7F/2

Supplemental Information

Solid Waste Management Units

Lenox China
Pomona, New Jersey

Lenox Incorporated
Lawrenceville, New Jersey

651102

September 1990

7F

Supplemental Information

Solid Waste Management Units

Lenox China
Pomona, New Jersey

Lenox Incorporated
Lawrenceville, New Jersey

September 1990

Item No. 2

SUMMARY DATA REPORT FOR SLUDGE DISPOSAL AREA

LENOX CHINA, POMONA, NEW JERSEY
EPA ID NO. 002 325 074

July 1990

Geraghty & Miller, Inc.
Environmental Services
290 Vincent Avenue
Hackensack, New Jersey 07601

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A. Existing Data for Sludge Disposal Area

A1. Dwg. No. B-1068-4 Rev. C.
A2. Test Report No. 14,849 dated January 11, 1983 from John M. Rissel of Rossnagel & Associates to John Kinkela of Lenox China.
A3. Test Report No. 15,099 dated February 18, 1983 from John M. Rissel of Rossnagel & Associates to John Kinkela of Lenox China.
A4. Description of soil samples collected in the area northeast of the Slip Basin at Lenox China, Pomona, New Jersey.
A5. Figure 4B. Locations of soil borings and concentrations of leachable lead in the soil.

SUMMARY DATA REPORT FOR SLUDGE DISPOSAL AREA
LENOX CHINA, POMONA, NEW JERSEY
EPA ID. NO. NJD. 002 325 074

INTRODUCTION

Geraghty & Miller, Inc. has prepared this report on behalf of Lenox China to address the USEPA's request for a RCRA Facility Investigation of the Sludge Disposal Area at the Lenox China manufacturing plant in Pomona, New Jersey. This area was identified as a Solid Waste Management Unit in the RCRA Facility Assessment that was issued by the USEPA in July 1989. An extensive amount of soil and ground-water quality data exist and, therefore, no additional investigative work is required for this area. These data are summarized in this report.

HISTORY OF SLUDGE DISPOSAL AREA

The Sludge Disposal Area refers to an area northeast of the Slip Basin where fragments or lenses of slip waste from the Slip Basin are mixed in with the shallow subsoil as a result of dredging the Slip Basin to expand toward the northeast (Figure 1). During the excavation of additional basin area, slip waste became intermingled with the sand that was being dredged. Around 1975, a parking lot was constructed northeast of the Slip Basin and the asphalt paving cover included the area where the dredged material had been placed.

CHARACTERISTICS OF WASTE

The Slip Basin was an integral part of the Lenox manufacturing process from 1954 until August 1987. Initially, industrial wastes stored in the impoundment were limited to clay, nepheline syenite (feldspar), and flint. Starting in 1970, process wastewater, consisting of clay, lead carbonate, frit (low solubility lead compounds in glass form), and silica was discharged into the Slip Basin. The Slip Basin served as a primary clarifier, treating the waste stream by sedimentation of the suspended solids. The slip waste typically appears as a grayish-white clay.

DELINEATION OF SLUDGE DISPOSAL AREA

The extent of the Sludge Disposal Area was defined by leachable lead analyses of soil samples collected during December 1982 through February 1983. The results of these investigations were included in the RCRA Part B Permit Application that was submitted by Lenox to the New Jersey Department of Environmental Protection. Copies of these results are included as Appendix A of this report and consist of the following:

A1. Dwg No. B-1068-4 Rev. C

Comments:

This figure shows the locations of the 5 samples that were collected by Geraghty & Miller from the area behind the Slip Basin and along the rail siding on December 22, 1982 and January 4, 1983. The samples were collected with a shovel.

A2. Test Report No. 14,849 dated January 11, 1983 from John M. Rissel of Rossnagel & Associates to John Kinkela of Lenox China

Comments:

This report presents the results of total lead and leachable lead analyses performed by Rossnagel & Associates of Medford, New Jersey of five slip waste samples collected on December 22, 1982 and January 4, 1983. Leachable lead ranges from 0.20 mg/L to 1.4 mg/L and average 0.62 mg/L. These values are all well below the 5 mg/L threshold for the hazardous characteristic.

A3. Test Report No. 15,099 dated February 18, 1983 from John M. Rissel of Rossnagel & Associates to John Kinkela of Lenox China

Comments:

This report presents the results of leachable lead analyses performed by Rossnagel & Associates of Medford, New Jersey of nine samples collected on February 4, 1983 from seven borings located behind the Slip Basin. In three of the nine samples, leachable lead was above the 5 mg/L value that defines a characteristic hazardous waste. It should be noted that these results are not representative of the total deposits because they were not composite samples.

A4. Description of Soil Samples Collected in the Area Northeast of the Slip Basin at Lenox China, Pomona, New Jersey.

Comments:

These lithologic descriptions were prepared by Geraghty & Miller, Inc. on February 4, 1983 based on split-spoon soil samples. The slip waste is grayish-white and occurs as discrete lenses that are mixed in with the native sand and gravel.

A5. Figure 4B. Locations of Soil Borings and Concentrations of Leachable Lead in the Soil.

Comments:

Note that the solid dots labeled 1 through 4 correspond to samples identified as 2 through 5 on the January 11, 1983 Rossnagel test report. Based on the lithologic description of Boring B6, the sample that was analyzed apparently was sludge material, not a composite of soil.

GROUND-WATER QUALITY

The ground-water quality directly downgradient from the Sludge Disposal Area has been monitored by Well 10 (Figure 2), since the installation of Well 10 in July 1986. Sixteen samples have been collected quarterly and analyzed for lead, the parameter characteristic of the Slip Basin sludge. The results of the lead analyses for Well 10 are presented in Table 1 and indicate that wastes in the Sludge Disposal Area have had no measurable impact on the ground-water.

SUMMARY AND PROPOSED ACTIONS

The shallow soils within the Sludge Disposal Area contain a relatively small percentage of slip waste, based on field observations during the February 4, 1983 boring program. The waste does not constitute a continuous layer, but rather nodules or isolated lenses at various depths. The formation of leachate is minimized because the area has an asphalt paving cover material and the waste is highly impermeable. Even if water did percolate through the waste, lead has very low mobility in the soil environment. The results of Well 10 indicate that the Sludge Disposal Area has not impacted ground water.

To reduce the potential for any leachate formation from the Sludge Disposal Area, Lenox will maintain the parking lot cover in a manner that will minimize the infiltration of rain water. The Sludge Disposal Area, as defined by the previous investigations discussed in this report, will be marked out and will be inspected monthly by Lenox for cracking and holes, and any necessary repairs will be made as soon as possible. All inspections and maintenance will be recorded in a log book maintained at the main plant building.

As required by Lenox's NJPDES permit, monitoring of Well 10 will continue for lead as a means of gauging any future release from the Sludge Disposal Area.

Respectfully submitted,

GERAGHTY & MILLER, INC.

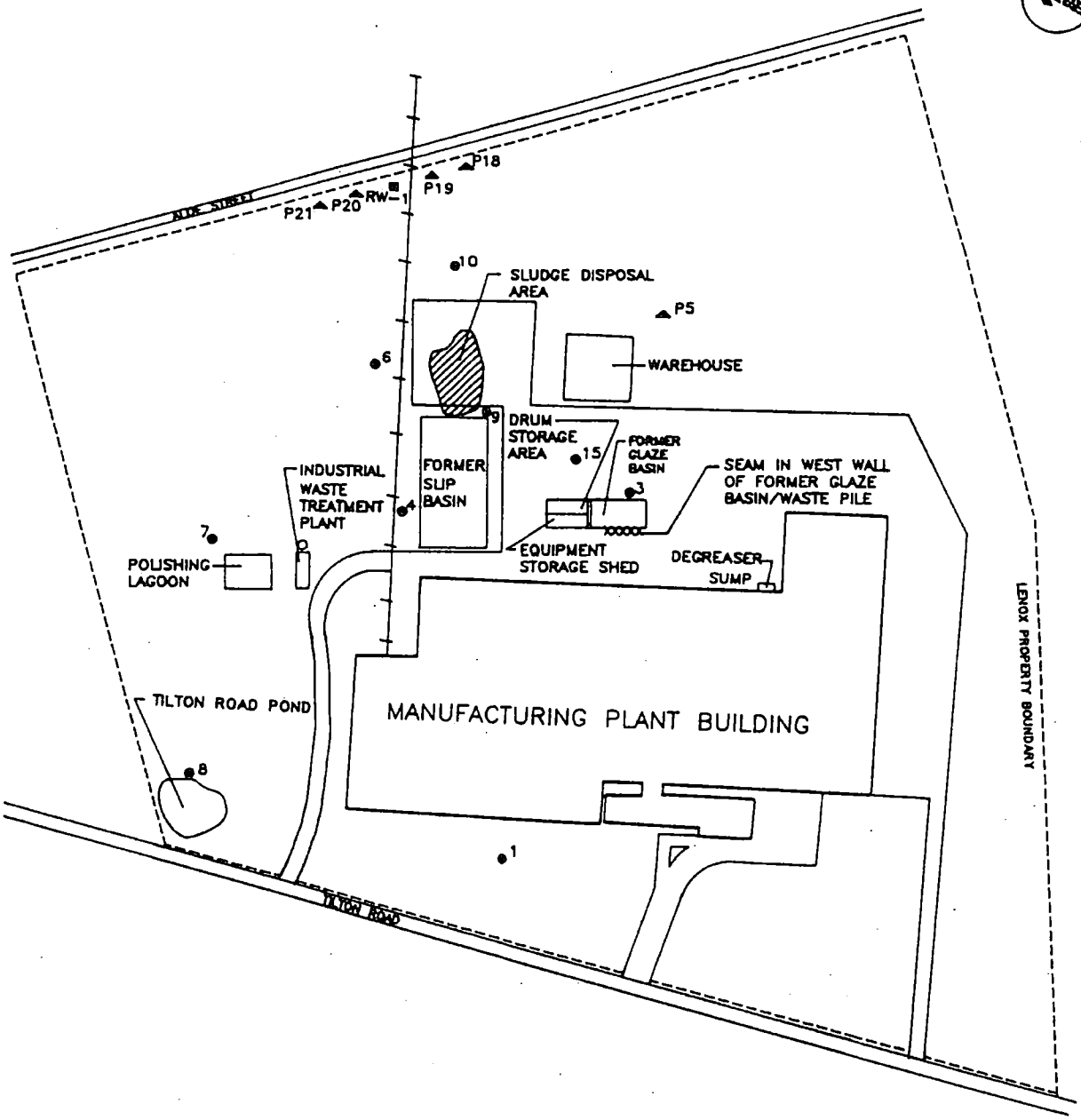
Catherine L. Gilroy
Senior Scientist/Project Manager

for Robert A. Saar, Ph.D.
Principal Consultant/Project Officer

CLG:gv
#NY08226/061390.

Table 1. Results of Analyses for Lead in Well 10, Lenox China, Pomona, New Jersey.

Date Sampled	Lead (mg/L)
7/17/86	0.02
10/7/86	<0.05
1/6/87	<0.05
4/7/87	<0.05
7/15/87	<0.05
10/13/87	<0.05
1/13/88	<0.05
4/13/88	<0.05
8/17/88	<0.05
11/17/88	<0.005
2/7/89	<0.005
5/9/89	<0.005
8/3/89	0.0053
11/14/89	<0.003
2/22/90	0.003
5/3/90	<0.005



EXPLANATION

- ●1 LOCATION AND DESIGNATION OF MONITORING WELL
- ■ RW-1 LOCATION AND DESIGNATION OF RECOVERY WELL
- ▲ P18 LOCATION AND DESIGNATION OF PIEZOMETER

0 SCALE 300 FEET

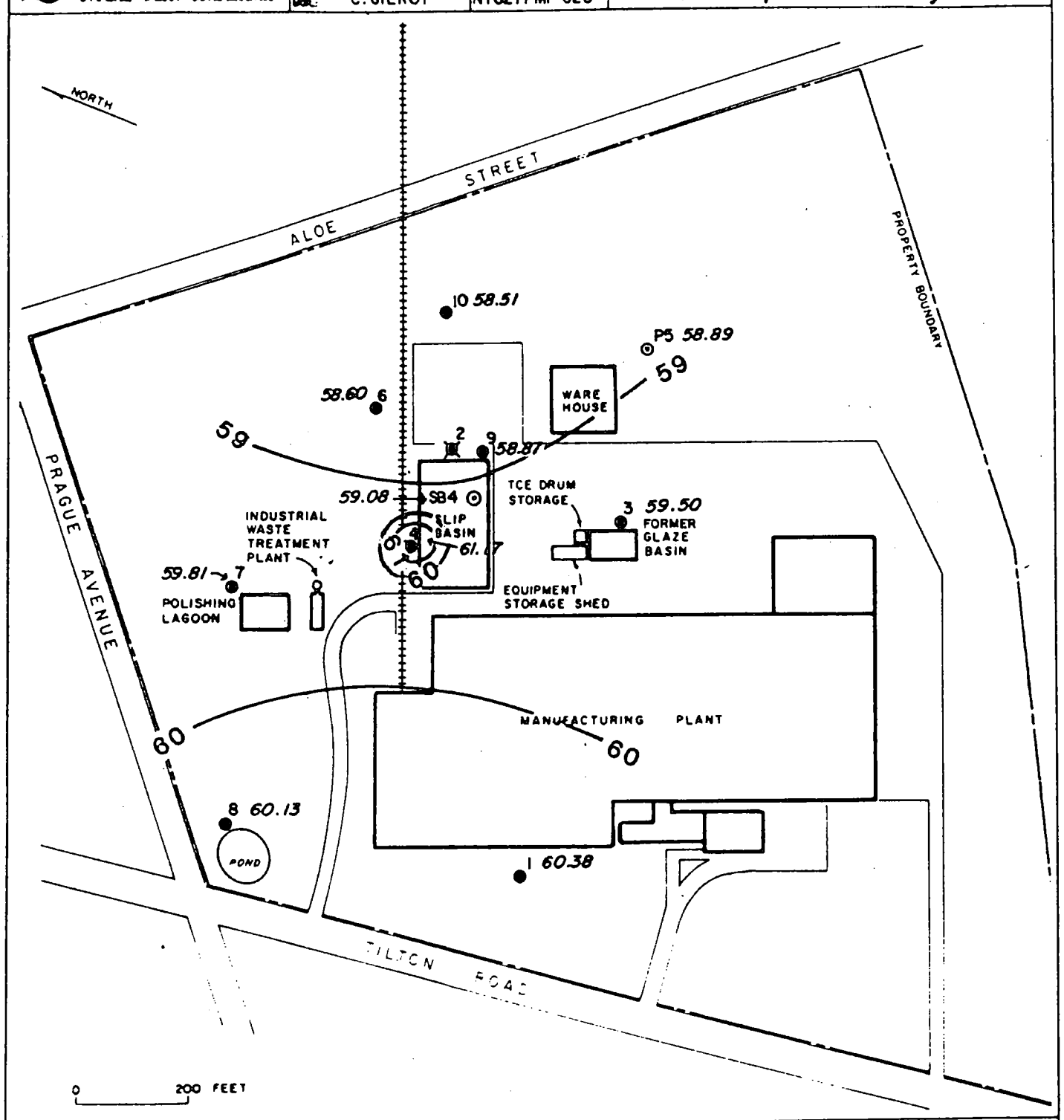
GERAGHTY & MILLER, INC.
Environmental Services

FACILITY MAP

LENOX CHINA, POMONA, NEW JERSEY

FIGURE 1

GERAGHTY & MILLER, INC. Ground-Water Consultants	COMPILED BY: C. GILROY	DATE: 10/89	SCALE: SHOWN	PREPARED FOR: LENOX CHINA Pomona, New Jersey
	PREPARED BY: E. DeLUCA	FILE NO: NY627PMI-628		
	PROJECT MGR.: C. GILROY			



EXPLANATION

- 7 MONITORING WELL LOCATION
- P5 PIEZOMETER
- 2 ABANDONED MONITORING WELL LOCATION
- 60— LINE OF EQUAL WATER-TABLE ELEVATION (FEET ABOVE MEAN SEA LEVEL)
- 60.38 ELEVATION OF WATER LEVEL (FEET ABOVE MEAN SEA LEVEL)

SUBJECT:

WATER-TABLE CONFIGURATION, AUGUST 3, 1989

FIGURE 2

141991

APPENDIX A

EXISTING DATA FOR SLUDGE DISPOSAL AREA

A1. Dwg. No. B-1068-4 Rev. C.

A2. Test Report No. 14,849 dated January 11, 1983 from John M. Rissel of Rossnagel & Associates to John Kinkela of Lenox China.

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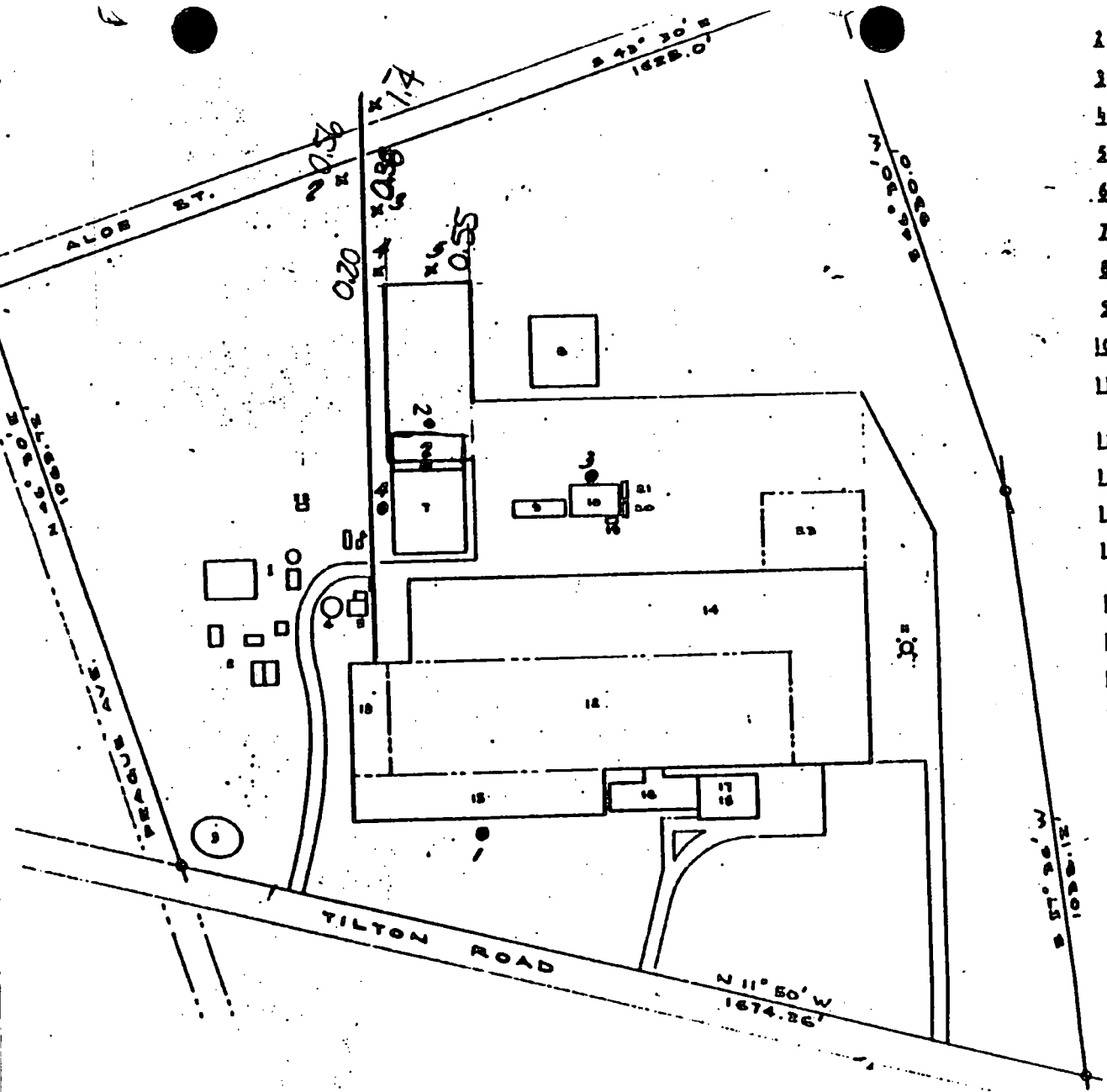
A4. Description of soil samples collected in the area northeast of the Slip Basin at Lenox China, Pomona, New Jersey.

A5. Figure 4B. Locations of soil borings and concentrations of leachable lead in the soil.



1 - SEWAGE TREATMENT PLANT (1954) 215 SQ. FT.

3 - EFFLUENT POND

4 - 200,000 GAL. WATER TANK (1954)

5 - PUMP HOUSE, WELL #1, GAS METERING HOUSE (1954) 938 SQ. FT.

6 - WELL #2 (1964) 88 SQ. FT.

7 - SLIP BASIN

8 - WAREHOUSE (1969) 14,400 SQ. FT.

9 - QUONSET HUT (1954) 2028 SQ. FT.

10 - GLAZE BASIN

11 - 100,000 GAL. ELEVATED WATER TANK (1954), TANK BTM. 100 FT. FROM GRADE

12 - MANUFACTURING PLANT - ORIGINAL (1954) 144,861 SQ. FT.

13 - MANUFACTURING PLANT - ADDITION (1964) 14,366 SQ. FT.

14 - MANUFACTURING PLANT - ADDITION (1964) 150,285 SQ. FT.

15 - MANUFACTURING PLANT - ADDITION (1968) 16,430 SQ. FT.

TOTAL = 345,832 SQ. FT.

16 - OFFICE - ORIGINAL (1954) = 8328 SQ. FT.

17 - OFFICE - 1ST FLOOR ADDITION (1964) = 7794 SQ. FT.

18 - OFFICE - 2ND FLOOR ADDITION (1964) = 7088 SQ. FT.

TOTAL = 23,210 SQ. FT.

19 - 10,000 GAL. FUEL OIL STORAGE TANK (1973)

20 - 20,000 GAL. FUEL OIL STORAGE TANK (1975)

21 - 20,000 GAL. FUEL OIL STORAGE TANK (1975)

22 - WELL #3 (1976) 150 SQ. FT.

23 - ADDITION SHIPPING/STORAGE WAREHOUSE (26,572 SQ. FT.)

TOTAL AREA OF LENOX INC. PLOT = 55.98 ACRES

TITLE: SITE PLAN — POMONA N.J. PLANT (PLANT ENG. & MAINT.)	SCALE 1" = 200'-0"	DRN. HOPKINS	DATE 6/25/70	C	ADDED IT. 23
		APPR. [illegible]	DATE 6-25-70	B	ADDED ITEMS 20, 21 & 22
				A	REVISED & REDRAWN — SAME DRAWING NUMBER
TOLERANCES UNLESS SPECIFIED DEC. ± — FRAC. ± —	MATERIAL	LENOX, INC.	DWG. No. B-1068-4	REV. LET.	REVISION DESCRIPTION

REV. "C"

MONITORING WELL LOCATION

SHOVEL DIGGING LOCATION

New England Reps
Gifford, Precision Eng., Inc.
P. O. Box 1017
Middletown, Conn. 06457
(203) 346-1223
(603) 632-7567

J-Atlantic Associates
3618 South I-85
Charlotte, N. C. 28208
(704) 392-1309

ROSSNAGEL & ASSOCIATES INC.

Engineering & Testing Consultants
234 RT. 70
MEDFORD, N. J. 08055
(609) 654-1441

Midwestern Office
Dante Envire. Consultants
4022 Stonehaven Rd.
South Euclid, Ohio
(216) 382-1719

Southeastern Division
250 Arizona Avenue N. E.
Atlanta, Georgia 30307
(404) 377-4248

AIR - WATER - ENERGY - INDUSTRIAL HYGIENE - NOISE - WASTE

- STACK & EXHAUST TESTING
- DESIGN OF AIR / WATER / NOISE POLLUTION CONTROL SYSTEMS
- BACTERIA & LIMNOLOGY STUDIES
- SPECIFICATIONS / DRAWINGS
- WATER / WASTE WATER / BIOASSAYS
- CHEMICAL ANALYSES
- GAS CHROMATOGRAPHY, I. R. & A. A.
- ENVIRONMENTAL IMPACT STUDIES

TEST REPORT #14,849

January 11, 1983

Lab Report #12,637
#12,679

Lenox China
Tilton Road
Pomona, NJ 08240

Attention: Mr. John Kinkela

The results are listed below of the analyses performed on the sludge samples from the area behind slip lagoon along rail siding. The samples were obtained from your facility by ROSSNAGEL & ASSOCIATES on December 22, 1982, and January 4, 1983.

On each sample, an analysis was requested for total lead content. Additionally, it was requested that an EP Toxicity extraction/separation procedure be performed on each sample, followed by lead analysis on the extract. The extraction/separation procedure was performed as it appears in FEDERAL REGISTER, volume 45, No. 98 page 33127.

Sample	% Solid (%)	Total Lead (mg/kg)	Lead in EP Toxicity Extract (mg/liter)	Allowable Limit (mg/liter)
Sludge #1	73	2,200	1.4	
Sludge #2	72	2,700	.56	5.0
Sludge #3	69	3,100	.38	
Sludge #4	76	3,200	.20	
Sludge #5	73	1,800	.55	

TABLE I

Based on knowledge of the general character of the sludge and of its history of deposition onto the ground, composite samples were obtained for sludge from sites #2 and #4. Samples were composited for these areas following an initial set of values for lead in the extracts of the EP Toxicity procedure of 8.5 and 7.0 mg/liter, sites 2 and 4, respectively. The levels of lead found in the extracts of the composite samples are more consistent with the other sites and correlate with the total lead values of the sludges.

If you have any questions, please do not hesitate to contact us.

John M. Rissel
Lab Manager
ROSSNAGEL & ASSOCIATES

JMR/aj
cc: WBR
Attachment: QA Data
Note: The liability of ROSSNAGEL & ASSOCIATES and its divisions, with respect to the services charged for herein, shall in no event exceed the amount of the invoice.

FEB 22 1983

New England Reps
Gifford Precision Eng., Inc.
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(603) 632-7567

Mid-Atlantic Associates
3618 South I-85
Charlotte, N. C. 28208
(704) 392-1309

ROSSNAGEL & ASSOCIATES INC.

Engineering & Testing Consultants

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AIR - WATER - ENERGY - INDUSTRIAL HYGIENE - NOISE - WASTE

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- CHEMICAL ANALYSES
- GAS CHROMATOGRAPHY, I. R. & A. A.
- ENVIRONMENTAL IMPACT STUDIES

TEST REPORT #15,099 — February 18, 1983

Certificate of Analysis — Lab Report #12,876

Lenox China
Tilton Road
Pomona, NJ 08240

Attention: Mr. John Kinkela

The results are listed below of the analyses performed on the composite soil and sludge samples from your facility. The samples were submitted to ROSSNAGEL & ASSOCIATES on February 4, 1983.

It was requested that an EP Toxicity extraction/separation procedure be performed on each sample, followed by lead analysis on the extract. The extraction/separation procedure was performed as it appears in FEDERAL REGISTER, volume 45, No. 98 page 33127.

Sample	Lead in EP Toxicity Extract (mg/liter)	Lead Allowable Limit (mg/liter)
B-1 0-54	2.2	
B-1 72-102	.20	
B-2	1.5	
B-3	8.8	
B-4	.90	5.0
B-5	.48	
B-6 33-36	22	
B-6 36-44	43	
B-7	3.6	

TABLE I

If you have any questions, please do not hesitate to contact us.

John M. Rissel
Lab Manager
ROSSNAGEL & ASSOCIATES

JMR/jon
cc: WBR
Erhardt Werth
Geraghty & Miller, Inc.
North Shore Atrium
6800 Jericho Turnpike
Syosset, New York 11791

Note: The liability of ROSSNAGEL & ASSOCIATES and its divisions, with respect to the services charged for herein, shall in no event exceed the amount of the invoice.

NJDEP Laboratory Certification #03117.

DESCRIPTION OF SOIL SAMPLES COLLECTED

IN THE AREA NORTHEAST OF THE SLIP BASIN

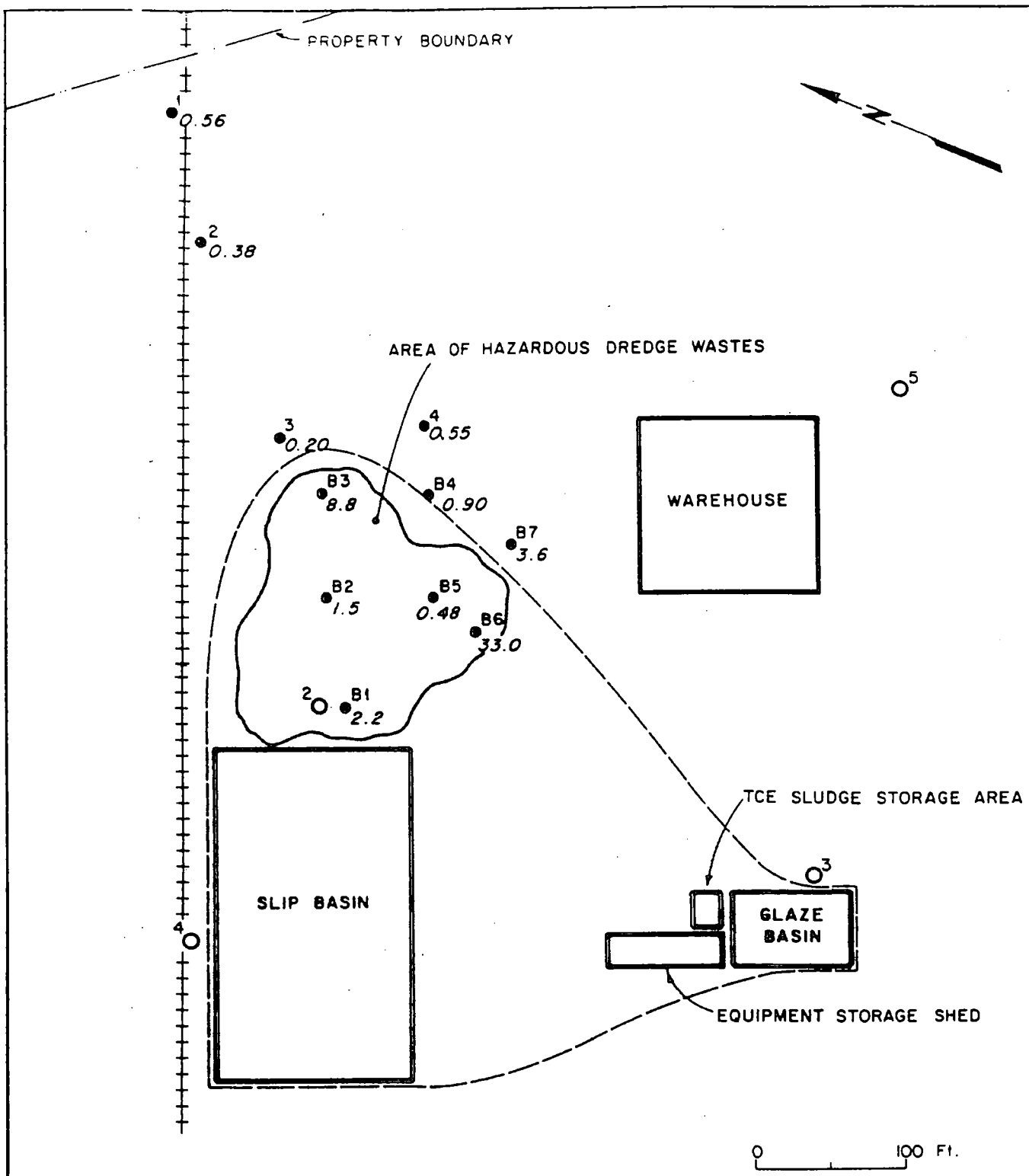
AT LENOX CHINA, POMONA, NEW JERSEY

Lithologic Description	Depth Interval (inches below land surface)
Boring B1	
Sand, tan to brown, medium grained	0 - 6
Clay (waste sludge), gray to white	6 - 7
Sand and gravel, dark gray to brown	7 - 16
Clay (waste sludge) white to gray recess with pieces of brown paper	16 - 25
Sand and gravel, brown	25 - 28
Sand, brown with some brown to gray clay streaks and traces of brown paper	28 - 36
Clay, stiff, white with some tan to light brown sand	36 - 43
Sand, medium grained, orange-brown	43 - 48
Clay, stiff, grayish-brown	48 - 49
Sand, dark black staining with some gravel	49 - 54
Sand, gray to dark gray	54 - 56
Wood	56 - 59
Sand, fine grained, tannish-gray to light brown with some medium to coarse sand and gravel	59 - 72
Sand and gravel, clayey, tan to orange	72 - 90
Sand and gravel, coarse grained, gray to white with tan to brown	90 - 102
Boring B2	
Gravel with some coarse sand	0 - 8
Sand, fine to medium grained, orange interbedded with some thin streaks of brown sand and black organic material	8 - 18
Sand, fine to medium grained, orange with some gravel	18 - 34
Sand, medium to coarse grained, dark brown with some plant roots and clay	34 - 42
Sand and gravel, gray, tan, brown and orange, extremely clayey (in clay matrix)	42 - 53
Clay (waste sludge), stiff, grayish white with occassional shreds of paper	53 - 71
Sand, dark brown to dark gray with roots and assorted decaying organic material	71 - 72
Clay (waste sludge), soft, grayish-white with some orange sand and gravel	72 - 74
Sand and gravel, gray with some gray clay	74 - 90

Lithologic Description	Depth Interval (inches below land surface)
Boring B2 (Cont'd.)	
Sand and gravel, brown to orange with some pebbles	90 - 94
Clay (natural) stiff, silty with streaks of sand cemented by iron oxide	94 - 108
Boring B3	
Gravel, coarse with some coarse sand	0 - 6
Sand, fine to medium grained, orange with some pebbles	6 - 18
Sand, fine to coarse grained, interbedded with stiff lenses of orange clay	18 - 34
Clay (waste sludge), gray to white, stiff with some decaying organic matter	34 - 38
Clay (waste sludge) gray, soft	38 - 53
Sand, fine to medium grained and decaying organic matter	53 - 54
Clay (waste sludge) gray, soft	54 - 59
Sand, fine to coarse grained with decaying organic matter	59 - 65
Sand, fine to medium grained, light brown to dark brown, slightly clayey with traces of decaying organic matter	65 - 72
Clay (waste sludge) gray, soft	72 - 75
Sand, fine to coarse grained, orange to light brown with pebbles and decaying organic matter	75 - 85
Sand, fine to coarse, with some gravel, pebbles and streaks of clay	85 - 100
Clay (natural), gray, stiff, silty with streaks of sand cemented by iron oxide	100 - 103
Sand, fine to medium grained, tan to orange with thin streaks of gray clay	103 - 108
Boring B4	
Gravel, coarse with some coarse sand	0 - 6
Sand, fine to medium grained, orange with some pebbles	6 - 18
Sand, fine to coarse grained with some pebbles and thin streaks of orange clay	18 - 45
Clay (waste sludge), gray to white with interbedded layers of decaying organic matter	45 - 54
Sand, fine to medium grained, tan to black slightly clayey with decaying organic matter	54 - 62
Sand, fine to medium grained, olive green, with some pebbles and organic debris	62 - 75
Sand, medium to coarse grained, olive to tan with some pebbles and streaks of grayish-green clay	75 - 88

Lithologic Description	Depth Interval (inches below land surface)
Boring B4 (Cont'd.)	
Clay (waste sludge), gray to tan, sandy with some pebbles	88 - 90
Clay, sandy, gray to orange, stiff with interbedded streaks of sand	90 - 105
Sand, coarse grained, light brown to gray, very clayey with some gravel and pebbles	105 - 108
Boring B5	
Gravel, coarse with some coarse orange sand	0 - 6
Sand and gravel, medium to coarse grained with some pebbles and an occasional lens of orange clay	6 - 18
Sand, fine to coarse grained with some gravel and pebbles and streaks of stiff, silty, brown clay	18 - 42
Sand, fine to medium grained, clayey grayish-brown with some fine gravel	42 - 43
Clay (waste sludge), tannish-brown to white	43 - 54
Sand, fine to coarse grained, orange to brown with some gravel and pebbles	54 - 60
Sand, fine to coarse grained, black with decaying organic matter	60 - 66
Sand, fine to coarse grained, light green to olive green, clayey with pebbles and organic debris	66 - 72
Sand, medium to coarse grained, orange to brown with pebbles	72 - 79
Sand and gravel, medium to coarse grained, clayey, light gray with pebbles and organic debris	79 - 95
Sand and gravel, very coarse grained, clayey, grayish-white with numerous pebbles	95 - 108
Boring B6	
Gravel, coarse with some coarse orange sand	0 - 6
Sand, medium to coarse grained, orange with some coarse gravel	6 - 18
Sand, fine to medium grained, clayey, orange with numberous pebbles	18 - 30
Clay, sandy, gray with some pebbles	30 - 33
Clay (waste sludge), dark gray, sandy with some organic material	33 - 39
Sand, medium to coarse grained, black with organic matter and a trace of clay	39 - 41
Clay (waste sludge), dark gray, sandy with some organic material	41 - 44
Sand, fine to coarse grained, tan to brown with some gravel and pebbles	44 - 54
Sand, medium to coarse grained, tannish-green to orange with interbedded organic material	54 - 56

Lithologic Description	Depth Interval (inches below land surface)
Boring B6 (Cont'd.)	
Sand, fine to medium grained, gray to green	56 - 72
Sand, fine to coarse grained, tannish-brown to gray with pebbles, streaks of organic material and iron and oxide staining	72 - 90
Sand, fine to medium grained, gray with some silt and clay	90 - 105
Sand, fine to coarse grained with numerous pebbles	105 - 108
Boring B7	
Gravel, coarse with some coarse orange sand	0 - 6
Sand, medium to coarse grained, orange with some coarse gravel	6 - 23
Clay (waste sludge), grayish-white, stiff	23 - 25
Sand, fine to coarse grained, black with decaying organic matter	25 - 27
Clay (waste sludge), grayish-white, stiff	27 - 44
Sand, fine to coarse grained, black with traces of organic matter	44 - 45
Sand, fine to coarse grained, gray to dark brown with thin streaks of black organic matter and a 1-inch thick lense of waste sludge	45 - 54
Sand, fine to medium grained, light brown to orange with some gravel and pebbles	54 - 72
Sand, fine to coarse grained, brown to gray with pebbles, steaks of organic matter and iron oxide staining	72 - 90
Sand, fine to medium grained, gray to dark gray with some silt and grayish-white clay	90 - 108



EXPLANATION

O4 MONITORING WELL

B1— SOIL BORING LOCATION

2.2— LEACHABLE LEAD CONCENTRATION BASED ON A COMPOSITE SOIL SAMPLE (IN ppm)

HAZARDOUS WASTE STORAGE FACILITY

SUBJECT

LOCATIONS OF SOIL BORINGS AND CONCENTRATIONS OF LEACHABLE LEAD IN THE SOIL

PREPARED FOR

LENOX CHINA
Pomona, New Jersey

Geraghty & Miller, Inc.	COMPILED BY E. Werth	SCALE Shown	4B
	PREPARED BY G. Schaffner	DATE 1-84	
	PROJECT MGR E. Werth		

Earth Sciences Consultants, Inc.
One Triangle Drive
Export, Pennsylvania 15632
412/733-3000
FAX 412/325-3352

Branch Office
Uniontown, Ohio

September 19, 1990
Project No. 8538F-01

Mr. Louis A. Fantin
First Assistant, General Counsel
Lenox Incorporated
100 Lenox Drive
Lawrenceville, NJ 08648

Letter Report
Potential Solid Waste Management Unit
Between Well No. 10 and Aloe Street
at Lenox China
Pomona, New Jersey

Dear Mr. Fantin:

This letter report will describe the consulting efforts to date regarding the potential Solid Waste Management Unit (SWMU) located between Well No. 10 and Aloe Street (as shown in Figure 1) at your Lenox China, Pomona, New Jersey plant as defined by the Hazardous and Solid Waste Amendments of 1984.

Introduction

The area between Well No. 10 and Aloe Street at the Lenox China plant in Pomona, New Jersey is topographically low and surrounded by berms. This area was not listed in the Resource Conservation and Recovery Act facility assessment issued by the U.S. Environmental Protection Agency (USEPA) in July 1989. However, during previous drilling programs, it was noted that discolorations of surficial soil were present which could indicate the presence of slip wastes in this area. The purposes of this letter report are to define whether this area constitutes a SWMU, to evaluate the extent of these wastes in that area, and to recommend a course of action for remediation if required.

Earth Sciences Consultants, Inc. (Earth Sciences) personnel interviewed Lenox China employees to determine if any industrial wastes could be present in the area between Well No. 10 and Aloe Street. As this area could have received overflow from the slip basin during the years this basin was in service, a field recognizance was undertaken by Lenox China personnel which indicated that, in fact, this area did show evidence of clay or slip deposition. Consequently, a program was designed by Earth Sciences in conjunction with Lenox China to delineate and evaluate the extent of these deposits at the subject area.

Delineation of Areas

The area between Well No. 10 and Aloe Street was subdivided into 25 feet square subareas (as shown in Figure 2) and corings were taken at the center of each subarea to determine the extent (i.e., depth) of any anomalous soils. Corings were taken with a post hole digger. Anomalous soils are easily identified because slip and/or glaze waste is easily distinguishable from natural occurring soil due to either its color or consistency (the natural occurring soil is yellow/tan sand whereas slip is a gray-white clay substance). The field results shown in Figure 2 indicate conclusively that this area has received slip waste and each affected subarea has received wastes to a depth of as little as a few hundredths of a foot within the top few inches of the surface and up to as much as two feet.

Collection of Samples for Analysis and Results

For the purpose of determining whether these slip deposits are a hazardous waste and thus whether the area is a SWMU, samples were taken of ten subarea corings which were selected at random from the eighty-six affected subareas. A sample of the discolored or anomalous soil was taken by scraping a uniform quantity in the vertical plane from each selected coring; each coring sample was then composited into a single composite sample. As slip wastes have been extensively analyzed for hazardous constituents, the analysis of this sample was confined to lead as this parameter is the only hazardous component of this slip waste. The analysis of the composite utilized the EP Toxicity Method as defined in USEPA publication SW 846 except that a 50 gram sample was utilized rather than the required 100 grams as specified in the method. The result indicated that the leachable lead was 2.8 milligrams per liter for the composite of the ten samples. While characterizing the individual subareas, a proportional sample was taken from each boring. These eighty-six subareas were then composited into a single sample and analyzed for EP toxicity lead. The result was 17 milligrams per liter leachable lead. Consequently, it is apparent that some hazardous waste exists or is located in the area between Well No. 10 and Aloe Street and that this area could be defined as a SWMU.

Alternatives

As shown in Figure 2, the affected area encompasses 1.03 acres. This area is topographically low and is composed of dense wooded areas with small hillocks with high groundwater at approximately one foot below surface. Any potential remediation plan must reconcile this topographic setting. In addition, the area is such that more extensive sampling and analytical efforts to totally characterize this small area would not be economically productive. Based on the setting and analytical results, two alternatives for site remediation are proposed. The first of these is to cover the area, after clearing and grubbing, with two feet of soil and then revegetate the area with grass. This approach, and fencing the area, would prevent inadvertent contact by people, and when coupled with groundwater monitoring, will minimize adverse effects to human health and the environment.

The second alternative would be to remove all of the affected lead-bearing material and place it at an elevation high enough to prevent contact with groundwater. This approach would necessitate the same clearing and grubbing as presented in the preceding alternative, mounding the material above the seasonal groundwater high, and then capping the area. This approach is similar to that implemented for the closure of the slip basin.

It is the opinion of Earth Sciences that the first alternative, that is a two foot vegetative soil cap over the entire area with proper fencing and groundwater monitoring, is the best approach to protect human health and the environment. This opinion is based on the difficult terrain for location and removal of the waste and the fact that monitoring will insure no adverse groundwater effects.

Recommendations

It is Earth Sciences' recommendation that this letter report be presented to the USEPA and the New Jersey Department of Environmental Protection in order to gain their guidance as to exactly what approach they believe should be taken for this area in order to properly resolve this matter. If you have any questions concerning the above, please contact me.

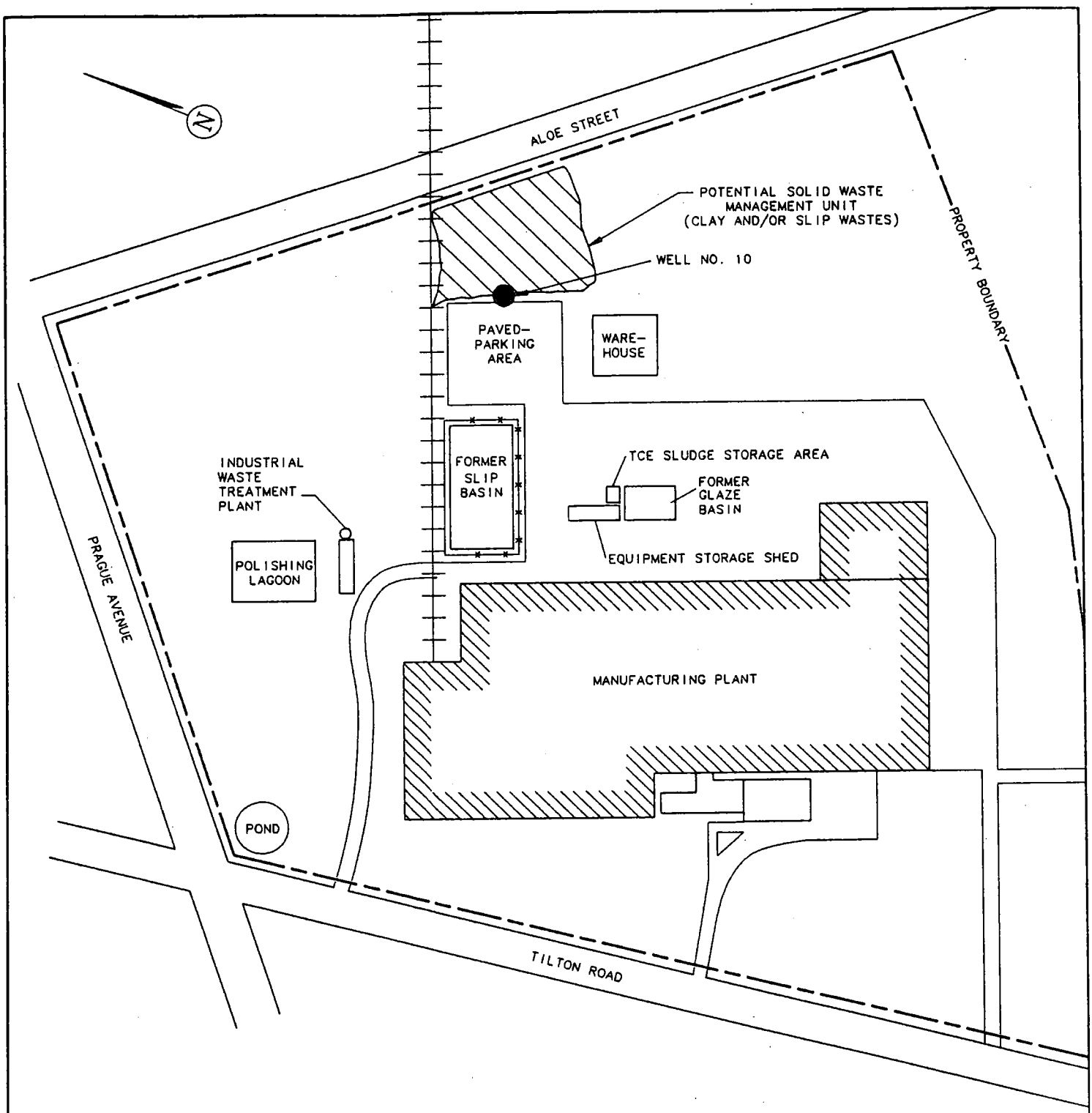
Respectfully submitted,

Gary W. Berman, P.E.
Vice President, Engineering

GWB:ljm

Enclosures

Figures



SCALE – FEET

0 200

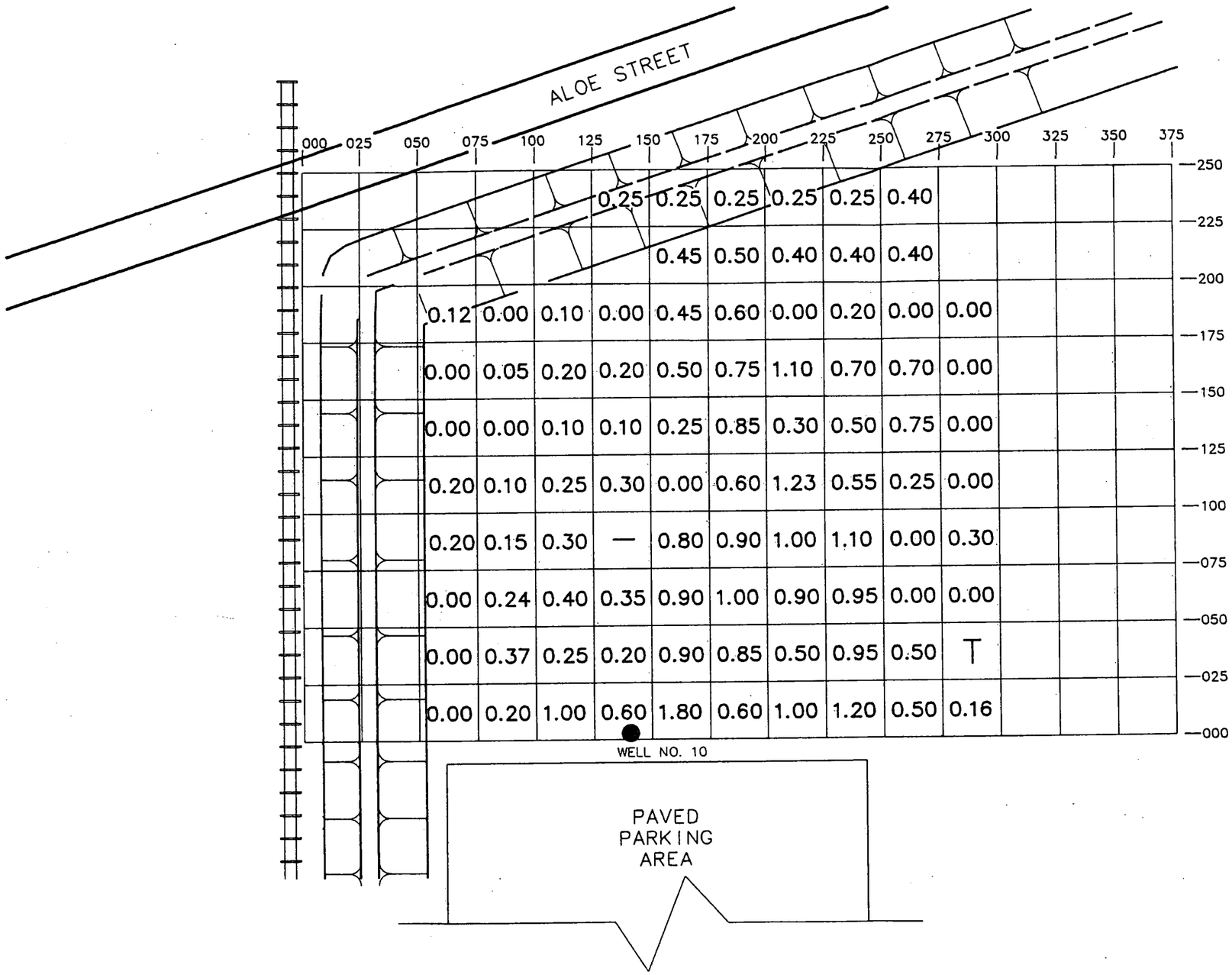
FIGURE 1
FACILITY PLAN
LENOX CHINA
POMONA, NEW JERSEY

PREPARED FOR
LENOX, INC.
LAWRENCEVILLE, NEW JERSEY

APPROVED AWB 9/4/90
CHECKED DJT 9/4/90
DRAWING NUMBER
8538-A7

Earth Sciences Consultants, Inc.

090590-1042DEB



WHERE : 0.00 = THICKNESS OF CLAY AND OR SLIP WASTE
T = TRACE
— = NO SAMPLE TAKEN

SCALE – FEET
0 50 100 150

REVISION	DATE	DESCRIPTION

FIGURE 2
POTENTIAL SOLID WASTE MANAGEMENT UNIT
LENOX CHINA
POMONA, NEW JERSEY

PREPARED FOR
LENOX, INC.
LAWRENCEVILLE, NEW JERSEY

APPROVED 9/4/90
CHECKED 9/4/90
DRAWN ERK/4SEPT90
DRAWING NUMBER 8538F-B3

Earth Sciences Consultants, Inc.

090590-1056DEB

Item No. 3

Form T-VWX-
8/81

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

MONITORING REPORT – TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 0 5 1 7 7	1 2 8 8	THRU	0 2 8 9

PERMITTEE: Name Lenox China

Address Tilton Road

Pomona, New Jersey 08240

FACILITY: Name Lenox China

Address Tilton Road

Pomona, New Jersey (County) Atlantic

Telephone ( )

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

[ ] T-VWX-007 [ ] T-VWX-008 [ ] T-VWX-009

SLUDGE REPORTS - INDUSTRIAL

[ ] T-VWX-010A [ ] T-VWX-010B

WASTEWATER REPORTS

[ ] T-VWX-011 [ ] T-VWX-012 [ ] T-VWX-013

GROUNDWATER REPORTS

[17] VWX-015(A,B) [5] VWX-016 [8] VWX-017

NPDES DISCHARGE MONITORING REPORT

[4] EPA FORM 3320-1

OPERATING EXCEPTIONS

	YES	NO
DYE TESTING	[ ]	[ ]
TEMPORARY BYPASSING	[ ]	[ ]
DISINFECTION INTERRUPTION	[ ]	[ ]
MONITORING MALFUNCTIONS	[ ]	[ ]
UNITS OUT OF OPERATION	[ ]	[ ]
OTHER	[ ]	[ ]

(Detail any "Yes" on reverse side in appropriate space.)

***NOTE:** The "Hours Attended at Plant" on the reverse of this sheet must also be completed.*

AUTHENTICATION - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

LICENSED OPERATOR

Name *(Printed)*

Grade & Registry No.

Signature

Date

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* S. J. PIOTROWSKI

Title *(Printed)* DIRECTOR, FACILITIES ENGINEERING

Signature S. J. Piotrowski

Date APRIL 12, 1989

PERMITTEE NAME/ADDRESS (Name/Location if different)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
No. 2040-0004
Expires 2-29-84

(1-7) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	01	01	TO	89	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(4 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******			11					
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		WKLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	22.68	45.36		******	18	18				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		6.55	******	6.55				
	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		WKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.432	.864		******	2.4	2.4				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.018	<.036		******	<0.10	<0.10				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.054	.108		******	0.30	0.30				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7.81	15.6		******	43.40	43.40				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.L. LEWIS
VP MANUFACTURING

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

PERMITTEE NAME / ADDRESS (Include Facility Name/Place if different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION

ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) NJ0005177 — PERMIT NUMBER

(17-19) 102 P — DISCHARGE NUMBER

F — FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	01	01	TO	89	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		WTKLY	GRAB
SULFATE, TOTAL (AS SO4) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		WTKLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0018	<.0036		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		WTKLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0009	<.0018		******	<.005	<.005				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		WTKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.048	.095		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTI
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	137	137				
	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	MG/L		WTKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R. L. LEWIS
VP MANUFACTURING

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

PAGE ___ OF ___

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION

ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2) NJ0005111 PERMIT NUMBER

(17-19) 103 P DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	01	01	TO	89	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******			11					
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		QTRLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	10.74	13.78		******	24.3	24.3				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		6.75	******	7.0				
	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.41	1.81		******	3.2	3.2				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.044	<.0567		******	<0.10	<0.10				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.066	<.085		******	<0.15	<0.15				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	4.39	5.64		******	9.95	9.95				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.L. Lewis
VP MANUFACTURING

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE, NUMBER

DATE: YEAR, MO, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

PERMITTEE NAME ADDRESS (Include Facility Name/Location if different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION

ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
MONITORING REPORT (DMR)

Approved
B No. 2040-0004
Expires 2-29-84

(2-16) NJ0005177 — PERMIT NUMBER

(17-19) 103 P — DISCHARGE NUMBER

F - FINAL

WASTEWATER IN TILTON RD POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	******	******	******	******		WTRLY	GRAB
SULFATE, TOTAL (AS S04) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	******	******	******	******		WTRLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0044	<.0056		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		WTRLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0022	<.0028		******	<.005	<.005				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		WTRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.117	.150		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	******		CONTINUOUS	CONTINUOUS
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	359	359				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	MG/L		WTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.L. LEWIS
VP MANUFACTURING

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ | SW ID NO.:

LAB NAME: YORK LABORATORIES

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-3025-2 (9–10)	8 9 0 2 0 7 (17–22)	4 6 4 1 0 (23–27)	☐ (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.28	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.19	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	14.10	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	12.01	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200.	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	10100	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10.	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0.	
	X			X			X			X		Color	Pt - Co	00080	5.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25.	
	X			X			X			X		Cyanide, Total	MG/L as CN	00720		
												Endrin, Total	UG/L	39390	.01	2
												Fluoride, Dissolved	MG/L as F	00950	.	
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100.	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	510.19	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.12	K

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~

SW ID NO.:

LAB NAME: YORK LABORATORIES

R (1)

NJPDES NO.: NJ 0 0 0 5 1 7 7 (2–8)

WELL PERMIT NO.: 36-3025-2 (9–16)

SAMPLE DATE YR. MO. DAY: 8 9 0 2 0 7 (17–22)

NJ LAB CERT. NO.: 4 6 4 1 0 (23–27)

WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.28	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.19	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82548	14.10	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	12.01	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200.	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	1000	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10.	
	X			X			X			X		Coliform Group	N/100 ML	74056	0.	
	X			X			X			X		Color	Pt - Co	00080	5.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	27.	
	X			X			X			X		Cyanide, Total	MG/L as CN	00720		
												Endrin, Total	UG/L	39390	.01	K
												Fluoride, Dissolved	MG/L as F	00950	.	
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100.	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	501.9	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.12	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1.

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
	NJ 0005177	36-3025-2	890207	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VIWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.04	K
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	11.9	
	X			X			X			X		Odor	T.O.N.	00085	1.	
	X			X			X			X		pH	Standard Units	00400	4.65	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5.	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5.	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10.	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	114.4	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	34.1	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	483.	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	1.8	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 10 11 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T -NJ 0005177	36-3025-2	89 02 07	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35.	K
	X			X			X			X		Benzene	UG/L	34030	5.	K
	X			X			X			X		Bromoform	UG/L	32104	5.	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5.	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5.	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5.	K
	X			X			X			X		Chloroform	UG/L	32106	5.	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5.	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5.	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2.	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5.	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5.	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5.	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5.	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5.	K
	X			X			X			X		Toluene	UG/L	34012	5.	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5.	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5.	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1.	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5.	K
	X			X			X			X		Acrolein	UG/L	34210	100.	K
	X			X			X			X		Chloroethane	UG/L	34311	10.	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10.	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5.	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5.	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10.	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10.	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10.	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

ALUE CODING RULES AND
REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

U (1)

NJPDES NO.: NJ 0005117 (2–8)

WELL PERMIT NO.: 36-3025-2 (9–16)

SAMPLE DATE YR. MO. DAY: 890207 (17–22)

NJ LAB CERT. NO.: 46410 (23–27)

WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0789 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
	X			X			X			X		Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	250.	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME ~~Lenox China, Inc.~~ SW ID NO.

LAB NAME York Laboratories

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-3027-9 (9–16)	8 9 0 2 0 7 (17–22)	4 6 4 1 0 (23–27)	☐ 28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.09	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.89	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	12.06	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	9.86	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200.	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	1670.	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	12.	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0.	
	X			X			X			X		Color	Pt - Co	00080	5.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25.	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950	.	
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	391.	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	6.	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	27.8	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.2	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc.

SW ID NO.

LAB NAME York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-3027-9	890207	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35.	K
	X			X			X			X		Benzene	UG/L	34030	5.	K
	X			X			X			X		Bromoform	UG/L	32104	5.	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5.	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5.	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5.	K
	X			X			X			X		Chloroform	UG/L	32106	5.	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5.	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5.	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2.	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5.	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5.	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5.	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5.	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5.	K
	X			X			X			X		Toluene	UG/L	34012	5.	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5.	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5.	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1.	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5.	K
	X			X			X			X		Acrolein	UG/L	34210	100.	K
	X			X			X			X		Chloroethane	UG/L	34311	10.	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10.	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5.	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5.	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10.	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10.	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10.	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

S (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0005177	36-3027-9	890207	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.04	K
	X			X			X			X		Nitrogen, Nitrate Dissolved	MG/L as N	00618	1.08	
	X			X			X			X		Odor	T.O.N.	00085	1.	
	X			X			X			X		pH	Standard Units	00400	5.8	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5.	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5.	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	0.	
	X			X			X			X		Sodium, Dissolved	MG/L	00930	11.3	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	59.2	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	127.	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.05	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	2710.	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 30 31
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

CILITY NAME Lenox China, Inc.

SW ID NO.

LAB NAME York Laboratories

U

NJPDES NO. NJ 0 0 0 5 1 7

WELL PERMIT NO. 36-3027-9

SAMPLE DATE YR. MO. DAY 8 9 0 2 0 7

NJ LAB CERT. NO. 4 6 4 1 0

WQM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	280.	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3119-4	890207	46410	
1	2–8	9–16	17–22	23–27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		66.96	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.96	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	10.38	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	8.38	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200.	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	2200.	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	21.4	
	X			X			X			X		Coliform Group	N/100 ML	74056	3.	
	X			X			X			X		Color	Pt - Co	00080	5.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25.	
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100.	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	15.	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.2	

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1)	NJ 0005177 (2–8)	36-3119-4 (9–16)	890207 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.04	K
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.93	
	X			X			X			X		Odor	T.O.N.	00085	1.	
	X			X			X			X		pH	Standard Units	00400	5.55	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	16.	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5.	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10.	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	17.6	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	102.	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	286.	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	1.65	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York Laboratories

U | NJPDES NO. NJ 0 0 0 5 1 7 | WELL PERMIT NO. 36-31119-4 | SAMPLE DATE YR. MO. DAY 89 02 07 | NJ LAB CERT. NO. 46410 | WQM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS (Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.)	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	Aldrin/Dieldrin	UG/L	39330		
	Benzidine	UG/L	39120		
	Calcium (dissolved)	MG/L	00915		
	DDT and Metabolites	UG/L	39370		
X X X X	Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
	Magnesium (dissolved)	MG/L	00925		
	Phosphorous as P	MG/L as P	00665		
	Polychlorinated Biphenyls	UG/L			
X X X X	Specific Conductance @25°C	Umhos/cm	00095	315.	
	Fecal Coliform	N/100 ML	74055		
	Fecal Streptoccocus	N/100 ML	74056		
	Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT P5

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China

SW ID NO.:

LAB NAME: York Laboratories

R (1) NJPDES NO.: NJ 0005177 (2–8)

WELL PERMIT NO.: 46-00126-3 (9–16)

SAMPLE DATE YR. MO. DAY: 890207 (17–22)

NJ LAB CERT. NO.: 46410 (23–27)

WQM USE: (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		64.17	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		62.95	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	9.41	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	8.19	
												Arsenic, Dissolved	UG/L as As	01000		
												Barium, Dissolved	UG/L as Ba	01005		
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
												Chloride, Dissolved	UG/L as Cl	82295		
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341		
												Coliform Group	N/100 ML	74056		
												Color	Pt - Co	00080		
												Copper, Dissolved	UG/L as Cu	01040		
												Cyanide, Total	MG/L as CN	00720		
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
												Iron, Dissolved	UG/L as Fe	01046		
												Lead, Dissolved	UG/L as Pb	01049		
												Lindane, Total	UG/L	39782		
												Manganese, Dissolved	UG/L	01056		
												Mercury, Dissolved	UG/L	71890		

29 42 55 68 33 34 46 47 59 60 72 73 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ York Laboratories

SW ID NO.:

LAB NAME:

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
	NJ 0 0 0 5 1 7 7	36-3270-1	8 9 0 2 0 7	4 6 4 1 0	
1	2 – 8	9 – 16	17 – 22	23 – 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARK
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		65.08	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		62.66	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	10.13	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	7.71	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200.	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	58000.	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10.	
	X			X			X			X		Coliform Group	N/100 ML	74056	0.	
	X			X			X			X		Color	Pt - Co	00080	5.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25.	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.008	
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100.	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	33.7	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.2	K

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: York Laboratories

NJPDES NO.: T -NJ 0005777 (1–8) | WELL PERMIT NO.: 36-32701-1 (9–16) | SAMPLE DATE YR. MO. DAY: 890207 (17–22) | NJ LAB CERT. NO.: 46410 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 102189 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL # _____

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35.	K
	X			X			X			X		Benzene	UG/L	34030	1.	U
	X			X			X			X		Bromoform	UG/L	32104	5.	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5.	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5.	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5.	K
	X			X			X			X		Chloroform	UG/L	32106	5.	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5.	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5.	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2.	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5.	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5.	K
	X			X			X			X		Methylene Chloride	UG/L	34223	5.	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5.	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5.	K
	X			X			X			X		Toluene	UG/L	34012	5.	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5.	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5.	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1.	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5.	K
	X			X			X			X		Acrolein	UG/L	34210	100.	K
	X			X			X			X		Chloroethane	UG/L	34311	10.	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10.	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5.	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5.	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10.	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10.	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10.	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

ALUE CODING RULES AND
REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1)	NJ 0005177 (2–8)	36-3270-1 (9–16)	890207 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.04	K
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.56	
	X			X			X			X		Odor	T.O.N.	00085	1.	
	X			X			X			X		pH	Standard Units	00400	4.4	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	R.	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5.	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10.	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	112.	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	126.	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	175.	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	1.9	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	21.3	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

SAMPLING MONTHS

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

CILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME Yoch Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
4	NJ 0005177	36-3270-1	890207	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0789 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
	X			X			X			X		Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	400.	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. | MO. | DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3874-1	89 02 07	46410	
1	2 – 8	9 – 16	17 – 22	23 – 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.31	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.82	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	11.17	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	8.68	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200.	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	28900.	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	14.2	
	X			X			X			X		Coliform Group	N/100 ML	74056	0.	
	X			X			X			X		Color	Pt - Co	00080	25.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25.	
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.008	
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100.	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	65.	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.6	

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

S (1)	NJPDES NO. NJ 0005177 (2–8)	WELL PERMIT NO. 36-3874-1 (9–16)	SAMPLE DATE YR. MO. DAY 890207 (17–22)	NJ LAB CERT. NO. 46410 (23–27)	WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0218 91 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.09	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.79	
	X			X			X			X		Odor	T.O.N.	00085	1.	
	X			X			X			X		pH	Standard Units	00400	6.55	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5.	8
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5.	7
	X			X			X			X		Silver, Dissolved	UG/L	01075	10.	8
	X			X			X			X		Sodium, Dissolved	MG/L	00930	316.	4
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	316.	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	5814.	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	14.7	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.	1
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005177	36-3874-1	89 02 07	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
	X			X			X			X		Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	1002.5	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS — MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3875-0	89 02 07	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.16	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		66.21	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	10.28	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	9.33	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200.	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	18700	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10.	
	X			X			X			X		Coliform Group	N/100 ML	74056	0.	
	X			X			X			X		Color	Pt - Co	00080	5.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25.	
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	296.	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	386.	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.6	

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S NJ 0005177	36-3875-0	890207	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS (Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.)	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	Methoxychlor, Total	UG/L	39480		
	Methylene Blue Active Substances	MG/L	38260		
X X X X	Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.98	
X X X X	Nitrogen, Nitrate, Dissolved	MG/L as N	00618	5.20	
X X X X	Odor	T.O.N.	00085	1.	
X X X X	pH	Standard Units	00400	5.8	
X X X	Phenols, Total Recoverable	UG/L	32730	53.	
	Radium 226, Dissolved	Pc/L	09503		
	Radium 228, Dissolved	Pc/L	81366		
X X X X	Selenium, Dissolved	UG/L	01145	5.	K
X X X X	Silver, Dissolved	UG/L	01075	10.	K
X X X X	Sodium, Dissolved	MG/L	00930	26.	
X X X X	Sulfate, Dissolved (as SO_4)	MG/L	00946	183.	
X X X X	Total Dissolved Solids (TDS)	PPM	70300	576.	
X X X X	Total Organic Carbon (TOC)	PPM	00680	3.05	
	Total Organic Halogen (TOX)	UG/L	70353		
	Toxaphene	UG/L	39400		
	Turbidity	NTU	00076		
X X X X	Zinc, Dissolved	UG/L	01090	20.	K
	2, 4–D, Total	UG/L	39370		
	2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York Laboratories

U (1) | NJPDES NO. NJ 0 0 0 5 1 7 (2–8) | WELL PERMIT NO. 36-3875-0 (9–16) | SAMPLE DATE YR. MO. DAY 8 9 0 2 0 7 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 10 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
	X			X			X			X		Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095		
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: York Laboratories

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-0716 0-9 (9–16)	8 9 0 2 0 7 (17–22)	4 6 4 1 0 (23–27)	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.51	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.76	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	14.57	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	12.82	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	770	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	0.	
	X			X			X			X		Coliform Group	N/100 ML	74056	0.	
	X			X			X			X		Color	Pt - Co	00080	30.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25.	
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950	.	
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	540	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	55.	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.12	

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005777 (2–8)	36-07160-9 (9–16)	890207 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	1.98	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.10	K
	X			X			X			X		Odor	T.O.N.	00085	1.	
	X			X			X			X		pH	Standard Units	00400	6.77	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5.	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5.	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10.	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	54.7	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	700.	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	1130.	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	3.4	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-07160-9	89 02 07	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35.	K
	X			X			X			X		Benzene	UG/L	34030	5.	K
	X			X			X			X		Bromoform	UG/L	32104	5.	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5.	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5.	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5.	K
	X			X			X			X		Chloroform	UG/L	32106	5.	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5.	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5.	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2.	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5.	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5.	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5.	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5.	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5.	K
	X			X			X			X		Toluene	UG/L	34012	5.	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5.	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5.	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1.	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5.	K
	X			X			X			X		Acrolein	UG/L	34210	100.	K
	X			X			X			X		Chloroethane	UG/L	34311	10.	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10.	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5.	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5.	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10.	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10.	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10.	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

ALUE CODING RULES AND
REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York Laboratories

U | NJPDES NO. NJ 0 0 0 5 1 7 | WELL PERMIT NO. 36-07160-9 | SAMPLE DATE YR. MO. DAY 8 9 6 2 0 7 | NJ LAB CERT. NO. 4 6 4 1 0 | WQM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 2 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
	X			X			X			X		Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	1465.	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-07161-7	89 02 07	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		63.51	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		61.76	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	8.66	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	6.91	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200.	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	18200.	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10.	
	X			X			X			X		Coliform Group	N/100 ML	74056	0.	
	X			X			X			X		Color	Pt - Co	00080	5.	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25.	
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	861.	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	100.	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.12	

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: York Laboratories

NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S NJ 0005177	36-071161-7	89 02 07	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.13	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.66	
	X			X			X			X		Odor	T.O.N.	00085	1.	
	X			X			X			X		pH	Standard Units	00400	5.0	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5.	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5.	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10.	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	30.8	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	363.	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	1120.	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.6	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-07161-7	890207	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0289 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35.	K
	X			X			X			X		Benzene	UG/L	34030	5.	K
	X			X			X			X		Bromoform	UG/L	32104	5.	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5.	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5.	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5.	K
	X			X			X			X		Chloroform	UG/L	32106	5.	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5.	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5.	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2.	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5.	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5.	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5.	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5.	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5.	K
	X			X			X			X		Toluene	UG/L	34012	5.	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5.	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5.	K
	X			X			X			X		Trichloroethylene	UG/L	39180	720.	
	X			X			X			X		Vinyl Chloride	UG/L	39175	5.	K
	X			X			X			X		Acrolein	UG/L	34210	100.	K
	X			X			X			X		Chloroethane	UG/L	34311	10.	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10.	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5.	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5.	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10.	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10.	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10.	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York Laboratories

U (1) | NJPDES NO. NJ 0 0 0 5 1 7 (2–8) | WELL PERMIT NO. 36-07161-7 (9–16) | SAMPLE DATE YR. MO. DAY 89 02 07 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 02 89 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
	X			X			X			X		Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	2120.	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

PERMITTEE NAME/ADDRESS (Include Name/Location if different)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION

ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved No. 2040-0004 Expires 2-29-84

(2-1) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	01	01	TO	89	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******			11					
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		ONLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	22.68	45.36		******	1%	1%				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		ONLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		6.55	******	6.55				
	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		ONLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.432	.864		******	2.4	2.4				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		ONLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.018	<.036		******	<0.10	<0.10				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		ONLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.054	.108		******	0.30	0.30				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		ONLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7.81	15.6		******	43.40	43.40				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		ONLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE, NUMBER

DATE: YEAR, MO, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

PERMITTEE NAME / Facility Name/Loc. — DRESS (Include if different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION

ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) NJ0005177 — PERMIT NUMBER

(17-19) 102 P — DISCHARGE NUMBER

F — FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	01	01	TO	89	02	21
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WTKLY	GRAB
SULFATE, TOTAL (AS SO4) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WTKLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0018	<.0036		*****	<.01	<.01				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	UG/L		WTKLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0009	<.0018		*****	<.005	<.005				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	UG/L		WTKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.048	.095		*****	*****	*****				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	MGD	*****	*****	*****	*****		CONTIN UOUS	CONTIN
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	137	137				
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** NONSP AV	***** NONSP MX	MG/L		WTKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE — NUMBER

DATE: YEAR — MO — DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

PERMITTEE NAME/ ADDRESS (Include Facility Name/Location different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
No. 2040-0004
pires 2-29-84

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION

ATTN: ALBERT J GUSTRAY

(2-) NJ00051 ..
PERMIT NUMBER

(17-19) 103 P
DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	01	01	TO	89	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******			11					
00010 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	DEG.C		QTRLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	10.74	13.78		******	24.3	24.3				
00340 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.75	******	7.0				
00400 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	****** MINIMUM	******	****** MAXIMUM	SU		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.41	1.81		******	3.2	3.2				
00530 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N)	SAMPLE MEASUREMENT	<.044	<.0567		******	<0.10	<0.10				
00630 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	<.066	<.085		******	<0.15	<0.15				
00665 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	4.39	5.64		******	9.95	9.95				
00680 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

PERMITTEE NAME ADDRESS (Include Facility Name/Location if different)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

Approved
d No. 2040-0004
Expires 2-29-84

(2-16) NJ0005177 PERMIT NUMBER

(17-19) 103 P DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	*******				
	PERMIT REQUIREMENT	*******	*******	*******	*******	*******	*******	*******		WTKLY	GRAB
SULFATE, TOTAL (AS S04) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	*******				
	PERMIT REQUIREMENT	*******	*******	*******	*******	*******	*******	*******		WTKLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0044	<.0056		*******	<.01	<.01				
	PERMIT REQUIREMENT	******* NONSP AV	******* NONSP MX	KG/DAY	*******	******* NONSP AV	******* NONSP MX	UG/L		WTKLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0022	<.0028		*******	<.005	<.005				
	PERMIT REQUIREMENT	******* NONSP AV	******* NONSP MX	KG/DAY	*******	******* NONSP AV	******* NONSP MX	UG/L		WTKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.117	.150		*******	*******	*******				
	PERMIT REQUIREMENT	******* NONSP AV	******* NONSP MX	MGD	*******	*******	*******	*******		CONTIN UOUS	CONTIN
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	359	359				
	PERMIT REQUIREMENT	*******	*******	*******	*******	******* NONSP AV	******* NONSP MX	MG/L		WTKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE, NUMBER

DATE: YEAR, MO, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

(REPLACES EPA FORM 7 40 WHICH MAY NOT BE USED.)

8/83

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

MONITORING REPORT – TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 0 5 1 7 7	0 3 8 9	THRU	0 5 8 9

PERMITTEE: Name Lenox China

Address Tilton Road

Pomona, New Jersey 08240

FACILITY: Name Lenox China

Address Tilton Road

Pomona, New Jersey (County) Atlantic

Telephone ( )

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

☐ T-VWX-007 ☐ T-VWX-008 ☐ T-VWX-009

SLUDGE REPORTS - INDUSTRIAL

☐ T-VWX-010A ☐ T-VWX-010B

WASTEWATER REPORTS

☐ T-VWX-011 ☐ T-VWX-012 ☐ T-VWX-013

GROUNDWATER REPORTS

17 VWX-015(A,B) 5 VWX-016 8 VWX-017

NPDES DISCHARGE MONITORING REPORT

☐ EPA FORM 3320-1

OPERATING EXCEPTIONS

	YES	NO
DYE TESTING	☐	☐
TEMPORARY BYPASSING	☐	☐
DISINFECTION INTERRUPTION	☐	☐
MONITORING MALFUNCTIONS	☐	☐
UNITS OUT OF OPERATION	☐	☐
OTHER	☐	☐

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: *The "Hours Attended at Plant" on the reverse of this sheet must also be completed.*

AUTHENTICATION - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

LICENSED OPERATOR

Name *(Printed)*

Grade & Registry No.

Signature

Date

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* JOHN F. KINKELA

Title *(Printed)* ENVIRONMENTAL ENGINEER

Signature John F. Kinkela

Date 7-20-89

TITLE N[illegible] ADDRESS (Include area code)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
ATTN: ALBERT J OLSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

[illegible]n Approved
[illegible]B No. 2040-0
[illegible]pires 2-29-84

(1-7) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89 (20-21)	3 (22-23)	1 (24-25)	TO	89 (26-27)	5 (28-29)	31 (30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-47)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		19	19	19				
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** NONSP AV	***** NONSP MX	DEG.C		WKLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	46	63		*****	176	176				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		WKLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7				
	PERMIT REQUIREMENT	*****	*****	*****	***** MINIMUM	*****	***** MAXIMUM	SU		WKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.23	.32		*****	.90	.90				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		WKLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.03	<.04		*****	<.1	<.1				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		WKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.04	<.05		*****	<.15	<.15				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		WKLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	17.6	24.4		*****	68	68				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		WKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
WM. R. MILLER
SR. V.P. MANUFACTURING
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DA
609	484-9798	89	7	2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

PERMITTEE (Facility Name/Loc.) ADDRESS (Include if different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION
ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

rm Approved
MB No. 2040-0
Expires 2-29-84

(2-16) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	3	1	TO	89	5	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(4 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WTKLY	GRA
SULFATE, TOTAL (AS SO4) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WTKLY	GRA
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.003	<.004		*****	<.01	<.01				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	UG/L		WTKLY	GRA
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.001	<.002		*****	<.005	<.005				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	UG/L		WTKLY	GRA
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.068	.095		*****	*****	*****				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	MGD	*****	*****	*****	*****		CONTIN UOUS	CON
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	.55	.55				
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** NONSP AV	***** NONSP MX	MG/L		WTKLY	GRA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
WM. R. MILLER
SR. V.P. MANUFACTURING
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609, NUMBER 484-9798

DATE: YEAR 89, MO 7, 2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WASTEWATER IN POLISHING LAGOON

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
ATTN: ALBERT J GUSTRA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0
Expires 2-29-84

NJ0005111
PERMIT NUMBER

103 P
DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	3	1	TO	89	5	31

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMP TYP
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		20	20	20				
	PERMIT REQUIREMENT	*****	*****	****	*****	***** NUNSP AV	***** NUNSP MX	DEG.C		QTRLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	23	28		*****	49	49				
	PERMIT REQUIREMENT	***** NUNSP AV	***** NUNSP MX	KG/DAY	*****	***** NUNSP AV	***** NUNSP MX	MG/L		QTRLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.0				
	PERMIT REQUIREMENT	*****	*****	****	***** MINIMUM	*****	***** MAXIMUM	SU		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	5.7	7.1		*****	12.4	12.4				
	PERMIT REQUIREMENT	***** NUNSP AV	***** NUNSP MX	KG/DAY	*****	***** NUNSP AV	***** NUNSP MX	MG/L		QTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.05	<.06		*****	<.1	<.1				
	PERMIT REQUIREMENT	***** NUNSP AV	***** NUNSP MX	KG/DAY	*****	***** NUNSP AV	***** NUNSP MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.07	<.08		*****	<.15	<.15				
	PERMIT REQUIREMENT	***** NUNSP AV	***** NUNSP MX	KG/DAY	*****	***** NUNSP AV	***** NUNSP MX	MG/L		QTRLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	6.1	7.5		*****	13.2	13.2				
	PERMIT REQUIREMENT	***** NUNSP AV	***** NUNSP MX	KG/DAY	*****	***** NUNSP AV	***** NUNSP MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
WM. R. MILLER
SR. V.P. MANUFACTURING
TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DA
(609) ~~494~~	484-9798	89	7	2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

PERMITTEE NAME / ADDRESS (Include Facility Name/Location if different)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION
ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
B No. 2040-0
Expires 2-29-84

(5-16) NJ0005177 PERMIT NUMBER

(17-19) 103 P DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	3	1	TO	89	5	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	******	******	******	******		WTRLY	GRAB
SULFATE, TOTAL (AS SO4) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	******	******	******	******		WTRLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.005	<.006		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		WTRLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.002	<.003		******	<.005	<.005				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		WTRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.123	.150		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	******		CONTINUOUS	CONT
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	.28	.28				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	MG/L		WTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Wm. A. Miller
Sr. V.P. Manufacturing
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609, NUMBER 484-9798

DATE: YEAR 89, MO 7, D 2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WASTEWATER IN TILTON RD POND

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3025-2	89 05 09	46410	
1	2 8	9 16	17 22	23 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.28	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.19	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	8.86	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	6.77	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	6450	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	
	X			X			X			X		Coliform Group	N/100 ML	74056	6	
	X			X			X			X		Color	Pt - Co	00080	5	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	16.3	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.29	

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1.

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005177 (2–8)	36-3025-2 (9–16)	890509 (17–22)	46410 (23–27)	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.04	K
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	5.07	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.5	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5.0	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	8.42	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	10	K
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	48.6	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	1.01	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 85 88 — 33 34 46 47 59 60 72 73 — 10 11 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

T	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
	-NJ 0005177	36-3025-2	890509	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 01 81 81 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL # _____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	5	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

U (1)

NJPDES NO.: NJ 0 0 0 5 1 7 (2–8)

WELL PERMIT NO.: 36-3025-2 (9–16)

SAMPLE DATE YR. MO. DAY: 8 9 0 5 0 9 (17–22)

NJ LAB CERT. NO.: 4 6 9 1 0 (23–27)

WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	1175	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3027-9	89 05 09	46410	
1	2 8	9 16	17 22	23 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ____ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.09	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.89	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	7.42	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	5.22	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	13600	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	15.2	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	63	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	0.2	K

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1)	NJ 0005177 (2–8)	36-3027-9 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	0.04	K
	X			X			X			X		Nitrogen, Nitrate Dissolved	MG/L as N	00618	3.51	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.5	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	10.6	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	18.2	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	74.1	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	1.16	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	1360	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc.

SW ID NO.

LAB NAME YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-3027-9	89 05 09	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	5	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

CILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

U	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005177 (2–8)	36-30271-9 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS (Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.)	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	Aldrin/Dieldrin	UG/L	39330		
	Benzidine	UG/L	39120		
	Calcium (dissolved)	MG/L	00915		
	DDT and Metabolites	UG/L	39370		
	Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
	Magnesium (dissolved)	MG/L	00925		
	Phosphorous as P	MG/L as P	00665		
	Polychlorinated Biphenyls	UG/L			
X X X X	Specific Conductance @25°C	Umhos/cm	00095	158	
	Fecal Coliform	N/100 ML	74055		
	Fecal Streptoccocus	N/100 ML	74056		
	Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3119-4	89 05 09	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		66.96	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.96	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	4.50	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	2.50	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	20000	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	15	K
	X			X			X			X		Mercury, Dissolved	UG/L	71890	0.2	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1)	NJ 0005777 (2–8)	36-3119-4 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	0.04	K
	X			X			X			X		Nitrogen, Nitrate Dissolved	MG/L as N	00618	0.32	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	6.3	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	17.8	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	141	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	165	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	1.54	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 | 33 34 46 47 58 60 72 73 | 30 31 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

U (1) NJPDES NO. NJ 0 0 0 5 1 7 (2–8) | WELL PERMIT NO. 36-3119-4 (9–16) | SAMPLE DATE YR. MO. DAY 8 9 0 5 0 9 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	340	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT P5

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China

SW ID NO.:

LAB NAME:

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R (1)	NJ 0005177 (2–8)	46-00126-3 (9–16)	89 05 09 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 9 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		64.17	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		62.95	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	4.63	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.41	
												Arsenic, Dissolved	UG/L as As	01000		
												Barium, Dissolved	UG/L as Ba	01005		
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
												Chloride, Dissolved	UG/L as Cl	82295		
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341		
												Coliform Group	N/100 ML	74056		
												Color	Pt - Co	00080		
												Copper, Dissolved	UG/L as Cu	01040		
												Cyanide, Total	MG/L as CN	00720		
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
												Iron, Dissolved	UG/L as Fe	01046		
												Lead, Dissolved	UG/L as Pb	01049		
												Lindane, Total	UG/L	39782		
												Manganese, Dissolved	UG/L	01056		
												Mercury, Dissolved	UG/L	71890		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ SW ID NO.

LAB NAME: York

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-3270-1 (9–16)	8 9 0 5 0 9 (17–22)	4 6 4 1 0 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		65.08	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		62.66	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	5.56	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.14	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	10900	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	45.3	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	0.20	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 78 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1)	NJ 0005177 (2–8)	36-3270-1 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 78 (MO. YR.) TO __ __ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	0.04	K
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	0.31	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	4.4	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	13.7	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	132	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	165	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	21.29	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.2	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: YORK

NJPDES NO.: T -NJ 0005177 (1–8)

WELL PERMIT NO.: 36-3270-1 (9–16)

SAMPLE DATE YR. MO. DAY: 890509 (17–22)

NJ LAB CERT. NO.: 46410 (23–27)

WQM USE: (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL # _____

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	5	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

20 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 73 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005177	36-3270-1	89 05 09	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	355	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1)	NJ 0005177 (2–8)	36-3874-1 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0488 (MO. YR.) TO ____ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	0.42	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	0.42	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	6.4	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	14	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	37.4	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	281	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	451	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	21.43	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME

R (1) | NJPDES NO. NJ 0 0 0 5 1 7 7 (2–8) | WELL PERMIT NO. 36-3874-1 (9–16) | SAMPLE DATE YR. MO. DAY 8 9 0 5 0 9 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS (Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.)	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
X X X X	Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.31	
X X X X	Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.82	
X X X X	Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	6.47	
X X X X	Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.98	
	Arsenic, Dissolved	UG/L as As	01000		
X X X X	Barium, Dissolved	UG/L as Ba	01005	200	K
	Biochemical Oxygen Demand - 5 Day	MG/L	00310		
	Cadmium, Dissolved	UG/L as Cd	01025		
X X X X	Chloride, Dissolved	UG/L as Cl	82295	35400	
	Chromium, Dissolved	UG/L as Cr	01030		
	Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
	Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
X X X X	Coliform Group	N/100 ML	74056	0	
X X X X	Color	Pt - Co	00080	50	
X X X X	Copper, Dissolved	UG/L as Cu	01040	25	K
X X X X	Cyanide, Total	MG/L as CN	00720	.005	K
	Endrin, Total	UG/L	39390		
	Fluoride, Dissolved	MG/L as F	00950	.	
	Gross Alpha, Dissolved	Pc/L	01503		
	Gross Beta, Dissolved	Pc/L	03503		
	Hardness, Total as $CaCO_3$	MG/L	00900		
X X X X	Iron, Dissolved	UG/L as Fe	01046	283	
X X X X	Lead, Dissolved	UG/L as Pb	01049	5	K
	Lindane, Total	UG/L	39782		
X X X X	Manganese, Dissolved	UG/L	01056	68.1	
X X X X	Mercury, Dissolved	UG/L	71890	0.20	K

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK

U	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005117 (2–8)	36-3874-1 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
							X					Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	822	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3875-0	89 05 09	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.16	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		66.21	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	6.01	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	5.06	
	X						X					Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	27000	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	386	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.42	

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. — SW ID NO.:

LAB NAME: York

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005177 (2–8)	36-3875-0 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.58	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.72	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.7	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	26.5	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	210	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	280	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	1.88	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U (1)	NJ 0 0 0 5 1 7 (2–8)	3 6 - 3 8 7 5 - 0 (9–16)	8 9 0 5 0 9 (17–22)	4 6 4 1 0 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	425	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-07160-9	89 05 09	46410	
1	2 8	0 16	17 22	23 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ____ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.51	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.76	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	9.83	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	8.08	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	12100	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	25	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	5900	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	49.9	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.2	K

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: YORK

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1)	NJ 0005177 (2–8)	36-071160-9 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	1.49	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.12	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	6.8	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	51.1	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	543	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	605	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	3.76	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

SAMPLING MONTHS

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

NAME York

NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WOM USE
T -NJ 0005177	36-07160-9	89 05 09	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ____ (MO. YR.)

OWNER'S WELL # ____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	5	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT (Well 9)

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK

U	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005117 (2–8)	36-071160-9 (9–16)	890509 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ____ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	300	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ SW ID NO.

LAB NAME: YORK

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-07161-7 (9–16)	8 9 0 5 0 9 (17–22)	4 6 4 1 0 (23–27)	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		63.51	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		61.76	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	4.10	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	2.35	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	2200	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	10	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	695	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	116	
				X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: YORK

S (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
S	NJ 0005177	36-07161-7	890509	46910	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.04	K
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.56	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.1	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	30.6	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	296	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	315	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	3.14	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc.

SW ID NO.

LAB NAME

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-07161-7	89 05 09	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ____ (MO. YR.)

OWNER'S WELL # _____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	65	
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	540	
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	5	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005177	36-07161-7	89 05 09	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	372	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GERAGHTY
& MILLER, INC.
Environmental Services

125 East Bethpage Road
Plainview, New York 11803
(516) 249-7600
FAX: (516) 249-7610

October 5, 1989

Mr. John Kinkela
Lenox Technical Center
65 Fire Road
Suite B-12
Absecon, New Jersey 08201

Dear Mr. Kinkela:

Here are the revised Discharge Monitoring Report forms for the May 1989 NJPDES Sampling. The transcription error for total dissolved solids has been corrected.

Sincerely,

GERAGHTY & MILLER, INC.

Catherine L. Gilroy
Senior Scientist/Project Manager

CLG:mdb
NY0627QS01

MAILING NAME/ADDRESS (Include Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION

ATTN: John F. Kinkela

(2-7) NJ0005177 PERMIT NUMBER
(17-19) 102 P DISCHARGE NUMBER

F - FINAL
WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	3		TO	89	5	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		19	19	19				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		QTRLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	46	63		******	176	176				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		6.7	******	6.7				
	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.23	.32		******	.90	.90				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.03	<.04		******	<.1	<.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.04	<.05		******	<.15	<.15				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	17.6	24.4		******	68	68				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
William R. Miller
Sr. V.P. Manufacturing
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609 NUMBER 484-9798

DATE: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PERMITTEE NAME / ADDRESS (Include Facility Name/Loc. if different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION

ATTN: John F. Kinkela

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) NJ0005177 — PERMIT NUMBER

(17-19) 102 P — DISCHARGE NUMBER

F — FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	3	1	TO	89	5	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-47)		(4 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	*******				
	PERMIT REQUIREMENT	*******	*******	*******	*******	*******	*******	*******		WTKLY	GRAB
SULFATE, TOTAL (AS SO4) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******	*******				
	PERMIT REQUIREMENT	*******	*******	*******	*******	*******	*******	*******		WTKLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.003	<.004		*******	<.01	<.01				
	PERMIT REQUIREMENT	******* NONSP AV	******* NONSP MX	KG/DAY	*******	******* NONSP AV	******* NONSP MX	UG/L		WTKLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.001	<.002		*******	<.005	<.005				
	PERMIT REQUIREMENT	******* NONSP AV	******* NONSP MX	KG/DAY	*******	******* NONSP AV	******* NONSP MX	UG/L		WTKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.068	.095		*******	*******	*******				
	PERMIT REQUIREMENT	******* NONSP AV	******* NONSP MX	MGD	*******	*******	*******	*******		CONTINUOUS	CONTINUOUS
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	546	546				
	PERMIT REQUIREMENT	*******	*******	*******	*******	******* NONSP AV	******* NONSP MX	MG/L		WTKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

William R. Miller
Sr. V.P. Manufacturing

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609 NUMBER 484-9798

DATE: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

(REPLACES EPA FORM 7 40 WHICH MAY NOT BE USED)

PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
ATTN: John F. Kinkela

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NJ0005111 (2) PERMIT NUMBER

103 P (17-19) DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	3	1	TO	89	5	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		20	20	20	DEG.C			
	PERMIT REQUIREMENT	******	******	*****	******	****** NONSP AV	****** NONSP MX			WKLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	23	28		******	49	49	MG/L			
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX			WKLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		7.0	******	7.0	SU			
	PERMIT REQUIREMENT	******	******	*****	****** MINIMUM	******	****** MAXIMUM			WKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	5.7	7.1		******	12.4	12.4	MG/L			
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX			WKLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.05	<.06		******	<.1	<.1	MG/L			
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX			WKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.07	<.08		******	<.15	<.15	MG/L			
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX			WKLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	6.1	7.5		******	13.2	13.2	MG/L			
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX			WKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
William R. Miller
SR. V.P. Manufacturing
TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609, NUMBER 484-9798

DATE: YEAR, MO, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

PERMITTEE NAME DRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE CHARGE ELIMINATION SYSTEM (NPDES) NITORING REPORT (DMR)

rm Approved
B No. 2040-0004
Expires 2-29-84

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
ATTN: John F. Kinkela

(2-16) NJ0005177 PERMIT NUMBER

(17-19) 103 P DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	3	1	TO	89	5	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
SULFATE, TOTAL (AS S04) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.005	<.006		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.002	<.003		******	<.005	<.005				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.123	.150		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTIN
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	279	279				
	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
William R. Miller
Sr. V.P Manufacturing
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609 NUMBER 484-9798

DATE: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

Form T-VWX-C
8/83

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

MONITORING REPORT – TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 0 5 1 1 7 7	0 6 8 9	THRU	0 8 8 9

PERMITTEE: Name Lenox China

Address Tilton Road

Pomona, New Jersey 08240

FACILITY: Name Lenox China

Address Tilton Road

Pomona, New Jersey (County) Atlantic

Telephone ( )

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

☐ T-VWX-007 ☐ T-VWX-008 ☐ T-VWX-009

SLUDGE REPORTS - INDUSTRIAL

☐ T-VWX-010A ☐ T-VWX-010B

WASTEWATER REPORTS

☐ T-VWX-011 ☐ T-VWX-012 ☐ T-VWX-013

GROUNDWATER REPORTS

19 VWX-015(A,B) 6 VWX-016 9 VWX-017

NPDES DISCHARGE MONITORING REPORT

4 EPA FORM 3320-1

OPERATING EXCEPTIONS

	YES	NO
DYE TESTING	☐	☐
TEMPORARY BYPASSING	☐	☐
DISINFECTION INTERRUPTION	☐	☐
MONITORING MALFUNCTIONS	☐	☐
UNITS OUT OF OPERATION	☐	☐
OTHER	☐	☐

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: *The "Hours Attended at Plant" on the reverse of this sheet must also be completed.*

AUTHENTICATION - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

LICENSED OPERATOR

Name *(Printed)*

Grade & Registry No.

Signature

Date

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* JOHN F. KINKELA

Title *(Printed)* ENVIRONMENTAL ENGINEER

Signature John F. Kinkela

Date 9-29-89

IMITTEE NAME [redacted] DRESS (Include Mailing Name/Location if different)

ME LENOX CHINA, INC.

DRESS TILTON ROAD

POMONA, NJ 08240

CILITY

CATION

TIN: ~~ALBERT J. OUSTRAY~~ JOHN F. KINKELA

NATIONAL POLLUTANT D[redacted]ARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Fo[redacted] Approved
[redacted]B No. 2040-00[redacted]
[redacted]pires 2-29-84

(1-7) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	6	1	TO	89	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(1 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
EMPERATURE, WATER EG. CENTIGRADE 0010 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		22	22	22				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		WKLY	GRAB
HEM. OXYGEN DEMAND HIGH LEVEL) (COD) 0340 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	11.0	12.7		******	106	106				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
H 0400 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		5.9	******	5.9				
	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		WKLY	GRAB
OLIDS, TOTAL USPENDED 0530 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	1.37	1.58		******	13.2	13.2				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
ITRATE PLUS NITRATE OTAL 1 DET. (AS N) 0630 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	<.01	<.01		******	<.1	<.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
HOSPHORUS, TOTAL (AS P) 0665 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	.03	.04		******	.3	.3				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
OTAL ORGANIC CARBON (TOC) 0680 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	4.25	4.90		******	40.9	40.9				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

WM. R. MILLER

SR. V.P. MANUFACTURING

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

John F. Kinkela

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609, NUMBER 484-9798

DATE: YEAR 89, MO 9, DA 29

IMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ASTEWATER IN POLISHING LAGOON

Form 3320-1 (Rev. 10-79) IOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WH MAY NOT BE USED.)

PAGE 1 OF

RMITTEE NAM DRESS (Include ...ility Name/Loc... / different)

ME LENOX CHINA, INC.

DRESS TILTON ROAD

POMONA, NJ 08240

CILITY

CATION

TTN: ~~ALBERT J GUSTRAY~~ JOHN F. KINKELA

NATIONAL POLLUTAN... CHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE ...NITORING REPORT (DMR)

(2-16) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	6	1	TO	89	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
)DIUM, TOTAL (AS NA)	SAMPLE MEASUREMENT	******	******		******	******	******				
)929 0 0 EE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
JLFATE, TOTAL (AS S04)	SAMPLE MEASUREMENT	******	******		******	******	******				
)945 0 0 EE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
IROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	<.001	<.001		******	<.01	<.01				
1034 0 0 EE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
EAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	<.0003	<.0003		******	<.003	<.003				
1051 0 0 EE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	.027	.032		******	******	******				
0050 0 0 EE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONT
OLIDS, TOTAL ISSOLVED-180 DEG. C	SAMPLE MEASUREMENT	******	******		******	746	746				
0300 0 0 EE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

Wm. R. MILLER

SR. V. P. MANUFACTURING

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

John F. Kinkela

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609	484-9798	89	9	2
AREA CODE	NUMBER	YEAR	MO	DA

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ASTEWATER IN POLISHING LAGOON

Form 2220-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

RMITTEE NAME DRESS (Include ...lity Name/Loca... different)

NATIONAL POLLUTANT ... CHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE ... NITORING REPORT (DMR)

Form Approved
B No. 2040-000
Expires 2-29-84

ME LENOX CHINA, INC.
DRESS TILTON ROAD
POMONA, NJ 08240

CILITY
CATION
TTN: ~~ALBERT J GUSTRAY~~ JOHN F. KINKELA

(2-16) NJ0005177 PERMIT NUMBER

(17-19) 103 P DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	6	1	TO	89	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
DIUM, TOTAL (AS NA)	SAMPLE MEASUREMENT	******	******		******	******	******				
929 0 0 E COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
LFATE, TOTAL (AS S04)	SAMPLE MEASUREMENT	******	******		******	******	******				
945 0 0 E COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
ROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	<.003	<.004		******	<.01	<.01				
1034 0 0 E COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
EAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	<.001	<.001		******	<.003	<.003				
1051 0 0 E COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	.086	.108		******	******	******				
0050 0 0 E COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTI
OLIDS, TOTAL ISSOLVED-180 DEG. C	SAMPLE MEASUREMENT	******	******		******	216	216				
0300 0 0 E COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER
Wm. R. MILLER
SR. V.P. MANUFACTURING
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10000 and/or maximum imprisonment of between 6 months and 5 years.)

John F. Kinkela
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DA
609	484-9798	89	9	2

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ASTEWATER IN TILTON RD POND

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 2 OF

PERMITTEE NAME AND ADDRESS (Include Facility Name/Location if different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD

POMONA, NJ 08240

FACILITY

LOCATION

LIN: ~~ALBERT J GUSTRAN~~ JOHN F. KINKELA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-000
Expires 2-29-84

(1-7) NJ0005171 PERMIT NUMBER

(17-19) 103 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN TILTON RD POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	6	1	TO	89	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		22	22	22				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		WKLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	7.2	9.0		******	22.2	22.2				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
pH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		6.6	******	6.6				
	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		WKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.84	1.06		******	2.6	2.6				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
NITRATE PLUS NITRITE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.03	<.04		******	<.1	<.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.05	.07		******	.18	.18				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.7	2.2		******	5.4	5.4				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

WM. R. MILLER
SR. V.P. MANUFACTURING

TYPED OR PRINTED

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John F. Kinkela
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609, NUMBER 484-9798

DATE: YEAR 89, MO 9, DAY 29

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME ~~Lenox China, Inc.~~ SW ID NO.

LAB NAME YORK LABORATORIES

R (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0 0 0 5 1 7 7	36-3025-2	8 9 0 8 0 3	4 6 4 1 0	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.28	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.19	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	8.90	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	6.81	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	4300	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	22.2	
	X			X			X			X		Coliform Group	N/100 ML	74056	201	
	X			X			X			X		Color	Pt - Co	00080	30	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	121	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	15	K
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1.

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

S (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0005777	36-3025-2	890803	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.08	
	X			X			X			X		Nitrogen, Nitrate Dissolved	MG/L as N	00618	4.11	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.17	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	9	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	41.7	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	891.2	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	8.21	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

NJPDES NO.: T -NJ 0005177 (1–8)

WELL PERMIT NO.: 36-3025-2 (9–16)

SAMPLE DATE YR. MO. DAY: 890803 (17–22)

NJ LAB CERT. NO.: 46410 (23–27)

WQM USE: (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 081818 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL # _____

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005177	36-3025-2	890803	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 098888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X				X			X			X		Specific Conductance @25°C	Umhos/cm	00095	2.5	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ SW ID NO.

LAB NAME: YORK LABORATORIES

R (1) NJPDES NO. NJ 0 0 0 5 1 7 7 (2–8) WELL PERMIT NO. 36-3027-9 (9–16) SAMPLE DATE YR. MO. DAY 8 9 0 8 0 3 (17–22) NJ LAB CERT. NO. 4 6 4 1 0 (23–27) WQM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 1 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.09	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.89	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	7.59	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	5.39	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	1780	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	20	1
	X			X			X			X		Color	Pt - Co	00080		5 K
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.065	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	159	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	25	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	24	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

S (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0005777	36-3027-9	890803	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.06	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	2.72	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.75	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	6	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	13	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	64.5	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	179	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.15	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	3180	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-3027-9	890803	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ____ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005177	36-3027-9	890803	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	200	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ SW ID NO.

LAB NAME: YORK LABORATORIES

R (1) NJPDES NO. NJ 0 0 0 5 1 7 7 (2–8) WELL PERMIT NO. 36-3119-4 (9–16) SAMPLE DATE YR. MO. DAY 8 9 0 8 0 3 (17–22) NJ LAB CERT. NO. 4 6 4 1 0 (23–27) WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		66.96	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.96	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	5.79	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.79	
	X			X			X			X		Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	670	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	11	
	X			X			X			X		Color	Pt - Co	00080	5	K
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	15	K
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

VALUE CODING RULES AND REMARK CODES ON REVERSE

39 42 55 68 33 34 46 47 59 60 72 73 40 41 53 54 66 67 79 80

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

S (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0005177	36-3119-4	890803	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.05	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.29	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.9	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	15.9	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	120	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	230	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	315	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U (1)	NJ 0 0 0 5 1 7 (2–8)	36-3119-4 (9–16)	8 9 0 8 0 3 (17–22)	4 6 4 1 0 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X				X			X			X		Specific Conductance @25°C	Umhos/cm	00095	300	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT P5

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China

SW ID NO.:

LAB NAME: YORK LABORATORIES

R (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0005177	46-00126-3	890863	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 018188 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		64.17	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		62.95	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	5.28	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	4.06	
												Arsenic, Dissolved	UG/L as As	01000		
												Barium, Dissolved	UG/L as Ba	01005		
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
												Chloride, Dissolved	UG/L as Cl	82295		
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341		
												Coliform Group	N/100 ML	74056		
												Color	Pt - Co	00080		
												Copper, Dissolved	UG/L as Cu	01040		
												Cyanide, Total	MG/L as CN	00720		
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
												Iron, Dissolved	UG/L as Fe	01046		
												Lead, Dissolved	UG/L as Pb	01049		
												Lindane, Total	UG/L	39782		
												Manganese, Dissolved	UG/L	01056		
												Mercury, Dissolved	UG/L	71890		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~

SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3270-1	890803	46410	
1	2 8	9 16	17 22	23 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ____ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		65.08	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		62.66	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	6.42	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	4.00	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	7000	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	K
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	53.3	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.
SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S	NJ 0005177	36-3270-1	89 08 03	46410	
1	2–8	9–16	17–22	23–27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.05	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.57	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	4.25	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	5	K
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	16.1	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	187	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	301	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.78	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	30.1	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.

LAB NAME: York LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-3270-1	89 08 03	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
4	NJ 0 0 0 5 1 7 7	36-3270-1	8 9 0 8 0 3	4 6 4 1 0	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS (Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.)	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	Aldrin/Dieldrin	UG/L	39330		
	Benzidine	UG/L	39120		
	Calcium (dissolved)	MG/L	00915		
	DDT and Metabolites	UG/L	39370		
	Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
	Magnesium (dissolved)	MG/L	00925		
	Phosphorous as P	MG/L as P	00665		
	Polychlorinated Biphenyls	UG/L			
X X X X	Specific Conductance @25°C	Umhos/cm	00095	345	
	Fecal Coliform	N/100 ML	74055		
	Fecal Streptoccocus	N/100 ML	74056		
	Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

R (1) NJPDES NO. NJ 0 0 0 5 1 7 7 (2–8)

WELL PERMIT NO. 36-3874-1 (9–16)

SAMPLE DATE YR. | MO. | DAY: 8 9 0 8 0 3 (17–22)

NJ LAB CERT. NO. 4 6 4 1 0 (23–27)

WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 1 8 1 8 1 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.31	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.82	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	7.50	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	5.01	
	X											Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	36800	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10.7	
	X			X			X			X		Coliform Group	N/100 ML	74056	20	
	X			X			X			X		Color	Pt - Co	00080	60	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	206	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	76.8	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1)	NJ 0005177 (2–8)	36-3874-1 (9–16)	890803 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VIWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.54	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.33	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	6.2	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	6	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	39	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	242	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	494	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	4.12	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

SAMPLING MONTHS

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

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DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York Laboratories

NJPDES NO.: NJ 0005177

WELL PERMIT NO.: 36-38774-1

SAMPLE DATE YR. MO. DAY: 890803

NJ LAB CERT. NO.: 46410

WQM USE:

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 01 81 81 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
							X					Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	600	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: YORK LABORATORIES

R (1) | NJPDES NO. NJ 0 0 0 5 1 7 7 (2–8) | WELL PERMIT NO. 36-3875-0 (9–16) | SAMPLE DATE YR. MO. DAY 8 9 0 8 0 3 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.16	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		66.21	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	7.03	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	6.08	
	X						X					Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	21900	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	115	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	312	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.52	

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 78 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: YORK LABORATORIES

S (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0005177	36-3875-0	890803	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0808 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.411	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.53	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.55	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	7	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	26.9	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	142	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	247	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	31.63	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK LABORATORIES

U (1) NJPDES NO. NJ 0 0 0 5 1 7 (2–8) WELL PERMIT NO. 36-3875-0 (9–16) SAMPLE DATE YR. MO. DAY 8 9 0 8 0 3 (17–22) NJ LAB CERT. NO. 4 6 4 1 0 (23–27) WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	340	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ SW ID NO.

LAB NAME: YORK LABORATORIES

R (1) NJPDES NO. NJ 0 0 0 5 1 7 7 (2–8) WELL PERMIT NO. 36-07160-9 (9–16) SAMPLE DATE YR. MO. DAY 8 9 0 8 0 3 (17–22) NJ LAB CERT. NO. 4 6 4 1 0 (23–27) WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.51	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.76	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	10.64	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	8.89	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	1340	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	13.5	
	X			X			X			X		Coliform Group	N/100 ML	74056	1	
	X			X			X			X		Color	Pt - Co	00080	85	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	38390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	770	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	82.12	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.210	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK LABORATORIES

NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S NJ 0005177	36-071160-9	89 08 03	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	1.58	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.10	K
	X			X			X			X		Odor	T.O.N.	00085	2	
	X			X			X			X		pH	Standard Units	00400	6.52	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	9	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	73.8	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	400	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	1530	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	91.10	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 1005177	36-07160-9	89 08 03	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ____ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: YORK LABORATORIES

U (1) | NJPDES NO.: NJ 0 0 0 5 1 7 (2–8) | WELL PERMIT NO.: 36-07160-9 (9–16) | SAMPLE DATE YR. MO. DAY: 8 9 0 8 0 3 (17–22) | NJ LAB CERT. NO.: 4 6 4 1 0 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	1250	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ | SW ID NO.

LAB NAME: YORK LABORATORIES

R (1) | NJPDES NO. NJ 0 0 0 5 1 7 7 (2–8) | WELL PERMIT NO. 36-07161-7 (9–16) | SAMPLE DATE YR. MO. DAY 8 9 0 8 0 3 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		63.51	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		61.76	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	5.00	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.25	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	7200	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10.3	
	X			X			X			X		Coliform Group	N/100 ML	74056	6	
	X			X			X			X		Color	Pt - Co	00080	15	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	190	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	5.3	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	370	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.
SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S	NJ 0005177	36-07161-7	89 08 03	46410	
1	2–8	9–16	17–22	23–27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.06	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	.63	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	4.92	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	15	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	20.2	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	211	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	322	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.92	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	29.1	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-07161-7	89 08 03	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	5	
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME YORK LABORATORIES

U (1) | NJPDES NO. NJ 0 0 0 5 1 7 (2–8) | WELL PERMIT NO. 36-071611-7 (9–16) | SAMPLE DATE YR. MO. DAY 8 9 0 8 0 3 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 1 8 1 8 1 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	405	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

REPLICATE

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

R (1) NJPDES NO.: NJ 0 0 0 5 1 7 7 (2–8)

WELL PERMIT NO.: 36-07161-7 (9–16)

SAMPLE DATE YR. MO. DAY: 8 9 0 8 0 3 (17–22)

NJ LAB CERT. NO.: 4 6 4 1 0 (23–27)

WQM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 1 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		63.51	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		61.76	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	5.00	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.25	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	8100	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10.7	
	X			X			X			X		Coliform Group	N/100 ML	74056		
	X			X			X			X		Color	Pt - Co	00080	5	K
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00850		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	2440	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	321	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.210	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

REPLICATE

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

CILITY NAME

SW ID NO.

LAB NAME Lenox China, Inc.

YORK LABORATORIES

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005777 (2–8)	36-071161-7 (9–16)	890803 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 010181 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.04	K
	X			X			X			X		Nitrogen, Nitrate Dissolved	MG/L as N	00618	.65	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	4.92	
	X			X			X			X		Phenols, Total Recoverable	UG/L	32730	14	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	22.1	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	236	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	348	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	31.22	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	31.3	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT

Well 10

REPLICATE

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-07161-7	89 08 03	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO ___ (MO. YR.)

OWNER'S WELL #_____

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	6	
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	5	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

well 10

REPLICATE

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: YORK LABORATORIES

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0 0 0 5 1 7	36-0716 1-7	8 9 0 8 0 3	4 6 4 1 0	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	405	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

PERMITTEE NAME/ADDRESS (Include Mailing Name/Location if different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION

ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(1-7) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	6	1	TO	89	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		22	22	22				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		WTRLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	11.0	12.7		******	106	106				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WTRLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		5.9	******	5.9				
	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		WTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.37	1.58		******	13.2	13.2				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.01	<.01		******	<.1	<.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.03	.04		******	.3	.3				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WTRLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	4.25	4.90		******	40.9	40.9				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		WTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE, NUMBER

DATE: YEAR, MO, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

PERMITTEE NAME / Facility Name / Location ADDRESS (Include different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

m Approved
.B No. 2040-0004
Expires 2-29-84

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
ATTN: ALBERT J GUSTRAY

(2-16) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL
WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	6	1	TO	89	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(4 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
SULFATE, TOTAL (AS S04) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.001	<.001		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0003	<.0003		******	<.003	<.003				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.027	.032		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTI
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	746	746				
	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

EPA Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION

ATTN: ALBERT J GUSTRAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(1-7) NJ0005177 PERMIT NUMBER

(17-19) 103 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN TILTON RD POND

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	6	1	TO	89	8	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******		22	22	22				
00010 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		WKLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	7.2	9.0		******	22.2	22.2				
00340 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.6	******	6.6				
00400 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	.84	1.06		******	2.6	2.6				
00530 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N)	SAMPLE MEASUREMENT	<.03	<.04		******	<.1	<.1				
00630 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	.05	.07		******	.18	.18				
00665 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
TOTAL ORGANIC CARBON (TOC)	SAMPLE MEASUREMENT	1.7	2.2		******	5.4	5.4				
00680 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE, NUMBER

DATE: YEAR, MO, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

Form Approved
B No. 2040-0004
Expires 2-29-84

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MONITORING REPORT (DMR)

F - FINAL

WASTEWATER IN TILTON RD POND

PERMITTEE NAME / Facility Name/Location — ADDRESS (Include if different)

NAME: LENOX CHINA, INC.
ADDRESS: TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
ATTN: ALBERT J GUSTRAY

(2-16) PERMIT NUMBER: NJ0005177

(17-19) DISCHARGE NUMBER: 103 P

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
89	6	1	89	8	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		QTRLY	GRAB
SULFATE, TOTAL (AS SO4) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		QTRLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.003	<.004		*****	<.01	<.01				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	UG/L		QTRLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.001	<.001		*****	<.003	<.003				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	UG/L		QTRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.086	.108		*****	*****	*****				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTIN
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	216	216				
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** NONSP AV	***** NONSP MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE / NUMBER

DATE: YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

Laboratory Data Sheets for
Analysis of
Polishing Basin Sludge Sample

Aqueous

TABLE 3.0
30890-1412
GERAGHTY & MILLER, INC.
E.P. TOXICITY PESTICIDE RESULTS

All values are mg/L.

	Sample Identification		
Dilution Factor	1.0	1.0	
Method Blank I.D.	0822 -B01	0822 -B01	
Compound	Method Blank	PB Sludge	Method Detection Limits with no Dilution
Lindane	U	U	0.01
Endrin	U	U	0.001
Methoxychlor	U	U	0.5
Toxaphene	U	U	0.1

U - See Appendix for definition.

Note: Sample detection limit = MDL x dilution factor.

Aqueous

TABLE 4.0
30890-1412
GERAGHTY & MILLER, INC.
E.P. TOXICITY HERBICIDE RESULTS

All values are mg/L.

	Sample Identification		
Dilution Factor	1.0	1.0	
Method Blank I.D.	0824 -B01	0824 -B01	
Compound	Method Blank	PB Sludge	Method Detection Limits with no Dilution
2,4-D	U	U	0.10
Silvex	U	U	0.01

U - See Appendix for definition.

Note: Sample detection limit = MDL x dilution factor.

TABLE 6.0
30890-1412
GERAGHTY & MILLER, INC.
E.P. TOXICITY METALS

All values are mg/L.

Parameter	PB Sludge
Arsenic	<1.0
Barium	0.26
Cadmium	<0.01
Chromium	<0.01
Lead	0.20
Mercury	<0.002
Selenium	<0.50
Silver	<0.01

8/83

DIVISION OF WATER RESOURCES

MONITORING REPORT – TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 0 5 1 7 7	0 9 8 9	THRU	1 1 8 9

PERMITTEE: Name Lenox China

Address Tilton Road

Pomona, New Jersey 08240

FACILITY: Name Lenox China

Address Tilton Road

Pomona, New Jersey (County) Atlantic

Telephone (609) 641-3700

FORMS ATTACHED *(Indicate Quantity of Each)*

SLUDGE REPORTS - SANITARY

☐ T-VWX-007 ☐ T-VWX-008 ☐ T-VWX-009

SLUDGE REPORTS - INDUSTRIAL

☐ T-VWX-010A ☐ T-VWX-010B

WASTEWATER REPORTS

☐ T-VWX-011 ☐ T-VWX-012 ☐ T-VWX-013

GROUNDWATER REPORTS

[19] VWX-015(A,B) [6] VWX-016 [9] VWX-017

NPDES DISCHARGE MONITORING REPORT

☐ EPA FORM 3320-1

OPERATING EXCEPTIONS

	YES	NO
DYE TESTING	☐	☐
TEMPORARY BYPASSING	☐	☐
DISINFECTION INTERRUPTION	☐	☐
MONITORING MALFUNCTIONS	☐	☐
UNITS OUT OF OPERATION	☐	☐
OTHER	☐	☐

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION - I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

LICENSED OPERATOR

Name *(Printed)* _____

Grade & Registry No. _____

Signature _____

Date _____

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* John F. Kinkela

Title *(Printed)* Environmental Engineer

Signature John F. Kinkela

Date 1-5-90

LENOX
CHINA • CRYSTAL
POMONA NEW JERSEY 08240

January 4, 1990

Bureau of Information Systems
Management Services Element
Division of Water Resources
Department of Environmental Protection
CN-029
Trenton, NJ 08625

ATTN: Monitoring Well Reports

Dear Sir or Madam,

The enclosed NJPDES-DGW Quarterly Report is being submitted as required - subject to subsequent amendment of certain data upon reevaluation by York Laboratory. Certain data appears to be incorrectly reported by the lab. Upon receipt of the report, the lab was immediately contacted for confirmation/reevaluation of that data and is proceeding with the required reevaluation. This data will be amended and/or an exception report filed as soon as possible but not later than January 31, 1990.

Sincerely,

J.F. Kinkela

cc: L.A. Fantin
N.C. Kuehnast
Robert Saar
Daryl Clark
Bureau of Ground Water Pollution Abatement
Division of Water Resources
Ground Water Quality Management Element
Department of Environmental Protection
CN-029
Trenton, NJ 08625

RMITTEE NA DRESS (Include
cility Name/Loc f different)

NATIONAL POLLUTAN CHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE ONITORING REPORT (DMR)

rm Approve
MB No. 2040
Expires 2-29-8

ME LENOX CHINA, INC.
DRESS TILTON ROAD
POMONA, NJ 08240

CILITY
CATION
TTN: John F. Kinkela

(2-16) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL
WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
89	9	1	89	11	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	BA TY (69
DIUM, TOTAL (AS NA) 929 0 0 E COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GR
LFATE, TOTAL (AS S04) 945 0 0 E COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GR
ROMIUM, TOTAL (AS CR) 034 0 0 E COMMENTS BELOW	SAMPLE MEASUREMENT	<.002	<.002		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GR
AD, TOTAL (AS PB) 051 0 0 E COMMENTS BELOW	SAMPLE MEASUREMENT	<.0006	<.0006		******	<.003	<.003				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GR
OW, IN CONDUIT OR RU TREATMENT PLANT 050 0 0 E COMMENTS BELOW	SAMPLE MEASUREMENT	.050	.053		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	**** ****		CONTIN UOUS	CO
LIDS, TOTAL SSOLVED-180 DEG. C 300 0 0 E COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	1300	1300				
	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

William R. Miller
Sr. V.P. Manufacturing

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO
609	484-9798	90	1

MMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

STEWATER IN POLISHING LAGOON

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

0605/061485-0751

TITLE NAME/ADDRESS (Include Name/Location of Parent)

LENOX CHINA, INC.
TILTON ROAD
POMONA, NJ 08240

ITY
TION
N: John F. Kinkela

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
MB No. 2040-0
pires 2-29-84

(2-1)	(17-19)
NJ0005177	102 P
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	9	1	TO	89	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PERATURE, WATER . CENTIGRADE 10 0 0 COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		20	20	20				
	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	DEG.C		QTRLY	GRAB
. OXYGEN DEMAND H LEVEL) (COD) 0 0 0 COMMENTS BELOW	SAMPLE MEASUREMENT	9.1	9.7		******	48.3	48.3				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
0 0 0 COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		6.4	******	6.4				
	PERMIT REQUIREMENT	******	******	**** ****	****** MINIMUM	******	****** MAXIMUM	SU		QTRLY	GRAB
DS, TOTAL PENDED 0 0 0 COMMENTS BELOW	SAMPLE MEASUREMENT	1.11	1.18		******	5.9	5.9				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
RATE PLUS NITRATE AL 1 DET. (AS N) 0 0 0 COMMENTS BELOW	SAMPLE MEASUREMENT	<.02	<.02		******	<.1	<.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
SPHORUS, TOTAL (AS P) 5 0 0 COMMENTS BELOW	SAMPLE MEASUREMENT	<.03	<.03		******	<.15	<.15				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
L ORGANIC CARBON (TOC) 0 0 0 COMMENTS BELOW	SAMPLE MEASUREMENT	8.14	8.62		******	43.1	43.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB

/TITLE PRINCIPAL EXECUTIVE OFFICER

lliam R. Miller
. V.P. Manufacturing

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

John F. Kinkela
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609	484-9798	90	1	5
AREA CODE	NUMBER	YEAR	MO	DA

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EWATER IN POLISHING LAGOON

m 3320-1 (Rev. 10-79) IOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WH MAY NOT BE USED.)

00604/061485-0751

(Include current)

LENOX CHINA, INC.
TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION
AIN: John F. Kinkela

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-
Expires 2-29-84

NJ0005111 (2) PERMIT NUMBER

103 P (17-19) DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89 (20-21)	9 (22-23)	1 (24-25)	TO	89 (26-27)	11 (28-29)	30 (30-31)

MINOR (SUBR A) NJDEP
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		20	20	20				
	PERMIT REQUIREMENT	*****	*****	*****	*****	***** NONSP AV	***** NONSP MX	DEG.C		QTRLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<4.6	<5.0		*****	<10	<10				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		QTRLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8				
	PERMIT REQUIREMENT	*****	*****	*****	***** MINIMUM	*****	***** MAXIMUM	SU		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.89	2.05		*****	4.1	4.1				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		QTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1-DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.046	<.050		*****	<.1	<.1				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.07	<.075		*****	<.15	<.15				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		QTRLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	3.9	4.24		*****	8.48	8.48				
	PERMIT REQUIREMENT	***** NONSP AV	***** NONSP MX	KG/DAY	*****	***** NONSP AV	***** NONSP MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

William R. Miller
Sr. V.P. Manufacturing

TYPED OR PRINTED

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John F. Kinkela
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609 (AREA CODE)	484-9798 (NUMBER)	90 (YEAR)	1 (MO)	5 (DA)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

1.0606/061485-0751

ERMITTEE NAME DRESS (Include ...ility Name/Location ... different)

AME LENOX CHINA, INC.

DDRESS TILTON ROAD

POMONA, NJ 08240

ACILITY

OCATION

TTN: John F. Kinkela

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
B No. 2040-0C
Expires 2-29-84

(2-16)	(17-19)
NJ0005177	103 P
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

WASTEWATER IN TILTON RD POND

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
89	9	1	89	11	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ODIUM, TOTAL (AS NA) 0929 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
ULFATE, TOTAL (AS S04) 0945 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	**** ****	******	******	******	**** ****		QTRLY	GRAB
HROMIUM, TOTAL (AS CR) 1034 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	<.005	<.005		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
EAD, TOTAL (AS PB) 1051 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	<.001	<.001		******	<.003	<.003				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
LOW, IN-CONDUIT OR HRU TREATMENT PLANT 0050 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	0.46	0.50		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONT
OLIDS, TOTAL ISSOLVED-180 DEG. C 0300 0 0 EE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	469	469				
	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

William R. Miller
Sr. V.P. Manufacturing

TYPED OR PRINTED

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John F. Kinkela

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DA
609	484-9798	90	1	5

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ASTEWATER IN TILTON RD POND

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

0607/061485-0751

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ York

SWID NO.:

LAB NAME:

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-3025-2 (9–16)	8 9 1 1 1 4 (17–22)	4 6 4 1 0 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.28	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.19	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	9.17	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	7.08	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	7000	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00800		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	16.6	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

Well 1

GROUND WATER ANALYSIS – MONITORING WELL REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: York

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005177 (2–8)	36-3025-2 (9–16)	89 11 14 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VIWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.11	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	5.75	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.2	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	13	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	7.88	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	24.1	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	113	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	4.78	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	23.8	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

NJPDES NO. T -NJ 0005177

WELL PERMIT NO. 36-3025-2

SAMPLE DATE YR. MO. DAY 8 9 1 1 1 4

NJ LAB CERT. NO. 4 6 4 1 0

WOM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

OWNER'S WELL #

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromoethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 1

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005117	36-3025-2	89 11 14	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS (Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.)	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	Aldrin/Dieldrin	UG/L	39330		
	Benzidine	UG/L	39120		
	Calcium (dissolved)	MG/L	00915		
	DDT and Metabolites	UG/L	39370		
	Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
	Magnesium (dissolved)	MG/L	00925		
	Phosphorous as P	MG/L as P	00665		
	Polychlorinated Biphenyls	UG/L			
X X X X	Specific Conductance @25°C	Umhos/cm	00095	100	
	Fecal Coliform	N/100 ML	74055		
	Fecal Streptoccocus	N/100 ML	74056		
	Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 43
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 1
Replicate

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ York

SW ID NO.:

LAB NAME:

R (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0 0 0 5 1 7 7	36-3025 -2	8 9 1 1 1 4	4 6 4 1 0	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.28	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.19	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	9.17	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	7.08	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	8000	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	15	K
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1.

Replicate

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
	NJ 0005777	36-3025-2	89 11 14	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VIWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.09	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	5.29	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.2	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	11	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	7.42	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	32.9	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	56.4	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	4.70	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.0	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

Well 1
Replicate

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

CILITY NAME Lenox China, Inc.

SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-3025-2	89 11 14	41410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO (MO. YR.)

OWNER'S WELL #

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND
REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 1 Replicate

EASE TYPE OR PRINT WITH BALLPOINT PEN

ACILITY NAME Lenox China, Inc.

SW ID NO.

LAB NAME York

U	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 (2–8)	36-3025-2 (9–16)	8 9 1 1 1 4 (17–22)	4 6 4 1 0 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 6 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	100	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: York

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-3027-9 (0–16)	8 9 1 1 1 4 (17–22)	4 6 4 1 0 (23–27)	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.09	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.89	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	7.64	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	5.44	
												Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	328.00	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	14	
	X			X			X			X		Color	Pt - Co	00080	5	K
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00800		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	950	
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	17.2	
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	31.7	
	X			X			X			X		Mercury, Dissolved	UG/L	71890	0.20	K

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT

Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.:

LAB NAME: York

S (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0005777	36-3027-9	8 8 1 1 1 4	4 6 4 1 0	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.07	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	1.64	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.6	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	12	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	16.9	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	51.3	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	206	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	21.32	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	3250	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc.

SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-3027-9	89 11 14	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

OWNER'S WELL #

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 3

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

U (1) NJPDES NO. NJ 0 0 0 5 1 7 (2–8) | WELL PERMIT NO. 36-3027-9 (9–16) | SAMPLE DATE YR. MO. DAY 8 9 1 1 1 4 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	210	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0005177	36-3119-4	89 11 14	46410	
1	2 8	9 16	17 22	23 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		66.96	
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.96	
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	5.07	
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.07	
	X			X								Arsenic, Dissolved	UG/L as As	01000		
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200	K
												Biochemical Oxygen Demand - 5 Day	MG/L	00310		
												Cadmium, Dissolved	UG/L as Cd	01025		
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	6700	
												Chromium, Dissolved	UG/L as Cr	01030		
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220		
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10	K
	X			X			X			X		Coliform Group	N/100 ML	74056	0	
	X			X			X			X		Color	Pt - Co	00080	5	K
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25	K
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005	K
												Endrin, Total	UG/L	39390		
												Fluoride, Dissolved	MG/L as F	00950		
												Gross Alpha, Dissolved	Pc/L	01503		
												Gross Beta, Dissolved	Pc/L	03503		
												Hardness, Total as $CaCO_3$	MG/L	00900		
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100	K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3	K
												Lindane, Total	UG/L	39782		
	X			X			X			X		Manganese, Dissolved	UG/L	01056	15	K
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20	K

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: York

S (1)	NJPDES NO. (2–8)	WELL PERMIT NO. (9–16)	SAMPLE DATE YR. MO. DAY (17–22)	NJ LAB CERT. NO. (23–27)	WQM USE (28)
	NJ 0005177	36-3119-4	891114	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39460		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	.08	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	0.15	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	6.0	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	14	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	13.8	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	87.2	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	209	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.25	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	28.5	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 4

EASE TYPE OR PRINT WITH BALLPOINT PEN

ACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005177	36-3119-4	891119	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS (Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.)	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	Aldrin/Dieldrin	UG/L	39330		
	Benzidine	UG/L	39120		
	Calcium (dissolved)	MG/L	00915		
	DDT and Metabolites	UG/L	39370		
	Nitrogen - Kjeldahl (disol.)	MG/L as N	00623		
	Magnesium (dissolved)	MG/L	00925		
	Phosphorous as P	MG/L as P	00665		
	Polychlorinated Biphenyls	UG/L			
X X X X	Specific Conductance @25°C	Umhos/cm	00095	240	
	Fecal Coliform	N/100 ML	74055		
	Fecal Streptoccocus	N/100 ML	74056		
	Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT P5

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China

SW ID NO.:

LAB NAME: York

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005177 (2–8)	46-00126-3 (9–16)	8 9 1 1 1 4 (17–22)	4 6 4 1 0 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		64.17
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		62.95
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	5.09
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.87
												Arsenic, Dissolved	UG/L as As	01000	
												Barium, Dissolved	UG/L as Ba	01005	
												Biochemical Oxygen Demand - 5 Day	MG/L	00310	
												Cadmium, Dissolved	UG/L as Cd	01025	
												Chloride, Dissolved	UG/L as Cl	82295	
												Chromium, Dissolved	UG/L as Cr	01030	
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220	
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	
												Coliform Group	N/100 ML	74056	
												Color	Pt - Co	00080	
												Copper, Dissolved	UG/L as Cu	01040	
												Cyanide, Total	MG/L as CN	00720	
												Endrin, Total	UG/L	39390	
												Fluoride, Dissolved	MG/L as F	00950	
												Gross Alpha, Dissolved	Pc/L	01503	
												Gross Beta, Dissolved	Pc/L	03503	
												Hardness, Total as $CaCO_3$	MG/L	00900	
												Iron, Dissolved	UG/L as Fe	01046	
												Lead, Dissolved	UG/L as Pb	01049	
												Lindane, Total	UG/L	39782	
												Manganese, Dissolved	UG/L	01056	
												Mercury, Dissolved	UG/L	71890	

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 53 66 79

VALUE CODING RULES AND REMARK CODES ON REVERSE

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
	NJ 0 0 0 5 1 7 7	36-3270-1	8 9 1 1 1 4	4 6 4 1 0	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		65.08
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		62.66
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	5.99
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	3.57
												Arsenic, Dissolved	UG/L as As	01000	
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200
												Biochemical Oxygen Demand - 5 Day	MG/L	00310	
												Cadmium, Dissolved	UG/L as Cd	01025	
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	9800
												Chromium, Dissolved	UG/L as Cr	01030	
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220	
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10
	X			X			X			X		Coliform Group	N/100 ML	74056	4
	X			X			X			X		Color	Pt - Co	00080	5
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005
												Endrin, Total	UG/L	39390	
												Fluoride, Dissolved	MG/L as F	00950	
												Gross Alpha, Dissolved	Pc/L	01503	
												Gross Beta, Dissolved	Pc/L	03503	
												Hardness, Total as $CaCO_3$	MG/L	00900	
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	100 K
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3 K
												Lindane, Total	UG/L	39782	
	X			X			X			X		Manganese, Dissolved	UG/L	01056	58.6
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.20 K

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: York

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0005777 (2–8)	36-3270-1 (9–16)	891114 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VIWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	0.04	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	0.60	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	4.0	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	16	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	16.4	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	198	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	2590	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	21.79	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	33.9	
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc.

SW ID NO.

.B NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-3270-1	89 11 14	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO (MO. YR.)

OWNER'S WELL #

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
				X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	1	K
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

ALUE CODING RULES AND
REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 6

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0 0 0 5 1 7	36-3270-1	8 9 1 1 1 4	4 6 4 1 0	
1	2 – 8	9 – 16	17 – 22	23 – 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	520	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 60 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: York

R (1) | NJPDES NO. NJ 0 0 0 5 1 7 7 (2–8) | WELL PERMIT NO. 36-3874-1 (0–16) | SAMPLE DATE YR. MO. DAY 8 9 1 1 1 4 (17–22) | NJ LAB CERT. NO. 4 6 4 1 0 (23–27) | WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 9 8 9 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.31
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		64.82
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	6.83
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	4.34
	X											Arsenic, Dissolved	UG/L as As	01000	
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200
												Biochemical Oxygen Demand - 5 Day	MG/L	00310	
												Cadmium, Dissolved	UG/L as Cd	01025	
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	38000
												Chromium, Dissolved	UG/L as Cr	01030	
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220	
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10
	X			X			X			X		Coliform Group	N/100 ML	74056	1
	X			X			X			X		Color	Pt - Co	00080	5
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005
												Endrin, Total	UG/L	39390	
												Fluoride, Dissolved	MG/L as F	00950	
												Gross Alpha, Dissolved	Pc/L	01503	
												Gross Beta, Dissolved	Pc/L	03503	
												Hardness, Total as $CaCO_3$	MG/L	00900	
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	314
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3
												Lindane, Total	UG/L	39782	
	X			X			X			X		Manganese, Dissolved	UG/L	01056	58.5
	X			X			X			X		Mercury, Dissolved	UG/L	71890	.020

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 53 66 79

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

S (1)	NJPDES NO. NJ 0005177 (2–8)	WELL PERMIT NO. 36-3874-1 (9–16)	SAMPLE DATE YR. MO. DAY 891114 (17–22)	NJ LAB CERT. NO. 46410 (23–27)	WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 08 88 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VIWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	0.30	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	0.10	K
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	6.2	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	12	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	49.9	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	299	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	478	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.36	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.0	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 7

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

U | NJPDES NJ 0 0 0 5 1 7 | WELL PERMIT NO. 36-3874-1 | SAMPLE DATE YR. MO. DAY 8 8 1 1 1 4 | NJ LAB CERT. NO. 4 6 4 1 0 | WQM USE

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
							X					Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	700	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
R	NJ 0 0 0 5 1 7 7	36-3875-0	8 9 1 1 1 4	4 6 4 1 0	
1	2 8	9 16	17 22	23 27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		67.16
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		66.21
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	6.58
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	5.63
	X						X					Arsenic, Dissolved	UG/L as As	01000	
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200
												Biochemical Oxygen Demand - 5 Day	MG/L	00310	
												Cadmium, Dissolved	UG/L as Cd	01025	
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	28200
												Chromium, Dissolved	UG/L as Cr	01030	
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220	
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10
	X			X			X			X		Coliform Group	N/100 ML	74056	0
	X			X			X			X		Color	Pt - Co	00080	5
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	0.005
												Endrin, Total	UG/L	39390	
												Fluoride, Dissolved	MG/L as F	00950	
												Gross Alpha, Dissolved	Pc/L	01503	
												Gross Beta, Dissolved	Pc/L	03503	
												Hardness, Total as $CaCO_3$	MG/L	00900	
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	870
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3
												Lindane, Total	UG/L	39782	
	X			X			X			X		Manganese, Dissolved	UG/L	01056	255
	X			X			X			X		Mercury, Dissolved	UG/L	71890	0.43

29 42 55 68 | 33 46 59 72 | 34 47 60 73 | 40 53 66 79

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: York

S (1)	NJPDES NO. NJ 0005177 (2–8)	WELL PERMIT NO. 36-3875-0 (9–16)	SAMPLE DATE YR. MO. DAY 891114 (17–22)	NJ LAB CERT. NO. 46410 (23–27)	WQM USE (28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO ___ (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	0.94	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	0.23	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	5.6	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	11	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	31.7	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	139	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	626	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.34	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.0	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 8

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0 0 0 5 1 7	36-3875-0	8 9 1 1 1 4	4 6 4 1 0	
1	2–8	9–16	17–22	23–27	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	340	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc. | SW ID NO.

LAB NAME: York

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-07160-9 (9–16)	8 5 1 1 1 4 (17–22)	4 6 4 1 0 (23–27)	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		69.51
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		67.76
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	10.37
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	5.62
												Arsenic, Dissolved	UG/L as As	01000	
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	20[illegible]
												Biochemical Oxygen Demand - 5 Day	MG/L	00310	
												Cadmium, Dissolved	UG/L as Cd	01025	
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	17300
												Chromium, Dissolved	UG/L as Cr	01030	
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220	
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10
	X			X			X			X		Coliform Group	N/100 ML	74056	0
	X			X			X			X		Color	Pt - Co	00080	10
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	.005
												Endrin, Total	UG/L	38390	
												Fluoride, Dissolved	MG/L as F	00850	
												Gross Alpha, Dissolved	Pc/L	01503	
												Gross Beta, Dissolved	Pc/L	03503	
												Hardness, Total as $CaCO_3$	MG/L	00900	
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	8530
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3
												Lindane, Total	UG/L	39782	
	X			X			X			X		Manganese, Dissolved	UG/L	01056	1 02
	X			X			X			X		Mercury, Dissolved	UG/L	71890	10.20

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

S	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S	NJ 0005177	36-07160-9	89 11 14	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 5 88 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VIVX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	1.91	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	0.10	K
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	6.4	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	10	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	71.8	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	878	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	719	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	41.86	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.0	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T -NJ 0005177	36-07160-9	39 11 14	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0888 (MO. YR.) TO (MO. YR.)

OWNER'S WELL #

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	35	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	3	
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	K
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	10	K
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 | 33 34 46 47 59 60 72 73 | 40 41 53 54 66 67 79 80

ALUE CODING RULES AND
REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 9

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

ACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005177	36-07160-9	59 11 14	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0988 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
	X			X			X			X		Specific Conductance @25°C	Umhos/cm	00095	1400	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND
REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: ~~Lenox China, Inc.~~ | SW ID NO.

LAB NAME: York

R	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
1	NJ 0 0 0 5 1 7 7 (2–8)	36-0716 1-7 (9–16)	8 9 1 1 1 4 (17–22)	4 6 4 1 0 (23–27)	28

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE
	X			X			X			X		Elevation of top of well casing with cap off (as specified in well completion report)	feet MSL: to nearest .01		63.51
	X			X			X			X		Elevation of original ground level (as specified in well completion report)	feet MSL: to nearest .01		61.76
	X			X			X			X		Depth to water table from top of casing prior to sampling with cap off	feet: to nearest .01	82546	4.53
	X			X			X			X		Depth to water table from original ground level prior to sampling	feet: to nearest .01	72019	2.78
												Arsenic, Dissolved	UG/L as As	01000	
	X			X			X			X		Barium, Dissolved	UG/L as Ba	01005	200
												Biochemical Oxygen Demand - 5 Day	MG/L	00310	
												Cadmium, Dissolved	UG/L as Cd	01025	
	X			X			X			X		Chloride, Dissolved	UG/L as Cl	82295	161000
												Chromium, Dissolved	UG/L as Cr	01030	
												Chromium, Dissolved, Hexavalent	UG/L as Cr	01220	
												Chemical Oxygen Demand (COD), Dissolved	MG/L	00341	10
	X			X			X			X		Coliform Group	N/100 ML	74056	0
	X			X			X			X		Color	Pt - Co	00080	5
	X			X			X			X		Copper, Dissolved	UG/L as Cu	01040	25
	X			X			X			X		Cyanide, Total	MG/L as CN	00720	0.005
												Endrin, Total	UG/L	39390	
												Fluoride, Dissolved	MG/L as F	00950	
												Gross Alpha, Dissolved	Pc/L	01503	
												Gross Beta, Dissolved	Pc/L	03503	
												Hardness, Total as $CaCO_3$	MG/L	00900	
	X			X			X			X		Iron, Dissolved	UG/L as Fe	01046	249
	X			X			X			X		Lead, Dissolved	UG/L as Pb	01049	3
												Lindane, Total	UG/L	39782	
	X			X			X			X		Manganese, Dissolved	UG/L	01056	80.3
	X			X			X			X		Mercury, Dissolved	UG/L	71890	0.2

VALUE CODING RULES AND REMARK CODES ON REVERSE

DIVISION OF WATER RESOURCES

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME: Lenox China, Inc.

SW ID NO.:

LAB NAME: York

NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
S (1) NJ 0005177 (2–8)	36-071161-7 (9–16)	59 11 14 (17–22)	46410 (23–27)	(28)

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 6 5 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Methoxychlor, Total	UG/L	39480		
												Methylene Blue Active Substances	MG/L	38260		
	X			X			X			X		Nitrogen, Ammonia, Dissolved $NH_3 + NH_4$ as N	MG/L as N	00608	0.11	
	X			X			X			X		Nitrogen, Nitrate, Dissolved	MG/L as N	00618	0.34	
	X			X			X			X		Odor	T.O.N.	00085	1	
	X			X			X			X		pH	Standard Units	00400	4.8	
				X			X			X		Phenols, Total Recoverable	UG/L	32730	14	
												Radium 226, Dissolved	Pc/L	09503		
												Radium 228, Dissolved	Pc/L	81366		
	X			X			X			X		Selenium, Dissolved	UG/L	01145	5	K
	X			X			X			X		Silver, Dissolved	UG/L	01075	10	K
	X			X			X			X		Sodium, Dissolved	MG/L	00930	24.6	
	X			X			X			X		Sulfate, Dissolved (as SO_4)	MG/L	00946	45.3	
	X			X			X			X		Total Dissolved Solids (TDS)	PPM	70300	313	
	X			X			X			X		Total Organic Carbon (TOC)	PPM	00680	2.42	
												Total Organic Halogen (TOX)	UG/L	70353		
												Toxaphene	UG/L	39400		
												Turbidity	NTU	00076		
	X			X			X			X		Zinc, Dissolved	UG/L	01090	20.0	K
												2, 4–D, Total	UG/L	39370		
												2, 4, 5–TP, Total	UG/L	39045		

VALUE CODING RULES AND REMARK CODES ON REVERSE

WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – VOLATILE ORGANICS REPORT Well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc.

SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
T	-NJ 0005177	36-07161-7	89 11 14	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0388 (MO. YR.) TO (MO. YR.)

OWNER'S WELL #

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
	X			X			X			X		Acrylonitrile	UG/L	34215	5	K
	X			X			X			X		Benzene	UG/L	34030	5	K
	X			X			X			X		Bromoform	UG/L	32104	5	K
	X			X			X			X		Carbon Tetrachloride	UG/L	32102	5	K
	X			X			X			X		Chlorobenzene	UG/L	34301	5	K
	X			X			X			X		Chlorodibromomethane	UG/L	34306	5	K
	X			X			X			X		Chloroform	UG/L	32106	5	K
	X			X			X			X		1, 1 - Dichloroethane	UG/L	34496	5	K
	X			X			X			X		1, 2 - Dichloroethane	UG/L	34531	5	K
	X			X			X			X		1, 1 - Dichloroethylene	UG/L	34501	2	K
	X			X			X			X		1, 2 - Dichloropropane	UG/L	34541	5	K
	X			X			X			X		Ethylbenzene	UG/L	34371	5	K
	X			X			X			X		Methylene Chloride	UG/L	34423	5	K
	X			X			X			X		1, 1, 2, 2 - Tetrachloroethane	UG/L	34516	5	K
	X			X			X			X		Tetrachloroethylene	UG/L	34475	5	K
	X			X			X			X		Toluene	UG/L	34012	5	K
	X			X			X			X		1, 1, 1 - Trichloroethane	UG/L	34506	5	K
	X			X			X			X		1, 1, 2 - Trichloroethane	UG/L	34511	5	K
	X			X			X			X		Trichloroethylene	UG/L	39180	170	
	X			X			X			X		Vinyl Chloride	UG/L	39175	5	K
	X			X			X			X		Acrolein	UG/L	34210	100	K
	X			X			X			X		Chloroethane	UG/L	34311	10	K
	X			X			X			X		2 - Chloroethylvinyl Ether	UG/L	34576	10	
	X			X			X			X		Dichlorobromomethane	UG/L	32105	5	K
	X			X			X			X		1, 3 - Dichloropropylene	UG/L	34699	5	K
	X			X			X			X		Methyl Bromide	UG/L	34413	10	K
	X			X			X			X		Methyl Chloride	UG/L	34418	10	K
	X			X			X			X		1, 2 - trans - Dichloroethylene	UG/L	34546	23	
												1, 2 Dichlorobenzene	UG/L	34536		
												1, 3 Dichlorobenzene	UG/L	34566		
												1, 4 Dichlorobenzene	UG/L	34571		

29 42 55 68 — 33 34 46 47 59 60 72 73 — 40 41 53 54 66 67 79 80

VALUE CODING RULES AND REMARK CODES ON REVERSE

4/83

DIVISION OF WATER RESOURCES
WATER QUALITY MANAGEMENT ELEMENT

GROUND WATER ANALYSIS – MONITORING WELL REPORT well 10

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

FACILITY NAME Lenox China, Inc. | SW ID NO.

LAB NAME York

	NJPDES NO.	WELL PERMIT NO.	SAMPLE DATE YR. MO. DAY	NJ LAB CERT. NO.	WQM USE
U	NJ 0005117	36-07161-7	8 9 1 1 1 4	46410	

THE SCHEDULE INDICATED BELOW IS TO BE OBSERVED FROM 0 8 8 8 (MO. YR.) TO (MO. YR.)

SUBMIT WITH SIGNED T-VWX-014

SAMPLING MONTHS: Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	ANALYSIS	UNITS	PARAMETER	VALUE	REMARKS
												Aldrin/Dieldrin	UG/L	39330		
												Benzidine	UG/L	39120		
												Calcium (dissolved)	MG/L	00915		
												DDT and Metabolites	UG/L	39370		
												Nitrogen - Kjeldahl (disol.	MG/L as N	00623		
												Magnesium (dissolved)	MG/L	00925		
												Phosphorous as P	MG/L as P	00665		
												Polychlorinated Biphenyls	UG/L			
X			X			X			X			Specific Conductance @25°C	Umhos/cm	00095	485	
												Fecal Coliform	N/100 ML	74055		
												Fecal Streptoccocus	N/100 ML	74056		
												Total Suspended Solids	MG/L	00530		

VALUE CODING RULES AND REMARK CODES ON REVERSE

29 33 34 40 41
42 46 47 53 54
55 59 60 66 67
68 72 73 79 80

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME LENOX CHINA, INC.
ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY
LOCATION

ATTN: John F. Kinkela

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(1-7) NJ0005177 PERMIT NUMBER

(17-19) 102 P DISCHARGE NUMBER

F - FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	9	1	TO	89	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(4 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		20	20	20				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	DEG.C		QTRLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	9.1	9.7		******	48.3	48.3				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		6.4	******	6.4				
	PERMIT REQUIREMENT	******	******	******	****** MINIMUM	******	****** MAXIMUM	SU		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.11	1.18		******	5.9	5.9				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.02	<.02		******	<.1	<.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.03	<.03		******	<.15	<.15				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	8.14	8.62		******	43.1	43.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

William R. Miller
Sr. V.P. Manufacturing

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609 NUMBER 484-9798

DATE: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

PERMITTEE NAME / ADDRESS (Include Facility Name/Loc. if different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION

ATTN: John F. Kinkela

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

(2-16) NJ0005177 — PERMIT NUMBER

(17-19) 102 P — DISCHARGE NUMBER

F — FINAL

WASTEWATER IN POLISHING LAGOON

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	9	1	TO	89	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(4 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	******	******	******	******		QTRLY	GRAB
SULFATE, TOTAL (AS SO4) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	******	******	******	******		QTRLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.002	<.002		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.0006	<.0006		******	<.003	<.003				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		QTRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	.050	.053		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	******		CONTIN UOUS	CONTIN
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	1300	1300				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

William R. Miller
Sr. V.P. Manufacturing

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609 — NUMBER 484-9798

DATE: YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN POLISHING LAGOON

(Include Current)

LENOX CHINA, INC.
TILTON ROAD
POMONA, NJ 08240

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
MB No. 2040-0004
pires 2-29-84

PERMIT NUMBER	DISCHARGE NUMBER
NJ00051	103 P

F - FINAL
WASTEWATER IN TILTON RD POND

FACILITY
LOCATION
ATTN: John F. Kinkela

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	9	1	TO	89	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		20	20	20				
	PERMIT REQUIREMENT	******	******	**** ****	******	****** NONSP AV	****** NONSP MX	DEG.C		QTRLY	GRAB
CHEM. OXYGEN DEMAND (HIGH LEVEL) (COD) 00340 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<4.6	<5.0		******	<10	<10				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PH 00400 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		6.8	******	6.8				
	PERMIT REQUIREMENT	******	******	**** ****	****** MINIMUM	******	****** MAXIMUM	SU		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	1.89	2.05		******	4.1	4.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
NITRATE PLUS NITRATE TOTAL 1-DET. (AS N) 00630 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.046	<.050		******	<.1	<.1				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.07	<.075		******	<.15	<.15				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB
TOTAL ORGANIC CARBON (TOC) 00680 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	3.9	4.24		******	8.48	8.48				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/ DAY	******	****** NONSP AV	****** NONSP MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

William R. Miller
Sr. V.P. Manufacturing

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609	484-9798			
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

PERMITTEE NAME (Facility Name/Firm) ADDRESS (Include Different)

NAME LENOX CHINA, INC.

ADDRESS TILTON ROAD
POMONA, NJ 08240

FACILITY

LOCATION

ATTN: John F. Kinkela

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
MONITORING REPORT (DMR)

NJ0005177	103 P
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
WASTEWATER IN TILTON RD POND

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	89	9	1	TO	89	11	30

MINOR (SUBR A) NJDEP

NOTE: Read instructions before completing this form.

Approved
B No. 2040-0004
Expires 2-29-84

PARAMETER (32-37)		QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SODIUM, TOTAL (AS NA) 00929 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	******	******	******	******		WTRLY	GRAB
SULFATE, TOTAL (AS S04) 00945 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	******	******	******	******		WTRLY	GRAB
CHROMIUM, TOTAL (AS CR) 01034 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.005	<.005		******	<.01	<.01				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		WTRLY	GRAB
LEAD, TOTAL (AS PB) 01051 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	<.001	<.001		******	<.003	<.003				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	KG/DAY	******	****** NONSP AV	****** NONSP MX	UG/L		WTRLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	0.46	0.50		******	******	******				
	PERMIT REQUIREMENT	****** NONSP AV	****** NONSP MX	MGD	******	******	******	******		CONTINUOUS	CONTIN
SOLIDS, TOTAL DISSOLVED-180 DEG. C 70300 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	469	469				
	PERMIT REQUIREMENT	******	******	******	******	****** NONSP AV	****** NONSP MX	MG/L		WTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

William R. Miller
Sr. V.P. Manufacturing

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609 NUMBER 484-9798

DATE: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER IN TILTON RD POND

(REPLACES EPA FORM 7 40 WHICH MAY NOT BE USED) PAGE OF

Item No. 4

RCRA FACILITY INVESTIGATION WORK PLAN
GLAZE SEAM IN WEST WALL OF FORMER GLAZE BASIN
LENOX CHINA, POMONA, NEW JERSEY
EPA ID. NO. NJD 002 325 074

July 1990

Geraghty & Miller, Inc.
Environmental Services
290 Vincent Avenue
Hackensack, New Jersey 07601

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1. Results of Analyses for Lead in Well 3, Lenox China, Pomona, New Jersey.

FIGURES

1. Facility Map, Lenox China, Pomona, New Jersey.

2. Locations of Glaze Basin Before and After Expansion of Plant Building, Lenox China, Pomona, New Jersey.

3. Water Table Configuration, August 3, 1989.

RCRA FACILITY INVESTIGATION WORK PLAN
GLAZE SEAM IN WEST WALL OF FORMER GLAZE BASIN
LENOX CHINA, POMONA, NEW JERSEY
EPA ID. NO. NJD 002 325 074

INTRODUCTION

Geraghty & Miller, Inc. has prepared the following RCRA Facility Investigation (RFI) Work Plan on behalf of Lenox China for the seam of glaze waste in the soil west of the former Glaze Basin at the Lenox China manufacturing plant in Pomona, New Jersey. This area was termed the "Waste Pile" and designated as a Solid Waste Management Unit in the RCRA Facility Assessment issued by the USEPA in July 1989. This RFI consists of a soil sampling and analysis plan to evaluate the nature and extent of the glaze seam and the impact on the subsoil. An investigation of ground-water quality is not included in this RFI because of the existing ground-water quality data, which is summarized in this work plan.

BACKGROUND

While excavating the Glaze Basin during the summer of 1988, a lens of white clayey material ranging in thickness from 6 to 12 inches and approximately 15 ft long was observed in the west wall of the former Glaze Basin (Figure 1). A sample of the seam was collected on July 22, 1988 at the time of the Glaze Basin cleanup and closure activities. As described in the September 1, 1988 letter report from Geraghty & Miller to Kenneth Siet of the New Jersey Department of Environmental Protection (NJDEP), a sample of the seam material was analyzed to determine if the material was glaze. The sample had a total lead concentration of 110,000 mg/kg (11%). Although this value is less than the 35 to 40% concentration reported for known glaze samples taken from the Glaze Basin before it was cleaned out, the 11% result indicates that the seam has a substantial glaze content. The material also has the distinctive appearance of glaze.

Following the removal of all wastes from the Glaze Basin, a steel plate was installed along the west wall of the excavation to separate the clean backfill from the seam of waste.

The origin of the seam became apparent during the recent discovery of a facility drawing from 1952 that shows the existence of an antecedent Glaze Basin ("first Glaze Basin") with the dimensions of 50 ft by 50 ft by 4 ft deep. The first Glaze Basin partially overlaps with and was located somewhat closer to the main plant building than the second Glaze Basin, which was excavated and backfilled in 1988. According to plant employees, when the building was expanded in 1964 toward the first Glaze Basin, a pit was dug adjacent to the Glaze Basin on the side opposite from the building, and the glaze wastes were pushed into the new pit. Evidently the seam represents remnants of the first Glaze Basin. The locations of these two Glaze Basins are illustrated on Figure 2. The area of the original Glaze Basin that does not coincide with the second Glaze Basin is approximately 2,700 ft^2. Based on the existence of discontinuities within the seam along the west wall, it is unlikely that the seam extends over this entire area.

GROUND-WATER QUALITY

Monitoring Well 3 is located approximately 65 ft downgradient from the seam, as shown on Figure 3. Analyses of 27 quarterly samples collected from Well 3 during November 1982 through May 1990 indicate that lead is not present at concentrations that are of concern. Only two samples (July 1984, 0.06 mg/L; October 1987, 0.34 mg/L) exceeded the 0.05 mg/L federal drinking-water standard. The results of 25 other samples, including the last ten quarterly samples, were below the standard of 0.05 mg/L. The historical record for lead in Well 3 is presented in Table 1.

INVESTIGATION METHODOLOGY

Delineation of Seam

Soil borings will be installed to collect soil samples for visual examination to delineate the extent of the seam. The proposed locations of five borings are shown on Figure 2. The borings will be installed by driving a split-spoon sampler with a cat-head. A Geraghty & Miller geologist will describe each sample with special emphasis on the depth and thickness of any material that appears to be glaze. Glaze is easily distinguishable

from natural soils or fill by its color and fine texture. The borings will extend to a depth below the bottom of any glaze waste that is encountered, and at least to a depth of 6 ft below the asphalt at ground surface. If the seam is encountered in any of the outermost borings, additional borings will be installed as necessary to complete delineation. The geologist will prepare a site map showing the locations of the borings.

Collection of Samples for Analysis

At each boring location where the glaze waste is observed, a sample of the waste will be collected and a subsoil sample will also be collected from 1.0 to 1.5 ft below the waste. The samples will be taken from the innermost part of the split-spoon sampler, using a stainless steel trowel, and placed inside laboratory-supplied sample bottles. The sample bottles will be placed inside a cooler chilled to 4°C.

Decontamination Procedures

Prior to each use, the stainless-steel trowel and the split-spoon will be cleaned in accordance with the following decontamination procedures:

1. Non-phosphate detergent plus tap water wash.
2. Tap water rinse.
3. Distilled/deionized water rinse.
4. 10% nitric acid rinse.
5. Distilled/deionized water rinse.

A field equipment blank will be prepared by running laboratory-supplied deionized water over the sampling equipment and then collecting the water in the laboratory-supplied sample bottles. The bottles will immediately be placed inside the chilled cooler.

Sample Analysis

The samples will be delivered within 48 hours of collection to a New Jersey-certified laboratory under chain-of-custody procedures as described below. The laboratory will composite the glaze waste samples into one sample and will also composite the subsoil samples into a second sample. The two samples (one glaze waste and one subsoil) will be analyzed for leachable lead by the EP Toxicity Methodology. The field equipment blank will be analyzed for lead (unfiltered) by EPA Method 7420 or 7421. Full CLP deliverables will be provided by the laboratory.

Chain-of-Custody Procedures

Sample custody procedures will be followed to document preparation, handling, storage, and shipping of all samples to be analyzed. A chain-of-custody form will be completed to the fullest extent possible prior to sample shipment; the form will include sample identification, project number, date collected, location of sample, preservative, and name of sampler. Forms will accompany the samples to the laboratory. When transferring samples, the individuals relinquishing and receiving them will sign, date, and note the time on the record. This record documents the sample custody transfer from the sampler to the laboratory.

HEALTH AND SAFETY PLAN

Level D protection has been selected for all site activities. Site personnel will wear gloves during all sampling activities.

NOTIFICATION REQUIREMENTS

The NJDEP Bureau of Ground Water Pollution Abatement will be notified at least 14 days prior to initiation of sampling activities.

PROJECT SCHEDULE

The following schedule provides an estimated timetable for performance of the investigation activities described in the workplan. The schedule is referenced to the time of receipt of NJDEP approval of the workplan.

	Week(s) following receipt of NJDEP approval of workplan
Mobilize subcontractors	1 and 2
Notify NJDEP of drilling	2
Install soil borings	4
Receive laboratory results	8
Review data and prepare report	9 through 11
Submit report to NJDEP	12

Respectfully submitted,

GERAGHTY & MILLER, INC.

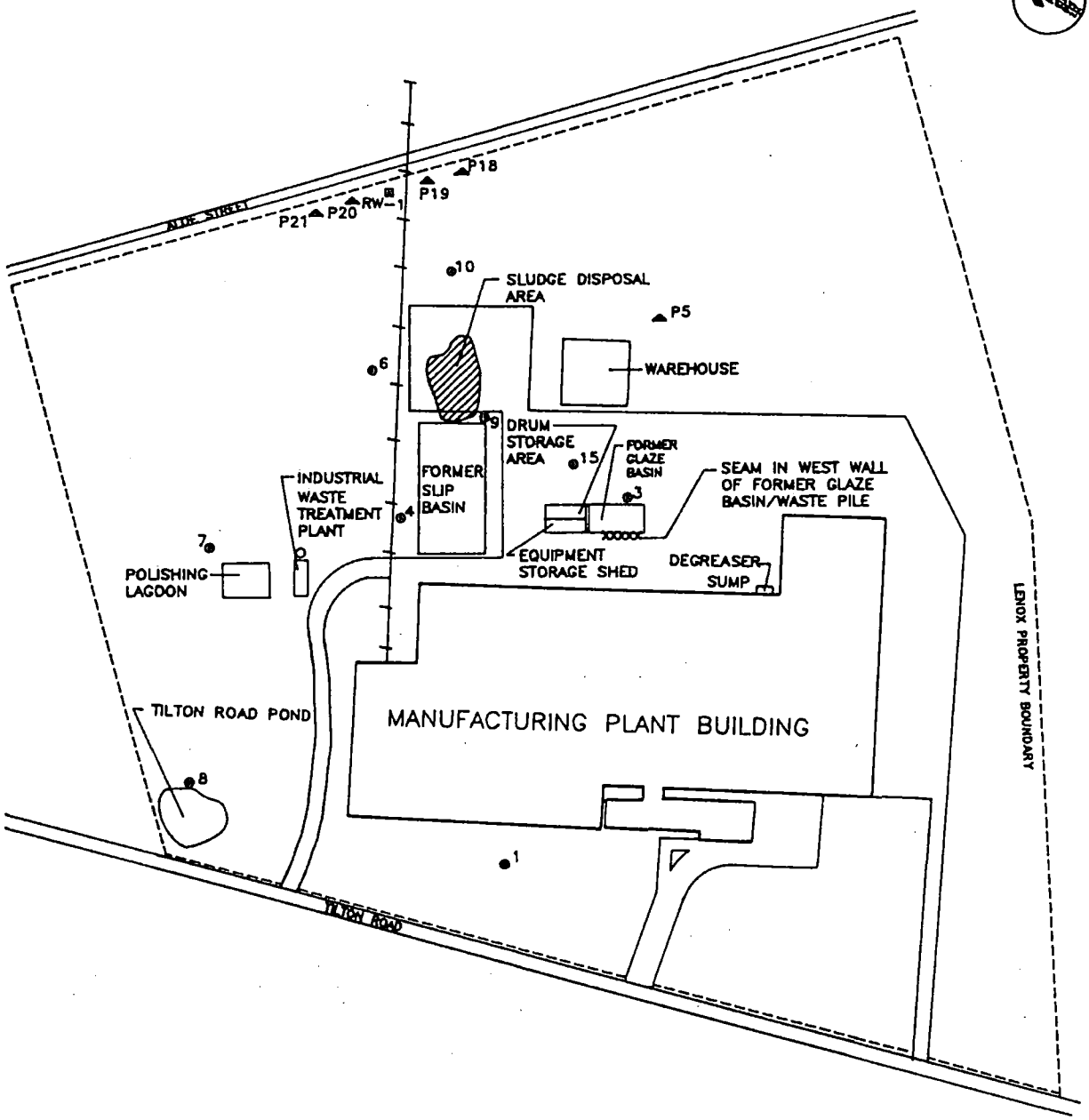
Catherine L. Gilroy
Senior Scientist/Project Manager

Robert A. Saar/MF
Robert A. Saar, Ph.D.
Principal Consultant/Project Officer

CLG:gv/lmm/cmw
#NY08201/061390.

Table 1. Results of Analyses for Lead in Well 3, Lenox China, Pomona, New Jersey.

Date Sampled	Lead (mg/L)
11/23/82	0.016
12/29/83	<0.005
4/2/84	0.025
7/2/84	0.06
9/25/84	0.015
1/4/85	<0.005
4/4/85	<0.005
7/1/85	0.03
10/3/85	0.014
1/2/86	0.04
4/15/86	<0.005
7/17/86	<0.02
10/7/86	<0.05
1/6/87	<0.05
4/7/87	<0.05
7/15/87	<0.05
10/13/87	.340
1/13/88	<0.05
4/13/88	<0.05
8/17/88	<0.05
11/17/88	<0.005
2/7/89	0.006
5/9/89	0.0152
8/3/89	0.025
11/14/89	0.0172
2/22/90	0.0291
5/3/90	0.030



EXPLANATION

- ●1 LOCATION AND DESIGNATION OF MONITORING WELL
- RW-1 LOCATION AND DESIGNATION OF RECOVERY WELL
- P18 LOCATION AND DESIGNATION OF PIEZOMETER

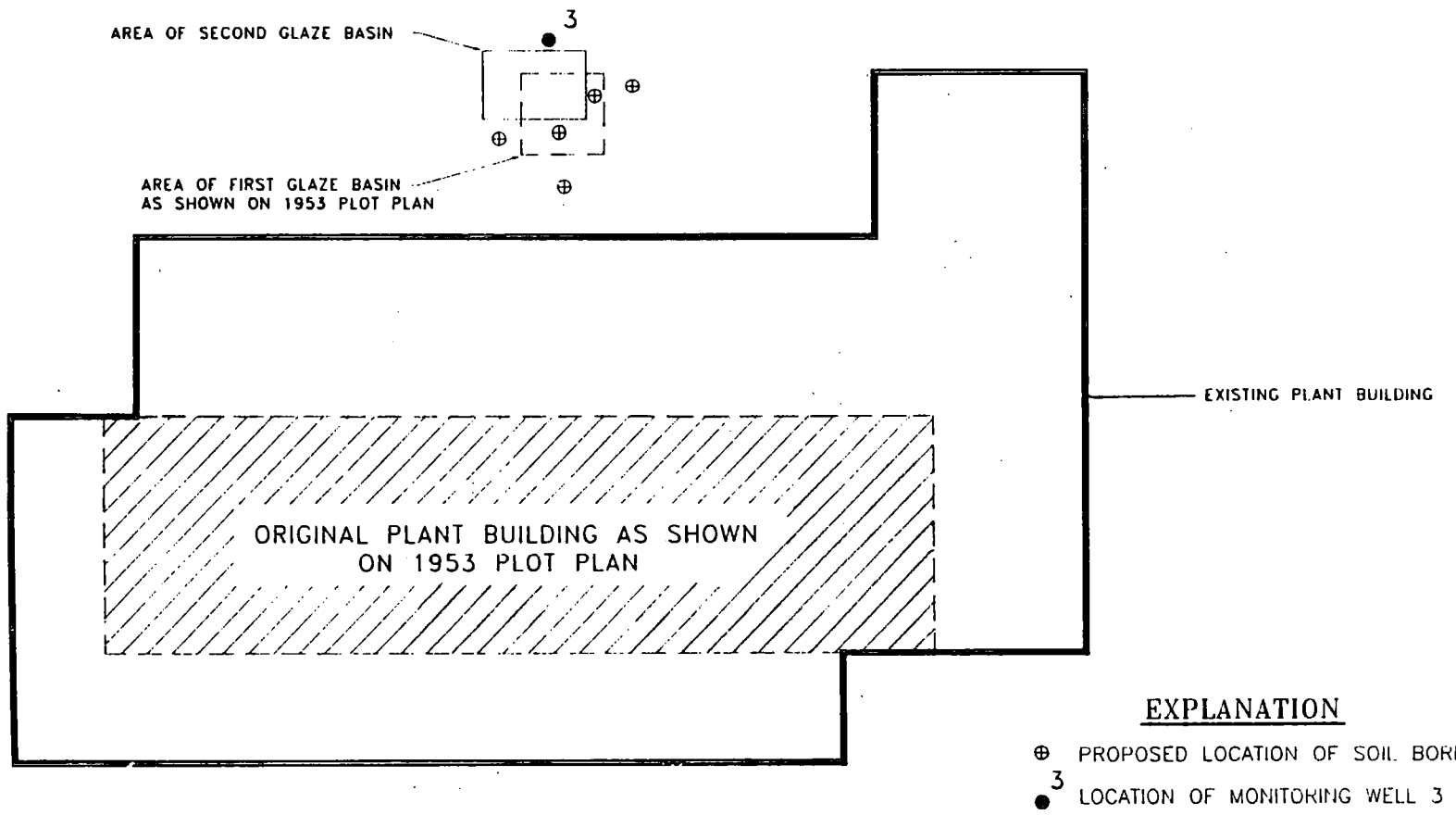
0 SCALE 300 FEET

GERAGHTY & MILLER, INC.
Environmental Services

FACILITY MAP

LENOX CHINA, POMONA, NEW JERSEY

FIGURE 1



0 SCALE 100 FEET

GERAGHTY & MILLER, INC.
Environmental Services

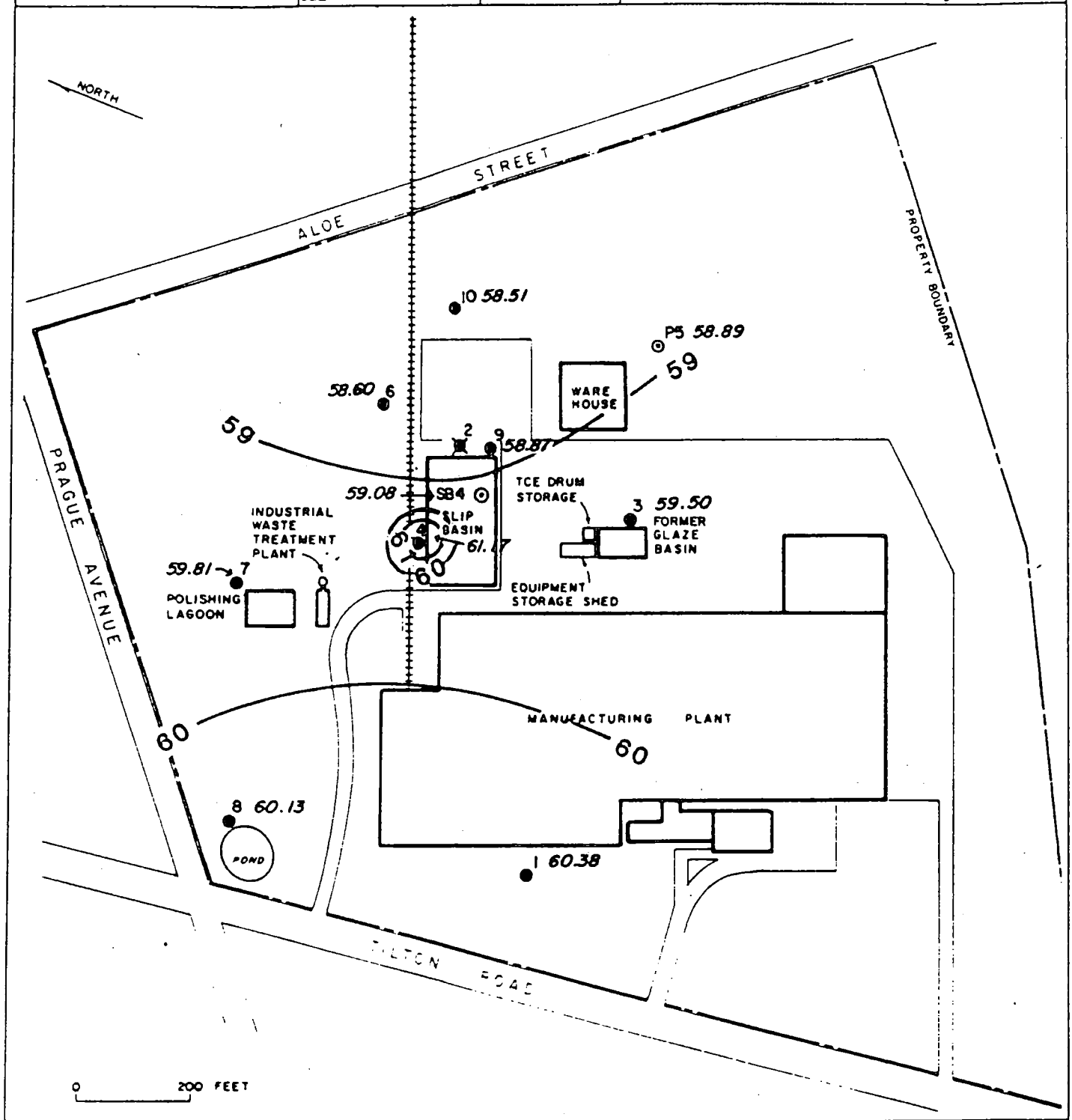
LOCATIONS OF GLAZE BASIN BEFORE AND AFTER EXPANSION OF PLANT BUILDING

LENOX CHINA, POMONA, NEW JERSEY

FIGURE 2

DATE: 13JUNE1990 | PRJCT. NO.: NY08208 | FILE NO.: 00000 | CAD FILE: PLAN-T1 | COMPILER: C. GILROY | MGR.: C. GILROY | DRAFTER: M. NIXON

GERAGHTY & MILLER, INC. Ground-Water Consultants	COMPILED BY: C. GILROY	DATE: 10/89	SCALE: SHOWN	PREPARED FOR: LENOX CHINA Pomona, New Jersey
	PREPARED BY: E. DeLUCA	FILE NO: NY627PMI-628		
	PROJECT MGR.: C. GILROY			



EXPLANATION

- 7 MONITORING WELL LOCATION
- P5 PIEZOMETER
- 2 ABANDONED MONITORING WELL LOCATION
- 60 — LINE OF EQUAL WATER-TABLE ELEVATION (FEET ABOVE MEAN SEA LEVEL)
- 60.38 ELEVATION OF WATER LEVEL (FEET ABOVE MEAN SEA LEVEL)

SUBJECT:

WATER-TABLE CONFIGURATION, AUGUST 3, 1989

FIGURE 3

141991

Item No. 5

Piping

Slip Basin/Glaze Basin - Approximately 200 feet of 4 inch steel piping ran between the slip basin and the glaze basin. The piping was installed about 6 inches below grade. Approximately 80 feet of the piping closest to the slip basin was removed, cleaned and inspected. All wash and rinse waters were confined to the slip basin. An inspection of the piping showed it to be in good condition with no apparent holes or leaks. There was no discoloration of the soils in which the pipe was embedded and there was no evidence of any release to the surrounding soil. After being cleaned, the pipe was cut up and disposed of as construction debris.

The length of pipe remaining underground and continuing into the glaze basin runs under the concrete drum storage pad. The remaining pipe was plugged and abandoned in place because of the great difficulty associated with removing it. The pipe is located above the water table. The pipe remaining is the same as the removal piping, and therefore we assume that no release of material should have occurred. The pipe remaining in the ground will continue to be covered by concrete.

Item No. 6

Equalization Sump

The Equalization Sump was constructed in 1970 and taken out of service in 1988 after the industrial wastewater treatment facility was upgraded. No releases from this tank were evident. The tank was removed and disposed of in an approved manner, and the area was graded and covered with crushed stone.

All process wastewater from the manufacturing areas was directed to this sump prior to treatment. The approximate dimensions of this sump were 8 feet by 12 feet by 6 feet deep. The sump contained two feet of freeboard above a 6 inch diameter cast iron overflow pipe that was directed into the slip basin.

The sump was constructed of 8 inch thick vertical sidewalls and a 12 inch thick base, all of reinforced concrete. The sump was abandoned in 1988 when the industrial waste plant was modified. It was subsequently cleaned out and used to recycle plaster water. Remaining plaster from this use was removed. After the sump was cleaned and emptied, Anders Brunelle of Eder Associates visually inspected the sump for cracks or flaws and found none. The sump was then filled with four feet of water on November 11, 1989. There was no measurable drop in water level in the sump after 52 hours of being filled. Based on what was observed, it appears that material did not leak from the sump during its period of use. Based on these results, no further investigation was warranted.

In addition, the following pipes were removed, cleaned and inspected:

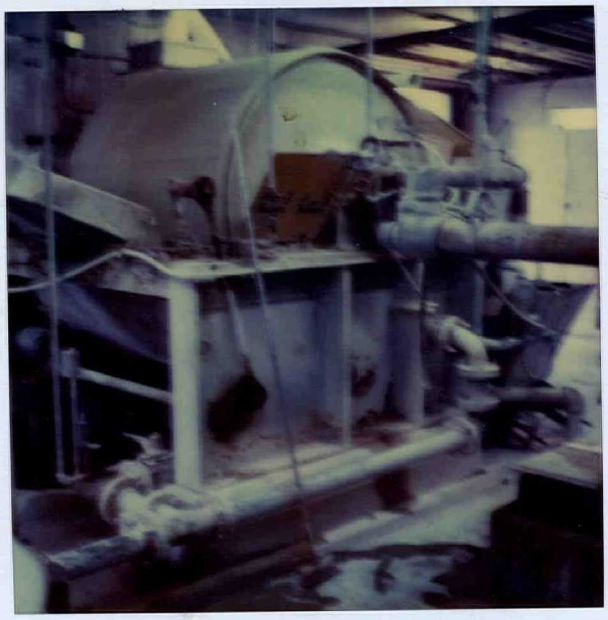
1) Six inch diameter pipe from sump to slip basin.

2) Two inch pipe from the equalization sump to the clarifier. The underground section of piping extended from the equalization sump to the opposite side of the railroad tracks where the pipe was then brought above ground to the clarifier.

3) Two inch underground pipe which originally connected the equalization sump to the clarifier (only that section running between the sump and the railroad tracks was removed, the remaining piping was abandoned in place).

All of the piping was in good condition with no evidence of holes or significant deterioration.

Item No. 7



VACUUM FILTER ASSY

VACUUM FILTER ASSY.

SUMP PUMP

FILTER BLDG - FRONT

FILTER BLDG. - REAR

Item No. 8

LENOX

TECHNICAL CENTER

OFFICE MEMO

TO: L. A. Fantin

FROM: J. F. Kinkela

SUBJECT: HSWA-SWMU Filter Press

DATE: September 11, 1990

COPIES: A. J. Gustray, D. E. Reardon

Per your request, we have reviewed the records for the modifications to the Pomona Industrial Waste Treatment Plant. As of October 27, 1986, Steve Osmundsen of Eder Associates, submitted plans which included a filter press for Lenox's final review. Indeed, bids on the proposed equipment were expected as of November 7, 1986.

On December 18, 1986 a notice of partial denial of our Part B Permit was received. Prior to this, it was assumed that the modified IWTP with the added filter press(es) could be used until November 1988 and some period of time thereafter to dewater the Slip Basin Sludge. In any case, an A.R. was to be prepared for submittal on January 28, 1987 to modify the IWTP including two (2) filter presses capable of dewatering the Slip Basin over a thirty (30) month period (e.g. by May 28, 1989). Use of the Slip Basin for waste disposal was to cease no later than August 1987. This was discussed with management on January 29, 1987.

A meeting was held with Eder and G & M on February 4, 1987 to discuss alternative plans to convert the decommissioned Sanitary Plant to a surge tank and stabilize the sludge in the Slip Basin in-situ (Enreco). The details of these plans were submitted to management in a memo dated February 9, 1989. These alternative plans were accepted and the filter press(es) were never installed.

JFK:es

SEP 1990
RECEIVED
LEGAL DEPARTMENT

Item No. 10

Earth Sciences Consultants, Inc.
One Triangle Drive
Export
Pennsylvania 15632
412 / 733-3000

March 3, 1989
Project No. 8538-02

Mr. Steven Lichtenstein
Senior Vice President, Secretary,
and General Counsel
Lenox, Inc.
100 Lenox Drive
Lawrenceville, NJ 08648

Soils Investigation
Lenox China
Pomona, New Jersey

Dear Mr. Lichtenstein:

This letter documents a soils investigation conducted by Earth Sciences Consultants, Inc. (ESC) on approximately 0.6 acres of land adjacent to the Lenox China manufacturing plant in Pomona, New Jersey. The area under investigation was a naturally vegetated parcel of land located north of the manufacturing plant (Figure 1). The purpose of the study was to evaluate possible causes for the death of pine trees in this area. The study was accomplished by a site reconnaissance and collection and analysis of soil samples. Standard industry procedures were employed during this investigation and samples were collected and analyzed in accordance with U.S. Environmental Protection Agency protocols.

Site Reconnaissance

On February 17, 1989, ESC Soil Scientist Elise Tripp inspected the site and collected eight soil samples at the locations noted in Figure 1. Samples S-1 through S-6 were collected within the area where dead vegetation occurred and samples S-7 and S-8 were collected in unaffected pine forest adjacent to the study area. At each sampling location, soil was hand augered to a depth of 12 inches. The augered soil was thoroughly mixed in a bucket and a subsample was placed in a 500-milliliter glass jar for transportation to the laboratory. The soil was moist at several locations in the dead pine area. At a depth of ten inches at sampling location S-6, the soil became very wet and greenish gray in color. This gray color is indicative of a high water table elevation. Wet soil conditions were further indicated by the presence of Common Reed (Phragmites australis) immediately north and west of the dead pine area. This large coarse perennial grass commonly invades wet, disturbed areas.

Soil Analysis and Results

Extractions were obtained from each soil sample using American Society for Testing and Materials Method A (D 3987-85). Soil and deionized water were mixed in a 1:20 ratio, rolled for 24 hours, and filtered. The filtrate was analyzed for alkalinity, barium, chloride, sulfate, lead, magnesium, nitrate, pH, ortho-phosphate, potassium, calcium, sodium, total dissolved solids, specific conductance, and percent total solids. The water extraction was conducted in order to characterize the ionic content of the soil water in the area where dead vegetation was observed and in adjacent areas in which no dead pine trees were present. The soil data from the two areas were compared in order to determine if significant differences were present, suggesting possible toxicities or nutrient deficiencies in the area of dead vegetation. Significant differences were only observed for the ortho-phosphate concentrations (Table 1). Although elevated ortho-phosphate levels were observed in several of the soil samples from the dead pine tree area, these levels would not be toxic for plant growth.

Conclusions and Recommendations

Based upon the data in Table 1, none of the soil parameters analyzed for the soil samples in the dead vegetation area differs enough from background levels to warrant vegetative decline. It is, therefore, likely that the death of the pine trees is due to other environmental factors such as a high groundwater table. We recommend that the dead vegetation be cleared from the site and that the area be seeded this spring with a grass/legume seed mixture tolerant of wet soil conditions. Table 2 presents the seed specifications for a suitable seed mixture. Before seeding, fertilizer should be applied at a rate of 50 pounds per acre of nitrogen, 140 pounds per acre of P_2O_5, and 200 pounds per acre of K_2O. After seeding, the area should be mulched with hay or straw at a rate of three tons per acre. If you have any questions regarding this investigation, please contact us.

Sincerely,

Elise Hansen Tripp

Elise H. Tripp
Soil Scientist

Gary W. Berman, P.E.
Vice President, Engineering

EHT/GWB:bd

Enclosures

Tables

Table 1
Soil Chemistry Data(1)
Soils Investigation
Lenox China
Pomona, New Jersey

Sample Identification	Alkalinity-Total (mg/l $CaCO_3$)	Barium (mg/l)	Chloride (mg/l)	Sulfate (mg/l)	Lead (mg/l)	Magnesium (mg/l)	Nitrate (mg/l NO_3-N)
S-1	4	<0.01	1.3	2	0.003	0.2	<0.1
S-2	4	<0.01	2.4	<1	0.006	0.1	<0.1
S-3	4	<0.01	2.7	<1	0.004	0.2	<0.1
S-4	4	<0.01	0.6	1	0.010	0.2	<0.1
S-5	4	<0.01	<0.5	<1	<0.001	0.1	<0.1
S-6	4	<0.01	<0.5	3	0.011	0.2	<0.1
S-7	4	<0.01	0.9	<1	0.001	0.1	<0.1
S-8	4	<0.01	<0.5	2	0.027	0.1	<0.1

See footnote at end of table.

Table 1
(Continued)

Sample Identification	pH (pH units)	Phosphate-Ortho (mg/l PO_4-P)	Potassium (mg/l)	Calcium (mg/l)	Sodium (mg/l)	Total Dissolved Solids @ 180°C (mg/l)
S-1	5.50	0.95	0.5	1	<1	<10
S-2	6.22	0.25	0.4	1	1	<10
S-3	5.80	0.04	0.5	1	1	<10
S-4	5.45	0.38	0.6	1	<1	<10
S-5	5.79	0.02	0.3	1	<1	<10
S-6	5.75	0.26	0.4	1	1	<10
S-7	5.15	<0.01	0.4	<1	<1	<10
S-8	5.00	<0.01	0.4	<1	<1	<10

See footnote at end of table.

Table 1
(Continued)

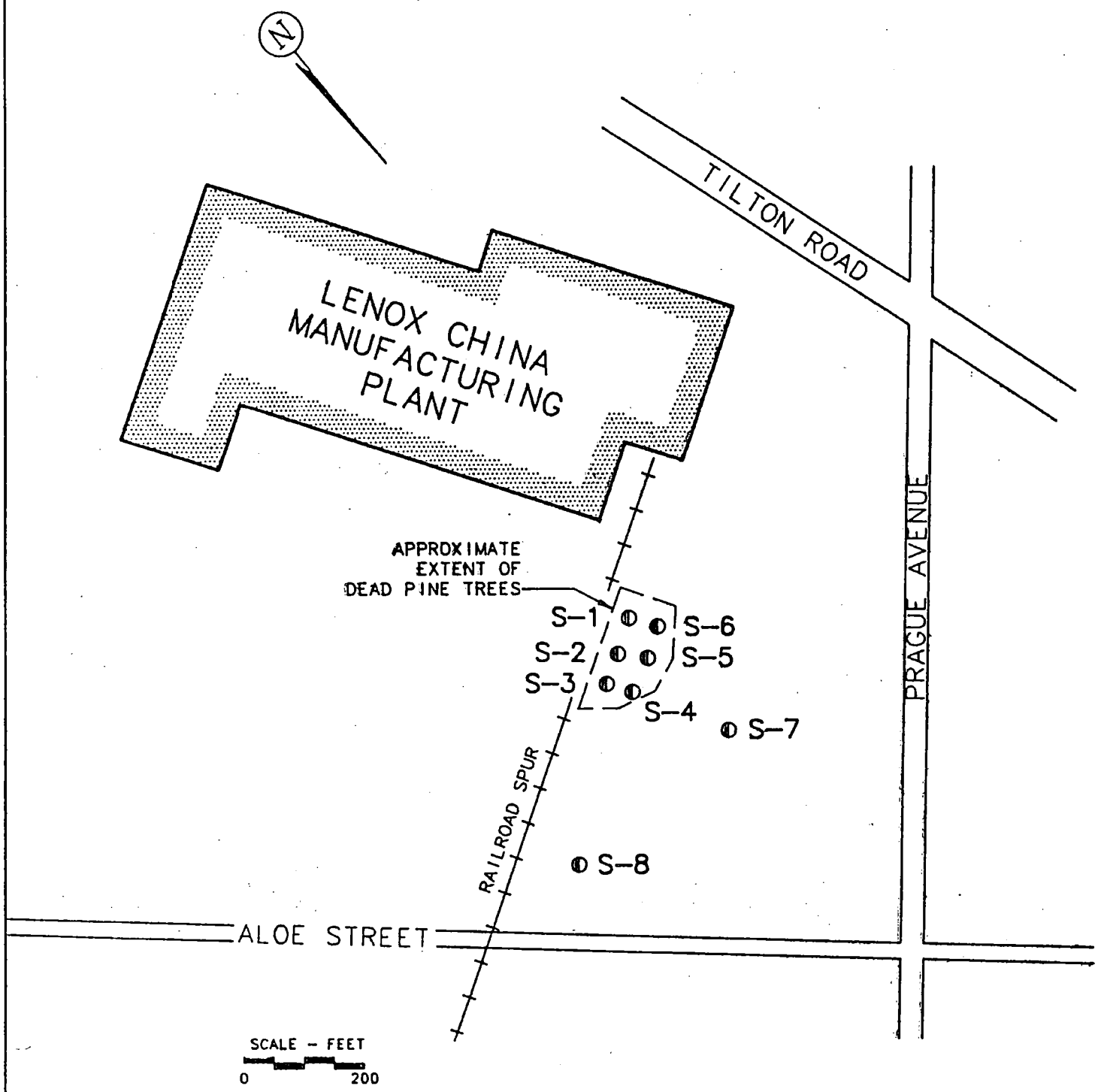
Sample Identification	Specific Conductance @ 25°C (μmhos/cm)	Total Solids (%)
S-1	45	89
S-2	15	81
S-3	10	80
S-4	10	87
S-5	8	91
S-6	7	88
S-7	7	87
S-8	9	88

(1) Samples were collected on February 17, 1989.

Table 2
Seed Specifications for Revegetation of
the Dead Pine Area

Species	Variety	Seeding Rates (lb/acre)
Birdsfoot Trefoil	Use half Empire, Norcen, or Leo variety and half Viking or imported tall type (European)	8
Tall Fescue	Kentucky 31	32
Redtop	-	3

Figure



LEGEND

◐ APPROXIMATE SOIL SAMPLING LOCATION

FIGURE 1

SITE PLAN MAP
LENOX CHINA,
POMONA, NEW JERSEY

PREPARED FOR
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