CALVIN

JUN-20-2008 FRI 12:50 PM FAX NO. P. 12

RECEIVED JUN 20 2008 INDUSTRIAL DEPARTMENT

USER CHARGE SELF MONITORING REPORT

NAME: AMNEAL PHARMACEUTICALS

ADDRESS: 209 MCLEAN BLVD., PATERSON, NJ 07504

FACILITY LOCATION: 209 McLEAN BLVD., PATERSON, NJ 07504

NEW CUSTOMER ID / OUTLET ID: OLD OUTLET DESIGNATION:

FAXED

MONITORING PERIOD					
START			END		
5	1	08	5	31	08
MO	DAY	YR	MO	DAY	YR

VOL DISCHARGED THIS PERIOD
93,276 GALS
CU. FT X 7.48 = GALLONS
EFFLUENT METER READING LAST DAY THIS PERIOD

DATE	BOD	TSS
5/6/08	27 mg/L	6.40 mg/L

DATE	BOD	TSS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
Semen Roxas for	JITEN PARIKH	973-357-0222
	VICE PRESIDENT	
		DATE 6-20-08

PVSC FORM MR-2 REV.3 6/93

NJDEP Certified Laboratory No. 14964
973-335-CALI
FAX 973-335-0556
E-MAIL: calilabs@earthlink.net
WEBSITE: www.calilabs.com

COMPLETE ANALYSIS LABORATORIES INC.

1259 Route 46, Building #4/C
Parsippany, NJ 07054-4909

Dr. Karim Zirvi
Amneal Pharmaceutical Corp.
209 McLean Blvd.
Paterson, NJ 07054

ANALYSIS REPORT

REPORT DATE: MAY 22,2008

PROJECT NO : 813496

LAB ID NO: 813496.1

FIELD ID NO: AP-0506

Sample: Liquid, Sampled by CALI on 5/6/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD_5	405.1	27.0	5/7/08 8:48	2.0	1
TSS	160.2	6.40	5/9/08 8:00	4.0	1

Definitions:
pH Unit, **J**= Compound Detected but Below MDL, **RLs**= Laboratory Reporting Limits, **MDL**= Method Detection Limit, **DF**= Dilution Factor, **ND** = Not Detected
RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM
Laboratory Director

CHAIN OF CUSTODY

PAGE 1 OF 1
(Lab use only) No. 813496

COMPLETE ANALYSIS LABORATORIES, INC.
1259 ROUTE 46 BLDG. # 4
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FAX: (973)335- 0556
NJDEP LAB CERTIFICATION # 14964

DELIVERABLES: (CIRCLE ONE) STD REDUCED FULL
OTHER (Specify) _____

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD.		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	DR. ZIRVI	PHONE	(973357-0222
PROJECT	WASTEWATER		
SAMPLER	name G. Hun	sign	
WITNESSED BY	name		

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
813496.1	AP- 0506	5/6/08 12:35	A	C	1	C	BOD,TSS
813496.1	AP- 0506	5/6/08 12:35	A	C	1	Hn,C	Cu, Zn, Pb,
813496.2	AP- 0506 G	5/6/08 12:35 6.M	A	G	2	H,C	VOC*

REMARKS
* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE
COMPOSITE SAMPLER WAS SET UP ON 5/6/08 @ 12:00 ; SAMPLE WAS COLLECTED ON 5/6/08 @ 12:
SAMPLING FREQUENCY – 30 MINUTES. monthly

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
G. Hun				5/6/08	12:40		

TURNAROUND TIME:

PRIORITY AUTHORIZATION:

M = MATRIX	A – AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID		S - SOIL X - OTHER	O - OIL
T= TYPE	C - COMPOSITE	G - GRAB		No. = NUMBER OF CONTAINERS	
P = PRESERVATIVE	H_2- H_2SO_4	Hn-HNO_3	H-HCl	N-NaOH	A-ASCORBIC ACID C - COOL TO 4 °C

SOP CG-010 REV 4/96

FOR REGULATORY COMPLIANCE

AMNEAL
pharmaceuticals

METHOD USED

TOTAL WATER USED

6,773.9 (5/31/08) – 6,508.2 (5/1/08) = 125 CF1 X 7.48 X 100 = 93,276/22 DAYS = 4,240 Total Flow - Gal/Day.

SANITARY USED

1,325 (5/31/08) – 1,278 (5/1/08) = 47 X 7.48 X 100 = 35,156/22 DAYS = 1,598 Flow - Gal/Day.

REGULATORY/TOTAL = 2,642/4,240 = 0.6

SITE PLAN: NO CHANGE

209 MCLEAN BLVD. • PATERSON, NJ • 07504

A M N E A L
pharmaceuticals

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