASE OR OIL INTERCEPTORS ? Yes X No__
A. Food wastes ? X Petroleum wastes ? _____
B. Frequency of cleaning 1/year
C. Are cleaning logs kept ? Yes X No__
D. How is oil/grease disposed ? Hauled by vender

14. ARE ANY SOLVENTS USED ? Yes X No__
A. Which solvents ? xylene, ethyl alcohol, methyl alcohol, isopropyl alcohol
B. What used for: Histology lab
C. How disposed ? Xylene is hauled for incineration, alcohol go down the San. sewer
D. Does company have a solvent management plan ? Yes X No__
E. If yes, last time updated 2/92. Update needed ? Yes__ No X
F. Is there a copy in MSD file ? (Obtain copy) Yes__ No X
Copy requested from Mr. Akinola

15. ARE ANY INFECTIOUS MATERIALS HANDLED ? Yes X No__
A. If yes, describe operations Collected to holding stations
B. How is waste disposed ? incinerated on site

16. ARE ANY RADIOACTIVE MATERIALS HANDLED ? Yes X No__

A. If yes, describe operations ^{3}H, ^{14}C, ^{32}P, ^{35}S, ^{125}I ~~is drop~~

B. NRC License No.: 24-00144-05

C. How is waste disposed ? discharge low level radioactive material to sewer

D. If disposed to sewer, describe procedures: Isotopes are decayed prior to drain disposal, a single drain is used

E. Does company have authorization per Ord. 8472, Art. V.1.A ? Yes__ No X

17. ARE THERE ANY X-RAY OR PHOTO OR FILM PROCESSING OPERATIONS ? Yes X No__

A. If yes, describe

B. At which sample points ? 001, 002

C. Silver recovery facilities at these points ? Yes X No__

D. Comments:

18. ARE ANY WASTES (OTHER THAN ANY INCLUDED ABOVE) GENERATED WHICH ARE NOT DISPOSED TO THE SEWERS ? Yes X No__

A. If yes, what types of wastes ? Waste Solvents

B. How disposed ? Hauled ~~for~~ off-site for incineration

C. Are any of these wastes RCRA hazardous ? Yes X No__

D. MDNR and/or EPA hazardous waste generator No.: 04272

19. IS THERE ANY DISCHARGE OF HAZARDOUS WASTE SUBJECT TO REPORTING UNDER 40 CFR 403.12(p) WHICH WAS NOT PREVIOUSLY REPORTED TO MSD ? Yes__ No X

A. If yes, describe:
Provide the company with a reporting form and instructions.

20. DOES THE COMPANY HAVE ANY UNDERGROUND STORAGE TANKS ? Yes X No__

A. How many ? 3 Capacities: 1,000, 4000, 125

B. What do they contain ? Fuel oil for generators

C. Have there been any known leaks from these tanks ? Yes__ No X

D. If yes to C, explain:

E. Are all of the tanks registered with MDNR ? Yes X No__

F. If no to E, explain:

21. DOES THE COMPANY HAVE ANY ABOVE GROUND STORAGE TANKS ? Yes X No__

A. How many ? 2 Capacities: 10,000, 500

B. What do they contain ? Oxygen, fuel oil

C. Are they protected with spill containment facilities ? Yes__ No X

D. If no, explain: low potential.

E. If yes to C, how is accumulated stormwater disposed ?

22. COULD SPILLS OR LEAKS OF STORED CHEMICALS OR WASTES EASILY REACH SANITARY SEWERS OR STORM DRAINS ? Yes__ No X

A. If yes, what needs to be done ?

23. DOES COMPANY HAVE A WRITTEN SPILL PREVENTION/CONTROL PLAN ? Yes X No__

A. If yes, last time updated

B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__

C. If No to 23, is a plan needed ? Yes X No__

D. If yes to C, explain: Containment for tanks is being planned by Engineering

24. DOES COMPANY HAVE A WRITTEN SLUG DISCHARGE CONTROL PLAN ? Yes__ No X
   A. If yes, last time updated _____
   B. Is there a copy in MSD file ? (Obtain copy) Yes__ No X
   C. Is a plan needed ? Yes__ No__
   D. If yes, explain: _____

25. ARE EMERGENCY NOTIFICATION PROCEDURES POSTED ? Yes X No__
   A. Are MSD contacts listed ? Yes X No__

26. HAVE THERE BEEN ANY PROBLEM DISCHARGES SINCE LAST INSPECTION ? Yes__ No X
   A. Upsets ?_____ Bypasses of pretreatment facilities ?_____
      Spills ?_____ Slug discharges ?_____ Other ?_____
   B. Explain any marked: _____

27. IS ANY WASTEWATER SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS ? Yes__ No X
   A. If yes, identify the CFR Part & Subpart: _____
   B. Is the wastewater discharged to the sewer ? Yes__ No__
   C. If yes, which sample points ? _____
   D. If no, what is done with the wastewater ? _____
   E. Comments: _____

28. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A BMR ? Yes__ No__ NA X
   A. If yes, date BMR received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

29. IF YES TO ITEM 27, HAS THE COMPANY SUBMITTED A 90 DAY COMP. REP.? Yes__ No__ NA X
   A. If yes, date 90 Day Report received: _____
   B. If yes, does it correctly reflect current conditions ? Yes__ No__
   C. If no to A or B, explain: _____

30. IS THERE ANY PROCESS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS BUT WHICH PRODUCES NO WASTEWATER ? Yes__ No X
   A. If yes, identify the CFR Part and Subpart which would be applicable if process wastewater was produced: _____
   B. Explain the absence of process wastewater: _____

31. IS THERE ANY PROCESS FOR WHICH A CPS CATEGORY HAS BEEN IDENTIFIED BUT FOR WHICH CPS HAS BEEN REMANDED OR HAS NOT BEEN PROMULGATED ? Yes__ No X
   A. If yes, identify the CFR Part & Subpart: _____
   B. What is done with the process wastewater ? _____
   C. Comments: _____

32. IS THE COMBINED WASTESTREAM FORMULA (CWF) APPLICABLE ? Yes__ No X
   A. At which points ? _____
   B. If yes, is the correct factor currently applied ? Yes__ No__
   C. If no, explain: _____

33. IS ANY WASTEWATER SUBJECT TO PRODUCTION BASED STANDARDS ? Yes__ No X
   A. At which points ? _____
   B. Since calculation of the current limits, has the long term average production rate changed by 20% or more ? Yes__ No__
   C. If yes, explain: _____

MSD 042384

34. IS ANY WASTEWATER SUBJECT TO NON-CATEGORICAL PRETREATMENT STDS ? Yes__ No X
A. If yes, identify the CFR Part & Subpart: _____
B. Is the wastewater discharged to the sewer ? Yes__ No__
C. If yes, which sample points ? _____
D. If no, what is done with the wastewater ? _____
E. Comments: _____

35. HAS COMPANY EXCEEDED ORDINANCE DISCHARGE LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No X
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

36. HAS COMPANY EXCEEDED CATEGORICAL PRETREATMENT LIMITS SINCE THE LAST INSPECTION OR WITHIN THE LAST 12 MONTHS ? Yes__ No__ NA X
A. If yes, what pollutants ? _____ How often ? _____
At which sample points ? _____
B. Has the problem been resolved ? Yes__ No__
C. If no, what is being done ? _____
D. Comments: _____

37. IS COMPANY REQUIRED TO SELF-MONITOR ANY OF THEIR DISCHARGES ? Yes X No__
A. If yes, requirement is contained in permit X or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes X No__
D. If no, explain: _____

38. IF NO TO ITEM 38, DOES COMPANY SELF MONITOR ANYWAY ? Yes__ No NA
A. If yes, explain: _____

39. IS COMPANY COLLECTING THE APPROPRIATE TYPE OF SAMPLE (GRAB OR COMPOSITE) FOR EACH POLLUTANT MONITORED ? Yes X No__
A. If no, explain: _____

40. IS COMPANY USING 40 CFR 136 METHODS FOR ALL REPORTABLE ANALYSES ? Yes X No__
A. If no, explain: _____

41. DOES COMPANY EMPLOY CONTINUOUS MONITORING TECHNIQUES FOR pH ? Yes__ No X
A. At which sampling points ? _____
B. Do the charts show compliance with the frequency and duration limits ? Yes__ No__
C. If no, explain: _____

42. IS COMPANY SUBMITTING THE RESULTS OF ALL REPORTABLE MONITORING ? Yes X No__
A. If no, explain: _____

43. IS COMPANY MAINTAINING ADEQUATE RECORDS ? Yes X No__
A. If no, explain: _____

MSD 042385

44. IS COMPANY UNDER ANY ENFORCEMENT ORDERS ? Yes__ No X
A. If yes, type and date: EPA's guidelines on UST, and city of St. Louis / state of MO deadlines for our pollution controls

45. IS COMPANY REQUIRED TO SUBMIT COMPL. SCH. PROGRESS REPORTS ? Yes__ No X
A. If yes, requirement is contained in permit ____ or other document ____.
B. If other document, date & description: _____
C. Have the reports been on-time and complete ? Yes__ No__
D. If no, explain: _____

46. DOES COMPANY HAVE ANY ON-SITE "SPECIAL DISCHARGE" APPROVALS ? Yes__ No X
A. If yes, is company in compliance with requirements ? Yes__ No__
B. Comments: _____

47. DOES COMPANY HAVE ANY DISCHARGES SUBJECT TO NPDES PERMITTING ? Yes__ No X
A. If yes, does company have a permit ? Number _____ Yes__ No__
B. Is there a copy in MSD file ? (Obtain copy) Yes__ No__
C. If no to A, explain _____

48. IS MSD CATEGORY CORRECT ? Yes X No__
A. If no, explain: _____
B. What should category be ? _____

49. REVIEW THE SAMPLE POINT MAP ! Last map revision date: 10/4/92
A. Are all sample points correctly located & identified ? Yes ✓ No__
B. Is the map correct and accurate in all its details ? Yes ✓ No__
C. If no to A or B, what changes are needed ? _____

50. OPEN AND INSPECT EACH SAMPLE POINT !
A. If any mapped sample points can not be located or opened, explain: _____

Use the remaining space on this page for any other comments or observations pertinent to your inspection of this facility.

Complete Item 51 on the next page

51. COMPLETE THIS TABLE FOR ALL CATEGORICAL DISCHARGE POINTS AND ALL MAJOR POINTS OF CONNECTION TO THE MSD SEWERS.

POINT:	1	2	3	4	5	6
Sample Point (MSD #):	001	002				
Applicable Cat. Std.:						
Is discharge Batch (B) or Continuous (C) ?	B__C X	B__C X	B__C__	B__C__	B__C__	B__C__
Oil or grease inter.?	Y X N__	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
Other Pretreatment ?	Y__N X	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
Describe:						
Process wastes ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Plant & Equip washdn ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Sanitary Wastes ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Contact CW ?	Y__N X	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
Noncontact CW ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Boiler Blowdown ?	Y X N__	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__
Stormwater ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
CWF factor correct ?	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:	N/A	N/A				
Disch. Fact. Correct ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
If no, list new factor:						
Is it possible to obtain representative sample ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Is SP safe/accessible ?	Y X N__	Y X N__	Y__N__	Y__N__	Y__N__	Y__N__
Any problems with SP ? If yes, describe below.	Y__N X	Y__N X	Y__N__	Y__N__	Y__N__	Y__N__

A. For each sample point which has a process water flow from a categorical process, identify the specific process operations: _____

B. Describe in detail any sample point problems found: _____

C. Are all connection points included in the above table ? Yes__ No X

D. If No, explain: Two additional connections, but OEC selected two consistency sampling pts.

Metropolitan St. Louis Sewer District

METROPOLITAN ST. LOUIS SEWER DISTRICT
INDUSTRIAL PRETREATMENT PROGRAM

8/22 E

INDUSTRIAL FACILITY INSPECTION REPORT

CATEGORY: 4 REINSPECTION: X INITIAL VISIT: _____

COMPANY: Veterans Hospital PHONE NO.: 487-0400

PREMISE ADDRESS: 915 N. Grand ZIP CODE: 63106

ACCOUNT NO.: 1114-0460-00

CONTACT PERSON: Craig Hundelt TITLE: Facility Manager

DATE: 7-3-90 TIME OF INVESTIGATION: FROM 0900 TO 1030

INVESTIGATOR(s) S.M. Armstrong

GENERAL INFORMATION

1. HAS CONTACT CHANGED? Yes ___ No X
   New person name and title _____

2. HAS EMPLOYEE NUMBER CHANGED? Yes ___ No X
   New Number _____

3. HAVE SHIFTS CHANGED? _____ Yes ___ No X
   Days per week? _____ Yes ___ No X

4. WHAT TYPES OF COOLING WATER ARE GENERATED?
   A. Uncontaminated NONE
   B. Contact _____: Is it treated before discharge? Yes ___ No ___
      What contaminants could be found? _____
   C. Is raw water pretreated? Yes ___ No ___
      If yes, type _____
   D. Cooling Tower 2 capacity 1450 tons Yes X No ___

   Comments: _____

5. ARE THERE ANY AIR POLLUTION CONTROL DEVICES WHICH USE WATER? Yes ___ No X
   If yes, how is water disposed of? _____

6. IS THERE A GREASE/OIL INTERCEPTOR ON PREMISE? Yes X No ___
   If yes, what is the frequency of cleaning ONCE/year
   Is a cleaning log kept Yes X No ___

7. IS PROCESS WW SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS? NO Yes ___ No X
   If yes, which Category _____
   Has Company filed a B.M.R. Yes ___ No ___

8. IS SAMPLE POINT ADEQUATE? Yes X No ___
   VERIFIED? # points 2 Yes X No ___
   A. Do they have a pretreatment system? Yes ___ No X
      Type of system _____
   B. Do they have a pretreatment sample point? Yes ___ No X
   C. Do san/cool and process WW discharge through the same line? Yes X No ___
   D. Is Reg.Process Waste diluted more than 5% at Pret. S.P. Yes ___ No ___

DEC-F1017 062587

9. SAMPLE POINT MAP REVIEWED Yes X No ___
A. Is Sample map correct and accurate in detail? Yes X No ___
B. Open & inspect each sample point. problems as noted: None X
Other: ___

10. ARE ANY ORG/INORG SLUDGES GENERATED AND NOT DISP. OF IN SEWER? Yes ___ No X
If yes, how handled? ___
Are sludges considered hazardous? Yes ___ No ___
Does company have a hazardous waste gen. no.? Number ~~no~~ 04272 Yes X No ___
EPA # M09360090030

11. DOES COMPANY DISCHARGE TO A RECEIVING STREAM? Yes ___ No X
If yes, NPDES permit no. ___

12. ARE ANY CHEMICALS USED IN EQUIPMENT WASHDOWN? Yes ___ No X
If yes, what type? ___

13. IS PROCESS BATCH OR CONTINUOUS? Continuous
If batch, how frequent is clean-up and what is done with waste? ___

14. HAVE THERE BEEN ANY CHANGES IN PROCESS AND/OR RAW MATERIALS? Yes X No ___
If yes, what NEW STRUCTURE - surgery, SICU, CLINICAL LAB, HEMO, MEDICAL SERVICE OFFICE

15. HAVE THERE BEEN ANY CHANGES IN WW DISCHARGE QUANTITY OR QUALITY? Yes X No ___
If yes, what ↑ Quantity

16. DOES COMPANY HAVE A SPILL PREVENTION PLAN? Yes X No ___
If yes, does plan include spills of acidic or caustic materials to sewer?
(Check for proper storage of chemicals) Yes X No ___

17. DOES COMPANY DO ANY DEGREASING OR USE SOLVENTS? Yes X No ___
What solvents are used? ~~X~~ Toulene, expired chemicals, Research lab & clinical lab chemicals
Disposal methods? Hauled - see #10
Has Company filed a Solvent Management Plan? Yes ___ No X

18. IS THE COMPANY MEETING ORDINANCE DISCHARGE LIMITATIONS? Yes X No ___
If no, why not? ___
Date when last sample taken 8/24/89

19. IS THE COMPANY MEETING FEDERAL PRETREATMENT LIMITATIONS? N/A Yes ___ No ___
If no, why not? ___

20. DOES THE FACILITY HANDLE ANY RADIOACTIVE MATERIALS? Yes X No ___
If yes, how do they dispose of waste? HAULED

21. GENERAL OBSERVATIONS:
A. Does indicated quantity of water usage agree with ability to obtain samples? Yes X No ___
B. Do sample analysis results agree with type of industry being sampled? Yes X No ___

OTHER COMMENTS: Infectious WASTE IS INCINERATED ON SITE; INF. WASTE IS STORED IN COOLER PRIOR TO BURNING;
~~Solv~~ HAZARDOUS WASTE STORAGE AREA HAS UNPROTECTED FLOOR ~~[illegible]~~ DRAIN,
~~[illegible]~~ LAUNDRY IS trucked out to Jefferson Barracks

DEC-FI017 062587

TO: BOB BRAYFEILD
VA HOSPITAL
915 N. BRAND

FROM: BOB ZEMAN
OF THE METROPOLITAN ST LOUIS SEWER DISTRICT.

THIS IS TO INFORM YOU THAT GARY LUDWIG OF ALL AMERICAN CONT & SALES HAS ADVISED US OF REPAIRS TO BE MADE TO YOUR GREASE TRAP. HE HAS ALSO INFORMED US ABOUT THE BY PASS TO BE INSTALLED DURING REPAIRS. THIS BYPASS DURING REPAIRS IS APPROVED BY US ONLY DURING REPAIRS. BYPASS TO BE REMOVED ON COMPLETING OF BAFFLE REPLACEMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CALL. 436-8717

Robert Zeman
DATE: Feb 5, 1990

Repairs to be made and bypass to run during period when kitchen dishwashers & garbage disposals are not in use.

Medical Center St. Louis, MO 63125

RM

Veterans Administration

June 21, 1983

Mr. Lee Powers
Industrial Waste Engineer
Metropolitan St. Louis Sewer District
2000 Hampton Ave.
St. Louis, MO 63139

Dear Mr. Powers:

As requested, enclosed are the completed Small User Questionnaires for the Jefferson Barracks and John Cochran Divisions of this medical center. Questions regarding the data should be directed to Robert Pompeo, Foreman of Operations, 487-0400, ext. 235.

Sincerely,

Gene C. Clodfelter

GENE C. CLODFELTER
Chief, Engineering Service (138JB)

Enclosures

In Reply Refer To: 657/138JB

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Enclosures

657/138JB

November 29, 1973

Mr. Gene C. Clodfelter
Chief, Engineering Service
Veterans Administration Hosp.
St. Louis, Mo. 63125

Dear Mr. Clodfelter:

It was our understanding that in your letter of November 8, 1973, you were requesting an extension of time for completing our Industrial Waste Surcharge Questionnaire for only the V.A. Hospital at Jefferson Barracks. In a phone conversation with Mr. Lawrence on November 27, 1973, we were informed that your letter was meant to include the V. A. Hospital at 915 N. Grand Avenue also. In view of this, our records will show a 30 day extension for both facilities and we will expect receipt of the questionnaires on or before December 15, 1973.

If we can be of further assistance, please contact us.

Sincerely,

Gene Grassmuck
Industrial Waste Investigator

GG:jlc

FOLLOW UP REQ'D.
BY Gene DATE 12/15

Extended to December 15th, 1973

80

November 21, 1973

Veterans Administration Hospital
915 North Grand
St. Louis, Missouri 63106

Gentlemen:

On August 15, 1973, your company received by certified mail our Industrial Waste Surcharge Questionnaire. As required by MSD Ordinance No. 2289, you were given a minimum of ninety days from the date of receipt of the questionnaire to provide the information requested.

Not having received a written or verbal response from you by October 15, 1973, a second letter was mailed reminding you that only thirty days remained for you to comply with the ordinance requirement.

The ninety day period initially granted has now passed and we have not received your completed questionnaire nor a written response requesting additional time or assistance.

If we have not heard from you by December 10, 1973, we regretfully must notify our Legal Department of the ordinance violation and submit our records for use in any legal action considered necessary.

Sincerely,

Bernard A. Rains, P.E.
Industrial Waste Engineer

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