## DMR

# **APRIL** 1998

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Perinittee Name/Address Include Name/Location (if d)	Perinittee Name/Address Include Name/Location (if different)			INTIONAL PC	GE MONITO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	ORT(DMR)	W	NOTE: Read instruc completing this form	Read instructions before ting this form.	ons before
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- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period" (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during period under "Maximum".
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average and monthly average as appropriate) permit requirement for each parameter. If none, enter "O."
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

<ol> <li>If form has been partially complete</li> <li>Enter "Permittee Name/Mailing Add where indicated. (A separate form is</li> <li>Enter dates beginning and ending "M</li> <li>Enter each "Parameter" as specified</li> <li>Enter "Scene"</li> </ol>			
<ol> <li>Enter "Permittee Name/Mailing Add where indicated. (A separate form is</li> <li>Enter dates beginning and ending "M</li> <li>Enter each "Parameter" as specified in S. Enter "Sample Measurement" data for normally arithmetic awar</li> </ol>	General L		
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ander "Maximum "Average," and	pals with second are normal	rs) of all sample - in units specif	<b>.</b>
<ul> <li>5. Enter "Sample Measurement" as specified in normally arithmetic average (geometric during "Monitoring Period": "Maximum during "Monitoring Period": "Maximum measurements under "Average," and ent under "Maximum.")</li> <li>6. Enter "Permit Requirement" for each para minimum or 7-day average and monthly average and monthly average and as "Permit Requirement period) and as "Permit Requirement Requirement period) and as "Permit Requirement Requirement Period" as "Sam week, "1/30" s</li> </ul>	er maximum 7 der treatmen	lify extreme high and interements for	ied in permit. "Ave
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Requires Sample Type" had	for one difference (actual free	quency of	none and/or
<ol> <li>8. Enter "Frequency of Analysis" both as "San period) and as "Permit Requirement" specifi week, "1/30" for one day per month, "1/90"</li> <li>9. Enter "Sample Type" both as "Sample Measur Requirement," (e.g., Enter "Grab" for individu 10. Where violations of permit requirements are as</li> </ol>	ay per quarter eta	"," for continue and analysis	enter "O."
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<ul> <li>9. Enter "Sample Type" both as "Sample Measurement," (e.g., Enter "Grab" for individual reference each violation by date.</li> <li>10. Where violations of permit requirements are reperence each violation by date.</li> <li>11. If "no discharge" occurs during monitoring period Number, " and "Date" at bottom of form.</li> <li>13. Mail signed Report to Office(s) by date(s) specified permit.</li> <li>14. More detailed instructions for use of this Discharge.</li> </ul>	attach a brief explained	- composite, "N/A" for	as "P-
12. Enter "Name/Title		n to describe	us moniter:
			onnoring, etc.)
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14 h	Signature of P-:	in the upper right-ha	, and
More detailed inst	st rincipal	Executive Or	Of page 1
permit.	in permit. Read	Ificer of Authorized	P**80 ].
of this Discharge	Man Ketain copy for vo		gent, " "Telenh.
<ul> <li>13. Mail signed Report to Office(s) by date(s) specified</li> <li>14. More detailed instructions for use of this Discharge</li> <li>This report is required by law (33 U.S.C. 1318; 40 C.F.R. 1</li> <li>imprisonment for not more than one way of violation: and the second seco</li></ul>	inionitoring Report (Dian	ur records.	phone
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PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981	AL AIRPORT #681 LE, WA 98168	88	DISC	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER	DIAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) W40024651 002 (SDE 4) PERMIT NUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 002 (SDE 4) PERMIT NUMBER DISCHARGE NO.	Dischar	NO befi Discharge Location Lat 47 26 13" N	TE: Re ore com	NOTE. Read Instructions before completing this form n	SE DO
FACILITY SAME AS ABOVE				F	MONITORING PERIOD		Long N	122 17 38" W NO DISCHARGE			T
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\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = 2.48. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum".)
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- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727 SEATTLE WA 981	<u>aal Airport</u> #681 Le Wa 98168	8	NATIONAL DISC	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER		E ELIMINATION SYSTEM <b>REPORT(DMR)</b> MONTHLY 002 (SDE 4) DISCHARGE NO	Dischar Lat	NO betc Discharge Location Lat 47 26' 13" N	TE: Res ore com	NOTE: Read Instructions before completing this form n	SE E
FACILITY SAME AS ABOVE			VEARI		MONITORING PERIOD		Long 1	122 17 38" W NO DISCHARGE	Margi		-[
LOCATION SAME AS ABOVE			FROM 1998	╉╢	TO 1998	≩ड					] [
		<b>OUANTITY OR LOADING</b>	ING			OUAL	QUALITY OR CONCENTRATION	ATION	l II		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Erceed erces	FREQUENCY OF AVALYSIS	SAMPLE TYPE
	Sample Measurement	************	**********		*************	0.075	0.075		٩	1/30	COMP
	Persk Receivered	a bullenser	A statement of		A photograph	States and States	Stever S	mg/L			
TOTAL DECOVERABLE LEAD	Sample Measurement	************	**********		**************	0.041	0.041		<b>A</b> M	1/30	COMP
	Prink Routeni		Party and the				NEW DE	mg/L			
TOTAL DECOVEDADLE ZINC	Sample Measurement	*************	********		**********	0.312	0.312		¥	1/30	COMP
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and Maintenance			VIULATIONS.							2	TAU
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	VY VIOLATIONS (Reference	e all attachments here					Printed 5/18/98	5/18/98		PAG	PAGE 4 OF 10

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum".)
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- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIBPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727 SEATTLE WA 991	AL AIRPORT #681 E wa 98168	8	DISC DISC	VAL POLLUTANT <u> ISCHARGE MC</u> WA0024651 PERMIT NUMBER	DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 005 (SDS 3) PERMIT NUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 005 (SDS 3) PERMIT NUMBER DISCHARGE NO.	Discha	N 0 befo Discharge Location Lat 47 25' 58" N	TE: Re ore com	NOTE: Read Instructions before completing this form n	s
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LOCATION SAME AS ABOVE			FROM 1998		Ц оц	8 ₹					
		<b>OUANTITY OR LOADING</b>	DING			QUAL	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	Erceed Brceed	FREQUENCY OF AVALYSIS	SAMPLE TYPE
	Sample Measurement	*************	***********		******	< 0.15 **	< 0.15 **		NA	1/30	GRAB
H71	Partic Recordence	and the second			a attained a		SHORE S	щдГ	960-Mai 1977-10		
100	Sample Measurement	**************	**********		***********	5.7	7.3		AN	1/30	COMP
<u>661</u>	Pânê katêrane	. Augusta	a the state of the					mg/L	all and a second		
	Sample Measurement	*************	************		********	4.0	4.0		NA	1/30	COMP
	Pånå Peorhiden		A HEALEN					NTU	\$1		
	Sample Measurement	**********	************		*************	< 2 <	< 2		NA	1/30	GRAB
	Perio hadrough		and the second secon					#/100 ml			
	Sample Measurement	**********			***********	976	9.40		AN	1/30	COMP
6000	Pirmit Receiveneed							mg/L			
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	Peril Noderland							mg/L			
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Director, Aviation Development and Maintenance	SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO	SE INFORMATION, ENT FOR KNOWING	ION, INCLUDING THE POSSIBILITY OF FINE WING VIOLATIONS.	SSIBILITY OF		OFFICER OR AUTHORIZED AGENT			YE	YEAR MO	DAY
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EINTLENE AND FROM THOM TELENE OF TOUCH MORTO DRIVE ON UNDER JUNE, JULT, AND AUGUST THE TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = < 0.10. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADDE)

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- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME <u>SEA.TAC INTERNATIONAL AIRPORT</u>	AL AIRPORT #681		NATIONAL DISC	L POLLUTAN CHARGE M WA0024651	DISCHARGE	IINATION SYSTEM ORT(DMR) MONTHLY (SDS 3)		N O bef Discharge Location	TE:Re ore com	NOTE: Read Instructions before completing this form	s mo
ADDHESS 1911 STATTLE, PO BOX 68727, SEATTLE, FACILITY SAME AS ABOVE	LE, WA 98168		PER	N N		ARGE NC	Long	47 25' 58" N 122 18' 30" W NO DISCHARGE	W ARG		- <b>F</b>
z			FROM 1998	MO 04 01	T0 1998	04 JO					٦ [
		<b>OUANTITY OR LOADING</b>	UNG.			QUAL	QUALITY OR CONCENTRATION	RATION			
PARAMETER	-	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		PHEQUENCY OF ANALYSIS	SAMPLE TYPE
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Michael D. Feldman, Director		ED ON MY INQUIR STEM, OR THOSE P INFORMATION , TH	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITED IS, TO GATHERING THE INFORMATION THE INFORMATION SUBMITED IS, TO	R PERSONS Responsibi Bmitted IS	S WHO LE FOR	la Aleldia	(206)	(206)439-7706 Area			
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	I NY VIOLATIONS (Reference	e all attachments here	(8)				Printed	Printed 5/18/98		PA	PAGE 6 OF 10

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PERMITTEE NAME/ADDRESS NAME SEA.TACINTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 981	<u>MAL AIRPORT #681</u> LE, WA 98166	8	NATIONAL	VAL POLLUTANT NSCHARGE MC WA0024651 PERMIT NUMBER	DISCHARGE	ELIMINATION SYSTEM REPORT(DMR) MONTHLY 06 (SDN 1) DISCHARGE NO.	Dischar Lat	N O befo Discharge Location Lat 47 27 56" N	TE: Rea ore com	NOTE: Read Instructions before completing this form n	s E
FACILITY SAME AS ABOVE			YEARI	MOI DAV	MONITORING PERIOD	VAC OM	<b>N</b>	122 18' 09' W NO DISCHARGE	M ARGI		Т
LOCATION SAME AS ABOVE			FROM 1998	+-11	بر و ا	3					1
		<b>QUANTITY OR LOADING</b>	JING			QUA	QUALITY OR CONCENTRATION				
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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TCC	Sample Measurement	*************	********	1	************	97	26		AN	1/30	COMP
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EECAL COLIEORM	Sample Measurement	*********	***********		***********	170	170		NA	1/30	GRAB
	Paris Padatan	Street Street	<ul> <li>Additional and a second se second second sec</li></ul>				ALC: NO.	#/100 ml	A A A A A A A A A A A A A A A A A A A		
BODS	Sample Measurement	**********	************		********	12.8	12.8		٩N	1/30	COMP
2000	Print Rickinst							тgћ			
TOTAL RECOVERABLE COPPER	Sample Measurement	********	**********		************	0.062	0.062		A	1/30	COMP
	Parist Number		A THE REAL PROPERTY OF					шðГ			
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	********	****	*****	0.005	0.005		NA	1/30	COMP
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPA IN ACCORDANCE WITH A SYS	PENALTY OF LAW ERE PREPARED UN WITH A SYSTEM DE	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED	ENT AND AL I OR SUPER E THAT QUA	L VISION LIFIED			Telephone Number		DATE	
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Michael D. Feldman, Director	GATHERING THE I	NFORMATION , TH	GATHERING THE VISIEM, ON INCOL FENOURS UNFOLLINGSTONSIDE FU GATHERING THE INFORMATION SUBMITTED IS, TO THE TOTAT OF WALPHONE AND FILTER AND FILTER AND FULL	BMITTED IS	. 10 / / / / /	hall the little	- (200)439-1/00	90//-4			
TYPED OR PRINTED	COMPLETE. I AM AWARE THA	AWARE THAT THEF	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	PENALTIE	~	SIGNITURE OF PRINCIPAL EXECUTIVE			<i>8</i> 6	9 05	28
Director, Aviation Development and Maintenance	SUBMITTING FALS AND IMPRISONME	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	ISIBILITY OF		OFFICER OR AUTHORIZED AGENT			YEAR	R O	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) •*The TPH Value recorded is the sum of the discel and motic oil quantitation rance results from method NWTPH.Dv . Decuit Fraction for Diasel = 7.0.05 Motor Oil = 0.05	VY VIOLATIONS (Reference the diased and motor of our	e all attachments here	) from mothod NWTDU I	V. Decutt Er	ution for Diacal + < 0.0	6 Mater Oil - D B6	Printed 5/18/98	5/18/98		PAGE	E 7 OF 10

The TPH Value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = 0.95.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORITIOMR) MONTHLY DISCHARGE MONITORING REPORITIONR) MONTHLY WA0024651 006 (SDN 1) before completing this form WA0024651 006 (SDN 1) be		UNITS MINIMUM AVERAGE MAXIMUM UNITS Exercise SAMPLE AND SECOND															NT AND ALL OR SUPERVISION THAT OUALIFIED THAT OUALIFIED	1 PERSONS WHO ESPONSIBLE FOR ESPONSIBLE FOR	Walto Al Hum	
PERMITTEE NAME/ADDRESS     NATIONAL       NAME     SEA_IAC INTERNATIONAL AIRPORT     #681       ADDRESS     PORT OF SEATLLE     DIS       ADDRESS     PORT OF SEATLLE     WA 98168       FACILITY     SAME AS ABOVE     FROM       LOCATION     SAME AS ABOVE     FROM	OUANTITY OR LOADING		Sample Measurement	TOTAL RECOVERABLE ZINC	Sample Measurement	Perili Houseways and a week and a set	Sample Measurement	Front Nautonies 11 2 2 2 2 2 2	Sample Measurement	Percel Nourconet, 15% With the second	Sample Measurement	Permit Nourieski Att the first and the second	Sample Measurement	Perint Nourwood Bag and Wall	Sample Measurement	Periti Accurated and the second se	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL NAME/TITLE PRINCIPAL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION EXECUTIVE OFFICER IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED	PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR	Michael D. Feldman, Director GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO TYPED OR PRINTED THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND	COMPLETE. I AM AWANE IN DI SUBMITTING FALSE INFORMA

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Michael D. Feldman, Director		INFORMATION, TH KNOWLEDGE AND	GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF. TRUE, ACCURATE, AND	IBMITTED IS	TO Med	infl fulle	AREA			90 00	00
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•ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST
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- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Apr-98	0	0
2-Apr-98	0	0
3-Apr-98	0	0
4-Apr-98	0	0
5-Apr-98	2000	240,000
6-Apr-98	2000	2,880,000
7-Apr-98	2000	1,080,000
8-Apr-98	0	0
9-Apr-98	0	0
10-Apr-98	0	0
11-Apr-98	0	0
12-Apr-98	1000	600,000
13-Apr-98	1000	960,000
14-Apr-98	0	0
15-Apr-98	0	0
16-Apr-98	0	0
17-Apr-98	0	0
18-Apr-98	0	0
19-Apr-98	0	0
20-Apr-98	0	0
21-Apr-98	0	0
22-Apr-98	0	0
23-Apr-98	1200	432,000
24-Apr-98	2000	2,880,000
25-Apr-98	2200	792,000
26-Apr-98	0	0
27-Apr-98	0	0
28-Apr-98	0	0
29-Apr-98	0	0
30-Apr-98	0	0

#### POS SeaTac Airport IWTP Water Processing Log -- April 1998

Total April 1998 Flow (Gallons)

9,864,000



#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 96103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS001-95B	PA	GE 1	
REPORT DATE:	05/08/98			
DATE SAMPLED:	04/23/98	DATE RECEIVED:	04/23/98	
FINAL REPORT, LABORATORY ANALYS	IS OF SELECTED PARA	METERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / I	PDES STORMWATER			

#### CASE NARRATIVE

Five water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. Samples for copper were reanalyzed on 5/7/98 as a check for possible sample contamination. A sample aliquot was taken from a different container, acidified, and reanalyzed without digestion. Similar results were obtained for copper; therefore the original sample results (taken from 4/30 have been reported here). The spike recovery for lead was less than the 75% criterion at 50.9%. The sample was diluted ten-fold, respiked and then reanalyzed. The spike recovery improved to 103%; no additional action has been taken. No other difficulties were encountered in the preparation or analysis of these samples. Sample data follows while QA/QC data is contained on subsequent pages.

#### SAMPLE DATA

[	τοτα	L RECOVERABLE M	ETALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)
SDN1 042396 COMP	0.0616	0.0049	0.401
SDN1 042396 COMP BLANK	0.0047	<0.0010	<0.005
SDE4 042398 COMP	0.0750	0.0415	0.312
SDS3 042398 COMP	0.0806	0.0011	0.064
SDN1 042396 COMP DUP	0.0258	<0.0010	0.162



#### AQUATIC RESEARCH INCORPORATED

LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS001-95B	PA	GE 2	
REPORT DATE:	05/08/98			
DATE SAMPLED:	04/23/98	DATE RECEIVED:	04/23/98	
FINAL REPORT, LABORATORY ANALY	SIS OF SELECTED PAR	AMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE	NPDES STORMWATER			

#### **GA/GC DATA ·TOTAL RECOVERABLE METALS**

		ZINC
(mg/l)		(mg/l)
7440-50-8	7439-92-1	7440-66-6
EPA 220.2	EPA 239.2	EPA 200.7
04/30/98	04/30/98	04/28/98
05/07/98	05/04/98	
0.0010	0.0010	0.005
0.0010	0.0010	0.005
· · · · · · · · · · · · · · · · · · ·		
SDE4 042398 COMP	SDE4 042398 COMP	SDE4 042398 COMP
0.0750	0.0415	0.312
0.0768	0.0413	0.303
2.37%	0.48%	2.93%
SDE4 042398 COMP	SDE4 042398 COMP	SDE4 042398 COMP
0.0750	0.0415	0.312
0.1389	0.1700	1.31
0.0625	0.1250	1.00
102.24%	102.80%	99.80%
0.0241	0.0237	0.988
0.0250	0.0250	1.00
96.44%	94.80%	98.80%
<0.0010	<0.0010	<0.005
110.0%	95.9%	106.0%
	EPA 220.2 04/30/98 05/07/98 0.0010 0.0010 sDE4 042398 COMP 0.0750 0.0768 2.37% sDE4 042398 COMP 0.0750 0.1389 0.0625 102.24% 0.0250 96.44% <0.0010	(mg/l)         (mg/l)           7440-50-8         7439-92-1           EPA 220.2         EPA 239.2           04/30/98         04/30/98           05/07/98         05/04/98           0.0010         0.0010           0.0010         0.0010           0.0010         0.0010           0.0010         0.0010           0.0010         0.0010           0.0010         0.0010           0.0010         0.0010           0.0750         0.0415           0.0763         0.0413           2.37%         0.48%           SDE4 042398 COMP         SDE4 042398 COMP           0.0750         0.0415           0.1389         0.1700           0.0625         0.1250           102.24%         102.80%           0.0241         0.0237           0.0250         96.44%           94.80%

PRO - RELATIVE FERCIENT DIFFERENCE. NA - NOT AFFLICABLE OR NOT AVAILABLE. NO - NOT CALCULABLE DUE TO ONE OR MORE VALUES BEIND BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazoff Laboratory Director



#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

FAX: (206) 632-2417 PHONE: (206) 632-2715

CASE FILE NUMBER:	POS001-96B	P/	AGE 1	
REPORT DATE:	05/10/98			
DATE SAMPLED:	04/24/98	DATE RECEIVED:	04/24/98	
FINAL REPORT, LABORATORY ANALY	YSIS OF SELECTED PARAM	METERS ON WATER		
SAMPLES FROM PORT OF SEATTLE	NPDES STORMWATER			

#### CASE NARRATIVE

One water sample was received by the laboratory in good condition. The samples was digested for total recoverable metals according to EPA procedures. Samples for copper were reanalyzed on 5/7/98 as a check for possible sample contamination. A sample aliquot was taken from a different container, acidified, and reanalyzed without digestion. Similar results were obtained for copper; therefore the original sample results (taken from 5/1 have been reported here). The spike recovery for lead was less than the 75% criterion at 50.9%. The sample was diluted ten-fold, respiked and then reanalyzed. The spike recovery improved to 103%; no additional action has been taken. No other difficulties were encountered in the preparation or analysis of these samples. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTA	L RECOVERABLE M	ETALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)
SDN4 042498 COMP	0.0911	<0.0010	0.029



#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 FAX: (206) 632-2417 PHONE: (206) 632-2715

CASE FILE NUMBER:	POS001-96B	P	AGE 2	
REPORT DATE:	05/10/98			
DATE SAMPLED:	04/24/98	DATE RECEIVED:	04/24/98	
FINAL REPORT, LABORATORY AN	ALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER			

#### 9A/9C DATA -TOTAL RECOVERABLE METALS

r			ZINC
OC PARAMETER	COPPER	LEAD	
1	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	05/01/98	04/30/98	04/28/98
	05/07/98		
PRACTICAL QUANTITATION LIMIT	0.0010	0.0010	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0750	0.0415	0.312
DUPLICATE	0.0768	0.0416	0.303
RPD	2.37%	0.24%	2.93%
SPIKE SAMPLE			
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0750	0.0415	0.312
SPIKED SAMPLE	0.1389	0.1700	1.31
SPIKE ADDED	0.0625	0.1250	1.00
% RECOVERY	102.24%	102.80%	99.80%
QC CHECK (mg/l)			
	0.0241	0.0237	0.988
TRUE	0.0250	0.0250	1.00
* RECOVERY	96.44%	94.80%	98.80%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	110.0%	95.9%	106.0%

RPD - RELATIVE FERCENT DEFFERENCE. NA = NOT APPLICABLE OR NOT AVAILABLE. NC = NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR = RECOVERY NOT CALCULABLE DUE TO SPEKE SAMPLE OUT OF RANGE OR SPECE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: っ Steven Lazoff 4

Laboratory Director

## DMR

# MAY 1998

Permittee Name/Address Include Name/Location (if different)	is different)		Z	INTIONAL PC	DILUTANT DIS GE MONITO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYS	LEM	NOTE: Ro completing	NOTE: Read instructions before completing this form.	s before
NAME SEA-TAC AIRPORT	IRPORT		#681	WA-0	WA-002465-1		001 (IWS)				
ADDRESS PORT OF SE	SEATTLE			PERMI	PERMIT NUMBER	USIU	19	a.	Dischai	Discharge Location	
P.O. BOX 6	68727, SEA1	SEATTLE 98168	」		INOM	MONTTORING PERTON				24 7"	Z
FACILITY SAME AS AB	ABOVE			YEAR	οw	VY   YEAR	MO	DAY	Irpng	_	3
LOCATION SAME AS AB	ABOVE			FROM 1998	DS 01	1 TO 1998	S		HILDN	NOTDISCHARGE	]
		QUANT	QUANTITY OR LOA	LOADING	QUA	QUALITY OR CONCENTRATION	NCENTRATIO	7	No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed	/ of Analysis	Type
ELLOW *	Sample Measurement	* * * * * *	2,800	GPM	******	******	****	* * *	Ø	10(3)	3X Shift
	Permit Requirement	****	4,800		*****	*****	******	-		10/10	CONT.
рн	Sample Measurement	*****	******	***	6.72	******	7.09	STD	ø	3/10	(Jrab
	. Permit				6.0	****	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	* * * * * * *	*	******	3.7	- <b>(</b>	mg/L	φ	3/10	dunc
	Requirement	****			****	8	15			01/07	GRAB
TSS	Sample Mcasurement	****	****	* *	* * * * * *	لاما	ત્રન	mg/L	Ф	3/10	Comp
	Requirement	****	***		****	21	33			01/01	COMP.
BODS	Sample Measurement	*****	*****	*	* * * * * *	32	32	mg/L	Ф	1/10	Comp
	Permit Requirement	*****	****		******	*****	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	* * * * * *	*	*****	וויב	11.2	mg/L	Ø	۷ï٥	COMP
	Permit Requirement	*****	******		*****	******	REPORT			01/30	COMP.
ТРН	Sample Aleasurement	*****	****	*	* * * * * * *	3,3	3,3	mg/L	Ø	Yıo	Carob
	Permit Requirement	*****	****		******	*****	REPORT			1/30	GRAB
NAME/TITLE PRINCIPAL	PRINCIPAL EXECUTIVE	I CERTIFY UNDER PENALTY	PENALTY OF LAN 1	OF LAW THAT THIS DOCUMENT AND ALL	ENT AND ALL				TELEPHONE	16	DATE
OFFICER		ATTACHMENTS WERE PREPARE IN ACCORDANCE WITH A SYS OUALIFIED PERSONNEL PROF	E PREPARED UNDER 1th a system desi NNEL PROPERLY GA1	D UNDER MY DIRECTION OR SUPERVISION (TEM DESIGNED TO ASSURE THAT ERLY GATHER AND EVALUATE THE	H SUPERVISION		A l				
MANNEL D FELOWIN		ENFORMATION SUB	INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE FERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY	MY INQUIRY OF OR THOSE PERSON	THE PERSON OR	Mutuk	4-11 Ju	-			
	BLELOPHENT	RESPONSIBLE FOR GATHERIN Submitted is, to the Bes Accurate. And complete.	0 F F	THE INFORMATION, THE INFORMATION OF MY KNOWLEDGE AND BELIEF, TRUE, AN AWARE THAT THERE ARE	INFORMATION BELIEF, TRUE, ARE	SIGNATURE	OF PRINC		206) 435 7706 Area Number	1.	70 /00 /20
TYPED OR PRINTED	TED	SIGNIFICANT PENALTIES FO INCLUDING THE POSSIBILIT KNOMING VIOLATIONS.	<u>د</u> >	SUBHITTING FALSE INFORMATION. OF FINE AND IMPRISONMENT FOR	ORMATION, MENT FOR	EXECUNITYE AUTHOR I	ZED AGEN	S S	2		٥
COMMENT AND EXPLANATION OF ANY VIOLATIONS *DAILY FLOW REPORTING SHOULD BE SUBMIT	OF ANY VIOLATIONS (Refere SHOULD BE SUBMITTED ON		A S	<b>all attachments here)</b> SEPARATE SHEET.	s here) 1.				J.	JUL 0 1 1998	

DEPT. OF ECOLOGY

THE FERRE FORM 3370.1 (PAN R-96 by WADDE)

AR 027193



- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average and monthly average as appropriate) permit requirement for each parameter. If none, enter "O."
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

ittee l de Name/	is different)			ATIONAL POL	LEUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT (DMR)	INATION SYST	LEM	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	is before
NAME SEA-TAC AIRPORT	IRPORT		#681	WA-00	WA-002465-1		(SMI) 100				
ADDRESS PORT OF SEATTLE	EATTLE			PERMIT	NUMBER	DISC	DISCHARGE NUMBER	ER	UISCNAL	UISCHARGE LOCATION	1
P.O. BOX 68727		SEATTLE 98168	8		INOM	MONITORING PERIOD		][	`		z   :
FACILITY SAME AS AB	ABOVE		n	YEAR	М	Y YEAR	ОМ	DAY	f buon		3
LOCATION SAME AS AB	ABOVE			FROM 1998	02 01	то 1998	8 OS 3			NU DISCHARGE	
		QUANT	QUANTITY OR LOADING	DING	QUA	QUALITY OR CON	CONCENTRATION	-	No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
FECAL COLIFORM	Sample Measurement	*****	******	***	*****	39	39	#/100	Ø	110	Creab
	Permit Requirement		「「「「「」」		*****	****	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT	Sample Measurement	*****	****	* *	****	* * * * * *	ł	YES/	{	l	1
SCAN*	kermit Réquirement	ののの目のである。 中国大学教会を経			****	******	REPORT	ON		1/YR	c/6**
1	Sample Measurement										
	Requirement			L				4 <u>-</u>			
	Sample Measurement										
	? Permit Requirement			1 ′							
	Sample Measurement			· · · · · · · · · · · · · · · · · · ·							
	Permit Requirement			1				<u>.                                    </u>			
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	Sample Measurement										
	Permit Requirement			<u> </u>				I			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	EXECUTIVE	I CERTIFY UNDER PENALTY ATTACHMENTS WERE PREPAR		OF LAW THAT THIS DOCUMENT AND ALL D UNDER MY DIRECTION OR SUPERVISIO	NT AND ALL SUPERVISION	•			TELEPHONE		DATE
Hicknel D. Feldmi	aut	IN ACCORDANCE N QUALIFIED PERSO	IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT Qualified Personnel Properly Gather and Evaluate the	GNED TO ASSURE '	E THE		Ś				
Drech Avieton Derelogu	Dereloqued	INFORMATION SUB PERSONS WHO MAN RESPONSIBLE FOR	INFORMATION SUMMITTED. BASED ON HY INQUIRY OF THE PERSON ON Persons who mande the system, or those persons directly responsible for gathering the information, the information	MY INQUIRY OF TH R THOSE PERSONS FORMATION, THE	ъ з	Madin	Heldu	tucu 2	unct ash we	96 mer	16.20.86
and Mainknaup		SUBMITTED IS, TO THE BES ACCURATE, AND COMPLETE.	$\mathbf{H} \rightarrow \mathbf{i}$	OF MY KNOWLEDGE AND BELIEF, TRUE, AM AWARE THAT THERE ARE	ELIEF, TRUE, <b>G</b> re	SIGNATURE		-	AREA NUM	NUMBER YEAR	YEAR MO DAY
TYPED OR PRINTED	TED	SIGNIFICANT PENALTTIES FOR INCLUDING THE POSSIMILITY KNOMING VIOLATIONS.	a >	SUBMITTING FALSE INFORMATION, OF FINE AND IMPRISONMENT FOR	ENT FOR	AUTHORI	ECULIVE OFFICER OR AUTHORIZED AGENT		CODE		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference *ATTACH THE LABORATORY REPORT.	OF ANY VIOLA Y REPORT.	TIONS (Refe		all attachments here)	here)						
**C/G = COMPOSITE//GRAB	в.										

1. If form has be	_	<b>us</b> ected at entry of that information already prep nt)," "Permit Number," and "Disch
2 E	General Instruction pleted by preprinting, disregard instructions dire and facility name/location, if different is required for each discharge.) a "Monitoring Period" covered by form where a fied in monitoring requirements of monitoring requirements of monitoring	
- Enter "Permittee M	Dieted by preprint	
where indicated (Mailing	Add in the second secon	П2
3. Enter d. (A separate fo	Address (and facility name/location, if different m is required for each discharge.) "Monitoring Period" covered by form where a fied in monitoring requirements of permit	Pote 1
ates beginning	in is required for an interview in	at entry of the i
4. Enter each ing and ending	"Man if different discharge )	nt) " "
S Cach "Parameter"	" Monitoring Period"	Permit Number "
normally arith	- monitoring require	indicated
Monit Work	Cach new Of Dermit	
Monitoring Period".	etric average c	
measurements in (Note to	"imum" and "in a bacterial para	
under "Maximus in Average "	nicipals with Minimum" are no of all so	ality" in units and the
6. Enter (17	Fied in monitoring Period" covered by form where fied in monitoring requirements of permit. A for each parameter under "Quantity" and "Qua etric average for bacterial parameters) of all san inicipals with secondary treatment requirement d enter maximum 7-day average of sample meas parameter under "Quantity" and "Quality" as a parameter of sample measurements during	nple measurement
~mer "Permit Require	7-day average	high and low means for each parameter Average
7. Under "N	age of sample men	nt: Enter 30-de
minimum of Exceedances"	parameter under "	surements obtained average of same
Enter "Frequence and monthly	Vaver Vaver	Specie special
period) and as "p of Analysis" has	activals with secondary treatment (secondary treatment) extreme is denter maximum 7-day average of sample meas parameter under "Quantity" and "Quality" as y other of sample measurements during monitoring y average as appropriate) permit require	specified in permit
week, "1/30" for mit Requirem	Sample 16	8 Deriod a
9. Enter (1)	confied in " (and the forment for	r each new exceed maxim
Requires "Sample Type" 1	parameter under "Quantity" and "Quality" as a parameter under "Quantity" and "Quality" as a mber of sample measurements during monitoring y average as appropriate) permit requirement for "Sample Measurement" (actual frequency of sam ecified in permit. (e.g., Enter "Cont," for som	and parameter. If none (and/or
(e.p. E., Sample )	parameter under "Quantity" and "Quality" as a nber of sample measurements during monitoring y average as appropriate) permit requirement for "Sample Measurement" (actual frequency of san ectified in permit. (e.g., Enter "Cont," for contin 90" for one day per quarter, etc.)	mpling and and and
10. Where violati	<i>"Sample Measurements during monitoring vaverage as appropriate) permit requirement for "Sample Measurement" (actual frequency of sample Measurement" (actual frequency of sample during monitoring for one day per quarter, etc.)</i>	nuous monitori
reference and of permit and	vidual sample "a sample type	"I/7" for onitoring
<ol> <li>Incek, "1/30" for one day per month, "1/20" for one day per month, "1/20"</li> <li>Enter "Sample Type" both as "Sample Meters and "Grab" for ind the sequirement," (e.g., Enter "Grab" for ind the sequirement, " (e.g., Enter "Grab" for ind the sequirement," (e.g., Enter "Grab" for ind the sequirement, " (e.g., Enter "Name/Title of Principal Executive Office Sequerement," and "Date" at bottom of form.</li> <li>Mail signed Report to Office(s) by date(s) spector.</li> <li>More detailed instructions for use of this permit.</li> </ol>	Variable Measurements during monitoring y average as appropriate) permit requirement for "Sample Measurement" (actual frequency of san ectified in permit. (e.g., Enter "Cont," for contin 90" for one day per quarter, etc.) easurement" (actual sample type used during mo ividual sample, "24HC" for 24-hour composite e reported, attach a brief explanation to describe Period, check the "No Discharges")	onit day per
no discharge" and	reported, attach a bei a	"My period) and
12. Enter "at	e offer explanation to	for continues "Permit
		Cause and
12 and "Date" at have	" oneck the "No Discha	and corrective action
14. Mon in Report to Office(s) has	Signature of Principal -	Per right-hand
Demain detailed instruction	ified :	Rise Corner of page 1
permit.	ared in permit. Retain	ncer of Authorized
<ul> <li>12. Enter "Name/Title of Principal Executive Officer," and "Date" at bottom of form.</li> <li>13. Mail signed Report to Office(s) by date(s) spectare.</li> <li>14. More detailed instructions for use of this Dischargermit.</li> <li>This report is required by law (33 U.S.C. 1318; 40 C.F. imprisonment for not more than one years.</li> </ul>	ree Month	Agent, " "Telephon
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tute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Director, Aviation Development and Maintenance		AND IMPRISONMENT FOR KNOWING VIOLATIONS.	VIOLATIONS.			OFFICEH OH AVIHORIZED AGENT			YEAR	OM	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) "ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST	VY VIOLATIONS (Referenc COL MONITORING NOT RI	e all attachments here) EQUIRED IN JUNE, JL	ILY, AND AUGUST				Printed 6/18/98	6/18/98		PAGE	PAGE 3 OF 10
* The TPH when reacted in the sum of the direct and maler of minimum set	the discol and motor oil and										

\*\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = 0.10, Motor Oil = 2.94. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum".)
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

## **Legal Notice**

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM     NOTE: Read Instructions       DISCHARGE MONITORING REPORT(DMR)     MONTHLY     NOTE: Read Instructions       DISCHARGE MONITORING REPORT(DMR)     MONTHLY     before completing this form       MAD024651     002 (SDE 4)     Discharge Location       FROM     FROM     100     122 17 38' W       FROM     100     1398     05     01	FREQUENCY S	* ************************************							I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT OUALIFIED IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT OUALIFIED BERSONNEL PROPERTY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON WY INQUIRY OF THE PERSON OR PERSONS WAL MANAGE THE SYSTEM, OR THOSE PERSON OR PERSONS BILE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS. TO THE BEST OF WY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFIC ANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FIN SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FIN SUBMITTING FALSE INFORMATION FIN FOR FIN SUBMITTING FALSE FIN FOR FI
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ONAL AIRPORT #681 FTLE, WA 98168		Sample Measurement	Sample Measurement	le Measurement	Sample Measurement	Sample Measurement	Sample Measurement	Sample Measurement	
PERMITTEE NAME/ADDRESS NAME <u>SEA-TACINTERNATIONAL AIPPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981 FACILITY <u>SAME AS ABOVE</u> LOCATION <u>SAME AS ABOVE</u>	PARAMETER	TOTAL RECOVERABLE COPPER	TOTAL RECOVERABLE LEAD	TOTAL RECOVERABLE ZINC					NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

	MONITORING PERIOD	FROM 1998 05 01 TO 1998 05 30	OR LOADING QUALITY OR CONCENTRATION	INTE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS Exceed FIREOLENCY SAMPLE	0.076 0.076		0.003 0.003		0.116 0.116										I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITED IS, TO THE REFLOR THE VIEWWEIFIGE AND FIFE TRUE ACCURATE AND THE REFLOR THE VIEWWEIFIGE AND FIFE TRUE ACCURATE AND	HE POSSIBILITY OF FINE OFFICER OR AUTHOPAL EXECUTIVE CODE / / / / / / / / / / / / / / / / / / /
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NATIONAL POLLUTANT DISC DISCHARGE MONITO WA0024651 PERMIT NUMBER		YEAR MO DAY 1998 05 01		UNITS															IS DOCUMENT AND ALL DIRECTION OR SUPERVISION TO ASSURE THAT QUALIFIED ATE THE INFORMATION	PERSON OR PEHSONS WHO Directly responsible for Aation Submitted IS, to Rif Accurate and	GNIFICANT PENALTIES FOR G THE POSSIBILITY OF FINE NS.
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ALAIRPORT #681 E. WA 98168					Sample Measurement	Prink had and	Sample Measurement	Second Party and	Sample Measurement	Presid Realitions	Sample Measurement	S Person Independent	Sample Measurement	Pend Polyneid	Sample Measurement	Perind Readerment	Sample Measurement	Pernit Recitioners	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAR IN ACCORDANCE WITH A SYSI PERSONNEL PROPERLY GATH	SUBMITTED. BASED ON MY IN MANAGE THE SYSTEM, OR THI GATHERING THE INFORMATIO	COMPLETE. I AM I SUBMITTING FALS AND IMPRISONMEI
PERMITTEE NAME/ADDRESS VAME SEA.TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 98168	SAME AS ABOVE	SAME AS ABOVE		PARAMETER	TOTAL RECOVERABLE CORPER					TOTAL RECOVERABLE ZING									NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Michael D. Feldman, Director	TYPED OR PRINTED Director, Aviation Development and Maintenance

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAM E	PERMITTEE NAME/ADDRESS VAM ESEA-LAC INTERNATIONAL AIRPORT	AL AIRPORT #681	8	NATIONAL DISC	L POLLUTAN CHARGE M WA0024651	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) MONTHLY WA0024651 000 (SDN 1)	INATION SYSTEM IRT(DMR) MONTHI (SDN 1)		N O1 befo Destharme Location	TE: Rea ore com	NOTE: Read Instructions before com pleting this form	<u>ر</u> و [
ADDRESS	PO BOX 68727, SEATTLE.	LE, WA 98168			PERMIT NUMBER		DISCHARGE NO.	Long Long	47 27 56" N 122 18' 09" W	z		
FACILITY LOCATION	SAME AS ABOVE SAME AS ABOVE			FROM 1998			MO DAY 05 30		NO DISCHARGE	ARG		Π
			QUANTITY OR LOADING					QUALITY OR CONCENTRATION	RATION			
	PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	a of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1		Sample Measurement	**********	*************		************	0.41 **	0.41 **	•	NA	1/30	GRAB
									Ъ	www.wight		
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		Sample Measurement	*************	*************	1	*************	20	20		A	1/30	GRAB
FECAL CULIFURM		Secol Party and								5 <u>8</u> .4.8		
		Sample Measurement	************	**********		*************	8.80	8.80	•	¥	1/30	COMP
BOU5		Purking and and and a							т <mark>у</mark> Сора		1	
DT AL DE	TOTAL DECOVEDABLE CODDED	Sample Measurement	******	*************	1	*********	0.053	0.053	1	¥	1/30	COMP
		Special Street, State							ut Ar			
TOTAL R	TOTAL RECOVERABLE LEAD	Sample Measurement	********	*********	1	******	0.010	0.010	Tom Mot	¥	1/30	COMP
		Prest Pathweek										
NAME/TIT EXECUTIN	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAR IN ACCORDANCE WITH A SYS PERSONNEL PROPERLY A TO UNITY	I PENALTY OF LAW ERE PREPARED UI WITH A SYSTEM D PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND AL N OR SUPER E THAT QUA IFORMATION				TELEPHONE NUMBER	<i></i>	DATE	
Micha	Michael D. Feldman, Director	SUBMITTEU. BAS MANAGE THE SYS GATHERING THE	EU ON MIT INCUT	SUBMITTED. BASED ON MITINGUINT OF THE FERSON OF FERSONS MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTVERSPONSIBLE FOR CATHERING THE INFORMATION SUBMITTED IS, TO	RESPONSIBI Britted is	LE FOR	a Other	CULTER APEA	(206)439-7706 AREA	0	14 06	2
	TYPED OR PRINTED	COMPLETE. 1 AM COMPLETE. 1 AM	AWARE THAT THEI SE INFORMATION.	THE BEST OF MAIN WEED AND VELICITY THEY AND VELICITY THEY AND VELICITY THEY AND VELICITY THEY AND VELICITY OF	T PENALTIE	~	SIGNITURE OF PAINCIPAL EXECUTIVE		ų		000	
urector, Avaluation and Maintenance	Avalua deverganen. Itenance	AND IMPRISONME	AND IMPRISONMENT FOR KNOWING VIOLATIONS.	I VIOLATIONS.			>			Ϋ́Ε	YEAR MO	DAY
COMMENT /	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) to ATPH Value recorded is the sum of the diesel and motor of quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = 0.39.	VY VIOLATIONS (Reference the discel and motor oil out	a all attachments here antitation range results	e) s from method NWTPH-	-Dx - Result Fr	action for Diesel = < 0.0	5, Motor Oil = 0.39.	Printe	Printed 6/18/98		PAGE	ie 7 OF 10

\*\* The TPH Value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = 0.39.

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PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981	AL AIRPORT #681 .E. WA 98168		DISC	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER	DISCHARGE	E ELIMINATION SYSTEM REPORT(DMR) MONTHLY 011 (SDN 4) DISCHARGE NO.	Dischar	NOTI befor Discharge Location Lat 47 28' 00' N	re compl v	NOTE: Read Instructions before completing this form n * W	s E
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR 1998	MO DAY 05 01	MONITORING PERIOD DAY TO YEAR 01 TO 1998	MO DAY 05 30		NO DISCHARGE	ARGE		Π
		OUANTITY OR LOADING					QUALITY OR CONCENTRATION	<b>ATION</b>			
PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	t of FF Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
••Hd1	Sample Measurement			:		0.13 **	0.13 *	тур	AN AN	1/30	GRAB
TSS	Sample Measurement			ł		37	3.7	Ч Фш	ž –	1/30	COMP
TURBIDITY	Sample Measurement			ŧ		5.5	5.5	UTN	ž	1/30	COMP
FECAL COLIFORM	Sample Measurement			1		6	9	#/100 ml	<b>V</b>	1/30	GRAB
BODS	Sample Measurement					5.20	5.20	mg/L	ž	1/30	COMP
ETHYLENE GLYCOL	Sample Measurement			÷		<ul> <li>2.0</li> <li>1</li> </ul>	<ul> <li>2.0</li> <li>1.0</li> <li>1.0</li></ul>	mg/L	N N	1/30	COMP
PROPYLENE GLYCOL	Sample Measurement					< 2.0	< 2.0	mg/L	<b>A</b> N	1/30 1/:	COMP
NAME/TITLE PRINCIPAL Executive officer	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAR IN ACCORDANCE WITH A SYSI PERSONNEL PROPERLY GATH SUBMITTED. BASED ON MY IN	PENALTY OF LAW ERE PREPARED UI WITH A SYSTEM D PERLY GATHER AN ED ON MY INQUIR	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO	ENT AND AL N OR SUPEF IE THAT QU NFORMATION OR PERSONS	L ALIFIED S WHO	r Ce	TELEPH	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	MANAGE THE SYSTEM, OR THOSE PERSONS DIRE GATHERING THE INFORMATION , THE INFORMAT THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TEM, OR THOSE P NFORMATION, TH KNOWLEDGE AND AWARE THAT THE EL INFORMATION, NT FOR KNOWING	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR & SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	RESPONSIB UBMITTED 15 URATE, AND IT PENALTIE ISSIBILITY OI		CENCER OF AUTURE OFFICER OFFICER OF AUTURE OFFICER OF AUTHORIZED AGENT	4	(206)439-7706 Area Code	99 Year		26 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) COMMENT AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST "The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTP Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	VY VIOLATIONS (Reference COL MONITORING NOT RI the diesel and motor oil qua 8-96 by WADOE)	e all attachments here COUIRED iN JUNE, J Intitation range results	its here) UNE, JULY, AND AUGUST results from method NWTPH-Dx - Result Fraction for Diesel = 0.08, Motor Oil = < 0.10.	Dx - Result Fr	action for Diesel = 0.08	, Motor Oil = < 0.10.	Printed	6/18/98		PAC	PAGE 9 0F 10

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PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT	NAL AIRPORT #681	8		. POLLUTAN	DISCHARGE MONITORING REPORT(DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY	2	NO.	TE: Read ore comp	NOTE: Read Instructions before completing this form	E
ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE.	LE, WA 98168		PEF	WA0024651 PERMIT NUMBER		011 (SDN 4) DISCHARGE NO.	Discharg Lat 4	Discharge Location Lat 47 28' 00" N			<b></b>
FACILITY SAME AS ABOVE					VITORING PEF		rong	122 18' 38' W	3		-r
LOCATION SAME AS ABOVE			FROM 1998	MO DAY 05 01	T0 1998	MO DAY 05 30	Ž	NU UISCHAHGE	AHGE		7
		QUANTITY OR LOADING	ING			<b>NUO</b>	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FF Exceed ances /	FREQUENCY S OF ANLYSIS	SAMPLE TYPE
TOTAL RECOVERABLE CODDED	Sample Measurement	**********	**************		*****	0:030	0:030		NA	1/30	COMP
				9989 <u>4</u>		<ul> <li>A state of the sta</li></ul>		Ъ Ш	. increased		
TOTAL BECOVEDABLE LEAD	Sample Measurement	**********	**********		************	< 0.001	< 0.001		¥	1/30	COMP
						<ul> <li>M. C. M. M.</li></ul>		Ŋ	2		
TOTAL DECOVEDADI E ZINC	Sample Measurement	***********	************		*********	0.027	0.027		٩	1/30	COMP
	A Supervised and a supervised of the supervised			****				Jôu	A		
	Sample Measurement										
	Name of Strategy of Strategy										
	Sample Measurement										
	Secular Street					a a a a a a a a a a a a a a a a a a a					
	Sample Measurement										
	Person Recorded										
	Sample Measurement										
	Persk People and		THE REF.						adaalii		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAF IN ACCORDANCE WITH A SYS' PERSONNEL PROPERLY GATH	PENALTY OF LAW ERE PREPARED UN WITH A SYSTEM DE PERLY GATHER AND	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND AL I OR SUPER E THAT QUA FORMATION	L		ТЕLЕРНО	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	SUBMITIED. BASI MANAGE THE SYS GATHERING THE I THE BEST OF WY I	EU ON MY INQUINY TEM, OR THOSE PE NFORMATION , TH KNOWLFDGF AND P	SUBMITTED. BASED ON MY INCULHY OF THE PERSON OF PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE REST OF MY KNOWLFORF AND RELIEF TRUE ACCURATE AND	H PERSONS Responsibl Bmitted is	E FOR	a Millert	(206)439-7706	9-7706	2	$\sim$	5
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. 1 AM SUBMITTING FALS AND IMPRISONME	COMPLETE. I MA AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	I PENALTIES		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR ULTHORIZED AGENT	CODE		78 YEAR	2 2 2	P A
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Relevence all attachments here)	VIOLATIONS (Reference	e all attachments here)			-		Printed	6/18/98		PAGE	10 OF 10

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Date	Average Flow Rate (gpm)	Volume (Gallons)
1-May-98	0	0
2-May-98	0	0
3-May-98	0	0
4-May-98	0	0
5-May-98	0	0
6-May-98	0	0
7-May-98	0	0
8-May-98	0	0
9-May-98	0	0
10-May-98	0	0
11 <b>-May-9</b> 8	1200	144,000
12-May-98	1200	1,728,000
13-May-98	971	1,020,000
14-May-98	0	0
15-May-98	0	0
16-May-98	0	0
17-May-98	1000	960,000
1 <b>8-May-98</b>	1000	960,000
19-May-98	1000	360,000
20-May-98	0	0
21-May-98	0	0
22-May-98	0	0
23-May-98	0	0
24-May-98	0	0
25-May-98	1417	2,040,000
26-May-98	1250	1,800,000
27-May-98	2373	3,417,000
28-May-98	2800	2,688,000
29-May-98	0	0
30-May-98	0	0
31-May-98	0	0
May 4009 Elaw	Callenal	45 447 000

#### POS SeaTac Airport IWTP Water Processing Log -- May 1998

Total May 1998 Flow (Galions)

15,117,000

PERMITTEE NAME/ADDRESS  SEA-TAC INTERNATIONAL AIRPORT	VAL AIRPORT #681		NATIONAL	POLLUTANT	DIAL POLLUTANT DISCHARGE ELIMINATION S	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIONARI OLARTERLY	FRI Y	NO.	TE: Rea ore com	NOTE: Read Instructions before completing this form	s
ADDRESS PORT OF SEATTLE PO BOX 68727. SEATTLE.	89		PERI	WA0024651	003 DISCH		Dischar Lat	Discharge Location Lat 47 26' 13" N			
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR	$ $ $\vdash$		Q I		12 18 38' W NO DISCHARGE	ARGI		П
. 🏾			FHOM LIVEL	5		<b>N N</b>	OI IAI ITY OR CONCENTRATION	DATION			
PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE		STI	E of Enceed	FREQUENCY OF AVALYSIS	SAMPLE TYPE
ETUM ENE & VOOI +	Sample Measurement	*****	*******		*********	5.8	5.8		ž	1/90	GRAB
								mgA	direction of the		
BROBVI ENE GI VCOI :	Sample Measurement				**************	89	88		٩N	1/90	GRAB
				200 million				mg/L			
	Sample Measurement										
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	Sample Measurement										
	State Bankage			المحد عام					2	a constant and a cons	
	Sample Measurement										
	Strate Barrens							2-1-1-15 			
	Sample Measurement										
	Park Routened										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER Attachments Wi In Accordance Dersonnei Prod	PENALTY OF LAW Ere Prepared UN With a system de Jebiy Gather Ane	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEP PROPERIY GATHER AND EVALUATE THE INFORMATION	ENT AND ALL I OR SUPERV E THAT QUAL	'ISION IFIED		TELEPH	TELEPHONE NUMBER		DATE	
Michael D. Feldman. Director		ED ON MY INQUIRY TEM, OR THOSE PE NFORMATION , THI	SUBMITTEL BASED ON MY INDURY OF THE PERSON OR PERSONS WHO SUBMITE BASED ON MY INDURY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	R PERSONS RESPONSIBLE BMITTED IS.	WHO FFOR	La Berton	(206)4	(206)439-7706			
TYPED OR PRINTED		KNOWLEDGE AND E AWARE THAT THER	THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	IRATE, AND • PENALTIES	~	SIGNITURE OF PRINCIPAL EXECUTIVE	AREA ITIVE CODE		98	9 06	26
Director, Aviation Development and Maintenance	SUBMITTING FALS AND IMPRISONME	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SSIBILITY OF		DR AUTHORIZED AGEN			YEAR	AR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	all attachments here	1				Detect	04010			

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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- 4. Enter each "Parameter" as specified in monitoring requirements of permit.

Ì

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981 FACILITY <u>SAME AS ABOVE</u> LOCATION <u>SAME AS ABOVE</u>	NAL AIRPORT #581 1E, WA 98168		NATIONAL DIS	VAL POLLUTANT ISCHARGE MC WARD24651 PERMIT NUMBER MO B 03 01	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 PERMIT NUMBER MONITORING PERIOD AR WO DAY 58 03 01 TO 1998 05 33	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) QUARTERLY WA0024651 007 (SDN 2) PERMIT NUMBER DISCHARGE NO. MONITORING PERIOD VEAR MO DAV TO REVOD VEAR MO DAV TO REVOD VEAR MO DAV TO REVOD	Disch	NOTE: Read before compl Discharge Location Lat 47 28' 00' N Long 122 18' 28' W NO DISCHARGE	TE: Rea ore comp W ARGE	NOTE: Read Instructions before completing this form " " B" W CHARGE	
		<b>OUANTITY OR LOADING</b>	DING			QUAL	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Fi Exceed	FREQUENCY S	SAMPLE TYPE
ETHYLENE GLYCOL	Sample Measurement	*****	******	****	****	NA	N/A			06/0	N/A
								шĝг			
PROPYLENE GLYCOL	Sample Measurement	**********	**********		*********	NA	N/A		٩N	06/0	NN
								щQЛ			
FLOW	Sample Measurement	************	YES.		**********	***********	*************		AN	06/06	METER
				YES/NO				1			
	Sample Measurement										
	Sample Measurement										
	Street Services										
	Sample Measurement										
	North Report of the						and the second	4		Contraction of the second s	******* ***
	Sample Measurement										
		<b>3</b> 20 2 4 64									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAR IN ACCORDANCE WITH A SYST PESSONUEL PROFERILY GATHI	PENALTY OF LAW Ere Prepared UN With a system de Eriv gather aui	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNER PROPERIY GATHER AND EVALUATE THE MECONATION	I OR SUPER	VISION		TELEPHON	TELEPHONE NUMBER		DATE	
	SUBMITTED. BASED ON MY IN MANAGE THE SYSTEM OR THI	ED ON MY INQUIRY	SUBMITTEL BASED ON MY INDURY OF THE PERSON OR PERSONS WHO MANAGE THE SVETTEL OR THOSE PERSONS NIGHT OF EACH	R PERSONS	WHO 0					ļ	
Michael D. Feldman, Director TYPED OR PRINTED	GATHERING THE IN THE BEST OF MY K COMPLETE. I AM A	NFORMATION , TH NFORMATION , TH CNOWLEDGE AND E WARE THAT THER	GATHERING THE INFORMATION THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	BMITTED IS RATE, AND PENALTIES	· · · ·	Medical Dellanow signiture of phycipal executive	2009439-7706 2000 AREA IVE CODE	-1/06	<del>8</del> 8	K.	26
Director, Aviation Development and Maintenance	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	T FOR KNOWING	NCLUDING THE POS VIOLATIONS.	SIBILITY OF		OFFICER OF AUTHORIZED AGENT			YEAR	QW	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST "Bypass on 3/2/288 and no aircraft deicing on this date. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	IY VIOLATIONS (Reference OL MONITORING NOT RE ng on this date. 8-96 by WADOE)	all attachments here) QUIRED IN JUNE, JL	LY, AND AUGUST				Printed 6/18/98	5/18/98		PAGE	PAGE 2 OF 2

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LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-01B	PAG	E 1
REPORT DATE:	06/08/98		
DATE SAMPLED:	05/25/98	DATE RECEIVED:	05/25/98
FINAL REPORT, LABORATORY ANALYSIS	OF SELECTED PARAMETERS	ON WATER	
SAMPLES FROM PORT OF SEATTLE / NF	DES STORMWATER		-

#### CASE NARRATIVE

One water sample was received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTA	L RECOVERABLE MI	TALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)
SDN4 052596 COMP	0.0300	<0.0010	0.027

#### RECEIVED

### JUL 01 1998

#### DEPT. OF ECOLOGY



LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-01B	P	AGE 2
REPORT DATE:	06/08/98		
DATE SAMPLED:	05/25/98	DATE RECEIVED:	05/25/98
FINAL REPORT, LABORATORY AN	IALYSIS OF SELECTED PARAL	METERS ON WATER	
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER		

#### QA/QC DATA -TOTAL RECOVERABLE METALS

OC PARAMETER	COPPER	LEAD	ZINC
-	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	06/02/98	06/01/98	06/02/98
PRACTICAL QUANTITATION LIMIT	0.0010	0.0010	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0758	<0.0050	0.116
DUPLICATE	0.0777	<0.0050	0.114
RPD	2.48%	NC	1.74%
SPIKE SAMPLE			
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0758	<0.0050	0.116
SPIKED SAMPLE	0.0874	0.0139	1.11
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	92.80%	111.20%	99.40%
QC CHECK (mg/l)			
	0.0247	0.0276	1.00
TRUE	0.0250	0.0250	1.00
% RECOVERY	98.80%	110.40%	100.00%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	110.0%	105.6%	106.0%

RPD - RELATIVE PERCENT DIFFERENCE. RA - NOT AFFLICABLE OR NOT AVAILABLE. NC - NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPRIE SAMPLE OUT OF RANGE OR SPRIE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazoff Y 2 Laboratory Director



LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

ASE FILE NUMBER:	POS001-99B	PA	GE 1
EPORT DATE:	06/05/98		
ATE SAMPLED:	05/14/98	DATE RECEIVED:	05/15/98
INAL REPORT, LABORATORY ANALYSIS	OF SELECTED PARAMETERS (	DN WATER	
AMPLES FROM PORT OF SEATTLE / NP	DES STORMWATER		

#### ASE NARRATIVE

hree water samples were received by the laboratory in good condition. The samples were digested for total recoverable metals according to PA procedures. No difficulties were encountered in the preparation or analysis of these samples. Sample data follows while QA/QC data contained on the subsequent page.

#### AMPLE DATA

	TOTA	L RECOVERABLE M	ETALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)
SDN1 051498 COMP	0.0530	0.0103	0.540
SDE4 051496 COMP	0.0620	0.0376	0.299
SDS3 061496 COMP	0.0760	0.0032	0.116



LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS001-99B	P	AGE 2	
REPORT DATE:	06/05/98			
DATE SAMPLED:	05/14/98	DATE RECEIVED:	05/15/98	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAL	METERS ON WATER		
SAMPLES FROM PORT OF SEAT	ILE / NPDES STORMWATER			

#### QA/QC DATA -TOTAL RECOVERABLE METALS

OC PARAMETER	COPPER	LEAD	ZINC
-	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	06/02/98	06/02/98	06/02/98
PRACTICAL QUANTITATION LIMIT	0.0010	0.0010	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDS3 051498	SDS3 051498	SDS3 051498
ORIGINAL	0.0760	0.0032	0.116
DUPLICATE	0.0780	0.0032	0.114
RPD	2.60%	0.00%	1.74%
SPIKE SAMPLE			
SAMPLE ID	SDS3 051498	SDS3 051498	SDS3 051498
ORIGINAL	0.0760	0.0032	0.116
SPIKED SAMPLE	0.0875	0.0139	1.11
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	92.00%	85.60%	99.40%
QC CHECK (mg/l)			
	0.0247	0.0258	1.00
TRUE	0.0250	0.0250	1.00
% RECOVERY	98.80%	103.20%	100.00%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	110.0%	84.7%	106.0%
BLANK SPIRE % RECOVERY	110.0%	04.7%	106.0%

SPD - RELATIVE PERCENT DEFFENCE. NA - NOT APPLICABLE OR NOT AVAILABLE. NC - NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazoff Laboratory Director

## DMR

# JUNE 1998

ermittee Name/Address nclude Name/Location (if different)	SS different)		žΩ	ATIONAL PO	DILUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYST	EM	NOTE: Re completing	NOTE: Read instructions before completing this form.	ns before
AME SEA-TAC AIRPORT	IRPORT		#681	WA-0(	WA-002465-1		(SMI) 100		Dischar	Discharge I ocation	
DDRESS PORT OF S	SEATTLE			PERMIT	T NUMBER	DISC	DISCHARGE NUMBER	ER	Lat	470/24-7	z
P.O. BOX	68727, SEATTLE	TLE 98168			INOM	MONITORING PERIOD	00		10	122. 20. 7	5" E
AS	ABOVE				О₩		θ	DAY	NO DI	NO DISCHARGE	
SAME AS	ABOVE			FROM 1498	101 90 1		1998 06 3	30			
		QUANTITY OR		LOADING	QUA	QUALITY OR CON	CONCENTRATION	7	No. of	Frequency	Sample
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•C/G = COMPOSITE/GRAB.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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and Maintenance	AND IMPRISONMENT FOR ANO	ENT FUR ANUTIN			.   .   .   .		Printed	Printed 7/17/98		ΡĀ	PAGE 7 OF 10
	ANY VIOLATIONS (Beference all attachme	nce all attachments here)	(e)		:						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The TPH Value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = 1.01.

Outside for Earn 3301-1 (Rev 8-96 hv WADOE)

	RMITTEE NAME/ADDRESS			NATION	AL POLLUTANT	NAL POLLUTANT DISCHARGE ELMINATION S	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	×	D N O	TE: Rei ore com	NOTE: Read Instructions before completing this form	form
	ME SEA-TAC INTERNATIONAL AIRPORT DRESS PORT OF SEATTLE	A AIRPORT #681			PERMIT NUMBER	DISCH	006 (SDN 1) DISCHARGE NO.	Discha	Discharge Location	_3		
	·	E, WA 98168				MONITORING PERIOD	i t	Buo	NO DISCHARGE	IARG		Г
	CILITY SAME AS ABOVE			FROM 1998	MO DAY 06 01	10 1998	MO DAY 06 30					
	· 11						QUAL	QUALITY OR CONCENTRATION	ATION			
			OUANILLY UN LUAUNU	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	a ol Enced ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	PARAMETER	from month of the state					0.360	0.360		¥	1/30	COMP
		Sample Measurement	*****				1		μĝγ		T MAN	-2
	TOTAL RECOVERABLE ZING	Parak Receivened			230			REPORT			- 604	3
		Sample Measurement										<b>X</b>
		· Pernit Readent.	I water water a	¥2. (? 1.)¥		المراجعة	1					
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		Sample Measurement										
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		Sample Measurement										
		- Pernk Receiving		2. 15. A	1-5						÷	
		Sample Measurement			 			5				
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		Sample Measurement									1	
		Paral Redukement		Land Shares			New York W				- en	
AR 0	NAME/TITLE PRINCIPAL EVECUTIVE DEFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WITH A SYSTE	R PENALTY OF LAW VERE PREPARED U : WITH A SYSTEM C	LAW THAT THIS DOCUMENT AND ALL D UNDER MY DIRECTION OR SUPERVISION M DESIGNED TO ASSURE THAT QUALIFIED	UMENT AND AL TION OR SUPER URE THAT QUA	LIFIED		TELEPH	TELEPHONE NUMBER	E	DATE	ш
0700				I AND EVALUATE THE INFORMATION URY OF THE PERSON OR PERSONS WHO SE PERSONS DIRECTLY RESPONSIBLE FO	INFORMATION N OR PERSONS LY RESPONSIBI	WHO LE FOR	1 Miles	(206)4	(206)439-7706		-	
0	Michael D. Feldman, Director	Τ	GATHERING THE INFORMATION , I HE INFORMATION SUBMITTE AU THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND	, I HE INFORMATION SOBMITTER 19, 19 IND BELIEF, TRUE, ACCURATE, AND THERE ARE SIGNIFICANT BENALTIES FOR	CCURATE, AND	S FOR SIGNITURE O	E PRINCIPAL EX	ECUTIVE CODE	141		10 84	7 29
	Director, Aviation Development	COMPLETE. I AM AWARE ITAL SUBMITTING FALSE INFORMATI AND IMPRISONMENT FOR KNOV		ON, INCLUDING THE POSSIBILITY OF FINE NING VIOLATIONS.	POSSIBILITY O			ENT		~	YEAR MO	0 DAY
	and Mamfenance Annual Attivity Attivity (Defenses of afterment		an all attachments here)	101				Printed	Printed 7/17/98			PAGE 8 OF 10

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

AMITTEE NAME/ADDRESS		ā		POLLUTAN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIOMB) MONTI	ination system Drtidmen monthly	>	N O I befo	FE: Rea re com	NOTE: Read Instructions before completing this form	S.
WE SEATACINTERNATIONAL AHPOHL DRESS PORT OF SEATTLE				WA0024651	011 DISCH		Dischal	Discharge Location Lat 47 28' 00" N			
PO BOX 68727, SEATTLE,	.E. WA 98168			MO	ITORING PER		<b>o</b> i -	12 18 38" W	ARGI		<b>[</b>
CATION SAME AS ABOVE			FROM 1998	MO DAY 06 01	TO YEAR	MO DAY 08 30		505			] [
. 11		OHANTITY OR LOADING	ING			QUAL	QUALITY OR CONCENTRATION		1		
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TPH**	Pernd Readment			•	Sector Sector		Neron:	Į E		9010	GVAB
			*************		*********	4.0	4.0		¥	1/30	COMP
TSS	Particle Rest Conden					The summer of	<sup>1.</sup> REPORTAGE	L L		() ()	COMP
	Sample Measurement	******	****		***********	4:0	4.0	Ĩ	¥ X	1/30	COMP
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	Sample Measurement	*********	*******		************	130	130		ž		GRAB
FECAL COLIFORM	Party Branches						REPORT			100	GRA
	Sample Measurement	*******	********		*******	4.54	4.54		٩N	1/30	COMP
BOD5	Paradi Recent			:	Sector Sector	Sandar .	NEPORT &	щĝу		0110	- 56
	Sample Measurement	********	************		******	VIN	N/A		ź	020	AN
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	Sample Measurement		***********			N/A	NA		ž	020	Ą
PROPYLENE GLYCOL	Thread Residences						* REPORT			- 90710	* COMP
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF Attachments were prepare in accordance with a syste personnei property Gathei	R PENALTY OF LAW Vere Prepared UI : With a system D Perly Gather An	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION OR ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED DERSONNEP PROPERTY GATHER AND EVALUATE THE INFORMATION	ENT AND AL N OR SUPER IE THAT QUI FORMATION	L		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	<u> </u>	SED ON MY INQUIR STEM, OR THOSE P INFORMATION, TH	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	DA PERSONS Responsibi Ubmitted is	LE FOR	in Matter	(206)43	(206)439-7706 AREA			a c
TYPED OR PRINTED Director, Aviation Development and Maintenance		THE BEST OF MY KNOWLEDGE AND BELIEF, INUE Complete. I am aware that there are signi Submitting false information, including t and imprisonment for knowing violations.	AND BELIEF, THUE, ACCURATE, AND THERE ARE SIGNIFICANT PENALTIES FOR ION, INCLUDING THE POSSIBILITY OF FINE WING VIOLATIONS.	URATE, ANU IT PENALTIE ISSIBILITY OI	4	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	UTIVE CODE		N ¥	70 0 / YEAR MO	DAY DAY
DAMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Referen	ONS (Reference all attachments her	is here) are they and alight				Printed	Printed 7/17/98		Vd	PAGE 9 OF 10

ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNK, JULY, AND AUGUST The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = < 0.10. substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

_
WADOE
8-96 by
(Rev.
3320-1
A Form
for EP
ubstitute

ERMITTEE NAME/ADDRESS SEATAC INTERNATIONAL AIRPORT	AI AIRPORT #681		NATIONAL	- POLLUTAN Charge M	T DISCHARGE ELIN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) MONTHLY	Γλ	O N per	)TE: Re lore con	NOTE: Read Instructions before completing this form	ns orm
ME PORT OF SEATTLE	69		PE	WA0024651 PERMIT NUMBER	011 DISCH	011 (SDN 4) DISCHARGE NO.	Dischar	Discharge Location			
CILITY SAME AS ABOVE			VFARI	NOM VACI CM	MONITORING PERIOD	VAC OM	N	NO DISCHARGE	IARG	<u>u</u>	Г
CATION SAME AS ABOVE			FROM 1998	$\mathbf{H}$	] to	28					
		<b>OUANTITY OR LOADING</b>	ING			QUA	QUALITY OR CONCENTRATION	ATION			
PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measurement	************	************		***********	0.047	240.0		¥	1/30	COMP
IOIAL HEGOVERABLE COPPEN	Punk Pautanan		Winner		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Sur- Friday	· REPORTE	mg/L		0120-	COMP
TOTAL DECONCEDABLE LEAD	Sample Measurement	***********	********		***********	< 0.002	< 0.002		N	1/30	COMP
	Pernd Readment					Service and the	REPORT &	шĝу		. 00100	COMP
	Sample Measurement	*********	*******		**********	0.018	0.018	-	Ň	1/30	COMP
I U M HECOVERABLE ZINC	Pernit Readmont		V. Kateriari			States where a	** CROON	шĝу		1 000	CORD
	Sample Measurement							-			
	Pernit Reculement	A CALLER	1.4.1. (all the		SAND' LAP	AND IN REAL	AND AND			1.114	site de la
	Sample Measurement										
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	Sample Measurement										
	A Real Destruction	17. N. K. K.	11. at 5 2 1 1 1 1 1		Salah Sa	STANCE IN	ister toffete			3 71212	
	Sample Measurement										
	Pernik Roudhanark	<b>*</b>	M8:4		Histophysics	23. Sado	W ten ad			1.12	
NAME/TITLE PRINCIPAL Executive officer	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARI IN ACCORDANCE WITH A SYSTI PERSONNEL PROPERIY GATHE	PENALTY OF LAW ERE PREPARED UN WITH A SYSTEM DE PERLY GATHER ANI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEP PROPERIY GATHER AND EVALUATE THE INFORMATION	ENT AND AL N OR SUPER E THAT QUA	LIFIED		TELEPHO	TELEPHONE NUMBER	~	DATE	
Michael D Feldman. Director	SUBMITTED. BASI MANAGE THE SYS Gathering the I	ED ON MY INQUIRY TEM, OR THOSE PI NFORMATION , TH	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO WANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	RESPONSIBL	E FOR	( Mar	(206)439-7706	9-7706			
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Director, Aviation Development and Maintenance	SUBMITTING FALS AND IMPRISONME	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SSIBILITY OF	OFFICE	I OR ANTHORIZED AGENT	47		YE	YEAR MO	DAY
DAMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	IY VIOLATIONS (Reference	e all attachments here					Printed 7/17/98	86/21/2		PAGE	E 10 OF 10

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#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

DATE SAMPLED: 06/24/98 DATE RECEIVED. 00, 21, 00					
REPORT DATE:       07/13/98         DATE SAMPLED:       06/24/98         DATE SAMPLED:       06/24/98	CASE FILE NUMBER:	POS002-05B	PA	GE 1	
DATE SAMPLED: 06/24/98 DATE RECEIVED.	REPORT DATE:		DATE DECEIVED:	06/24/98	
FINAL REPORT, LABORATORI AULIONO GENERATER	DATE SAMPLED:	06/24/98			
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER	FINAL REPORT, LABORATORY ANALYS SAMPLES FROM PORT OF SEATTLE / I	VPDES STORMWATER			

#### CASE NARRATIVE

Two water sample was received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTA	L RECOVERABLE ME	TALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/1)	(mg/l)
SDE4 062498 COMP	0.0238	0.0132	0.095
SDN4 062496	0.0470	<0.0020	0.018





#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-05B	P	AGE 2	
REPORT DATE: DATE SAMPLED: FINAL REPORT, LABORATORY A	07/13/98 06/24/98 NALYSIS OF SELECTED PARAM	DATE RECEIVED: DETERS ON WATER	06/24/98	
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

## 9A/9C DATA -TOTAL RECOVERABLE METALS

OC PARAMETER	COPPER	LEAD	ZINC
C PARTE A	(mg/1)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	07/08/98	07/08/98	07/08/98
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDN4 062498	SDN4 062498	SDN4 062498
ORIGINAL	0.0470	<0.0020	0.018
DUPLICATE	0.0484	<0.0020	0.015
RPD	2.94%	NC	18.18%
•==			
SPICE SAMPLE			
SAMPLE ID	SDN4 062498	SDN4 062498	SDN4 062498
ORIGINAL	0.0470	<0.0020	0.018
SPIKED SAMPLE	0.0577	0.0130	0.888
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	85.60%	104.00%	87.00%
OC CHECK			
(mg/l)			
	0.0234	0.0236	1.00
TRUE	0.0250	0.0250	1.00
% RECOVERY	93.60%	94.40%	100.00%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	93.6%	82.2%	100.0%

RPD = RELATIVE PERCENT DIFFERENCE. NA = NOT APPLICABLE OR NOT AVAILABLE. NC = NOT CALCILABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LINET. OR = RECOVERY NOT CALCILABLE DUE TO SPRE SAMPLE OUT OF RANGE OR SPRE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: 4 Steven Lazoff

Laboratory Director





LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 FAX: (206) 632-2417 PHONE: (206) 632-2715

CASE FILE NUMBER:	POS002-04B	PA	AGE 1
REPORT DATE:	06/24/98		22/22/22
DATE SAMPLED:	06/10/98	DATE RECEIVED:	06/10/98
FINAL REPORT, LABORATORY AN	IALYSIS OF SELECTED PARAM	ETERS ON WATER	
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER		

#### CASE NARRATIVE

Three water sample was received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. The matrix spike was not recovered for copper and lead using graphite furnace atomic absorption spectrophotometry. The samples were diluted 10 fold and reanalyzed. The matrix spike was not recovered for copper and was less than 40% recovery for lead. The analytical spikes for these two elements were within the 85-115% recovery criteria for both elements and have been reported here. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTAL	RECOVERABLE ME	TALS
SAMPLE ID	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN1 061098	0.0557	0.0086	0.360
SDS3 061098	0.0677	0.0018 ·	0.060
SDN1 061096 DUP	0.0832	0.0153	0.067

P080398.skxP08002048



#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-04B	P.	AGE 2	
REPORT DATE:	06/24/98			
DATE SAMPLED:	06/10/98	DATE RECEIVED:	06/10/98	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

#### **9A/9C DATA -TOTAL RECOVERABLE METALS**

QC PARAMETER	COPPER	LEAD	ZINC
Ac tind must meet	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	06/19/98	06/19/98	06/22/98
PRACTICAL QUANTITATION LIMIT	0.0010	0.0010	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDS3 061098	SDS3 061098	SDS3 061098
ORIGINAL	0.0677	0.0018	0.060
DUPLICATE	0.0610	0.0018	0.049
RPD	10.41%	0.00%	20.18%
SPIKE SAMPLE			
SAMPLE ID	SDS3 061098	SDS3 061098	SDS3 061098
ORIGINAL	0.0677	0.0018	0.060
SPIKED SAMPLE	0.1958	0.0148	1.18
SPIKE ADDED	0.1250	0.0125	1.00
* RECOVERY	102.48%	104.00%	112.00%
GC CHECK (mg/l)			
	0.0242	0.0242	0.968
TRUE	0.0250	0.0250	1.00
% RECOVERY	96.80%	96.80%	96.80%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	97.6%	91.0%	107.0%

RPD - RELATIVE PERCENT DIFFERENCE. NA - NOT APPLICABLE OR NOT AVAILABLE. NC - NOT CALCILLABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANCE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazolt L Laboratory Director

Date	Average Flow Rate (gpm)	Volume (Gallon <del>s</del> )
1-Jun-98	0	0
2-Jun-98	0	0
3-Jun-98	0	0
4-Jun-98	0	0
5-Jun-98	0	0
6-Jun-98	0	0
7-Jun-98	0	0
8-Jun-98	0	0
9-Jun-98	0	0
10-Jun-98	1290	1,548,000
11-Jun-98	1200	864,000
12-Jun-98	0	0
13-Jun-98	0	0
14-Jun-98	0	0
15-Jun-98	0	0
16-Jun-98	0	0
17-Jun-98	0	0
18-Jun-98	0	0
19-Jun-98	0	0
20-Jun-98	0	0
21-Jun-98	0	0
22-Jun-98	0	0
23-Jun-98	1291	1,588,500
24-Jun-98	1342	1,932,000
25-Jun-98	1334	1,281,000
26-Jun-98	0	0
27-Jun-98	0	0
28-Jun-98	0	0
29-Jun-98	0	0
30-Jun-98	0	0
1-Jul-98	0	0

#### POS SeaTac Airport IWTP Water Processing Log - June 1998

Total June1998 Flow (Gallons)

7,213,500

## DMR

# AUGUST 1998

				·								
Permittee Name/Address Include Name/Location (if different)	:S different)			VTIONAL PO	LLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYST ORT(DMR)	E W	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	ns before	
NAME SEA-TAC AIRPORT	IRPORT		#681	MA-0(	WA-002465-1		(SMI) 100		Dischard	Discharge Location		
ADDRESS PORT OF SE	SEATTLE		 	PERMIT	r NUMBER	DISC	DISCHARGE NUMBER	ER		A70 241 71	Z	
P.O. BOX 6	BOX 68727, SEA1	SEATTLE 98168	8		INOW	MONITORING PERIOD	QD		c	100		
FACILITY SAME AS AB	ABOVE		1		ОМ		о¥.	X				
LOCATION SAME AS AB	ABOVE		E	FROM 1998	Aug 01	1 <sup>TO</sup> 1998	8   Aug   30	7			<	
		QUANT	QUANTITY OR LOADING	DNIO	OUAI	QUALITY OR CON	OR CONCENTRATION	1	No. of	Frequency	Sample	
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	Andlysis	Type	
FLOW*	Sample Measurement	******		WdD	* * * * * * *	*****	*****	* * *		AN		
	Permit Requirement	****	4,800		******	****	******			01/07	CONT.	
, Hq	Sample Measurement	******	*****	***	SN	* * * * * *	NO	STD		GN		
	Permit Requirement	****			6.0	******	0.6	UNITS		01/07	GRAB	
OIL AND GREASE	Sample Measurement	*****	******	* *	* * * * * *	ND	(JN	mg/L		SN		
	Requirement	*****		<b>I</b>	*****	8	15			01/07	GRAB	
TSS	Sample Measurement	******	*****	***	* * * * * *	QN	A D	mg/L		CN		
	Permit Requirement	******	****		******	21	33			01/07	COMP.	
BODs	Sample Measurement	****	*****	* * *	* * * * * * *	an	QN	mg/L		SN		
	Permit Requirement	******	****		*****	******	REPORT			01/30	COMP.	
TOTAL GLYCOLS	Sample Neasurement	*****	******	* * *	******	UN)	0N	∏/ɓw		QN		
	Permit Requirement	*****	******		*****	****	REPORT	;		01/30	COMP.	
TPH	Sample Measurement	******	******	***	* * * * * *	SN	<b>ND</b>	mg/L		QN		
	Permit Regulrement	****	*****		******	*****	REPORT			1/30	GRAB	1
									TEL EDUONE	_	DATE	F
NAME/TITLE FRINCIPAL EXECUTIVE OFFICER	EAECULIVE	I CERTIFI UNDER FEMALIT ATTACHMENTS WERE PREPARI IN ACCORDANCE WITH A SYN	- iii in	D UNDER MY DIRECTION OF SUPERVISI	R SUPERVISION	14						
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DEPT. OF ECOLOGY

Cubativity for EDA FARM 3200-1 (BAU B-96 by WADAF)

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- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average and monthly average as appropriate) permit requirement for each parameter. If none, enter "O."
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

TOTAL DISCRIMINE     TOTAL (1985)     DISCRIMANCE NUMBER     DISCRIMANCE NUMBER     DISCRIMANCE NUMBER       P.O. BOX 68727. SEATTLE 98166     FOOD SEATTLE 98166     FOOD SEATTLE 98166     FOOD SEATTLE 98166       Y. SARE AS ADOVE     FOOD SEATTLE 98166     FOOD SEATTLE 98166     FOOD SEATTLE 98166     DISCRIMANCE NUMBER       Y. SARE AS ADOVE     FOOD SEATTLE 98166     FOOD SEATTLE 98166     FOOD SEATTLE 98166     DISCRIMANCE NUMBER       Y. SARE AS ADOVE     OUNTITY OR LODDING     OUNTITY OR LODDING     OUNTITY OR LODDING     DISCRIMANCE NUMBER       V. SARE AS ADOVE     MORENIA     INTERNA     FOOD SEATTLE 98166     MORENIA     No. of Forderson Seattle       CULTORN     WINNERS     WINNERS     WINNERS     MORENIA     NO.	ESS     ENGINE     Engine <thengine< th="">     Engine     Engine</thengine<>	Permittee Name/Address Include Name/Location (if different) אמאר כדא-דאר אדטרטהשר	iS different) грр∩рт		ŽŌĹ	ISCHAR POI	LLUTANT DI	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYST	EM	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	s before
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum".)
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period. meck the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Referen	ce all attachments here	()				Printed	d 9/15/98		ΡA	PAGE 4 OF 10
***CPLA CONDUCTE CAMPICE INCOMPLETE Commonline and not remercentative becking flow sensor. Debris removed subsequently. Due to confined space entry, equipment could not be accessed	MPI ETE Composite sam	ole incomolete and not	ronrocentative hecause	of debris bloc	king flow sensor. Debri	s removed subsequently	v. Due to confined	space entry, eq	urinmen'	could not be	accessed

…SDE4 COMPOSITE SAMPLE IMCOMPLETE. Composite sample incomplete and not representative because of debris blocking flow sensor. Debris removed subsequently. Due to confined space entry, equipment could not be accessed during storm event. THS 570 LM EVENT 0F 8/16/98 いろ 7118 0112 MANUAL. Substitute for EAR STOLEN EVENT 0F 8/16/98 いろ 7118 0112 MANUAL. Substitute for EAR Form 3320-1 (Hev. 8-96 by WADOE)

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#### Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> ADDRESS PORT OF SEATTLE WA 001		#681	NATIONAL DISC	VAL POLLUTANT NISCHARGE MC WA0024651 PERMIT NUMBER		E ELIMINATION SYSTEM <b>REPORT(DMR)</b> MONTHLY 005 (SDS 3) DISCHARGE NO.	Dischar Lat	NO befo Discharge Location Lat 47 25' 58' N	TE: Rea ore com	NOTE: Read Instructions before completing this form n	s E
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR 1998	MO 08 DAY 01	MONITORING PERIOD DAY TO YEAR 01 TO 1998	MO DAY 08 31	Long N	122 18' 30' W NO DISCHARGE	ARGE		
		OUANTITY OR LOAL	1		1		QUALITY OR CONCENTRATION	ATION			$\left[ \right]$
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TDU	Sample Measurement	************	*****	:	*********	0.19 **	0.19	-	<b>A</b>	1/30	GRAB
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TSS	Sample Measurement		*********		**********	51	51		AN	1/30	COMP
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	Sample Measurement		*******		*****	6	19		AN	1/30	COMP
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	Sample Measurement	****	*********		************	500	500		AN	1/30	GRAB
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L	Sample Measurement	***********	************		***********	10.4	10.4		¥	1/30	COMP
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	Sample Measurement	************	*********		*********	. VIN	. VN	•	NA	06/0	N/A
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PROPVI ENE GI YCOL	Sample Measurement	*****	******	:	**********	N/A *	. N/A		AN	06/30	NA
	Permik Recultanient	Sind and the second	N. Samuran				kepont	шуч		0120	CONF.
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Michael D. Feldman, Director		STEM, OR THOSE P INFORMATION, TH KNOWLEDGE AND	SUBMITTED. BASED ON MITINGUMT OF THE FERSON ON FERSONS MU MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND	RESPONSIB BRITTED IS URATE, AND		a Collan	31	(206)439-7706 AREA CODF	0	6 66	23
Director, Aviation Development and Maintenance	COMPLETE. I AM AWAHE I HAI SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO	COMPLETE. I AM AWAHE I HAI I HEHE AHE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOWING VIOLATIONS.	IN THE AND SIGNIFICAN PARALIES FUN ION, INCLUDING THE POSSIBILITY OF FINE WING VIOLATIONS.	I PENALIIE SSIBILITY OI	<u> </u>	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			YEAR	R MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) "ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST	NY VIOLATIONS (Reference COL MONITORING NOT R	ce all attachments her REQUIRED IN JUNE, J	e) IULY, AND AUGUST				Printed	Printed 9/15/98		PAGE	SE 5 OF 10

\*\*The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx · Result Fraction for Diesel = <0.05, Motor Oil = 0.17.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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#### **Legal Notice**

NOTE: Read Instructions before completing this form Discharge Location Lat 47 25' 58" N Lond 122 18' 30" W		VERATION	UNITS Exceed FREQUENCY SAMPLE ances ANALYSIS TYPE	nA 1/30 COMP	INU- NOISE LOOME	NA 1/30 COMP	mor comp	NA 1/30 COMP										TELEPHONE NUMBER	9-1706	DE 78 47 23	1010
 ↓	JAV 31	QUALITY OR CONCENTRATION	AVERAGE MAXIMUM	0.136 0.136	There is a second	0.006 0.006	And a straight	0.056 0.056	American in the Series				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					TELEP	(206	CODE CIPAL EXECUTIVE CODE DRIZED AGENT	
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PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981	FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE		PARAMETER	TOTAL RECOVERABLE COPPER		TOTAL DECOVERABLE LEAD												NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Michael D. Feldman, Director	TYPED OR PRINTED Director, Aviation Development and Maintenance	

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PORT OF SEATTLE PO BOX 68727, SEATTLE,	.E, WA 98168		- BEI	WA0024651 PERMIT NUMBER		006 (SDN 1) DISCHARGE NO.	Dischar Lat Long	Discharge Location Lat 47 27 56" N Long 122 18' 09" W	2		
SAME AS ABOVE SAME AS ABOVE			FROM 1998	MO DAV 08 DAV	MONITORING PERIOD DAY TO YEAR 01 TO 1998	MO DAY 08 31		NO DISCHARGE	ARGE		Π
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PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FR Exceed A ances A	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measurement	************	***********		*************	0.64 **	0.64 **	,	<b>V</b> N	1/30	GRAB
	Pemil Reoultement	Summer .				Summer State	REPORT	mg/L		01/30	ich Ab
	Sample Measurement	***********	******		******	192	192		AN	1/30	COMP
	Pernk Reddinenint	Supervised St.				Section and Section 19	EPORT -	mg/L		6120	
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Director, Aviation Development and Maintenance	SUBMITTING FALS	SUBMITTING FALSE INFORMATION, INCLUDING I AND IMPRISONMENT FOR KNOWING VIOLATIONS.	VIOLATIONS.	SSIBILITY OF		OFFICER OR AUTHORIZED AGENT			YEAR	QW	DAY

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#### Legal Notice

PERMITTEE NAME/ADDRESS SEA-TAC INTERNATIONAL AIRPORT	al Airport #681	81	NATIONAL DISC	POLLUTAN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTI	INATION SYSTEM )RT(DMR) MONTHLY	2	N O	ITE: Re lore con	NOTE: Read Instructions before completing this form	st
ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE.	89		PER	WA0024651 PERMIT NUMBER	DISCH		L	Discharge Location Lat 47 28' 00" N Lond 122 18' 38" W	_3		
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		OUANTITY OR LOADING					QUALITY OR CONCENTRATION	RATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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5	Pernit Recuirement	Sintern der St			Name of Street, Street	A Building	REPORT	шĝу		01201	
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	Sample Measurement		***********		***********	170	170		NA	1/30	GRAB
	Permit Requirement	is minimum in	s and a second second		Surfacture &	Constanting of	REPORT	#/100 ml		0120	ceA6
	Sample Measurement	***********			**********	8.00	8.00		AN	1/30	COMP
600g	Permit Recuirement	minutes .			Survey and		REPORT	шðу		0140.5	COMP.
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	Sample Measurement	************	***********	:	************	• N/A	. N/N		٩٧	06/0	N/A
	Permik Recuirement	juliuniture -			المتمالية ومنالك		REPORT	шðг		\$ 61×6	COMP.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPAR IN ACCORDANCE WITH A SYST PERSONNEL PROPERLY GATHE	R PENALTY OF LAW TERE PREPARED UN WITH A SYSTEM DI PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND ALI 4 OR SUPER E THAT QUA FORMATION	VISION		TELEPH	TELEPHONE NUMBER		DATE	
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TYPED OR PRINTED	COMPLETE. 1 AM AWARE THAT	KNOWLEDGE AND I AWARE THAT THEF	AND BELIEF, TRUE, ACCURATE, AND THERE ARE SIGNIFICANT PENALTIES FOR	I PENALTIES	~	F PRINCIPAL EXE	CODE	- 444	N	78 7	67
Director, Aviation Development and Maintenance	SUBMILLING FALSE IN FORMAL AND IMPRISONMENT FOR KNO	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	IUN, INCLUDING THE POSSIBILITY OF FINE WING VIOLATIONS.			HAUMOHIZED AGEN			YE	YEAR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) "ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST	VY VIOLATIONS (Reference) Col Monitoring Not R	e all attachments here EQUIRED IN JUNE, JI	ULY, AND AUGUST				Printed	9/15/98		PAGE	3E 9 OF 10

\* EIHYLENE AND FHOLT LENE GLYCOL MONITORING NOT REQUIRED IN JONE, JOLT, AND AUGUST \*\*The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.11, Motor Oil = <0.16.

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PERMITTEE NAME/ADDRESS NAME SEA-TAC.INTERNATIONAL AIRPORT		#681	DISC	L POLLUTAN CHARGE M WA0024651	DNAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) W40024651 011 (SDN 4)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 011 (SDN 4)	لي. ا	NO befo Discritaria Location	TE: Rea ore comp	NOTE: Read Instructions before completing this form	s El
	LE, WA 98168		PER	PERMIT NUMBER		DISCHARGE NO.	Long 1	47 28 00 N 122 18 38 W	3		
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		QUANTITY OR LOADING			1		QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	ΠS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TOTAL RECOVERABLE COPPER	Sample Measurement		****		******	0.067	0.067		٩N	1/30	COMP
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		ED ON MY INQUIRY	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO	R PERSONS ESPONSIBL	WHO E FOR	M.H.	(206)439-7706	9-7706			
TYPED OR PRINTED		KNOWLEDGE AND B AWARE THAT THER	GATRENING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	BMILLEU 13, RATE, AND PENALTIES	FOR SIGNITURE O	F PRINCIPAL EXEC	ULIVE AREA CODE		<u>6</u> 2	0	3
Director, Aviation Development and Maintenance	SUBMITTING FALS AND IMPRISONME	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIBILITY OF			 5		YEAR	MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	VY VIOLATIONS (Reference	e all attachments here)					Printed 9/15/98	9/15/98		PAGE	PAGE 10 OF 10

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#### Legal Notice





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#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-11B		PAGE	1
REPORT DATE:	09/08/98			
DATE SAMPLED:	08/16,17/98	DATE RECEIVED:		08/17/98
FINAL REPORT, LABORATORY ANALYSI	S OF SELECTED PARAMETERS	S ON WATER		
SAMPLES FROM PORT OF SEATTLE / N	PDES STORMWATER			<u> </u>

#### CASE NARRATIVE

Four water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA



#### **AQUATIC RESEARCH INCORPORATED** LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-11B	P	AGE 2
REPORT DATE:	09/08/98		
DATE SAMPLED:	08/16,17/98	DATE RECEIVED:	08/17/98
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER	
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER		

#### **GA/GC DATA -TOTAL RECOVERABLE METALS**

OC PARAMETER	COPPER	LEAD	ZINC
C PARAMETER	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	08/26/98	08/19/98	08/20/98
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DETECTION LIMIT		0.0010	0.000
DUPLICATE			
SAMPLE ID	SDN1 081698	ВАТСН	SDN1 081698
ORIGINAL	0.0833	<0.0020	0.589
DUPLICATE	0.0928	<0.0020	0.592
RPD	10.79%	NC	0.51%
SPIKE SAMPLE			
SAMPLE ID	SDN1 081698	BATCH	BATCH
ORIGINAL	0.0833	<0.0020	<0.005
SPIKED SAMPLE	0.1067	0.0120	1.02
SPIKE ADDED	0.0250	0.0125	1.00
% RECOVERY	93.60%	96.00%	102.00%
QC CHECK (mg/l)			
-	0.0259	0.0273	0.953
TRUE	0.0250	0.0250	1.00
% RECOVERY	103.48%	109.20%	95.30%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	96.2%	103.0%	91.0%

IND - RELATIVE PERCENT DIFFERENCE. NA - NOT APPLICABLE OR NOT AVAILABLE. NO - NOT CALCULABLE OR NOT AVAILABLE. OR - RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANCE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By: Steven Lazoff Laboratory Director

PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE WA 981	AL AIRPORT #681 LE WA 98168	18	NATIONAL DISC	VAL POLLUTANT VACHARGE MC WA0024651 PERMIT NUMBER		E ELIMINATION SYSTEM <b>REPORT(DMR)</b> QUARTERLY 003 (SDS 1) DISCHARGE NO.	Dischar Lat	NOT befo Discharge Location Lat 47 26' 13" N	FE: Read re comple	NOTE: Read Instructions before completing this form	E
FACILITY SAME AS ABOVE			YEAR	MO DAY	MONITORING PERIOD	MO I DAY	Long 12	122 18 38" W NO DISCHARGE	<pre>ARGE</pre>		-
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PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FRE Exceed Ances Ar	FREQUENCY S, OF ANALYSIS	SAMPLE TYPE
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE	AL AIRPORT #681	8	NATIONAL DISC	VAL POLLUTANT <b>ISCHARGE MC</b> WA0024651 PERMIT NUMBER	DNAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 007 (SDN 2) PFEMIT NUMBER DISCHARGE NO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) OUARTERLY WA0024651 007 (SDN 2) PERMIT NUMBER DISCHARGE NO.	Dischar	NO befo Discharge Location	)TE: Re lore con	NOTE: Read Instructions before completing this form N	form
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\*\*Bypass on 8/16/98. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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щ.		#681	DISC DISC	L POLLUTAN CHARGE M WA0024651	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 DT 007 (SDN 2)	2	NNUAL	- Hand	NOTE: before o	NOTE: Read Instructions before completing this form	ions s form
ADDRESS PORT OF SEATTLE, PO BOX 68727, SEATTLE,	TLE, WA 98168		PER	PERMIT NUMBER		DISCHARGE NO.			z 3		
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LOCATION SAME AS ABOVE			FROM 1998	MO DAY 03 01	T0	MO DAY 08 31	J				]
		<b>OUANTITY OR LOADING</b>	NING			<b>AUD</b>	QUALITY OR CONCENTRATION	ENTRATION			
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	te all attachments here					Pri	Printed 9/15/98			<u>е</u>
Bypass occurred on 8/16/98. Rainfall intensity exceeded pump station design limit	Il intensity exceeded pump sta	ation design limit and th	and therefore the bypass was unintentional. Bypass was minor and less than 20 minutes in duration. Due to this short duration of discharge, monitoring	unintentional.	Bypass was minor an	d less than 20 minutes ì	in duration. Due	to this short dur	ation of	discharge, mo	nitoring

instrumentation was unable to respond effectively. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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PERMITTEE NAME/ADDRESS NAME <u>SEA.TAC INTERNATIONAL AIRPORT</u>	AL AIRPORT #681	81	DISC	POLLUTANT	DIAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMRI. SEMI:ANNUAL	NNUAL	P N	OTE: A store co	NOTE: Read Instructions before completing this form	form
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LOCATION SAME AS ABOVE			FROM 1998	03 DAY	TO YEAR	MO DAY 08 31				1	]
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TYPED OR PRINTED Director. Aviation Development	THE BEST OF MY KNOWLEDGE COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT	KNOWLEDGE AND E Aware that thef ie information, i	THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE	RATE, AND PENALTIES SIBILITY OF	1	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER ON AUTHORIZED AGENT	TIVE CODE			<u> 9</u>	23
and Maintenance	AND IMPRISONMENT FOR KNO	<b>NT FOR KNOWING</b>	WING VIOLATIONS.			)			-	YEAR MO	DAY

\*\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 0.18.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME SEA-JACINTERNATIONAL AIRPORI ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 981 CAME AS AROVE	IAL AIRPORT #681 LE, WA 98168		DISC	VAL POLLUTANT NISCHARGE MC WA0024651 PERMIT NUMBER MON	DISCHARGE ELI NITORING REF 013 013 013 013 013	E ELIMINATION SYSTEM <b>REPORT(DMR)</b> SEMI-ANNUAL 013 (TAXI YARD) DISCHARGE NO.	Disch Lat Long	NOTI befor Discharge Location Lat 47 27" 37" N Long 122 17" 43" W	TE: Rea Dre com	NOTE: Read Instructions before completing this form " " 3" W	S E
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference all attach	e all attachments here)			Printed 9/15/98		Printed	Printed 9/15/98	┨	PA	PAGE 3 OF 3

•• The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx • 3/9/98 Result Fraction for Diesel = 0.09, Motor Oil = 1.32, 6/10/98 Diesel = < 0.05, Motor Oil = 1.03.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum".)
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "O".
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

## DMR

# September 1998

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Substitute for EPA Form 3320-1 (Rev. 0-96 by WADOE)

PAGE 2 OF 10

SAMPLE 23 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Relevence all attachments here) "Ethylene & Propylene Gycor monitoring not required June, July & August. "The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 1.17. ""Sample exceeded holding time for BOD5. COMP COMP GRAB GRAB COMP COMP COMP DAY TYPE : 2 3 before completing this form NOTE: Read Instructions DATE 9 § FREQUENCY OF ANALYSIS 0100 8 138 8 8 8 8 130 66 YEAR **NO DISCHARGE** Exce Inces ¥ ¥ ¥ ¥ ¥ ¥ ₹ 122 17 38" W 47 26' 13" N **TELEPHONE NUMBER** #/100 ml UNITS Discharge Location Ľ ł ł ł EN ł QUALITY OR CONCENTRATION 206)439-7706 AREA : <u>B</u> : Ę MAXIMUM REPORT 1.19 4.00 **160** 2.0 2.0 5 3 ~ v ^ v SIGNITURE OF MINCIPAL EXECUTIVE OFFICER OR AUTHOPIZED AGENT DISCHARGE MONITORING REPORT(DMR) MONTHLY VATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ŧ : AVERAGE 1.19 1600 4.00 8 R 20 2:0 5 DISCHARGE NO (SDE 4) ^ v Ŷ 8 VEAR 1998 8 MONITORING PERIOD \*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\* .................. \*\*\*\*\*\*\*\*\*\*\*\*\* MINIMUM 2 ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO PERMIT NUMBER ā DAV PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALI THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND WA0024651 UNITS -----\*\*\*\*\* ..... \*\*\*\*\* \*\*\*\* ..... ..... **₽** 8 EAR 1998 \*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\* MAXIMUM \*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\* Ŧ AND IMPRISONMENT FOR KNOWING VIOLATIONS. FROM **QUANTITY OR LOADING Name** and **Name** and A CONTRACTOR OF and the second 1.00 \*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\* A SUSCESSION \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\* AVERAGE 1 121 1 #681 Sample Measurement Permit Recuirement Peint Readened Pernik Reculement Perint Recidence Permit Recutement Permit Rocuire Permit Recurs 98168 SEA-TAC INTERNATIONAL AIRPORT MA PO BOX 68727, SEATTLE, Michael D. Feldman, Director PORT OF SEATLE Director, Aviation Development TYPED OR PRINTED SAME AS ABOVE SAME AS ABOVE PERMITTEE NAME/ADDRESS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PROPYLENE GLYCOL PARAMETER ETHYLENE GLYCOL FECAL COLIFORM and Maintenance TURBIDITY LOCATION B005\*\* ADDRESS FACILITY TPH TSS NAME

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
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- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS N AM E <u>SEA-TAC INTERNATIONAL AIRPORT</u>	AL AIRPORT #681	8	DISC	POLLUTAN	DISCHARGE MONITORING REPORT(DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY	_ ۲	N O Peí	DTE: Rea ore com	NOTE: Read Instructions before completing this form	s E
 ທ	LE, WA 98168			PERMIT NUMBER		002 (SDE 4) DISCHARGE NO.	Discha Lat Long	Discharge Location Lat 47 26' 13" N Long 122 17' 38" W	_ 3		
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		OUANTITY OR LOADING	NG			QUA	QUALITY OR CONCENTRATION	RATION			$\prod$
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	VIOLATIONS (Reference	e all attachments here)					Printed	Printed 10/20/98	4	PAG	PAGE 4 OF 10

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
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- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u>		#681	NATIONAL	POLLUTAN	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	LY	NC Pel	)TE: Re lore con	NOTE: Read Instructions before completing this form	ns form
ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE,	LE, WA 98168		PEH	WA0024651 PERMIT NUMBER		005 (SDS 3) DISCHARGE NO.	Discha	Discharge Location Lat 47 25' 58" N	_3		
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BOD5	Sample Measurement	**********	************		************	5.14 ***	5.14 ***	•	AN	1/30	COMP
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WITH A SYSTI PERSONNEI PROPERIY GATHE	A PENALTY OF LAW JERE PREPARED UN WITH A SYSTEM DI PFRIY GATHER ANI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEP PROFEMIY GATHER AND EVALIDATE THE INFORMATION	ENT AND ALI OR SUPER THAT QUA	LIFIED		TELEPH	TELEPHONE NUMBER		DATE	
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Michael D. Feldman, Director TYPED OR PRINTED	GATHERING THE INFORMATION THE BEST OF MY KNOWLEDGE / COMPLETE, I AM AWARE THAT		V , THE INFORMATION SUBMITTED IS, TO AND BELIEF, TRUE, ACCURATE, AND THERE ARE SIGNIFICANT PENALTIES FOR	BMITTED IS Rate, and Penalties		[[hullov ]] [[hullov]]	ALCU AREA CODE		02	<u>0</u>	23
Director, Aviation Development and Maintenance	SUBMITTING FALS AND IMPRISONME	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIBILITY OF		OFFICER OR AUTHORIZED AGENT			7	YEAR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) "Ethylene & Propylene Glycol monitoring not required June, July, & August. "The TPH value reported is sum of diesel & motor oil quantitation range results from "Sample exceeded holding time for BOD5. - Value conced motor the high bissed because Altronofere during detected in lab during te sample. BNA decision remoted during store event or order 7 days.	VY VIOLATIONS (Reference 3 not required June, July, & DD5.	ce all attachments here August. *The TPH va or detected in Jah druh	) tue reported is sum of di cata cample RNA deloi	esel & motor (	oil quantitation range re	is here) Privatus reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 0.19. 6 dunicate semula RNM- deicing reported during storm event or nois 7 dave	Printed PH-Dx - Result Frac	1 10/20/98 tion for Diesel	= <0.05	PAGE Motor Oil = 0.19	3E 5 0F 10 1.19.

+Value reported may be high biased because A)Propylene glycol not detected in lab duplicate sample. B)No deicing reported during storm event or prior 7 days. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORI</u> ADDRESS <u>PORT OF SEATLE</u> PO ROX 68727 SEATTLE WA 981	VAL AIRPORT #681 1 F _ WA _ 98168	8	NATIONAL DISC	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER	DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 005 (SDS 3) PERMIT NUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 005 (SDS 3) PERMIT NUMBER DISCHARGE NO.	<b>L</b>	NO befi Discharge Location Lat 47 25' 58" N	OTE: Rea fore comp	NOTE: Read Instructions before completing this form n	s E L
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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and Maintenance		AND IMPRISONME	AND IMPRISONMENT FOR KNOWING VIOLATIONS.	VIOLATIONS.						ΎΕ	YEAR MO	DAY
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Composite sampe incomprete a not representative. Sample analyzed for reterence of Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Composite sample incomplete & not representative. Sample analyzed for reference only & data will be reported in next annual report. No other rainfall this month met storm sampling criteria.

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	VENALTY OF LAW THAT THIS DOCUMENT RE PREPARED UNDER MY DIRECTION OR 11TH A SYSTEM DESIGNED TO ASSURE TH 11TH A SYSTEM DESIGNED TO ASSURE TH 11TO ASSURE THE INFOR	AND ALL SUPERVISION AT QUALIFIED MATION		TELEPHON	TELEPHONE NUMBER		DATE
Michael D. Feldman, Director GATHERING THE INFORMATION, THE INFORMATION	U UN MY INQUINT OF THE FEHSON ON FEHSON WI EM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FO FORMATION , THE INFORMATION SUBMITTED IS, TO	PONSIBLE FOR TIED IS, TO	il. Athen	(206)439-7706	-7706		
THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, AC TYPED OR PRINTED COMPLETE. I AM AWARE THAT THERE ARE SIGNIFIC	NOWLEDGE AND BELIEF, TRUE, ACCURATE, AND WARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	-	SIGNITURE OF PRINCIPAL EXECUTIVE	IVE CODE		E	10 23
Director, Aviation Development SUBMITTING FALSE IN PORMATION, INCLUDING THE and Maintenance AND IMPRISONMENT FOR KNOWING VIOLATIONS.	INFORMATION, INCLUDING THE POSSIBILITY OF FINE T FOR KNOWING VIOLATIONS.		officer or authorized agent			YEAR	MO DAY

\*\*\*Sample exceeded holding time for BOD5 and Fecal Coliform.
+Value reported may be high biased because A)Propylene glycol not detected in lab duplicate sample. B)No deicing reported during storm event or prior 7 days.
Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum".)
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

# Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

÷.	VAL AIRPORT #681	8	NATIONAL DISC	- POLLUTAN CHARGE M	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY	L	N Q	DTE: R	NOTE: Read Instructions before completing this form	us orm
ADDRESS PURI UF SEALILE PO BOX 68727, SEATTLE,	LE, WA 98168			PERMIT NUMBER		UIT (SDN 4) DISCHARGE NO.	Discha	Discharge Location Lat 47 28' 00" N	_3		
FACILITY SAME AS ABOVE			<u> ~ </u>	H	⊑ -	MO DAY	R	NO DISCHARGE	1ARG	ų į	П
·			FROM 1998	8	10	8					
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			e of Exceed	FREQUENCY OF ANALYSIS	SAMPLE
TOTAL BECOVERABLE COPPER	Sample Measurement				******	0.043	0.043		ž	1/30	COMP
	E Partie Recordent		and and the second		( CHARACTER		<b>BURKEY</b>	тбц шбү			
TOTAL RECOVERABLE LEAD	Sample Measurement	************	************			0.002	0.002		¥	1/30	COMP
	Perind Notification	li the second	Service and the		Station Station		A Sheeks and	Ъ Ш			
TOTAL RECOVERABLE ZINC	Sample Measurement	************	************		************	0.016	0.016		¥	1/30	COMP
	Peinik neinkundet	14 H H	A NEW SAL					Ъ Ш			
	Sample Measurement										
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	Sample Measurement										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARI IN ACCORDANCE WITH A SYST PERSONNEL PROPERLY GATHE	PENALTY OF LAW REPARED UN WITH A SYSTEM DE ERLY GATHER AND	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND ALL OR SUPER THAT QUAI FORMATION	VISION		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	SUBMITTED, BASE MANAGE THE SYST GATHERING THE II	ED ON MY INQUIRY FEM, OR THOSE PE VFORMATION , THI	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	R PERSONS Responsibl Bmitted IS,		l. Miler	(206)43	(206)439-7706			
TYPED OR PRINTED Director, Aviation Developm ent	THE BEST OF MY KNOWLEDGE COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT	(NOWLEDGE AND B WARE THAT THER INFORMATION, II	THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE	RATE, AND PENALTIES SIBILITY OF		UNDUR OF PRINCIPAL EXECUTIVE SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OPAUTIONIZED AGENT	AREA TIVE CODE		0	01 86	23
and Maintenance	AND IMPRISONMENT FOR KNOWING VIOLATIONS.	NT FOR KNOWING	VIOLATIONS.						YEAR	AR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachment	IY VIOLATIONS (Reference	all attachments here)					Printed	Printed 10/20/98		PAGE	10 OF 10

AR 027288

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Sep-98	0	0
2-Sep-98	0	0
3-Sep-98	0	0
4-Sep-98	0	0
5-Sep-98	0	0
6-Sep-98	0	0
7-Sep-98	0	0
8-Sep-98	0	0
9-Sep-98	0	0
10-Sep-98	0	0
11-Sep-98	0	0
12-Sep-98	0	0
13-Sep-98	0	0
14-Sep-98	0	0
15-Sep-98	0	0
16-Sep-98	0	0
17-Sep-98	0	0
18-Sep-98	0	0
19-Sep-98	0	0
20-Sep-98	0	0
21-Sep-98	0	0
22-Sep-98	0	0
23-Sep-98	0	0
24-Sep-98	0	0
25-Sep-98	2133	192,000
26-Sep-98	1800	864,000
27-Sep-98	1800	1,296,000
28-Sep-98	1800	2,592,000
29-Sep-98	1800	2,592,000
30-Sep-98	1800	2,592,000

### POS SeaTac Airport IWTP Water Processing Log – SEPTEMBER 1998

Total September 1998 Flow (Gallons)

10,128,000



### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

FAX: (206) 632-2417 PHONE: (206) 632-2715

CASE FILE NUMBER:	POS002-14,15B	P	AGE 1	
	10/19/98			
REPORT DATE:		DATE RECEIVED:	09/25.28/98	
DATE SAMPLED:	09/24,25/98		03/20,20/00	
FINAL REPORT, LABORATORY A		ETERS ON WATER		
SAMPLES FROM PORT OF SEATS	TLE / NPDES STORMWATER			

### CASE NARRATIVE

Four water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

	TOTA	L RECOVERABLE MI	ETALS
	COPPER	LEAD	ZINC
AMPLE ID	(mg/l)	(mg/l)	(mg/l)
DN4 COMP	0.0434	<0.0020	0.016
DNI COMP	0.0899	0.0235	0.626
SDE4 COMP	0.0369	0.0292	0.094
SDS3 COMP	0.0688	0.0121	0.043

COMPOSITE SAMPLE INCOMPLETE AND THEREFORE NOT REPRESENTATIVE. SAMPLE AVALTZED FOR REFERENCE ONLY. DATA TO BE REPORTED IN NEXT ANNUM STORMWARER MONITORING REPORT.

NOT REPORTED ON SEPT 98 DMR. ST 10/20/98



### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

FAX: (206) 632-2417 PHONE: (206) 632-2715

CASE FILE NUMBER:	POS002-14,15B	I	PAGE 2
REPORT DATE:	10/19/98		
DATE SAMPLED:	09/24,25/98	DATE RECEIVED:	09/25.28/98
FINAL REPORT, LABORATORY AN	ALYSIS OF SELECTED PARAMI	TERS ON WATER	
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER		

### **QA/QC DATA -TOTAL RECOVERABLE METALS**

OC PARAMETER	COPPER	LEAD	ZINC
	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	10/02/98	10/02/98	10/16/98
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDN4 COMP	SDN4 COMP	SDN4 COMP
ORIGINAL	0.0434	<0.0020	0.016
DUPLICATE	0.0454	0.0023	0.021
RPD	4.50%	NC	24.73%
SPIKE SAMPLE			
SAMPLE ID	BATCH	BATCH	SDN4 COMP
ORIGINAL	0.0434	<0.0020	0.016
SPIKED SAMPLE	0.0567	0.0141	0.99
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	106.08%	112.80%	97.07%
QC CHECK (mg/l)			
	0.0264	0.0260	0.994
TRUE	0.0250	0.0250	1.00
% RECOVERY	105.60%	104.00%	99.43%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	94.1%	106.0%	106.9%

RPD - RELATIVE PERCENT DIFFERENCE. NA - NOT APPLICABLE OR NOT AVAILABLE. NC - NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPRE SAMPLE OUT OF RANCE OR SPRE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: 2 27 Steven Lazoff

Laboratory Director

# DMR

# November 1998

		Z	ATIONAL PO	LLUTANT DIS(	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	NATION SYST	EM	NOTE: H	NOTE: Read instructions before	s betore
Permittee Name/Address Include Name/Location (if different)			ISCHARG	<b>JE MONITC</b>	DISCHARGE MONITORING REPORT(DMR)	OHI (DMH)	_[	combinent	compieung uns ionn.	
SEA-TAC AIRPORT		- #681 	WA-0(	WA-002465-1	0	(SMI) 100		Dischal	Discharne Location	
SEATTLE		لا	PERMIT	r NUMBER	DISCI	DISCHARGE NUMBER	ER	Lat	47° 24' 7"	z
BOX 68727, SEATTLE	<b>FLE 98168</b>	1		INOM	MONITORING PERIOD			1 5	20 7	3
			1 1	Q		OM	DAY	NO DI		
		ш. 	FROM 1998	10 VON	9661 OT		۔ ا			
	QUANTI	ĸ	DNIC	QUAI	R	CENTRATION	7	No. of	Frequency	Sample
	Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Туре
Sample Measurement	* * * * * *	4500	GPM	*****	*****	* * * * * *	* *	0	25/30	3xShift
Pernút Requirement	*****	4,800		******	*****	* * * * * *			01/07	CONT.
Sample Measurement	*****	* * * * * *	* *	6.43	*****	6.95	STD	0	5/25	Grab
Permit Requirement	*****	******		6.0	****	9.0	UNITS		01/07	GRAB
Sample Measurement	* * * * * *	* * * * * *	* *	* * * * * *	>5	9	mg/L	0	5/25	Grab
Permit Regulrement	****	****		****	8	15			01/07	GRAB
Sample Measurement	*****	*****	* * *	* * * * * *	13	25	mg/L	0	5/25	Comp.
Pernit nutrement	*****	******		****	21	33			01/07	COMP.
Sample	*****	*****	* *	* * * * * * *	140	140	mg/L	0	1/25	Comp.
Pernit Regulation	******	******		****	* * * * * * *	REPORT			01/30	COMP.
Sample Measurement	*****	* * * * * *	* *	****	105	105	mg/L	0	1/25	Comp.
Permit Regulrement	*****	* * * * * *		*****	*****	REPORT		-	01/30	COMP.
Sample	*****	*****	* *	*****	6.6	6.6	mg/L	0	1/25	Grab.
Permit Requirement	* * * * * *	*****		*****	* * * * * *	REPORT			1/30	GRAB
EXECUTIVE	I CERTIPY UNDER		THAT THIS DOCUM	(ENT AND ALL				тецерно	ONE	DATE
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	SIGNIFICANT PEN INCLUDING THE P KNOMING VIOLATE		NE AND IMPRISO	MENT FOR	AUTHOR	IZED AGENT				
NY VIOLA JLD BE	TIONS (Ref SUBMITTED		attachment NATE SHEE	s here) T.						
According to Permit Condition S3 methods and /or locations other	E, the Por than those	0		Depe	of ion	yy that th s performe		1, monit DE(	cring 1998	ŋ
비   [특히 통위 특히 통위 비용 법 비용 법 법 이 비용 법 법 비용 법 법 이 비용 법 입 이 비용 D 이 이 비용 입 이 이 비용 입 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	Parameter     Sample       FLOW*     Resurtment       Parameter     Sample       FLOW*     Sample       FLOW*     Requirement       Permit     Requirement       Requirement     Sample       District     Permit       Requirement     Requirement       Requinternent     Requirement       Req	QUANTT       QUANTT       Ple       Average       Rill       Average       Rill       Rill       entent       ******       entent       *******       entent       *******       entent       *******       entent       *******       entent       ******       entent       *******       entent       *******	QUANTITY OR         Average       Maxi         *******       4,8         *******       4,8         *******       ******         ******       ******         ******       ******         ******       ****         *****       ****         *****       ****         *****       ****         *****       ****         *****       ****         *****       ****         *****       ****         *****       ****         *****       ****         *****       *****         *****       ****         *****       *****         *****       *****         *****       *****         *****       *****         *****       ****         *****       *****         *****       ****         *****       *****         *****       *****         *****       *****         *****       *****         *****       *****         *****       *****         ******       *****         ***** <td< td=""><td>QUANTITY OR LOADING       Ple     QUANTITY OR LOADING       Ple     Average     Maximum     Units       Culture     Assessed     AS00     GPM       Culture     Assessed     Asoo     GPM       Culture     Assessed     Asoo     GPM       Culture     Assessed     Asoo     GPM       Culture     Assessed     Asoo     GPM       Culture     Assessed     Assessed     Assessed       Culture     Assessed     Assessed     Ander and       Culture     Assessed     Assessed     Ander and       Culture     Assessed     Ander and       Construct     Assessed     Ander and       Construct     Assessed     Ander and       Construct     Ander and     Ander and       Cultu</td><td>LOADING     Min.       10     GPM     ****       00     GPM     ****       ***     ***     ***       00     GPM     ****       ***     ***     ***       00     GPM     ***       ***     ***     6       ***     ***     6       ***     ***     6       ***     ***     6       ***     ***     ***       ***&lt;</td><td>LOADING     QUALI       mum     Units     Minimum       0     GPM     ************************************</td><td>LOADING     QUALI       mum     Units     Minimum       0     GPM     ************************************</td><td>LOADINGQUALITY OR CONCENTRATIONmumUnitsMinimumAverageMaximumUmumUnitsMinimumAverageMaximumU00GPM*********************5.95n***6.0*******9.0UU*********9.0Un*********1325n******1325nn******11325n******11325n******11325n******11325n******105105n******105105n*********105105*********105105*********105105**********8105**********8105**********8105***********8105*************8105*************8105***********8105**********8105**********8105****************************8***********</td><td>LOADINGQUALITY OR CONCENTRATIONmumUnitsMinimumAverageMaximumUmumUnitsMinimumAverageMaximumU00GPM*********************5.95n***6.0*******9.0UU*********9.0Un*********9.0Un*********9.0Un*********9.0Un*********9.0Un*********9.0Un*********9.0Un*********1325n*********11325n*********105105n*********105105n*************8155**********105105n**************8155**********************************8165n**************8105***************8105*****************8105******************8105*******</td><td>LOADING     QUALITY OR CONCENTRATION     No. of Frequencies       mun     Units     Minimum     Average     Maximum     Units     Exceed.     Analys       00     GPM     *******     *******     *******     0     25/3       00     GPM     *******     *******     0     25/3       01     01/0     GPM     *******     0     25/3       02     6.0     *******     9.0     UNITS     0     01/0       ***     6.0     ******     9.0     UNITS     0     01/0       ***     ***     9.0     UNITS     0     01/0     01/0       ***     ***     9.0     UNITS     0     01/0       ***     ***     13     25     mg/L     0     01/0       ***     ***     110     140     mg/L     0     01/0       ***     ***     1105     105     mg/L     0     1/25       ***     ***     *****     REPORT     mg/L     0     1/25       ***     ***     105     105     0     1/25       ***     ***     ****     REPORT     0     1/25       ***     ****     ****     ***</td></td<>	QUANTITY OR LOADING       Ple     QUANTITY OR LOADING       Ple     Average     Maximum     Units       Culture     Assessed     AS00     GPM       Culture     Assessed     Asoo     GPM       Culture     Assessed     Asoo     GPM       Culture     Assessed     Asoo     GPM       Culture     Assessed     Asoo     GPM       Culture     Assessed     Assessed     Assessed       Culture     Assessed     Assessed     Ander and       Culture     Assessed     Assessed     Ander and       Culture     Assessed     Ander and       Construct     Assessed     Ander and       Construct     Assessed     Ander and       Construct     Ander and     Ander and       Cultu	LOADING     Min.       10     GPM     ****       00     GPM     ****       ***     ***     ***       00     GPM     ****       ***     ***     ***       00     GPM     ***       ***     ***     6       ***     ***     6       ***     ***     6       ***     ***     6       ***     ***     ***       ***<	LOADING     QUALI       mum     Units     Minimum       0     GPM     ************************************	LOADING     QUALI       mum     Units     Minimum       0     GPM     ************************************	LOADINGQUALITY OR CONCENTRATIONmumUnitsMinimumAverageMaximumUmumUnitsMinimumAverageMaximumU00GPM*********************5.95n***6.0*******9.0UU*********9.0Un*********1325n******1325nn******11325n******11325n******11325n******11325n******105105n******105105n*********105105*********105105*********105105**********8105**********8105**********8105***********8105*************8105*************8105***********8105**********8105**********8105****************************8***********	LOADINGQUALITY OR CONCENTRATIONmumUnitsMinimumAverageMaximumUmumUnitsMinimumAverageMaximumU00GPM*********************5.95n***6.0*******9.0UU*********9.0Un*********9.0Un*********9.0Un*********9.0Un*********9.0Un*********9.0Un*********9.0Un*********1325n*********11325n*********105105n*********105105n*************8155**********105105n**************8155**********************************8165n**************8105***************8105*****************8105******************8105*******	LOADING     QUALITY OR CONCENTRATION     No. of Frequencies       mun     Units     Minimum     Average     Maximum     Units     Exceed.     Analys       00     GPM     *******     *******     *******     0     25/3       00     GPM     *******     *******     0     25/3       01     01/0     GPM     *******     0     25/3       02     6.0     *******     9.0     UNITS     0     01/0       ***     6.0     ******     9.0     UNITS     0     01/0       ***     ***     9.0     UNITS     0     01/0     01/0       ***     ***     9.0     UNITS     0     01/0       ***     ***     13     25     mg/L     0     01/0       ***     ***     110     140     mg/L     0     01/0       ***     ***     1105     105     mg/L     0     1/25       ***     ***     *****     REPORT     mg/L     0     1/25       ***     ***     105     105     0     1/25       ***     ***     ****     REPORT     0     1/25       ***     ****     ****     ***

DEPT OF FRIME 10 10

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Permittee Name/Address Include Name/Location (if different)	iS different)			ATIONAL POI	LLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYST	EM	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	s before
NAME SEA-TAC AI	AIRPORT		#681	WA-00	WA-002465-1		001 (IWS)	[	Dischar	and acation	
ADDRESS PORT OF SE	SEATTLE		نا	PERMIT	PERMIT NUMBER	DISCI	DISCHARGE NUMBER	R	Liat 4	List 47° 24' 7"	Z
P.O. BOX 6	68727, SEA	SEATTLE 98168	8		INOM	MONITORING PERIOD				50.	3
FACILITY SAME AS AB	ABOVE						QW	X		NO DISCHARGE	
LOCATION SAME AS AB	ABOVE		-	FROM 1998	Nov 01	TO 1998	Nov 30				
		QUANTITY	ITY OR LOADING	DING	QUAI	QUALITY OR CONCENTRATION	ICENTRATION		No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
FECAL COLIFORM	Sample Measurement	* * * * * * *	* * * * * *	* *	******	45	45	#/100	0	1/25	Grab
	Pernult Requirement	*****	*****		******	*****	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT	Sample Measurement	*****	* * * * * *	*	******	* * * * * *	T	YES/	I	I	ł
SCAN*	Permit Requirement	****	*****		*****	* * * * * * *	REPORT	NO		1/YR	c/G**
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Director, Aviation Development	)evelopment nre	PERSONS WHO MANAGE THE SYS Responsible for Gathering Submitted is. To the best	N N S	SYSTEM, OR THOSE PERSONS DIRECTLY NG THE INPORMATION, THE INFORMATION ST OF MY KNOMLEDGE AND BELLEF, TRUE	S DIRECTLY INFORMATION BELIEF. TRUE.	[uuliont		<u> -</u> 	(206)439-7706		12
		ACCURATE, AND COMPLETE.	ACCURATE, AND COMPLETE. I AM AMARE THAT THERE ARE Significant penalties for submitting palse information.	I AM AWARE THAT THERE ARE OR SUBMITTING PALSE INPORM	NRE DRMATION,	SIGNATURE	IGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		AREA NUI CODE	NUMBER YEAR	MO DAY
TYPED OR PRINTED	uted	INCLUDING THE POSSIBILI	811177	OF FINE AND IMPRISONMENT POR	HENT FOR	AUTHOR	AUTHORIZED AGENT				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference *Attach the Laboratory report	OF ANY VIOL	ATIONS (Ref	-	all attachments here)	s here)						
**C/G = COMPOSITE/GRAB	·B.										

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Substitute for EPA Form 3320-1 (Rev. 8-95 by WADOE)

PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT ADDRESS POHT OF SEATTLE PO BOX 68727, SEATTLE, WA 981	68	#681	DISC DISC	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER	DIAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 002 (SDE 4) PERMIT NUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 002 (SDE 4) PERMIT NUMBER DISCHARGE NO.	Dischar Lat	NOTI befor Discharge Location Lat 47 26' 13" N	TE: Rea ore comp	NOTE: Read Instructions before completing this form " N	s E
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE					MONITORING PERIOD	MO DAY		NO DISCHARGE	ARGE		Π
		OUANTITY OR LOADING			┛╢	וור	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed Bross	FREQUENCY OF AVALYSIS	SAMPLE TYPE
TPH	Sample Measurement			į		2.15 **	2.85 "	тдл	AN NA	2/30	GRAB
TCC	Sample Measurement				*********	8	99		¥	1/30	COMP
22	Second Handshield	(Anti-Merica)	To Leader Burge					шĝу	San tana k		2007 2007 2007
	Sample Measurement	*******	************		***********	52	52	ļ	٩z	1/30	COMP
	- Perind Holds Haled							UTN			
FECAL COLIFORM	Sample Measurement					920	<ul> <li>1600</li> <li>1600</li> </ul>	#/100 ml	AN AN	2/30	GRAB
RODS	Sample Measurement	************	************		***********	6.8	6.8		<b>N</b>	1/30	COMP
600	「あまる」という	Propagation (States)	Land and the second					mg/L			
ETHYLENE GLYCOL	Sample Measurement	•••••••	********	:	**********	< 2.0 *	< 2.0 *	-	¥	1/30	COMP
	Partie House and a							шĝг			
PROPYLENE GLYCOL	Sample Measurement			:		< 2.0 •	< 20 <sup>•</sup>	тgЛ	ž	1/30	COMP
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAR IN ACCORDANCE WITH A SYSI PERSONNEL PROPERLY GATH PERSONNEL PROPERLY GATH	A PENALTY OF LAW FERE PREPARED UN WITH A SYSTEM DI PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PIN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PIN ACCORDANCE PROPERTY OF THE PIN OF THE OF OW OD BEDSOUND WOOD	ENT AND ALI N OR SUPER E THAT QUA Formation	VISION		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director TYPED OR PRINTED		STEM OR THOSE P INFORMATION TH KNOWLEDGE AND AWARE THAT THEI	SUBMITTED BASED ON MITINGUMI OF THE FERSON OF FERSONS MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION . THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	RESPONSIBL RESPONSIBL IBMITTED IS JRATE, AND T PENALTIES		Maduu Colluma Signiture of Principal Executive	(206)439-7706	9-7706	98	12	8
Director, Aviation Development and Maintenance	SUBMITTING FAL AND IMPRISONMI	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SSIBILITY OF		R AUTHORIZED AGEN	-		YEAR	R MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) "Ethylene & Propylene Glycol monitoring not required June, July & August.	ANY VIOLATIONS (Referencing not required Juny &	se all attachments here August.		1			Printed	Printed 12/15/98		PAGE	E 3 OF 10

\*The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil =2.13.

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ADDRESS PORT OF SEATTLE PO BOX 68727. SEATTLE.	89		PERI	WA0024651	DISCH		Dischar Lat	Discharge Location Lat 47 26' 13" N			
FACILITY SAME AS ABOVE					ITORING PER		Long L	122 17 38" W NO DISCHARGE	N N N N N		
_			FROM 1998	11 DAY	TO 1998	MO DAY 11 30					ן ר
		QUANTITY OR LOADING	ING			QUA	QUALITY OR CONCENTRATION				
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TOTAL DECOVEDABLE CODDED	Sample Measurement	************			*************	0.032	0.032		٩	1/30	COMP
	Parist modeling						& rebit: &	mg/L			(1) (1) (1)
	Sample Measurement	************	**********		*************	0.031	160.0		AN	1/30	COMP
I UI AL HECOVEHABLE LEAU	Peril Roldmin		- Andrew				a Shered Sa	щдГ			
	Sample Measurement	********	******		************	0.163	0.163		<b>N</b>	1/30	COMP
I UI AL HECOVEHABLE ZINC	Peni Rodenke		- Indersteiner I				A red of	Ъ			
	Sample Measurement										
*********	Partick Richterie	1.18686	S. D					2000000000			
	Sample Measurement						2				
	Partick Paradeter	1.1.4052	1.28.19/2								
	Sample Measurement										
	Parist Participant		it is the						5-C-(745-11		
	Sample Measurement										
	Pand Paddwidd	1.19182.5	S. States			1458 84 84 8					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER ATTACHMENTS W IN ACCORDANCE PERSONNEL PROI	I PENALTY OF LAW TERE PREPARED UN With a system de Perly gather and	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND ALL OR SUPER THAT QUAL	VISION		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		ED ON MY INQUIRY STEM, OR THOSE PE INFORMATION, THI	SUBMITTED. BASED ON MY INOUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO	R PERSONS (ESPONSIBL) BMITTED IS,	E FOR D	Mitter.	(206)439-7706	9022-61			
TYPED OR PRINTED	THE BEST OF MY KNOWLEDGE COMPLETE. 1 AM AWARE THAT	KNOWLEDGE AND E AWARE THAT THER SELVECOMATION	THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND Complete. 1 Am Aware that there are significant penalties for Computer of the information including the possibility of func	RATE, AND PENALTIES		SIGNITURE OF PRINCIPAL EXECUTIVE			02	8 12	28
Urrector, Aviation Development and Maintenance	AND IMPRISONME	AND IMPRISONMENT FOR KNOWING VIOLATIONS	VIOLATIONS.			UFFICER UN AUTHORIZED AGENT			YEAR	R MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	e all attachments here					Printed	Printed 12/15/98		PAG	PAGE 4 OF 10

EN I ANU EXFLANATION OF ANT VIOLATIONS (REFERENCE ALL

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ADDRESS PORT OF SEATTLE				WA0024651	DISCP		Dischar Lat	Discharge Location Lat 47 25' 58" N			
PU BUX 68/2/, SEALILE,	411LE, WA 30100			Ŷ	ITORING PER		<b>D</b>	122 18' 30' W	3		-[
LOCATION SAME AS ABOVE			YEAR FROM 1998	MO DAY	TO YEAR	MO DAY	Ž	NO DISCHARGE	ARG	Щ	٦
		OUANTITY OR LOADING			1	QUA	QUALITY OR CONCENTRATION	ATION			
PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TPH"	Sample Measurement	***********	************	:	*********	0.35 **	0.35	ų	NA	1/30	GRAB
	AND MARKED							шул			
	Sample Measurement	*************	************		*********	167	310		M	2/30	COMP
ISS	Sheet Reading	Statistical Solution	a tradition of					mg/L			
	Sample Measurement	*************	*******		***********	57	85		¥	2/30	COMP
	(Teal London		E Participan					NIN			
	Sample Measurement	***********	*********		*************	30	8		NA	1/30	GRAB
FECAL COLIFORM	States and	CHARACTER ST						#/100 ml			
	Sample Measurement		*******		************	12.18	17.6		٩N	2/30	COMP
600A	a participation of the second							Ч Ф			
	Sample Measurement	**********	************		*******	. 9'2	10.5	•	AN	2/30	COMP
	Special Party and							Ъ С			(). (). (). (). (). (). (). (). (). ().
PROPVIENE GI VCOI •	Sample Measurement	************	**********		*****	< 2.0 *	< 2.0 *		NA	2/30	COMP
	Punt Rolland							щÕг			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WITH A SYSTI PERSONNEL PROPERLY GATHE	RENALTY OF LAW FERE PREPARED UM WITH A SYSTEM D PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT OUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	IENT AND AL N OR SUPER NE THAT QUA NFORMATION	L IVISION ALIFIED			TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		STEM, OR MY INQUIR STEM, OR THOSE P INFORMATION , TH	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITED IS, TO	DR PERSONS Responsibi Ubmitted is	S WHO LE FOR 5, TO	Matter	(206)43 ARFA	(206)439-7706 Arfa		2	
TYPED OR PRINTED Director, Aviation Development and Maintenance		THE BEST OF MIT NUMBER OF AND BELIEF, THE COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TAND IMPRISONMENT FOR KNOWING VIOLATIONS	THE BEST OF MIT MNOTELED & AND BELIET, THEF, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	IT PENALTIE		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICEROR AUTHORIZED AGENT			<u>n∠ </u> ≌	<b>78 1/2</b> Year Mo	CAY DAY
COMMENT AND EXPLANTION OF ANY VIOLATIONS (Reference all attachments here)     CENAME & Decoder and monitorized on an instance of the A annust	I F ANY VIOLATIONS (Referenc overs not required June July A	Se all attachments here Aunust	(6				Printed	12/15/98		ΡĀ	PAGE 5 OF 10

"Etrymene & Propymene Glycor monitoring not required Jurne, Jury, & August. \*\*The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = 0.33.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u>	AL AIRPORT #681		DISC	L POLLUTANT CHARGE MC WA0024651	DIAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) W40024651 005 (SDS 3)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 005 (SDS 3)		N O bel	)TE: Rea lore com	NOTE: Read Instructions before completing this form	s mu
ADDRESS FOR OF 68727, SEATTLE,	LE, WA 98168		L	PERMIT NUMBER		DISCHARGE NO.	Lat	47 25 58" N 122 18' 30' W	_≯		
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR 1998	MO DAV	MONI JUHING PEHIOD DAY TO YEAR 01 TO 1998	MO DAY	Ž	NO DISCHARGE	IARGE		Π
		OUANTITY OR LOADING				10	QUALITY OR CONCENTRATION	ATION			Π
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measurement	******	******		**********	0.052	0.083	•	AN	2/30	COMP
I U I AL HECOVERABLE COPPEN	Persk Novement	a second s						mg/L			
	Sample Measurement	*************	**********	1	*************	0.023	0.043	4	A	2/30	COMP
	Para Restand	Stat Barts	A subset of					шg/г			
	Sample Measurement		******		***********	0.169	0.189		AN	2/30	COMP
TOTAL RECOVERABLE ZING	Plink Nakesini	N PARAMAN	C NUMBER					mg/			
	Sample Measurement										
	<b>Fånk Nummer</b>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						ániten de		
	Sample Measurement										
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	Sample Measurement										••••••••••••••••••••••••••••••••••••••
	A Parity Minimited	STATES A						2000001010	*	109-X	
	Sample Measurement										
	And Multimers	<b>E E E E</b> E	a traduction and								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAR IN ACCORDANCE WITH A SYST PERSONNEL PROPERLY GATHI	PENALTY OF LAW ERE PREPARED UN WITH A SYSTEM DE PERLY GATHER AND	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND ALL 4 OR SUPER E THAT QUAL FORMATION	ISION		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		ED ON MY INQUIRY TEM, OR THOSE PE NFORMATION , TH	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OF PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION THE INFORMATION SUBMITTED IS, TO THE REET OF UNAVOUNTED OF AND RELIEE TRUE ACTUBATE AND	H PERSONS RESPONSIBLI BMITTED IS,	E FOR TO	a Children	(206)43	(206)439-7706 Area	1		
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. 1 AM COMPLETE. 1 AM SUBMITTING FALS AND IMPRISONME	COMPLETE. 1 M. WARRE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	T PENALTIES SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			78 YEAR	и И И И И И	CSC DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	e all attachments here					Printed	12/15/98		PAGE	E 6 0F 10

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ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE,	TLE, WA 98168		PER	WA0024651 PERMIT NUMBER	DISC	006 (SDN 1) DISCHARGE NO.	Discharg Lat 4	Discharge Location Lat 47 27' 56" N			
FACILITY SAME AS ABOVE					<b>NITORING PER</b>		Fong 1	122 18' 09' W			T
LOCATION SAME AS ABOVE			FROM 1996	MO 11 01		MO DAY					7
		OUANTITY OR LOADING	ING			QUAI	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measurement	*************	***********		***********	99'0			A	2/30	GRAB
E	Person Incommended	Statistics of the second	A tradements		Support S		<b>E REFERENCE</b>	mg/L			
ISS	Sample Measurement	************	***********		*************	42.5	53.0		٩N	2/30	COMP
2	· Paint Resident	and a second	San gan		a strategy		La resse de	mg/L			
	Sample Measurement	*************	***********		*********	31.5	46.0		A	2/30	COMP
	Pank Reckened	. And the second second	) minuted		Construction of the		A REPORT	NTU	x.3/36537.		(c) ; ;
	Sample Measurement	************	***********		*************	290	200		AN	2/30	GRAB
	C. Perne Nacionani	And the second s	1 million					#/100 ml			
BODS	Sample Measurement	*************	***********		************	< 4.0	< 4.0		AN	2/30	COMP
	build positioner							mg/L			
TOTAL RECOVERABLE CORPER	Sample Measurement	************	***********		***********	0.019	0.024		AN	2/30	COMP
	bend fidinities	Restances Sectors						mg/	0.076.5		
TOTAL RECOVERARI FIFAD	Sample Measurement	*********	**********		***********	0.018	0.025		AN	2/30	COMP
	Partici Recorded	in the second second						mg/L	<b>Sol</b> ottori I		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPA IN ACCORDANCE WITH A SYS PERSONNEL PROPERLY GATH SUIDMITTED PASED OM WV IN	PENALTY OF LAW ERE PREPARED UN WITH A SYSTEM DE PERLY GATHER ANI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PRESONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTO PAGEO ON MY DATION OF THE DESCOVE OD DESCOVE WO	ENT AND AL OR SUPER E THAT QUA Formation	LIFIED		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	GATHERING THE BEST OF	TEM, OR THOSE PE NFORMATION , TH KNOWLEDGE AND E	WANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND	RATE, AND		all Han	(206)439-7706	9-7706	0		,
IYPED OR PHINIEU Director, Aviation Development and Maintenance	COMPLETE. I AM SUBMITTING FALS AND IMPRISONME	COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	r penaltie: Isibility of		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR NOTHORIZED AGENT	Ш <u></u>		78 YEAR	7 <b>8 1/2</b> YEAR MO	Pay Va
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The TPH value reported is sum of deserit a motor of quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = 0.64	ANY VIOLATIONS (Reference asel & motor oil quantitation re	e all attachments here) ange results from meth	od NWTPH-Dx - Averaç	ge Result Frac	tion for Diesel = < 0.05	5, Motor Oil = 0.64.	Printed	12/15/98	4	PAGE	E 70F 10

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ADDRESS POHI OF SEATLLE PO BOX 68727, SEATTLE.	LE, WA 98168		- PEF	WA0024651 PERMIT NUMBER		006 (SDN 1) DISCHARGE NO.	Discharg	Discharge Location Lat 47 27 56" N	-		
FACILITY SAME AS ABOVE			VEAD		AITORING PER		N	NO DISCHARGE	ARGE		T
LOCATION SAME AS ABOVE			FROM 1998	+1	TO 1998	11 30					ן ו
		QUANTITY OR LOADING	NNG			NUQ	QUALITY OR CONCENTRATION		1 11		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FRE Exceed AN	FREQUENCY S.	SAMPLE TYPE
TOTAL DECOVIEDADI E ZINC	Sample Measurement	***********	************		************	0:307	0.487		¥	5/30	COMP
I O I AL RECOVERABLE ZINO	Pride Distribution		is the factor					цgл	i podri i cano		
	Sample Measurement										
	Prink Rivering		1.2 8. 84 C								
	Sample Measurement										<u> </u>
	Sucie Newson	<b>MARKEN</b>	1. 1. M. B.								
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	Sample Measurement										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAR I A TOCORDANCE WITH A SYS I PERSONNEL PROPERLY GATH CUMUTTED A SOLO VU VU VU	IJDER PENALTY OF LAW IS WERE PREPARED UN NCE WITH A SYSTEM DI PROPERLY GATHER AN BASED ON WY INDILION	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED PAGED ON UNVINION OF THE DESCON OD PEDSONS WHO	ENT AND AL N OR SUPER E THAT QUA Formation	VISION		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	GATHERING THE BEST OF MY	TEM, OR THOSE PI	GAUGET LE SUCCE ON THOSE PERSONS DIFFECTLY STREAMS AND ANALAGE THE SYSTEM, OR THOSE PERSONS DIFFECTLY RESPONSIBLE FOR GATHERING THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND	RESPONSIBL Britted IS Jrate, and	E FOR	al teldu	206)439-7706	9-7706	0	?	2
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. I AM SUBMITTING FALS AND IMPRISONME	COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	T PENALTIES SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			78 YEAR	2/ 9	مر ۲a
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	VY VIOLATIONS (Reference	e all attachments here	(		4		Printed	12/15/98		PAGE	PAGE 8 OF 10

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ADDRESS	PORT OF SEATTLE	a			WA0024651 PERMIT NUMBER	011 DISCI		ł	Discharge Location			<b>[</b>
FACILITY	SAME AS ABOVE	5		]	W	ITORING PER		o	122 18' 38" W	3		
LOCATION	SAME AS ABOVE			FROM 1998	MO DAY	T0 YEAR	1 BAY		NO DISCHARGE	ARG		1
			<b>QUANTITY OR LOADING</b>	DING			QUA	QUALITY OR CONCENTRATION	ATION			
5	PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Tou		Sample Measurement	************	************		************	< 0.15 **	< 0.15 **		٨A	2/30	GRAB
-									Чбш	Ann a thin a s		
tee		Sample Measurement		***********		*************	8	23		¥	2/30	COMP
<u>8</u>		Partie (Shick Sound		A support party of					Ч Ш	6		
TIIDAIDITY	2	Sample Measurement	***********	*****		************	10.3	15.0		٩	2/30	COMP
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FFCAL C	FECAL COLIFORM	Sample Measurement	************	*********		********	4	11		AN	2/30	GRAB
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		Sample Measurement	************	********		********	< 4.0	< 4.0		¥	2/30	COMP
600a		(Period) (Sciences							mg/L	unenení		
ETHYLEN	ETHYLENE GLYCOL.	Sample Measurement	******	************			< 20 *	< 2.0 *		٩N	2/30	COMP
		Same and a second							mg/L	a constant		
PROPYLE	PROPYLENE GLYCOL	Sample Measurement	*****	*********	i	********	< 2.0 *	< 2.0 *	•	NA	2/30	COMP
		", PARA RUNKER	Red Bank						Ч М			
NAME/TI	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPAR IN ACCORDANCE WITH A SYST PERSONNEL PROPERLY GATHI		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND ALI I OR SUPER E THAT QUA FORMATION	LIFIED		TELEPH	TELEPHONE NUMBER		DATE	
Micha	Michael D Feldman Director	SUBMITTED. BASED ON MY IN MANAGE THE SYSTEM, OR TH GATHERING THE INFORMATIO	ED ON MY INQUIRY TEM, OR THOSE PI INFORMATION TH	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION THE INFORMATION SIGNITED IS TO	R PERSONS RESPONSIBL	WHO E FOR	M	(206)4:	(206)439-7706			
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Director, Aviation and Maintenance	Director, Aviation Development and Maintenance	AND IMPRISONME	AND IMPRISONMENT FOR KNOWING VIOLATIONS	VIOLATIONS.			M AU I HORIZEU AGEN			YEAR	AR MO	DAY
COMMENT A	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Relevence all attachments here) Ethylene & Propylene Glycol monitoring not required June, July, & August.	Y VIOLATIONS (Reference not required June, July, &	e all attachments here August.	(				Printed	12/15/98		PAGE	E 9 OF 10

\*\*The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = < 0.10.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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NOT befor Discharge Location Lat 47 28' 00" N Long 122 18' 38' W NO DISCHA	RATION	N		бе Г		Ъ Д		Тош П		519960-5						Marania	TELEPHONE NUMBER	(206)439-7706 A DE A			Printed 12/15/98
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 011 (SDN 4) PERMIT NUMBER 011 (SDN 4) MONITORING PERIOD VEAR MO DAY TO 1988 11 30	QUA	AVERAGE	0.036		0.001		0.098											M Marin	SIGNITURE OF PRINCIPAL EXECUTIVE	אפאא חשקועטעו הא ער	
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PERMITTEE NAME/ADDRESS NAME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981 FACILITY <u>SAME AS ABOVE</u> LOCATION <u>SAME AS ABOVE</u>		PARAMETER	TOTAL RECOVERARI E COPPER		TOTAL RECOVERABLE LEAD		TOTAL DECOVERABLE ZINC										NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Michael D. Feldman, Director	TYPED OR PRINTED Director Aviation Development	and Maintenance	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

ADDRESS PORT OF SEATTLE WA 98168 PO BOX 68727, SEATTLE, WA 98168	E, WA 98168		PER	PERMIT NUMBER		003 (SDS 1) DISCHARGE NO.	Lat Lat	Discharge Location Lat 47 26' 13" N	~	
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR FROM 1998	MON MO DAY 09 01	MONITORING PERIOD DAY TO 7998	MO DAY 11 30		NO DISCHARGE	ARGE	
		<b>OUANTITY OR LOADING</b>	NING			QUAI	QUALITY OR CONCENTRATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		# of FREC Exceed C ances ANAL	FREQUENCY SAMPLE OF AVALYSIS TYPE
	Sample Measurement	************	************		***********	< 2.0 *	< 2.0 *		NA 1	1/90 GRAB
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	Sample Measurement	************	**********		***********	< 2.0 *	< 2.0	1	NA 1	1/90 GRAB
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	Sample Measurement			[						
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY O ATTACHMENTS WERE PREPAF IN ACCORDANCE WITH A SYS'	I PENALTY OF LAW Ere Prepared UN With a system de	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED DEPENANCE PRODED Y GATHER AND EVALUATE THE INFORMATION	ENT AND ALL N OR SUPERV E THAT QUAL FORMATION	IFIED		TELEPH	TELEPHONE NUMBER		DATE
Michael D. Feldman. Director	SUBMITTED. BASED ON MY IN MANAGE THE SYSTEM, OR TH GATHERING THE INFORMATIC	ED ON MY INQUIRY TEM, OR THOSE PE INFORMATION, TH	SUBMITTED. BASED ON MY INUITY OF THE PERSON OR PERSONS WHO SUBMITTED. BASED ON MY INUITY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	R PERSONS RESPONSIBLI BMITTED IS,	WHO E FOR TO	( Dun	(206)4	(206)439-7706		
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Director, Aviation Development	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SE INFORMATION, I INT FOR KNOWING	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPDISONMENT FOR KNOWING VIOLATIONS	SSIBILITY OF		A NOTHORIZED AGE			VEAD	CN

\*ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST PER NPDES PERMIT

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FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			FROM 1998	MO DAV 09 01	MONITORING PERIOD DAY TO 1998	MO DAY 11 30	N	NO DISCHARGE	ARGI		<b>T</b>
		<b>OUANTITY OR LOADING</b>	DING				QUALITY OR CONCENTRATION	ATION		Þ	$\left\lceil \right\rceil$
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	ITS	# of Exceed ances	FREQUENCY OF AVALYSIS	SAMPLE TYPE
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	Sample Measurement	*************	*****		400000000000000000000000000000000000000	< 2.0 *	< 2.0 *		NA	2/90	GRAB
	Periet Richard	-	i bulkulku					mg/L			002
ELOW	Sample Measurement	*************	ΥES*		************	************	***********		٩v	06/06	METER
	Pernit Robinson	in de la constante	t kalimiten Sistema	YES/NO	- interesting	Thursday.				1010	lingh
	Sample Measurement										
	Permit Receivener	14.14	1. <b>3</b> 48.		A STAND	5.8.8.3	5 (12 B				1995
	Sample Measurement										
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	Pernit Redefenent					1.00 & 8.4.0					
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIEY UNDER PENALTY OF ATTACHMENTS WERE PREPARI IN ACCORDANCE WITH A SYST PERSONNEL PROPERLY GATHE SUBMITTED. BASED ON MY INV MANAGE THE SYSTEM. OR THO	I PENALTY OF LAW ERE PREPARED UN WITH A SYSTEM DI DERLY GATHER AN ED ON MY INQUIR' TEM. OR THOSE PI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR	ENT AND AL N OR SUPER E THAT QUA FORMATION R PERSONS	LIFIED WHO E FOR	ļĢ	TELEPHONE NU	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	GATHERING THE INFORMATION THE BEST OF MY KNOWLEDGE COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO	GATHERING THE INFORMATION , THE INFORMAT THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	JBMITTED IS Urate, and T penalties Ssibility of		I III III III III IIII IIIIIIIIIIIIIII	دا≝		58 YEAR	<b>78</b> 12 Ear mo	28 Day
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) "ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JU. "Pump Station Bypass on 11/2/98 and 11/25/98, but no aircraft deicing occurred in North i Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	VY VIOLATIONS (Referenci 20L MONITORING NOT RE 11/25/98, but no aircraft dei 8-96 by WADOE)	e all attachments here EQUIRED IN JUNE, JI cing occurred in North	IS here) INE, JULY, AND AUGUST PER NPDES PERMIT North Cargo Area.	ER NPDES PEI	RMIT		Printed	12/15/98		PAGE	E 2 0F 2

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#### **AQUATIC RESEARCH INCORPORATED**

LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-19B	PAGE	; 1
REPORT DATE:	11/27/98		
DATE SAMPLED:	11/04/98	DATE RECEIVED:	11/05/98
FINAL REPORT, LABORATORY ANALYSIS	S OF SELECTED PARAMETERS	ON WATER	
SAMPLES FROM PORT OF SEATTLE / NI	PDES STORMWATER		

#### CASE NARRATIVE

Four water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

;;;

#### SAMPLE DATA

	TOTA	L RECOVERABLE ME	TALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)
SDE4110498 COMP	0.0255	0.0207	0.347
SDS3110498 COMP	0.0829	0.0434	0.149
SDN1110498 COMP	0.0136	0.0107	0.127
SDN4110498 COMP	0.0468	<0.0020	0.070



#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

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REPORT DATE:	11/27/98			
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FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER			

•

#### **QA/QC DATA -TOTAL RECOVERABLE METALS**

OC PARAMETER	COPPER	LEAD	ZINC
••••••	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	11/24/98	11/18/98	12/02/98
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	BATCH	BATCH	SDE4110498 COMP
ORIGINAL	0.0222	0.0040	0.347
DUPLICATE	0.0220	0.0035	0.347
RPD	0.90%	13.33%	0.00%
spike sample			
SAMPLE ID	BATCH	BATCH	SDE4110498 COMP
ORIGINAL	0.0222	0.0040	0.347
SPIKED SAMPLE	0.0349	0.0173	1.37
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	101.60%	106.40%	102.30%
QC CHECK (mg/l)			
	0.0269	0.0260	1.08
TRUE	0.0250	0.0250	1.00
% RECOVERY	107.60%	104.00%	107.70%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	94.9%	90.9%	110.6%

RPD - RELATIVE PERCENT DIFFERENCE. NA - NOT AFFLICABLE OR NOT AVAILABLE. NC - NOT CALCILABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCILABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazof 2 Laboratory Director

P080998.xis:P0800221B



#### AQUATIC RESEARCH INCORPORATED

LABORATORY & CONSULTING SERVICES

 S927 AURORA AVENUE NORTH, SEATTLE, WA 98103

 PHONE: (206) 632-2715
 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-21B	P/	AGE 1	
REPORT DATE:	12/04/98			
DATE SAMPLED:	11/12,13/98	DATE RECEIVED:	11/13/98	
FINAL REPORT, LABORATORY ANALY	SIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE /	NPDES STORMWATER			

#### CASE NARRATIVE

Five water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTAL	RECOVERABLE M	ETALS	I	ISSOLVED METALS	
	COPPER	LEAD	ZINC	COPPER	LEAD	ZINC
SAMPLE ID	( <b>mg/l</b> )	(mg/l)	(mg/l)	(mg/l)	( <b>mg</b> /l)	(mg/l)
SDS3111398 COMP	0.0222	0.0040	0.189	0.0135	<0.0020	0.038
SDN1111398 ORAB-	0.0242	0.0253	0.487	0.0056	<0.0020	0.110
SDN4111398 COMP	0.0253	0.0012	0.127	0.0212	<0.0020	0.049
B111398 COMP	0.0126	0.0065	0.124	0.0059	<0.0020	0.064
SDS2111398 COMP	0.0088	0.0057	0.213	0.0047	<0.0020	0.073

11- A Andrew



#### AQUATIC RESEARCH INCORPORATED

LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-21B	P	AGE 2	
REPORT DATE:	12/04/98			
DATE SAMPLED:	11/12.13/98	DATE RECEIVED:	11/13/98	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

#### GA/GC DATA

A/ GC DATA						
		RECOVERABLE M			SOLVED METAL	and the second se
<b>GC PARAMETER</b>	COPPER	LEAD	ZINC	COPPER	LEAD	ZINC
	(mg/l)	(mg/l)	(mg/l)	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	11/24/98	11/18/98	11/27/98	11/24/98	11/18/98	11/27/98
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005	0.0010	0.0010	0.005
DUPLICATE						
SAMPLE ID	SDS3111398 COMP	SDS3111396 COMP	SDS3111398 COMP	BATCH	BATCH	BATCH
ORIGINAL	0.0222	0.0040	0.189	0.0177	<0.0020	0.090
DUPLICATE	0.0220	0.0035	0.155	0.0180	<0.0020	0.078
RPD	0.90%	13.33%	19.77%	1.68%	NC	14.29%
SPIKE SAMPLE						
SAMPLE ID	SDS3111398 COMP	SDS3111398 COMP	SDS3111398 COMP	BATCH	BATCH	ВАТСН
ORIGINAL	0.0222	0.0040	0.189	0.0177	<0.0020	0.090
SPIKED SAMPLE	0.0349	0.0173	1.04	0.0294	0.0116	1.04
SPIKE ADDED	0.0125	0.0125	1.00	0.0125	0.0125	1.00
% RECOVERY	101.60%	106.40%	85.10%	93.60%	92.88%	95.00%
<b>OC CHECK</b>						
(mg/l)				<u> </u>		
	0.0269	0.0248	0.993	0.0248	0.0248	0.993
TRUE	0.0250	0.0250	1.00	0.0250	0.0250	1.00
% RECOVERY	107.60%	99.20%	99.26%	99.32%	99.20%	99.26%
PREP BLANK	<0.0010	<0.0010	<0.005	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	94.9%	90.9%	106.0%	NA	NA	NA

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RPD = RELATIVE PERCENT DUFFERENCE. NA = NOT APPLICABLE OR NOT AVAILABLE. NC = NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LINGT. OR = RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazoff

Laboratory Director



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#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH. SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-22B		AGE 1	
REPORT DATE:	12/07/98			
DATE SAMPLED:	11/19/98	DATE RECEIVED:	11/20/98	
FINAL REPORT, LABORATORY ANA	LYSIS OF SELECTED PARAM	METERS ON WATER		
SAMPLES FROM PORT OF SEATTL	E / NPDES STORMWATER			

#### CASE NARRATIVE

Two water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTA	L RECOVERABLE MI	TALS	
	COPPER	LEAD	ZINC	
SAMPLE ID	(mg/l)	(mg/1)	(mg/l)	
DE4111998 COMP	0.0319	0.0314	0.163	
DS4111998 COMP	0.0290	<0.0020	0.015	

# DMR

# **FEBRUARY 1999**

ADDRESS PORT OF SEATTLE P.O. BOX 68727, FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE	አጥጥና ፎ		#681 WA-002465-1 001 (IWS)	MA-00	WA-002465-1		(SMI) 100	<b></b>		and and an	
P.O. SAME SAME				PERMIT	r NUMBER	DISCI	DISCHARGE NUMBER	ER.	LA F	LISCHARGE LOCAUON	z
	8727, SEATTLE	TLE 98168	1		INOM	MONITORING PERIOD	Q			r 20, 7	3
SAME AS	OVE				Q		OM	X	NO DI		
	OVE		- FR	FROM 1999	FEB 01	TO 1999	FEB 28			7	
		QUANTITY OR	TY OR LOADING	ING	QUA	QUALITY OR CON	CONCENTRATION	1	No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
FLOW*	Sample Measurement	* * * * *	3518	GPM	* * * * * *	* * * * * *	* * * * * *	*	0	20/28	3xShift
	Permit Requirement	* * * * * *	4,800		*****	* * * * * *	* * * * * *			10/10	CONT.
Hď	Sample Measurement	* * * * * *	* * * * * *	* *	6.52	*****	6.90	STD	0	4/20	GRAB
	Permit Requirement	* * * * * *	* * * * * *		6.0	* * * * * *	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	* * * * * *	* * * * * *	* *	* * * * * *	<5/6***	<5/7***	mg/L	0	4/20	GRAB
	Permit Requirement	* * * * * *	* * * * * *		* * * * * *	8	15			01/07	GRAB
TSS	Sample Measurement	* * * * * *	* * * * * *	* *	* * * * * *	12	13	ıng∕L	0	4/20	COMP.
	Permit Requirement	* * * * * *	* * * * * *		* * * * * *	21	33			01/07	COMP.
BOD,	Sample Measurement	* * * * * *	* * * * * *	* *	* * * * * *	250	250	mg/L	0	1/20	COMP.
	Permit Requirement	*****	* * * * * *		* * * * * *	* * * * * *	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	* * * * * *	* * * * * *	* *	* * * * * *	108	108	mg/L	0	1/20	COMP.
	Permit Requirement	* * * * * *	* * * * * * *		* * * * * *	* * * * * * *	REPORT			01/30	COMP.
НЪН	Sample Measurement	* * * * * *	* * * * * *	* *	* * * * * *	2.5/1.2**	2.5/1.2**	mg/L	0	1/20	GRAB
	Permit Requirement	* * * * * *	* * * * * *		* * * * * *	* * * * * *	REPORT			1/30	GRAB
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<ul> <li>DALLT FLOW REFORTING STOCED BE SCONTIED OF A SERVICE STOCED</li> <li>TYPI = SUM OF #2 Diese! (2.5 mg/l) and Motor Oil (1.2 mg/l)</li> <li>Oil r ansatrad NV FDA method 411 and FDA method Noil</li> </ul>	2.5 mg/l) and	Motor Oil (	1.2 mg/l) method 1664								
According to Permit Condition SJE, the Port is notifying the	or SJE, the P	ort is notify	ving the Depar	tment of	Ecology that	Department of Ecology that this month, monitoring using methods and $Q_{\rm Br}$ $\Gamma fc_{\rm B} h_{\rm B} h_{\rm Brhor}$	onitoring us	ing metho	JE P.Ta (N)	Flocations"	bther

AR 027324

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PORT OF SEXTTLE         EFENTY NOMER         DISCINNEGE NUMBER         DISCINNEGE NUMBER <thd< td=""><td>NAME SEA-TAC AL</td><td>RPORT</td><td></td><td>#681</td><td>WA-00</td><td>2465-1</td><td>0</td><td>01 (IWS)</td><td></td><td>Dischard</td><td>ne Location</td><td></td></thd<>	NAME SEA-TAC AL	RPORT		#681	WA-00	2465-1	0	01 (IWS)		Dischard	ne Location	
P.O. BOX 68721, SEXTTLE 98168     FON FORTING PERIOD     FON FON FORTING PERIOD     FON FORTING PERIOD <t< td=""><td>PORT OF</td><td>ATTLE</td><td></td><td></td><td>PERMI'</td><td>r NUMBER</td><td>DISCI</td><td>HARGE NUMBE</td><td>щ</td><td>Lat 4</td><td>7° 24' 7"</td><td></td></t<>	PORT OF	ATTLE			PERMI'	r NUMBER	DISCI	HARGE NUMBE	щ	Lat 4	7° 24' 7"	
SMIE         X SADUE         YEAR         MO         DAT         YEAR         MO         DAT         NO         DAT         NO <td></td> <td></td> <td>- 1</td> <td>سا</td> <td></td> <td>INOM</td> <td>TORING PERIC</td> <td></td> <td></td> <td></td> <td>20'</td> <td>=</td>			- 1	سا		INOM	TORING PERIC				20'	=
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Arrenter         Average         Maximum         Units         Maximum         Units         Maximum         Onits         Maximum         Maximum </td <td>B</td> <td></td> <td>QUANT</td> <td>OR</td> <td>DNIC</td> <td>QUA</td> <td>OR</td> <td>ICENTRATION</td> <td>- 1</td> <td>No. of</td> <td>Frequency</td> <td>Sample</td>	B		QUANT	OR	DNIC	QUA	OR	ICENTRATION	- 1	No. of	Frequency	Sample
COLIFORM         Nignetic           0         0         1/10         0         1/20           FTY POLIJUTANT         Reporter         Internation         Inter	Parameter		Average	Maximum	Units	Minimum	Average	Maximun	Units	1:xceed- ances	or Analysis	'l'ype
Itemetication         Report         mils         01/30           FTY POLIJUTANT         Nametication          New		Sample Mcasurement	* * * * * *		*	* * * * * *	0	0	#/100	0	1/20	GRAB
LTY POLJUTANT       Name       Name       Net       Net       Net       Net       Net         Tyrint       Remetinent         Net       Net       Net       Net         Remetinent       Remetinent         Net       Net       Net       Net         Remetinent       Remetinent           Net       Net       Net         Remetinent       Remetinent           Net       Net       Net         Remetinent       Remetinent           Net       Net       Net         Remetinent		Permit Requirement	* * * * * *	*		* * * * * *	* * * * * *	REPORT	mls	* 1 *	~	GRAB
Rendered     Note     1/YR       Stands     Stands     *******     *******       Rendered     Network     Network     *******       Rendered     Network     Network     ***********       Rendered     Network     Network     ************************************	PRIORITY POLLUTANT	Sample Measurement	* * * * * *		*	* * * * *	* * * * * *	¥N	YES/	¥1	4N	4v
Sample Fremilie         Sample Fre	SCAN*	Permit Requirement	* * * * * *			*	* * * * * *	REPORT	NO		1/YR	c/G**
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Number         Number<		Permit Remirement										
Iterriti     Iterriti       Supplement     Supplement       Supplement     Supplement       Supplement     Supplement       Supplement     Supplement       Regultement     Supplement <tr< td=""><td></td><td>Sample Measurement</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>		Sample Measurement										
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Sample       Sample       Sample       Example       Event       Measurement       Measurement <td></td> <td>Permit Requirement</td> <td></td>		Permit Requirement										
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	TYPED OR PRIV	NTED	KHOMING VIOLAT	rions.								

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Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Feb-99	1493	4,032,000
2-Feb-99	3763	5,418,000
3-Feb-99	2839	3,066,000
4-Feb-99	2586	2,172,000
5-Feb-99	0	0
6-Feb-99	3518	2,322,000
7-Feb-99	3358	4,836,000
8-Feb-99	3100	3,720,000
9-Feb-99	0	0
10-Feb-99	0	0
11-Feb-99	0	0
12-Feb-99	0	0
13-Feb-99	3090	1,854,000
14-Feb-99	0	0
15-Feb-99	1500	315,000
16-Feb-99	2306	2,490,000
17-Feb-99	2000	2,880,000
18-Feb-99	2000	720,000
19-Feb-99	3300	4,158,000
20-Feb-99	0	0
21-Feb-99	0	0
22-Feb-99	1482	1,956,000
23-Feb-99	1700	2,448,000
24-Feb-99	2820	3,384,000
25-Feb-99	2800	4,032,000
26-Feb-99	2550	3,060,000
27-Feb-99	3204	4,326,000
28-Feb-99	3181	4,581,000

# POS SeaTac Airport IWTP Water Processing Log -- February 1999

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Total Fevruary 1999 Flow (Gallons)

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61,770,000

AME	AME SEA-TAC INTERNATIONAL AIRPORT	AL AIRPORT #681		DISC	CHARGE N	DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLUTANT UISCHARGE ELIMINATION STSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY	١٢٨		before o	NOTE: Read Instructions before completing this form	tions s form
SS	PORT OF SEATTLE	C MA 08168		PEF	WA0024651 PERMIT NUMBER		002 (SDE 4) DISCHARGE NO.	Lat	Discharge Location Lat 47 26' 13" N	z		
•	COBUN 00121, SCALLE				WC	MONITORING PERIOD		<u> 2</u>	ത	8. K		ſ
LOCATION 2	SAME AS ABOVE			FROM 1999	MO DAY 02 01	7 TO 1999	MO DAY 02 28		NO DISCHARGE	CHAR	UE UE	
			QUANTITY OR LOADING	DING				QUALITY OR CONCENTRATION	ENTRATION			
PA	PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	A UNITS	# of Exceet	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1DH.		Sample Measurement		*****			0.27	0.27	:	NA	1/30	GRAB
=	-	Pomik Requirement	And Supervised Street State					<b>HIGHERORI</b>	1/6u		(5115)	( এহম)
TCC		Sample Measurement	*****	********		*************	92	131		AN	2/30	COMP
<u>cc</u>		Statistic Requirement,						<b>REPORT</b>	VGu		1.0180	ि स्व्यार्थ
TINIAGIT		Sample Measurement	****	*****		********	49	54		AN	2/30	COMP
		Peime Requirement	Contract Internet	And the second s				<b>CALLER</b> SORT	NTU NTU		(NV)	60.0
		Sample Measurement	**********	***********		**********	< 2	< 2		¥ V	1/30	GRAB
r EVAL UULIFURM	LIF UKM	Permit Requirement	A CONTRACTORING	STATISTICS STATISTICS OF				NOTEX I	#/100 ml	<u> </u> ਵ	0160	હજા
		Sample Measurement	*************	*******		***********	3.12	4.26		¥	2/30	COMP
CO Da		age for the grant when the						(NOVER)	V6m		(CH2)	ef. (93)
		Sample Measurement	**********	************		***********	< 2.0 *	< 2.0	•	AN	2/30	COMP
	01 001	Review Requirement	Street and a stree			A Construction of the second se		NOTEN	y6u	L	G1/20	(COT)
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		Stypermit Requirements						REROW	V <sup>6</sup> u		0180	60.19
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Michae	Michael D. Feldman, Director	SUBMITTED. BASED ON MY INQUI MANAGE THE SYSTEM, OR THOSE GATHERING THE INFORMATION ,	ed on MY Inquir Tem, or those P Information , th	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	OR PERSON RESPONSIB UBMITTED I	S WHO LLE FOR S, TO	la ABIT.		(206)439-7706			
TY Director, A	TYPED OR PRINTED Diredor, Aviation Development	COMPLETE. I AM COMPLETE. I AM SUBMITTING FAL	THE BEST OF MY KNOM EDGE AND BELIEF, TRUE COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T	THE BEST OF MY KNOMLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE	urate, and It penaltie Issibility o		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<u> </u>	CODE		2	<u>(1)</u>
and maintenance	anance		NINUM NUT IN	NICENTIONS.							TEAK M	MU UAY

- Enviene and Propytene Givcoi monitoring not required in June, July, and August. "The TPH value reported is sum of diesel & motor oil quantitation range results from method HWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil =0.25.

EM NTHLY Discharge Location Lat 47 26 13 N Long 122 17 38 W Lat 47 26 13 N Long 122 17 38 W NAXIMUM UNITS Eases WWYSS T 0.015 Mg/L MAZIMUM UNITS Eases WWYSS T 0.016 Mg/L MAZIMUM UNITS Eases WWYSS T 0.016 Mg/L MAZIMUM UNITS Eases WWYSS T 0.016 Mg/L MAZIMUM UNITS Eases WWYSS T 0.0108 Mg/L MAZIMUM UNITS Eases WWYSS T Mg/L MAZIMUM UNITS Ease Mg/L MAZIMUM UNITS Ease WWYSS T Mg/L MAZIMUM UNITS Ease Mg/L MAZIMUM UNITS Ease Mg/L MG/SWITS Ea

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AME SEA-TAC INTERNATIONAL AIRPORT	NAL AIRPORT #681	1	DISC	CHARGE M WA0024651	DISCHARGE MONITORING REPORT (DMR) MONTI WA0024651 005 (SDS 3)	SDS 3) NONTHLY		bef Dischama Location	ore comp	before completing this form	εſ
PO BOX 68727, SEATTLE,	TLE, WA 98168		PER	PERMIT NUMBER		DISCHARGE NO.		47 25' 58" N 122 18' 30" W	_ 3		
SAME AS ABOVE SAME AS AROVE				H			Ž	NO DISCHARGE	IARGE		Π
			FROM 1999	10 1 20	666FT 01 F	02   28 ]					
		QUANTITY OR LOAD	DADING			<u>qual</u>	QUALITY OR CONCENTRATION	ATION	−i⊢	- It	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FF Exceed ances /	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measurement	*********	*****		*************	< 0.16 **	< 0.16 **		NA	1/30	GRAB
	HE Pernik Raquinanan		Contraction of the second s		President and a second s	Alle Martherers 1. 1		убш		<u> (1</u>	(লুহুদ্র)
	Sample Measurement	************	*******		*****	9.2	9.2		٩ <sub>٧</sub>	1/30	COMP
	Perink Requirement							₩ Uĝu		01£9	લા છેર
	Sample Measurement	******	*********		*******	11	11		¥	1/30	COMP
	W Plank Raquinament	APPenditor Internation	The second s				e artikon di	NTU		0160	(11103)
	Sample Measurement	************	************		******	2	2		٩ N	1/30	GRAB
	Herst Requirement		A CONTRACTOR OF A CONTRACTOR	2		and the second second	<b>MOTEN</b>	#/100 ml		(11) (12)	લેયો
	Sample Measurement	**********	*************		************	6.06	6.06		¥z	1/30	COMP
	it Parmt Requirement						Were the	mg/L		0.69	(30) (5)
ETHVI ENE GI VCOI •	Sample Measurement	**********	********		*****	< 2.0 •	< 2.0 *		۲ ۲	1/30	COMP
01100F	Permit Requirement	AN OWNERS OF ANY OF					UNOTED I	mg/L		0160	(COL)
	Sample Measurement	************	*************		*********	<b>2</b> .06	2.06		٩N	1/30	COMP
	the the second states and					The second s		mg/L		0)k0	<b>60</b> 15
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LA ATTACHMENTS WERE PREPARED IN ACCORDANCE WTH A SYSTEM PERSONNEI PROPERIY GATHER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEI PROPERIY GATHER AND EVALUATE THE INFORMATION	ENT AND AL V OR SUPER E THAT QUA	TIFIED		TELEPHO	TELEPHONE NUMBER		DATE	
	SUBMITTED BASED ON MY INQU MANAGE THE SYSTEM, OR THOSE	ED ON MY INQUIRY TEM, OR THOSE PI	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR	R PERSONS	E FOR	AC	(206)43	(206)439-7706			
Michael D. Feldman, Director		INFORMATION TH KNOWLEDGE AND I	GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND	BMITTED IS JRATE, AND	TO MUN	and Felda	Kee AREA		ð	22	~
THEU OK PRINTED Diredor, Aviation Development and Maintenance	COMPLETE. I AM SUBMITTING FALS AND IMPRISONME	COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOMNG VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR- SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMNG VIOLATIONS.	t penaltie: Ssibility of		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<u></u>		17 VEAR	<u>⊃</u>   ₃	8 V

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PERMITTEE NAME/ADDRESS AME SEA-TACINTERNATIONAL AIRPORT	VAL AIRPORT #681	81	NATIONAL DISC	L POLLUTANT CHARGE MC WA0024651	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTI WA0024651 005 (SDS 3)	MAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 005 (SDS 3)		NO befo Discharge Location	TE: Read ore comp	NOTE: Read Instructions before completing this form	s E
PO BOX 68727, SEATTLE,	LE, WA 98168		PER	PERMIT NUMBER		DISCHARGE NO.	Lat	47 25' 58" N 122 18' 30" W	3		
FACILITY SAME AS ABOVE				F	UITORING PER			NO DISCHARGE	ARGE		T
LOCATION SAME AS ABOVE			FROM 1999	02 DAY	T0 7599	MO DAY 02 28		1000			7
		QUANTITY OR LOADING	ING			QUAI	QUALITY OR CONCENTRATION	RATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FI Exceed ances /	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TOTAL RECOVERABLE COPPER	Sample Measurement	**********	*********		***********	0.016	0.016	•	NA	1/30	COMP
	Permit Requirement			Law	a framera a			mg/L		GKD	(100) (10)
TOTAL BECOVERABLE LEAD	Sample Measurement	************	***********		********	< 0.002	< 0.002	1	AN	1/30	COMP
וסואר ארכסעביאארב רבאס	B Permik Requirement	Russian B	A STATE AND A STAT				(NICKEN)	mg/L		0.6650	G105
	Sample Measurement	***********			*******	0.027	0.027		AN	1/30	COMP
	Permit Requirements	A Character Strand and	And and a state of the second s			Superior Sugar	CHOSEN)	√6u		016.0	( <b>GU</b> (2)
	Sample Measurement										
	Permit Requirement								<b>ل</b> ہ		
	Sample Measurement										
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	Permit Requirements	ないないない						200			a. and the second se
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF L ATTACHMENTS WERE PREPARED IN ACCORDANCE WTH A SYSTEM PERSONNEL PROPERLY GATHER	RENALTY OF LAW RERE PREPARED UN WITH A SYSTEM DI PERLY GATHER ANI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND AL V OR SUPER E THAT QUA FORMATION	LIFIED		TELEPH	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		STEM, OR THOSE PI INFORMATION, TH	SUBMITTED: BASED ON MITINGURT OF THE FERSON OR FERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	RESPONSIBL BMITTED IS	E FOR	in the felder	(206)	(206)439-7706 AREA	(		
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. 1 AM COMPLETE. 1 AM SUBMITTING FAL AND IMPRISONMI	COMPLETE JUT MIT NAVANEEUGE AND BELIEFT THERE ARE SIGNI COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	T PENALTIES SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER ON AUTHORIZED AGENT	UTIVE CODE		YEAR	R MO	R A
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	ANY VIOLATIONS (Reference	ce all attachments here					Printec	Printed 3/17/99		PAC	PAGE 6 OF 10

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SAME AS ABOVE         FION         MONTORNO           SAME AS ABOVE         FION         TEON         TEON         TEON         MONTORNO           PARAMETER         COUNTY OR LOADING         MONTORNO           PARAMETER         Sample Meassurement         MONTORNO         MONTORNO           PARAMETER         Sample Meassurement         MONTORNO         MONTORNO           Sample Meassurement         AVERAGE         MONTORNO           Sample Meassurement         COLIFORM         MONTORNO           RECOVERABLE COPRER         MONTORNO         MONTORNO	ATTLE, WA	PER	VA0024651 RMIT NUMBER		(SDN 1) ARGE NO.	Dischan Lat	Discharge Location Lat 47 27' 56' N			
PARAMETER         AVERAGE         MAXIMUM         UNITS         MM           PARAMETER         QUANTITY CRILOADING         MAXIMUM         UNITS         MM           Resultanter         Sample Measurement         AVERAGE         MAXIMUM         UNITS         MM           ITY         Sample Measurement         AVERAGE         MAXIMUM         UNITS         MM           CULIFORM         RECOVERABLE         COPER         RECOVERABLE         MAXIMUM         MAXIMUM         MAXIMUM         MAXIMUM         MAXIMUM         MAXIMUM         MAXIMUM         MM			│┟┼				NO DISCHARGE	ARGE		Π
PARAMETER         AVERAGE         MAXIMUM         UNITS         MMI		DADING	-	┛║	- 8	QUALITY OR CONCENTRATION	RATION			
	AVERAGE		UNITS	MINIMUM	AVERAGE	MAXIMUM	ITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Image: Sample Measurement         Im	<b> </b>			*******	1.4	1.4 **		AN	1/30	GRAB
Sample Measurement					Contrastices)	IN DEFENSION	тубш		(1810)	929
If Partie Regularized in the second				********	45	45		NA	1/30	COMP
BIDITY         Sample Measurement						REFORM	mg/L		(લોકો)	(i <b>10</b> 1)
AL COLIFORM       Sample Measurement		***************************************		******	22	22		NA	1/30	COMP
AL COLIFORM       Sample Measurement	Address was a set of the set of t		*			REFER	<b>NIN</b>	1	(116.2	1.031
AL OULTORM       Emple Measurement				********	30	00		AN	1/30	GRAB
5     Sample Measurement          AL RECOVERABLE COPPER     Sample Measurement          AL RECOVERABLE LEAD     Sample Measurement          AL RECOVERABLE LEAD     Sample Measurement          AL RECOVERABLE LEAD     Sample Measurement	Alternative steel tenning in anti-tender	劉備				NG EN	#/100 ml	·3	64.9	(j <b>.</b> 20)
Contraction		************		*****	5.84	5.84		٩N	1/30	COMP
AL RECOVERABLE COPPER       Sample Measurement            AL RECOVERABLE LEAD       Sample Measurement             AL RECOVERABLE LEAD       Sample Measurement             AL RECOVERABLE LEAD       Sample Measurement	And the second					11903ED1	mg/L		(0)40	(0.00)
AL RECOVERABLE LEAD       Sample Measurement	Sample Measurement	*******		**********	0.020	0.020		AN	1/30	COMP
AL RECOVERABLE LEAD       Sample Measurement	Chemit Requirements					ાકરાયા	J/Gu		6905	(1.02)
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E/TITLE PRINCIPAL       I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL         E/TITLE PRINCIPAL       I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL         CUTIVE OFFICER       ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION         CUTIVE OFFICER       IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED         PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION       SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO         Michael D. Feldman, Director       MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR         Michael D. Feldman, Director       THE BEST OF MY KNOWEDGE AND BELEF, TRUE, ACCURATE, AND         TYPED OR PRINTED       COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR         Advaluent       SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE	Mr. P. Mark Requirements Ban mer and				A territory and the second	10)0x=11	mg/L		(450, 1	COUR
PERSONNEL PROPERTY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTI	LAW THAT THIS DOCUM ED UNDER MY DIRECTION M DESIGNED TO ASSUR	ENT AND AL N OR SUPER KE THAT QUA	L L L L L L L L L L L L L L L L L L L		TELEPH	TELEPHONE NUMBER		DATE	
THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE		K AND EVALUATE THE IN DURY OF THE PERSON O SE PERSONS DIRECTLY I , THE INFORMATION SU	AF OKMATION DR PERSONS RESPONSIBI	S WHO E FOR	( Aller		(206)439-7706			
AND IMPRISONMENT FOR KNOWING VIOLATIONS		AND BELIEF, TRUE, ACCI THERE ARE SIGNIFICAN ION, INCLUDING THE PO MING VICHATICNS	urate, and It penaltie: Issibility of		DEFICER OR ANTHORIZED AGENT	CODE CODE	- 111	See	<u>60</u> 103	$\mathcal{R}$
				_						11.

The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = 1.38.

Substitute for EDA From 3330 1 (Bour & OR hu MADOE)

PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT	AL AIRPORT #681	81	DISC	L POLLUTAN CHARGE M WA0024651	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTI WA0024651 006 (SDN 1)	NAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY W40024651 006 (SDN 1)	L	NO befo Discharge Location	TE: Rea ore com	NOTE: Read Instructions before completing this form	"Ę
POBOX 68727, SEATTLE,	LE, WA 98168			PERMIT NUMBER		DISCHARGE NO.	Lat 4 Long 1	47 27 56" N 122 18' 09" W	3		
FACILITY SAME AS ABOVE			<u></u>	F		U WO	ž	NO DISCHARGE	ARGE		Π
. II						OUAL COLL	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TOTAL RECOVERABLE ZINC	Sample Measurement	******		1	***********	0.233	0.233	-	AN	1/30	COMP
	tig Permit Requirements	Numerous and	AND		AN ADDRESS AND ADDRESS ADDRESS AND ADDRESS			mg/L		((Jk))	60.12
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	III Permit Requirements III										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF L ATTACHMENTS WERE PREPARED IN ACCORDANCE WTH A SYSTEN PERSONNEL PROPERLY GATHER SURMITTED BASED ON MY INCI	R PENALTY OF LAW WERE PREPARED UI WTH A SYSTEM D PERLY GATHER AN MY INDUR	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SURMITED PARED ON MY INDUIRY OF THE PERSON OR PERSONS WHO	ient and al n or supef re that qui nformation or pfrsons	L ALIFIED S WHO		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director TYPED OR PRINTED		STEM, OR THOSE P INFORMATION , TH KNOWLEDGE AND	GATHERING THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE: 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	RESPONSIB UBMITTED 19 URATE, AND 4T PENALTIE	LE FOR 3, TO 5, FOR SIGNITURE OF	in Challen		(206)439-7706 AREA CODE	8	\$ 03	30
Director, Aviation Development and Maintenance	SUBMITTING FAL AND IMPRISONMI	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOMNG VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMNG VIOLATIONS.	DSSIBILITY O			NT		Ϋ́Ε	YEAR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments	NY VIOLATIONS (Reference	ce all attachments here)	(a				Printed	Printed 3/17/99		PA(	PAGE 8 OF 10

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Contrational for Form 3330 4 (Point 8 Of Formander)

PERMITTEE NAME/ADDRESS	AL AIRPORT	81	NATIONAL DISC	POLLUTANI	DIAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) MONTHLY	~		DTE: Re lore con	NOTE: Read Instructions before completing this form	ns Drm
SS	68		PER	WA0024651 PERMIT NUMBER	011 DISCH	011 (SDN 4) DISCHARGE NO.		Discharge Location Lat 47 28' 00" N			
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR FROM 1999	MON MO DAY 02 01	MONITORING PERIOD DAY TO 1999	MO DAY 02 28	6uo T	122 18: 38: W NO DISCHARGE	N N N N N N N N N N N N N N N N N N N		Π
		QUANTITY OR LOAD	ADING			QUAL	QUALITY OR CONCENTRATION	RATION			
PARAMETER			MAXIMUM	UNITS	MIMIM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TPH"	Sample Measurement		********		*****	< 0.16 **	< 0.16 **	5	٩٧	1/30	GRAB
	Street Requirements						) (NG-EN)	uid/L		(515)	6576)
TSS	Sample Measurement	*****	*********		***********	3.8	3.8	•	AN	1/30	COMP
	All Plant Requirements	A VAMANATANA					REPORT	ug/L		(1)(5)	1.02
	Sample Measurement	************	**********		*********	4.8	4.8		AN	1/30	COMP
	Interve Requirements	Antonio in 1998			A North Contraction of the			NTU		016.0	0.00
	Sample Measurement	******	*******		**********	< 2	< 2'		<b>N</b>	1/30	GRAB
	1) Permik Requirements						Land Report	#/100 m		(j18j)	. G730
BODE	Sample Measurement	******	**********		***********	< 4.0	< 4.0		٩N	1/30	COMP
2000	the Permit Requirements	A THE PARTY OF THE	A Construction of the second s					у Ш		0,60	1.03
	Sample Measurement	***********	****		*****	< 2.0 *	< 2.0		٩N	1/30	COMP
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	Sample Measurement	******	**********		******	< 2.0 •	< 2.0 *	1	AA	1/30	COMP
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF L/ ATTACHMENTS WERE PREPARED IN ACCORDANCE WTH A SYSTEM PERSONNEL PROPERLY GATHER.	REPARETY OF LAW RERE PREPARED UN WTH A SYSTEM DI PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and all 4 or super 6 that quai Formation	LIFIED			TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director		SED ON MY INQUIR STEM, OR THOSE PI INFORMATION , TH KNOW FINGE AND	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE REST DE MY KNOW FIGE AND RELIEF TRUE ACCUDATE AND	R PERSONS RESPONSIBL BMITTED IS	EFOR TO	a Contra		(206)439-7706 AREA		8	
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Referencing in June Ju	ce all attachments here	(6				Printed	90/17/99	-	PA	PAGE 9 OF 10

"Ethylene and Propylene Glycol monitoring not required in June, July, and August. \*\*The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = < 0.11.

NOTE: Read Instructions before completing this form	z	HARGE		# of FREQUENCY SAMPLE Exceed OF TYPE	NA 1/30 COMP	61620   COUD	NA 1/30 COMP	UNY GUL	NA 1/30 COMP	0165 C110									ER DATE		79 13 32
م ∡	Discharge Location Lat 47 28' 00" N	122 18' 38' W NO DISCHARGE	RATION	UNITS						Võu I							; 		TELEPHONE NUMBER	(206)439-7706 ABEA	- 111
, VI	,∟	Fond	QUALITY OR CONCENTRATION	MAXIMUM	0.015	ANGREN)	< 0.002	(NACK)	0.024	1)HORER)		a de la constante de la constan La constante de la constante de									
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81			QUANTITY OR LOADING	AVERAGE	*******		***********		*****	A CONTRACTOR OF A CONTRACT		制用用制制				<b>医器器间接</b> 的		<b>ICREAKENNA</b>	L PENALTY OF LAW ERE PREPARED UN WITH A SYSTEM DE PERLY GATHER ANI	TEM OR THOSE PE	AWOWLEDGE AND T AWARE THAT THEF SE INFORMATION, I
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PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT	ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE,	FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE		PARAMETER	TOTAL RECOVERABLE CODDER		TOTAL BECOVERABLE LEAD		TOTAL DECOVEDADLE ZINC									<u> </u>	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Michael D. Feldman, Director	TYPED OR PRINTED Director, Aviation Development

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Permittee Name/Address Include Name/Location (if different)	ss different)		2 4	INTIONAL PC	OLLUTANT DIS GE MONITO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYST ORT(DMR)	M	NOTE: Re completing	NOTE: Read instructions before completing this form.	s before
NAME SEA-TAC AIRPORT	IRPORT		#681 [	WA-0	WA-002465-1		001 (IWS)		Discharde	ne Location	
ADDRESS PORT OF SE	SEATTLE		ب ا	PERMI	PERMIT NUMBER	DISC	DISCHARGE NUMBER	ER	Lat 4	47° 24' 7"	z
P.O. BOX 6	68727, SEA1	SEATTLE 98168	œ		INOM	MONITORING PERIOD			0		3
FACILITY SAME AS AF	ABOVE		I		Q		MO	DAY	NO DIS	NO DISCHARGE	
LOCATION SAME AS ABC	ABOVE			FROM 1999	LEB 01	TO 1999	FEB	-1			
		QUANTITY	OR	LOADING	<b>V</b> NŎ	QUALITY OR CON	CONCENTRATION		No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
FLOW*	Sample Measurement	* * * * * *	3518	GPM	****	* * * * * *	* * * * * *	* *	0	20/28	3xShift
	Permit Requirement	****	4,800		******	****	* * * * * *			01/07	CONT.
Hđ	Sample Measurement	* * * * * * *	* * * * * *	* * *	6.52	* * * * * *	6.90	STD	0	4/20	GRAB
	Permit Requirement	*****	*****		6.0	*****	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	* * * * * * *	* * * * * *	* * *	* * * * * *	<5/6***	<5/7***	mg/L	0	4/20	GRAB
	Permit Requirement	******	****		* * * * * * *	8	15			01/07	GRAB
TSS	Sample Measurement	******	* * * * *	* *	* * * * * * *	12	13	mg/L	o	4/20	COMP.
	Permit Reaulrement	******	****	r	* * * * * * *	21	33			01/07	COMP.
BODs	Sample Measurement	******	****	* * *	* * * * * * *	250	250	mg/L	0	1/20	COMP.
	Permit Requirement	******	****		*****	****	REPORT		,	01/30	COMP.
TOTAL GLYCOLS	Sample Measurenent	*****	*****	* * *	*****	108	108	mg/L	0	1/20	COMP.
	Pernult Requirement	****	*****		******	******	REPORT			01/30	COMP.
Трн	Sample Measurement	*****	****	* * *	*****	2.5/1.2**	2.5/1.2**	mg/L	0	1/20	GRAB
	Permit Requirement	*****	* * * * * *		*****	* * * * * *	REPORT			1/30	GRAB
NAME/TTTLE PRINCIPAL	~	I CERTIFY UNDER PENALTY O	1 1 1	LAN THAT THIS DOCU	THIS DOCUMENT AND ALL				TELEPHONE	NE	DATE
		ATTACHMENTS WERE PREPARED In accordance with a systi out teter desconds		UNDER HY DIRECTION OR SUPERVISION SH DESIGNED TO ASSURE THAT IN Y ATTIES AND EVALUATE THE	OR SUPERVISION E THAT ATE THE	1					
Michael D. Feldman, Director. Aviation Development	.dman, Development	PROPARATION SUBMITTED. BAS PERSONS MIO MANAGE THE SYS	VOLATION CONTRACTOR AND	TED. ON HY INQUIRY OF THE PERSON TED. OR THOSE PERSONS DIRECTLY THE INDOMNATION THE INFORMATION	OF THE PERSON OR ISONS DIRECTLY THE INFORMATION	Mulla Mark	1 aluar			66	03,30
and Maintenance	ince	ACCURATED IS, TO THE BEST ACCURATE, AND COMPLETE. I			BELIEF, TRUE, Are Pormation	SIGNATURE	OF PRII			439-1/00 NUMBER YEAR	WO
TYPED OR PRIN	PRINTED	INCLUDING THE POSSIBILITY KNOWING VIOLATIONS		OF FINE AND INPRISONNENT FOR	NHENT FOR	AUTHOF	AUTHORIZED AGENT	ن ۵	CELVE	E D	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference a Dily FLOW REPORTING SHOULD BE SUBMITTED ON A SEPAIATE SHI • TPH = Sum of #2 Diesel (2.5 mg/l) and Motor Oil (1.2 mg/l) ••• Oil & grease analyzed by EPA method 413.1 and EPA method	V OF ANY VIOL HOULD BE SUBMIT (2.5 mg/l) and by EPA method	VIOLATIONS (Ref SUBMITTED ON A SEP 1) and Motor Oil ( hethod 413.1 and EP		attachments	is here)	11 attachments here) ET. APR 01 1999 1664		AF	R 01 19	66	
According to Permit Condition SJE, the Port is notifying the than those specified =in Special Condition S2 was performed.	tion SJE, the I Special Conditi	Port is notif ion S2 was pe		artment of	Ecology that	this month, 1	nonitoring us	ing metho	ds and /or	r locations o	other

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

AR 027335

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
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- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
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- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Permittee Name/Address Include Name/Location (if different)	Name/Address /Location (if d	S Tifferent)			ATIONAL PO	ALLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMP)	INATION SYSI	EM	NOTE: R completin	NOTE: Read instructions before completing this form.	ins before	
NAME SEA-	SEA-TAC AIRPORT	RPORT		#681	WA-00	WA-002465-1		(SMI) 100		Dicoba	rao Loootion		
ADDRESS PORT	PORT OF SEATTLE	ATTLE			PERMIT	r NUMBER	DISC	DISCHARGE NUMBER	ER	Lat	List 47° 24' 7"	Z	<del></del>
P.O.	BOX 68727,		SEATTLE 98168			INOM	MONITORING PERIOD	0D		1 5	1220 201	1 =	
FACILITY SAME	AS	ABOVE		l	YEAR	MO		OM	X		NO DISCHARGE		
LOCATION SAME	AS	ABOVE		F	FROM 1999		TO 1999	9 FEB 28					
			QUANTITY	TY OR LOADING	DING	QUAI	QUALITY OR CON	CONCENTRATION		No. of	Frequency	Sample	<i>a</i> ,
Parameter	ы		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	T'Ype	
FECAL COLIFORM	_	Sample Measurement	******	* * * * * *	*	* * * * * * *	0	0	#/100	0	1/20	GRAB	
.ü.,		Permit Requirement	*****	* * * * * *		* * * * * * *	******	REPORT	mls	•	01/30	GRAB	
PRIORITY POLLUTANT	ITANT	Sample Measurement	* * * * * *	* * * * * *	* *	* * * * * *	* * * * * *	¥N	YES/	Ż	ЧA	4V A	
SCAN*		Pernit Requirement	****	* * * * * * *		* * * * * * *	****	REPORT	ON	,	1/YR	c/G**	
		Sample Measurement											
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NAME/TITLE PR	PRINCIPAL	EXECUTIVE	I CERTIFY UNDER PENALTY OF		PLAN THAT THIS DOCUMENT AND ALL INDER MY DIRECTION OR SUPPRUISION	IENT AND ALL				TELEPHONE	ONE	DATE	
OF	OFFICER		IN ACCORDANCE W		GNED TO ASSURE	THAT							
Michael D. Feldman	D. Fel	dman	INFORMATION SUB	INFORMATION SUBMITTED. BASED ON HY PERSONS WHO MANAGE THE SYSTEM, OR	HY INQUIRY OF THE PERSON OR THOSE PERSONS DIRECTLY	INQUIRY OF THE PERSON OR MOSE PERSONS DIRECTLY		1 htt			0	1	1
Director, Aviation Development	tion D	evelopment	RESPONSIBLE FOR GATHERING	GATHERING THE IN	THE INFORMATION, THE INFORMATION	INFORMATION	1 university	hamash		206)439-7706		77 , 03,80	0
		כפ	ACCURATE, AND COMPLETE. I SIGNIFICANT PENALTIES FOR INCLUDING THE POSSIBILITY		OF ME NAVALELUE AND BELLEF, MOL. An Amare That There are Submitting false information, of fine and imprisonment for	ARE ORNATION, MENT POR	SIGNATURE EXECUTIVI	OF PRINCI	PAL OR	AREA NI CODE	NUMBER YEAR	AR MO DAY	X
TYPED OR PRINTED	DR PRIN	TED	KNOWING VIOLATIONS				AUTINA	AUTHURIZED AGENT					
	ANATION	OF ANY VIOL	ATIONS (Refe	-	all attachments here)	s here)							
**C/G = COMPOSITE/GRAB	TE/GRA	I NEFUNI. B.											

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Feb-99	1493	4,032,000
2-Feb-99	3763	5,418,000
3-Feb-99	2839	3,066,000
4-Feb-99	2586	2,172,000
5-Feb-99	0	0
6-Feb-99	3518	2,322,000
7 <b>-Fe</b> b-99	3358	4,836,000
8-Feb-99	3100	3,720,000
9-Feb-99	0	0
10-Feb-99	0	0
11-Feb-99	0	0
12-Feb-99	0	0
13-Feb-99	3090	1,854,000
14-Feb-99	0	0
15-Feb-99	1500	315,000
16-Feb-99	2306	2,490,000
17-Feb-99	2000	2,880,000
18-Feb-99	2000	720,000
19-Feb-99	3300	4,158,000
20-Feb-99	0	0
21-Feb-99	0	0
22-Feb-99	1482	1,956,000
23-Feb-99	1700	2,448,000
24-Feb-99	2820	3,384,000
25-Feb-99	2800	4,032,000
26-Feb-99	2550	3,060,000
27-Feb-99	3204	4,326,000
28-Feb-99	3181	4,581,000

## POS SeaTac Airport IWTP Water Processing Log -- February 1999

Total Fevruary 1999 Flow (Gallons)

61,770,000

PERMITTEE NAME/ADDRESS AME <u>SEA-TACINTERNATIONAL AIRPORT</u> ANDRESS PORT OF SEATTLE		#681	DISC	L POLLUTAN CHARGE MI WA0024651	DIAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WAMP4651 MONITORING (CMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WAMPARS1 MON CAPE AN CAPE AN CAPE AN CAPE	⊥ ∖∓	ZĂ	OTE: Ro	NOTE: Read Instructions before completing this form	su
	LTLE, WA 98168		PER	PERMIT NUMBER	Ш		Lat US	Discharge Location Lat 47 26' 13" N	z		
FACILITY SAME AS ABOVE					MONITORING PERIOD		Long		≥		7
LOCATION SAME AS ABOVE			FROM 1999	MO DAY 02 01	T0 1999	R MO DAY 02 28		NO DISCHARGE	HARG		7
		<b>OUANTITY OR LOADING</b>	DING				QUALITY OR CONCENTRATION	NTRATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MUMINIM	AVERAGE	MAXIMUM	UNITS	Ficeed	FREQUENCY OF ANALYSIS	SAMPLE
TPH**	Sample Measurement	********	*********		*******	0.27	0.27		ž	1/30	GRAB
								шgЛ			
ISS	Sample Measurement	**********	************		***********	92	131		Ž	2/30	COMP
								Vĝu		4 20 4 1 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	
TURBIDITY	Sample Measurement	*********	*********		******	61	5		₹	2/30	COMP
								NTU			
FECAL COLIFORM	Sample Measurement	*******	***********		*****	< 2	~ ~		Ž	1/30	GRAB
				1				#/100 ml			
BOD5	Sample Measurement	************	*******		***********	3.12	4.26		¥	2/30	COMP
		NATAR DESCRIPTION			and the second se Second second s			μĝη		2012 - 10 19 12 10 10 19 12 10 10 19 12 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1	21.1
ETHYLENE GLYCOL*	Sample Measurement	***********	******		******	< 2.0 •	< 2.0 *		¥	2/30	COMP
				Saurizzat				лдш			
PROPYLENE GLYCOL*	Sample Measurement	******	*********		*********	< 2.0 •	< 2.0 •		¥	2/30	COMP
	Pane Reduction			<b>Maria and A</b>		A Construction of the second s		шgЛ			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF I ATTACHMENTS WERE PREPAREI IN ACCORDANCE WITH A SYSTEI PERSONNEL PROPERLY GATHER	PENALTY OF LAW ERE PREPARED UN MTH A SYSTEM DE ERLY GATHER AND	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	NT AND ALL OR SUPERV THAT QUAL ORMATION	ISION		TELEF	Telephone Number		DATE	
Michael D. Feldman, Director		ED ON MY INQUIRY FEM, OR THOSE PE VFORMATION THI	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION THE INFORMATION SUBMITTED IS TO	R PERSONS V ESPONSIBLE	HO FOR	1 All	[30 	(206)439-7706			
TYPED OR PRINTED Director, Aviation Development		NOWLEDGE AND B WARE THAT THER FINFORMATION IN	THE BEST OF MY KNOW EDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FAISE INFORMATION. INCLUDING THE DOCCIDINTY OF FURT	PENALTIES		WULLURAN WULLURAU SIGNITURE OF PRINCIPAL EXECUTIVE	AREA TIVE CODE	A El	66	3 03	30
and Maintenance	AND IMPRISONMEI	AND IMPRISONMENT FOR KNOWING VIOLATIONS	VIOLATIONS.			ULTIVER UN AUTORIZED AGENI			YEAR	R MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) "Ethylene and Propylene Glycol monitoring not required in June, July, and August.	NY VIOLATIONS (Reference ring not required in June, Jul)	all attachments here)					Printed	d 3/17/99	┦	PAGE	E 3 0F 10

\*The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil =0.25.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

#681     NOTE: Read Instructions       #681     NOTE: Read Instructions       B     DISCHARGE MONITORING REPORT(DMR)     MOTE: Read Instructions       B     WA0024651     002 (SDE 4)       PERMIT NUMBER     DISCHARGE NO.     Lat       MOTE: Read Instructions     DISCHARGE MONITORING REPORT(DMR)       B     WA0024651     002 (SDE 4)       PERMIT NUMBER     DISCHARGE NO.     Lat       MONITORING PERIOD     FROM     TO       FROM     DAV     TO	QUALITY OR LOADING QUALITY OR CONCENTRATION	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS # OF FREQUENCY SAMPLE					surement	surement	surement			I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED DEPRONNEL PROPERTY CATHER AND EXMINTED TO ASSURE THAT QUALIFIED	SUBMITTED. BASED ON MY INDURY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION THE INCOMMITION CLIMATICAL IS A COMPASIAN CLIMATICAL IN CLIMATICAL INCOMMITICAL INCOMPASIAN	THE BEST OF MY KNOW EDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SIGNITURE OF PRINCIPAL EXECUTIVE CODE	HE POSSIBILITY OF FINE	
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PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 981	FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE	. 11	PARAMETER	++H41		L TSS		TURRIDITY		FECAL COLFORM		BOD5		TOTAL RECOVERABLE COPPER		TOTAL RECOVERABLE FEAD		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			Director, Aviation Development and Maintenance

# AR 027348

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT	AL AIRPORT #681	1	NATIONAL DISC	POLLUTANT HARGE MO	DISCHARGE ELI	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY	لر ا	Per	TE: Read ore comple	NOTE: Read Instructions before completing this form	٤.
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Michael D. Feldman, Director	SUBMITTED. BASED ON MY INC MANAGE THE SYSTEM, OR THO GATHERING THE INFORMATION	ED ON MY INQUIRY FEM, OR THOSE PE VFORMATION , THE	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	REPONSIBLE	o Ho	1. all all		(206)439-7706			
TYPED OR PRINTED Director, Aviation Development and Maintenance	THE BEST OF MY I COMPLETE. I AM / SUBMITTING FALS AND IMPRISONME	THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOMNG VIOLATIONS.	THE BEST OF MY KNOM EDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	RATE, AND Penalties F Sibility of F		OFFICER OR AUTHORIZED AGENT	UTIVE CODE	<u>ج</u> ۳	YEAR YEAR	<u>б</u> М	30

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PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTER</u> ADDRESS PORT OF SEAT	AME/ADDRESS SEA-TAC INTERNATIONAL AIRPORT PORT OF SEATTLE		#681	DIS	L POLLUTAN CHARGE N WA0024651	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 011 (SDN 4)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 011 (SDN 4)		NO bef	DTE: Re fore com	NOTE: Read Instructions before completing this form	s E
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"The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = < 0.11.

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PERMITTEE NAME/ADDRESS AME <u>SEA-TACINITER</u> ADDRESS <u>PORI OF SEAT</u> PO BOX 68727, FACILITY <u>SAME AS ABOV</u> LOCATION <u>SAME AS ABOV</u>		đ	TOTAL RECOVERABLE COPPER		TOTAL RECOVERABLE LEAD		TOTAL RECOVERABLE ZINC				5 1		5				NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Michae	ל	Director, Aviation Development and Maintenance	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments
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AR 027355

Permittee Name/Address Include Name/Location (if different) NAME SEA-TAC ATRPORT	is different) FRPORT		#681 #681	ISCHAR	AL POLLUTANT DIS HARGE MONITC	DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MALON2465-1	PORT (DMR	Mar (	NOTE: R completing	NOTE: Read instructions before completing this form.	s before
1				0-YM	<b>N</b> 1		(CMT) TOO		Diseha	Discharge Location	
Ч	]		ئے۔۔ ا	PERMIT	T NUMBER	DISC	DISCHARGE NUMBER	ER	LAL	47° 24' 7"	z
P.O. BOX 6	BOX 68727, SEA	SEATTLE 98168	ها		INOM	MONITORING PERIOD	OD		Te	201 7	3.
FACILITY SAME AS AE	ABOVE				OM	X	OW	DAY			
LOCATION SAME AS AF	ABOVE		-	F.KUM	MARCH 01	666T O.L.	9 03 31				
		QUANTITY	OR	LOADING	oua	QUALITY OR CONCENTRATION	NCENTRATIO		No. uf /	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed	of Analysis	Type
FLOW*	Sample Measurement	* * * * * *	3457	GPM	* * * * * *	* * * * * *	* * * * * *	* * *	0	21/31	3xShift
	Permit Requirement	*****	4,800		* * * * * *	* * * * * *	* * * * * *			07/07	CONT.
pH	Sample Measurement	* * * * * *	* * * * * *	* * *	6.37	* * * * * *	6.82	STD	0	5/21	GRAB
	Permit Requirement	* * * * * *	****		6.0	* * * * * *	0.6	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	* * * * * *	* * *	* * * * * *	3.5/<5**	5/<5**	mg/L	Ø	5/21	GRAB
	Permit Requirement	*****	*****		*****	80	15			01/07	GRAB
TSS	Sample Measurement	*****	* * * * * *	* * *	****	10.4	17	mg/L	0	5/21	COMP.
	Permit Requirement	* * * * * * *	* * * * * *		****	21	33			01/07	COMP.
BOD5	Sample Measurement	* * * * * *	*****	* * *	*****	160	160	mg/L	o	1/21	COMP.
	Permit Requirement	* * * * * *	* * * * * *		****	* * * * * *	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	* * * * * *	*****	* *	******	62.1	62.1	mg/L	0	1/21	COMP.
	Permit Regulrement	*****	* * * * * *		*****	* * * * * *	REPORT			01/30	COMP.
TPH	Sample Measurement	* * * * * *	*****	* * *	*****	2.8/1.2***	2.8/3.2***	mg/L	0	1/21	GRAB
	Permit Requirement	*****	* * * * * *		*****	* * * * * *	REPORT			1/30	GRAB
NAME/TITLE PRINCIPAL OFFICER	, EXECUTIVE	I CERTIFY UNDER PENALTY O Attachments were prepared		' LAM THAT THIS DOCUMENT AND ALL UNDER MY DIRECTION OR SUPERVISION	HENT AND ALL OR SUPERVISION				TELEPHONE	NE	DATE
Michael D. Feldman.	dman.	IN ACCORDANCE I QUALIFIED PERS	IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED FERSONEL A SYSTEM DESIGNED E VALUATE THE INFOLMATION SUBMITTED. BASED ON NY INQUIRY OF THE PERSON OR INFOLMATION SUBMITTED. BASED ON NY INQUIRY OF THE PERSON OR	IGNED TO ASSURI THER AND EVALUI MY INQUIRY OF	E THAT ATE THE THE PERSON OR		A.M.	[			
Director, Aviation Development and Maintenance	evelopment nce	PERSONS WHO MANAGE THE SY. RESPONSIBLE FOR GATHERING SUBMITTED IS, TO THE BEST		THE, OR THOSE PERSONS DIRECTLY THE INFORMATION, THE INFORMATION OF MY KNOWLEDGE AND BELIEF, TRUE,	NS DIRECTLY E INFORMATION BELIEP, TRUE,	1 Hulia		5	1	1	4
TYPED OR PRINTED	TED	ACCURATE, AND COMPLETE. I SIGNIFICANT PENALTIES FOR INCLUDING THE POSSIBILITY		AN AWARE THAT THERE ARE SUBMITTING PALSE INFORMATION. OF PINE AND IMPRISONMENT POR	ARE FORMATION, WHENT POR	EXECUTIVE OF EXECUTIVE OF AUTHORIZE	FFICER	PAL DR	REA NU	NUMBER YEAR	MO DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEFT. •• Oil & grease analysed by EPA method 1664 and EPA method 413.1	OF ANY VIOL LD BE SUBMITTE Y EPA method 1	ATIONS (Reference) ATIONS (Reference) ED ON A SEPARATE 1664 and EPA met	(Reference all de Separate All de Separate SHET. L'EPA method 413.1	attachments here	s here)		GENT- BULDOL	(51)	APR 27	665 7	
	ion SJE, the Port pecial Condition S	Port is notif ion S2 was pe		urtment of	Ecology that	Department of Ecology that this month, monitoring using methods and	nonitoring us	ing method	ls and /or	ods and /or locations pther	t her
Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	20-1 (Rev. 8-9	16 by WADOE)							). 	Pwre 1	PAGE 1 OF 10

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PAGE 1 OF 10

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Include Name/Location (if different)	Include Name/Location (if different)			DISCHARGE MONITORING REPORT(DMR)	GE MONI	TORIN	G REP	ORT(DN	IF)	complet	completing this form.	
NAME SEA-TAC	AIRPORT		#681	WA-0(	WA-002465-1		0	001 (IWS)	_		itee leave	
ADDRESS PORT OF	SEATTLE		لـــــــــــــــــــــــــــــــــــــ	PERMI'	PERMIT NUMBER		DISC	DISCHARGE NUMBER	MBER		UISCHARGE LOCATION	0U
P.O. BC	BOX 68727, SEA	SEATTLE 98168	. 1		W	NITORIN	MONITORING PERIOD	0			F 7 0	
FACILITY SAME AS	S ABOVE			·	Q	ΔАΥ	YEAR	H	DAY		07 77T	× L
LOCATION SAME AS	S ABOVE		-	FROM <b>1999</b>	MARCH	10	TO 1999	03	31			
		QUANTITY	B	LOADING	ō	QUALITY	OR CON	CONCENTRATION	ION	No. of	Frequency	cy Sample
Parameter		Average	Maximum	Units	Minimum		Average	Maximum	n Units	Exceed-	of Analysis	s Type
FECAL COLIFORM	Sample Measurement	* * * * * *	* * * * *	* *	* * * * *		e	£	#/100	ļ	1/21	GRAB
	Permit Requirement	* * * * * *	* * * * * *		****		* * * * * *	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT		* * * * * *	* * * * * *	* *	* * * * * *		* * * * * *	1	YES/	1	1	1
SCAN*	Permit Requirement	* * * * * *	* * * * * *		* * * * * *		* * * * * *	REPORT	NO		1/YR	c/G**
	Sample Measurement											
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	Sample											
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	Permit Requirement								<u> </u>			   
NAME/TITLE PRINCI	PRINCIPAL EXECUTIVE	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE DESEARED INNUSS MY DIRECTATION OF SUBSENIESY	PENALTY OF LAW	P LAW THAT THIS DOCUMENT AND ALL	IENT AND ALL					TELEPHONE	IONE	DATE
OFFICER	EK	IN ACCONDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT UN ACCONDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT OUALIFIED PERSONNEL PROPERLY GATTHER AND EVALUATE THE	TH A SYSTEM DES	IGNED TO ASSURE	THAT	7			<u> </u>			
Michael D. Feldman	Feldman	INPORANTION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY	ITTED. BASED ON	NY INQUIRY OF	THE PERSON OR			14/1	1			
Director, Aviation Development and Maintenance	u Jevelopmenc enance	RESPONSIBLE FOR GATHERING SUBMITTED IS, TO THE BEST ACCURATE, AND COMPLETE. I		THE INFORMATION, THE INFORMATION OF MY KNOWLEDGE AND BELIEP, TRUE, AM AWARE THAT THERE ARE	: INFORMATION BELIEF, TRUE, ARE	DIS	IGNATURE	SIGNATURE OF PRINCIPAL		43		YEAR MO I
		INCLUDING THE POSSIBILITY		OF FINE AND IMPRISONMENT FOR	MENT FOR	< 	AUTHORIZ	AUTHORIZED AGENT	NT UK	CODE		
TYPED OR PRINTED	RINTED		. SN									

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981	88	#681	NATIONAL DISC	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 003 (SDS 1) PERMIT NUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) ANNUAL WA0024651 03 (SDS 1) DISCHARGE NO.	Dischar	NO befo Discharge Location Lat 47 26 13" N	TE: Rea ore comp	NOTE: Read Instructions before completing this form	s E
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			FROM 1998	MO DAY 03 01	MONITORING PERIOD DAY YEAR 01 TO 1999	MO DAY 02 28	N	122 18' 38' W NO DISCHARGE			
		QUANTITY OR LOADING	DING			QUA	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	IITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPL TYPE
**1901	Sample Measurement	*******	**********		***********	0.72 **	0.72		Å	1/365	GRAB
E	<b>還內最低端做</b> 出	n na kakata ka						mg/L		<b>BUDE</b>	GRAB
TSS	Sample Measurement	***********	*****		***********	8.5	11.0	'	NA	2/365	COMP
22-						And the second se		тgЛ		SW ST	<b>COMP</b>
	Sample Measurement	******	*******		*******	12.5	13.0		AN	2/365	COMP
								NTU		N. G. W.	CORP
EECAL COLIEORM	Sample Measurement	***********	***********	1	***********	< 2	< 2		AN	1/365	GRAB
		ALL						#/100 ml		CONN	, GRAB
TOTAL BECOVIEDABLE CODDED	Sample Measurement	*********	***********		***********	0.025	0.028		AN	2/365	COMP
	Part Remain							mg/L		N. W. Wall	COND.
TOTAL RECOVERABLE LEAD	Sample Measurement	*********	**********	1	*****	0.0035	0:005		AN	2/365	COMP
								mg/L		Noval 1	di com
TOTAL RECOVERABLE ZINC	Sample Measurement	************	*********	I	**********	0.0965	0.118		NA	2/365	COMP
							<b>HAPPENT</b>	шдиг		<b>John P</b>	Côte.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WITH A SYSTI PERSONNEL PROPERLY GATHE SUBMITTED. BASED ON MY IN(	RENALTY OF LAW RERE PREPARED UN With a system d Perly Gather an Sed on My Inquiry	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO	Ent and al N or super E that qua Formation M persons	L L L L L L L L L L L L L L L L L L L		TELEPHC	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	MANAGE THE SYS GATHERING THE	STEM, OR THOSE P INFORMATION, TH	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	RESPONSIBI	LE FOR	11. 11 Cla	(206)439-7706	9-7706	(		
TYPED OR PRINTED Director, Aviation Development	THE BEST OF MY KNOWLEDGE COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMATI	KNOWLEDGE AND AWARE THAT THEI SE INFORMATION,	THE BEST OF MY KNOW EUGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE	JRATE, AND T PENALTIE SSIBILITY OF	<u>\</u>	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR ANDUORIZED AGENT	JTIVE CODE		1	4 4	23
and Maintenance	AND IMPRISONME	AND IMPRISONMENT FOR KNOWING VIOLATIONS.	VIOLATIONS.						YEAR	R MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference the diesel and motor oil out	ce all attachments here	() s from method NWTDH	Dv - Rocutt Er	action for Niesel = () 16	Motor Oil = 0 56	Printed 4/ 2/99	4/ 2/99		PAG 1	0F 7

\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = 0.16, Motor Oil = 0.56.

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PO BOX 68727, SEATTLE, WA	LE, WA 98168			W	ITORING PER		5	122 18' 42' W		ļ	<b>T</b>
z			FROM 1998	MO DAY 03 01	TO 1999	MO DAY 02 28		NO UISCHARGE	AKGE		٦ [
		QUANTITY OR LOADING	ING			QUAI	QUALITY OR CONCENTRATION	<b>ATION</b>			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPL TYPE
TPH**	Sample Measurement			****		< 0.15 **	< 0.15 **	mg/L	¥ Z	1/365	GRAB
										,	
	Sample Measurement	********	************		*********	20	20		AN	1/365	COMP
20						<ul> <li>A state of the sta</li></ul>		mg/L			
	Sample Measurement	***********	************		********	31	31		¥	1/365	COMP
								NIN		800.2002.00 90000.900 - 201 - 40 - 40 - 40 - 40 - 40 - 40 - 40 - 40	
	Sample Measurement	******	*********		************	110	110		AN	1/365	GRAB
								#/100 m			
	Sample Measurement	**********	**********		***********	600'0	600'0	•	٩z	1/365	COMP
		i anta cara Tri						Jôu			
	Sample Measurement	***********	***********		***********	900:0	900'0	•	AN	1/365	COMP
						<ul> <li>A state of the sta</li></ul>		шĝуг			
TOTAL BECOMEDABLE ZINC	Sample Measurement	*********	***********	1	**************	0.213	0.213	•	AN	1/365	COMP
								mg/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WITH A SYSTI PERSONNEL PROPERLY GATHE	RENALTY OF LAW GERE PREPARED UN WTH A SYSTEM DI PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and al N or supef E that qu iformation	L ALIFIED		TELEPH	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director		sed on My Inquiry Stem, or those PI Information , th Know Edge and (	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BREY DE MY KNOM FORSE AND RELIEF TRUE ACCURATE AND	JR PERSONS RESPONSIB JBMITTED 15 IRATE AND	S WHO LE FOR 3, TO	la Olta	1206)43	(206)439-7706 AREA	96	77 9	20
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. I AM AWARE THAT COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO	COMPLETE. I AM AWARE THAT THERE ARE SIGN SUBMITTING FALSE INFORMATION. INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	T PENALTIE SSIBILITY O		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			// YEAR	R MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Referen	ce all attachments here)	()		Domit Emotion for Discosl - 70.05 Mater Oil - 70.11	5 Motor Off - 2011	Printed	Printed 4/ 2/99	4	PAG 2	- 40

\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.11.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum".)
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

## Legal Notice

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PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 98168 EACHITY SAME AS AROUE	4al Airport #681 1e, wa 98168	<del>8</del>	NATIONAL	VAL POLLUTANT <b>ISCHARGE MC</b> WA0024651 <u>PERMIT NUMBER</u> MON	DISCHARGE	E ELIMINATION SYSTEM REPORT(DMR) ANNUAL 008 (SDN 3) DISCHARGE NO.	L at Long	NOT befor Discharge Location Lat 47 27 59" N Long 122 18' 45" W	TE: Read ore comp	NOTE: Read Instructions before completing this form " N 5" W	E
z			FROM 1998	MO DAY 03 01	TO 1999	MO DAY 02 28	z	NO DISCHARGE	ARGE		ר
		QUANTITY OR LOADING	VING			QUAI	QUALITY OR CONCENTRATION		í I		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FF Exceed FF ances /	FREQUENCY OF OF ANALYSIS	SAMPL TYPE
трн∗	nple Measurement				Same and a strate of an addition	< 0.155 **	< 0.16 **	mg/L.	<b>A</b> N	2/365	GRAB
			いいかい ちょうちょう ちょう ためい うめい うわい しんしょう 一日 日本市会 かいしょう かんしょう アイト・ション 日本市会 かいしょう しんしょう アイドレート					war ji		n       	(e.) (c.)
166	Sample Measurement		**********		****	12	12	,	AA	1/365	COMP
22						And a state of the		шgЛ			
	Sample Measurement	********	*************		*********	6	6		AN	1/365	COMP
						ger stra το		NTU			
	Sample Measurement	*****	**********			120	240		NA	2/365	GRAB
						10 10 10 10 10 10 10 10 10 10 10 10 10 1		#/100 ml	*. ***		
TOTAL BECOVERABLE COBBED	Sample Measurement	*********	*********		********	0.017	0.017		NA	1/365	COMP
	and the second second		All manage of the second secon			andres Sameran I end		тgЛ			
TOTAL RECOVERABLE LEAD	Sample Measurement	********	************		*****	< 0.002	< 0.002	•	A	1/365	COMP
				- 96 NT 9721				mg/L			
TOTAL RECOVERABLE ZINC	urement	****		*	*****	0.089	0.089	mov	<b>A</b> N	1/365	COMP
								2			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDEF ATTACHMENTS W IN ACCORDANCE PERSONNEL PRO	R PENALTY OF LAW RERE PREPARED UN WITH A SYSTEM DI PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and all N or super E that qua Formation	LIFIED		TELEPH	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director		STEM, OR THOSE PI INFORMATION , TH	AUDIMITICAL ENCLORED OF MILINGENER OF THE FLORED OF AND	RESPONSIBL BMITTED IS	EFOR	In Maller	(206)4	(206)439-7706 ARFA	(		
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO	COMPLETE. I AM AWARE THAT THERE ARE SIGNI COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOWING VIOLATIONS.	THERE ARE SIGNIFICANT PENALTIES FOR ION. INCLUDING THE POSSIBILITY OF FINE MMNG VIOLATIONS.	T PENALTIES SSIBILITY OF	*	OFFICER OR AUTHORIZED AGENT	ITIVE CODE		YEAR	7 07 R WO	23 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	æ all attachments here	(				Printed	Printed 4/ 2/99	-	PAG 3 (	0F 7

\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.105.

AR 027364

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
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- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u>	AL AIRPORT #681	81	NATIONAL DISC	VAL POLLUTANT <b>ISCHARGE MC</b> WA0024651 DEEDANT NI MABED	DISCHARGE	E ELIMINATION SYSTEM <b>REPORT(DMR)</b> ANNUAL 009 (SDS 4) CNSCHABGE NO	Dischar	NO befo Discharge Location	TE: Rea	NOTE: Read Instructions before completing this form	
PO BOX 68727, SEATTLE, CAME AS APOVE	LE, WA 98168			W	ITORING PER		5	122 18' 15" W	2		<b>f</b>
LOCATION SAME AS ABOVE			FROM 1998	MO DAY 03 01	T0 YEAR	MO DAY 02 28	ž	NO DISCHARGE	ARGE		٦
		OUANTITY OR LOADING	ING			OUAL	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPL TYPE
	Sample Measurement	************	********		*******	< 0.15 **	< 0.15 **		¥	2/365	GRAB
			er su reformentes i sent marte entre en 1985 - 1986 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1					Чбш			
TCC	Sample Measurement	********	*********	1	*******	2.95	3.8	•	¥	2/365	COMP
201					<ul> <li>A state of the sta</li></ul>			mg/L			,
	Sample Measurement	******	********		***************	4.3	5.7		NA	2/365	COMP
								UTN		n na 20 n 1 Oriu n 1 Na Na Na Na	**************************************
EECAL COLEODM	Sample Measurement	******	*******	1	*******	150	300		NA	2/365	GRAB
								#/100 I#			
TOTAL BECOVERABLE CODDED	Sample Measurement	**********	*******	1	*****	0.0225	0.029	1	<b>A</b> A	2/365	COMP
								mg/L		2 mile or your () 2 mile or your () 1 mile or your () 2 mile or your () 1 mile or you	
TOTAL RECOVERABLE LEAD	Sample Measurement	****	*******	ł	***********	< 0.0015	< 0.002		AN	2/365	COMP
								шдуг			*** *** ***
TOTAL RECOVERABLE ZINC	Sample Measurement	******	**********	I	**********	0.0135	0.015	1	٩N	2/365	COMP
								шĝіг			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARI IN ACCORDANCE WTH A SYST PERSONNEL PROPERLY GATHE	R PENALTY OF LAW REFE PREPARED UN WTH A SYSTEM DI PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and al V or super E that qui Formation	L LIFIED		ТЕLЕРНО	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman. Director	SUBMITTED. BAS MANAGE THE SYS GATHERING THE	ed on My Inquir) Stem, or those Pi Information , th	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	r Persons Responsibi Ibmitted IS	S WHO LE FOR	1. Charlen		9-7706			
TYPED OR PRINTED	THE BEST OF MY KNOWLEDGE COMPLETE. I AM AWARE THAT	KNOWLEDGE AND I AWARE THAT THEF	THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	JRATE, AND T PENALTIE		UNITURE OF PRINCIPAL EXECUTIVE	CODE CODE		a l	7 04	23
Director, Aviation Development and Maintenance	SUBMITTING FAL	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMING VIOLATIONS.	SSIBILITY O		IR AUTHORIZED AGEN			YEAR	RMO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	VY VIOLATIONS (Reference	ce all attachments here	() from mothed NIMTOU		Bossitt Eraction for Diosed 0 05 Meter Oil 20 10	E Motor Oil	Printed 4/ 2/99	4/ 2/99		PAG 4	0F 7

\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.10.

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
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- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
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PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> WA 98168 PO BOX 68727, SEATTLE, WA 98168	88	#681	NATIONAL	VAL POLLUTANT <u> VAL POLLUTANT</u> <u> VA0024651</u> <u> PERMIT NUMBER</u>	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 010 (SDW 3) PERMIT NUMBER DISCHARGE NO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONIT ORING REPORT (DMR) ANNUAL WA0024651 010 (SDW 3) PERMIT NUMBER DISCHARGE NO.	Discha	NO bef Discharge Location Lat 47 26' 09" N	DTE: Rec fore com	NOTE: Read Instructions before completing this form	" E
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR 1998	MO DAV 03 DAV	MONITORING PERIOD DAY TO YEAR 01 TO 1999	MO DAY 02 28	Long	122 18 53" W NO DISCHARGE	v IARGI		
		OUANTITY OR LOADING	DING			QUAI	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed	FREQUENCY OF ANALYSIS	SAMPL TYPE
TPH**	Sample Measurement	*******	***********	*****	*******	1.35 **	3.79 **	ļ .	¥	3/365	GRAB
								тубш	2)		
TSS	Sample Measurement	**********	************	1	**********	8.6	8.6		AN	1/365	COMP
						المعالي المحالية المحالية والمحالية المحالية المحالية المحالية المحالية المحالية المحالية المحالية المحالية ال المحالية المحالية الم المحالية المحالية الم		mg/L	A		
TURBIDITY	Sample Measurement				*****	13	13		Ą	1/365	COMP
								NTU	0.000		
FECAL COLIFORM	Sample Measurement	******	*********		***********	193.7	200		¥	3/365	GRAB
				I				#/100 ml			
TOTAL RECOVERARI E CODDER	Sample Measurement	***********	********		********	< 0.002	< 0.002		¥	1/365	COMP
				1				тубш			
TOTAL RECOVERABLE LEAD	Sample Measurement	***********	**********	ł	*************	< 0.002	< 0.002		Ą	1/365	COMP
								ng/L			
TOTAL RECOVERABLE ZINC	Sample Measurement	********	*****		*******	< 0.005	< 0.005		¥	1/365	COMP
								mg/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEF	PENALTY OF LAW FREPARED UN MTH A SYSTEM DE FERLY GATHER AND	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND AL OR SUPER THAT QUA ORMATION	LIFIED	(	TELEPHO	Telephone Number		DATE	
Michael D. Feldman, Director	MANAGE THE SYSTEM, OR THO	TEM, OR THOSE PE NFORMATION , THE	SOUNT FUL BASED ON MT INCURT OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS TO	k persons responsibi Bmitted is	E FOR	4. Athan	(206)439-7706	9-7706			
TYPED OR PRINTED	THE BEST OF MY KNOWLEDGE / COMPLETE. I AM AWARE THAT	(NOWLEDGE AND B AWARE THAT THER	THE BEST OF MY KNOM EDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	RATE, AND PENALTIES		UNUTION DATE EXECUTIVE	TIVE CODE		66	9 04	23
and Maintenance		AND IMPRISONMENT FOR KNOWING VIOLATIONS	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE			OFFICER OR AUGHORIZED AGENT			YEAR	S MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 1.33.	YY VIOLATIONS (Reference the dieset and motor oil qua	e all attachments here) Intitation range results	from method NWTPH-C	)x - Result Fra	action for Diesel = <0.05	i, Motor Oil = 1.33.	Printed 4/ 2/99	4/ 2/99		PAG 5 C	OF 7

AR 027368

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
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- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

FACILITY SAME AS ABOVE	PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 99168		PER	PERMIT NUMBER		PERMIT NUMBER DISCHARGE NO.		Discharge Location Lat 47 26' 07" N	-		before completing this form
					VITORING PER			122 18' 48" W			T
•			FROM 1998	MO DAY 03 01	T0	MO DAY 02 28					7
		QUANTITY OR LOADING	ING			QUA	QUALITY OR CONCENTRATION	<b>TRATION</b>	(  1		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of # Exceed F ances	FREQUENCY OF AVALYSIS	SAMPL TYPE
Samp	Sample Measurement	gan S				0.1125 **	0.15 **	шgЛ	N N N	2/365	GRAB
	Sample Measurement					29	29		Ę		COMP
TSS EAST				Automici	<ul> <li>A state of the sta</li></ul>			тgл	2		
	Sample Measurement	***********	******		*****	126	126		Ą	1/365	COMP
								NTU	a adati i		
FECAL COLIFORM	Sample Measurement	*************	****		***********	910	> 1600		AN	2/365	GRAB
						A state of the		#100 ml	andra and an		4.11.0
	Sample Measurement	********	*********		**********	0.013	0.013		AN	1/365	COMP
		A CHEMICAL MARKEN AND A CHEMICAL AND A		1.0603.000				тgЛ			
TOTAL RECOVERABLE LEAD	Sample Measurement	********	*****		*******	0.006	0.006		AN	1/365	COMP
								шдуг	Storie Glasseffert A		1. N.
TOTAL RECOVERABLE ZINC	Sample Measurement	*********	********		*********	0.124	0.124		AN	1/365	COMP
	Park Ruda was			100,000,000				тубш	Barnar ()		
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The True is the EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	ATIONS (Reference	all attachments here)					Printee	Printed 4/ 2/99		PAG 6 (	0F 7

The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.09.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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PERMITTEE NAME/ADDRESS AME SEA.TAC.INTERNATIONAL ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE. FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE	tional airport Attle, wa 98168	#6881	DISC DISC PEEROM	VAL POLLUTANT NSCHARGE MC WA0024651 PERMIT NUMBER MON B 03 01	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) wa0024651 015 (SB D) PERMIT NUMBER DISCHARGE NO. MONITORING PERIOD AR MO DAY TO 1999 07 79 98 03 01 TO 1999 07 79	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) ANNUAL WA0024651 015 (SB D) PERMIT NUMBER DISCHARGE NO. MONITORING PERIOD YEAR MO DAY 1998 03 01 TO 1998 07 28	Disch	NOTE: Read before comple Discharge Location Lat 47 27 07" N Long 122 18 47" W NO DISCHARGE	ore: Re ore corr W MG	NOTE: Read Instructions before completing this form " N " A CHARGE	ν ξ
		QUANTITY OR LOADING					QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed	FREQUENCY OF ANALYSIS	SAMPL TYPE
TPH**	Sample Measurement			I		< 0.155 **	< 0.16 <b>*</b>	л <sup>бш</sup>	٩	2/365	GRAB
								,			
TSC	Sample Measurement	*******	******		********	51	15		¥	1/365	COMP
2						The second secon		J@m			
TIRRINITY	Sample Measurement	*********	***********	1	***********	40	017		¥	1/365	COMP
	A CONTRACT OF							NTN			در بند بر الم بر الم بر الم بر الم بر الم
FECAL COLIFORM	Sample Measurement	**********	********		*****	1050	> 1600		¥	2/365	GRAB
								#100 m			1.11
TOTAL RECOVERABLE CORPER	Sample Measurement	********	*********		*******	0.014	0.014		¥	1/365	COMP
						(a) A set of the se		J/Gm			
TOTAL RECOVERABLE LEAD	Sample Measurement	*********	**********	Į	*******	0.002	0.002		AN	1/365	COMP
								T/Gm			
TOTAL RECOVERABLE ZINC	Sample Measurement	*********	******	1	*****	0.129	0.129	•	A	1/365	COMP
								mg/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEI	R PENALTY OF LAW MERE PREPARED UN E WTH A SYSTEM D DERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	Ent and al N or super E that qu Formation	L KVISION ALIFIED		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		sed on My Inquir Stem, or those P Information , th	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	r Person: Responsibi Ibmitted IS	S WHO LE FOR 3, TO	in Alla	7	(206)439-7706			
TYPED OR PRINTED		KNOWLEDGE AND	THE BEST OF MY KNOMEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AVVARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	JRATE, AND T PENALTIE:		SIGNITURE OF PRINCIPAL EXECUTIVE	TIVE CODE		0	6 6	23
Director, Aviation Development and Maintenance		Submitting false information, including t and imprisonment for knoming violations.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMING VIOLATIONS.	SSIBILITY OF		JR AUTHORIZED AGEN			YEAR	AR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) ** The TPH value remoded is the sum of the diesel and motic rail outsoftietion ranse results from method NWTPH Dv . Desult Francisco for Diesel = 70.05, Motor Cill = 70.05	OF ANY VIOLATIONS (Referention of the development)	ce all attachments here	) from method NWTDH I	Dv . Beenth Er	antion for Niesel = <0.0	6 Motor Oil - 70 106	Printed 4/ 2/99	41 2/99		PAG 7	<u>с</u>

The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.105.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
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- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981	68	#681	NATIONAL DIS	VAL POLLUTANT <b>ISCHARGE MC</b> WA0024651 PERMIT NUMBER	DISCHARGE	E ELIMINATION SYSTEM <u>REPORT(DMR)</u> SEMI-ANNUAL 007 (SDN 2) DISCHARGE NO.	Dischar Lat	NO befo Discharge Location Lat 47 28' 00" N	TE: Re: ore com	NOTE: Read Instructions before completing this form n	s E
• •			YEAR	MO DAY	MONITORING PERIOD	MO DAY	N N	122 18' 28' W NO DISCHARGE			
LOCATION SAME AS ABOVE			FROM 1998	H	р Б	02					]
		OUANTITY OR LOADING	)NG			QUA	QUALITY OR CONCENTRATION		1 14		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TPH	Sample Measurement	*********	******	1	*********	0.43 **	1.07		٩	3/180	GRAB
								mg/L	5 A 46 - 1		
ISS	Sample Measurement	************	************	1	******	1.97	211.0		٨A	3/180	COMP
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	Sample Measurement						-				
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEL CUMMITTER	PENALTY OF LAW ERE PREPARED UN WITH A SYSTEM DE PERLY GATHER ANI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND AL 4 OR SUPER E THAT QUA FORMATION	TIFIED		ТЕLЕРНО	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		TEM, OR THOSE PENE	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	RESPONSIBI	EFOR 10	In Contraction	(206)439-7706	9077-6			
TYPED OR PRINTED Director. Aviation Development	THE BEST OF MY KNOWLEDGE COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT	Knowledge and E Aware that thef Se information. 1	The best of My knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information. Including the possibility of finf	jrate, and t penaltie: ssiri ity of	FOR	SIGNITURE OF PRINCIPAL EXECUTIVE	CODE		3	6 04	23
and Maintenance	AND IMPRISONME	AND IMPRISONMENT FOR KNOWING VIOLATIONS.	VIOLATIONS.			א איני וו וסווולדה לחרוי			YEAR	R	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The TPH value recorded is the sum of the diesel and motor of quantitation rance results from method NWTPH. Dv. Besult Fraction for Diesel = 70 05. Motor Off = 0.40	NY VIOLATIONS (Reference of the diesel and motor oil due	e all attachments here	) from method NWTPH-I	Dx . Recutt Fr	artion for Niesel = <0.05	Motor Oil = 0.40	Printed 3/18/99	3/18/99		PAC	PAGE 1 OF 3

\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 0.40.

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AR 027375

PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u>		#681	DISONAL DISO	L POLLUTANI CHARGE MC WA0024651	DNAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT (DMR) WA0024651 012 (ENG. YARD)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) SEMI-ANNUAL WA0024651 012 (ENG. YARD)	L	NO' befc Discharge Location	ne: Kead ore comple	NOTE: Read Instructions before completing this form	E
-•	LE, WA 98168		- L	PERMIT NUMBER		HARGE NO.	Lond	47 26' 34' N 122 17' 50' W	8		
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE				Ħ	Į,	QM	Ż	NO DISCHARGE	ARGE		Π
. II			FROM 1998 1	69 1 61	01 1	<u>  02   28  </u>					ſ
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	And Andrews						ξ		_	ANALYSIS	TYPE
TPH"	Sample measurement		Second			• 1.79 • •	1.79 **	тgЛ	A N	1/180	GRAB
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TSS	Sample Measurement		*****	1	************	76	76		Ň	1/180	COMP
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEI SUBMITTED ANCEN ON WOW	ERE PREPARED UN ERE PREPARED UN WTH A SYSTEM DE PERLY GATHER ANI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUPPLIFY DAGED ON MY MICHINO A THI PERSON DO PEDALOGOM	ENT AND ALL V OR SUPERV E THAT QUAL FORMATION	1SION IFIED		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director TYPED OR PRINTED	SUBMITTED: BASED ON MITING MANAGE THE SYSTEM, OR THO GATHERING THE INFORMATION THE BEST OF MY KNOWEDGE A	TEM, OR THOSE PE INFORMATION , TH KNOMLEDGE AND F	ADDATE TEL BASED ON MITINGURT OF THE PERSON OF PERSONS MID MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOMLEDGE AND BELIEF, TRUE, ACCURATE, AND	R FERSONSIBLE RESPONSIBLE BMITTED IS, JRATE, AND			(206)439-7706	9-7706			
Director, Aviation Development and Maintenance	UCMPTETE: 1 AM AVARE ITAL SUBMITTING FALSE INFORMATI AND IMPRISONMENT FOR KNOV	COMPLETE: 1 AM AWAKE THAT THERE ARE SIGN SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	COMPLETE: TAM AVAKE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	I PENALTIES SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			YEAR	W	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.06, Motor Oil = 1.76.	IY VIOLATIONS (Referenc the diesel and motor oil qui	e all attachments here antitation range results	) ifrom method NWTPH-L	Dx - Result Frac	tion for Diesel = <0.06	5, Motor Oil = 1.76.	Printed 3/18/99	3/18/99		PAGE	PAGE 2 OF 3

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AR 027377

	AAME/ADDRESS SEA-TAC INTERNATIONAL AIRPORT #6	#681	DISC	CHARGE ML	DISCHARGE MONITORING REPORT (DMR)	DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL	NUAL	3		perore completing this torm	шo
ADDRESS PORT OF SEATTLE	· 14/4 00150		PER	WA0024651 PERMIT NUMBER	013 (	013 (TAXI YARD) DISCHARGE NO.	Disch	Discharge Location			
FACILITY SAME AS ABOVE	00106 444			MOM	ITORING PER		0	122 17 43° W	3		
z			FROM 1998	MO DAY 09 01	T0 YEAR	MO DAY 02 28		NO DISCHARGE	ARGE		
		QUANTITY OR LOADING	DING				QUALITY OR CONCENTRATION	TRATION			
PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
••Hd⊥	Sample Measurement					4.34 **	4.34 **	mark	<b>V</b> N	1/180	GRAB
da anno a s		<ul> <li>Second Structure</li> <li>Second Structure</li></ul>						1 		i fra	r†;2,41
TSS	Sample Measurement	*********	******		**************	28	28		¥	1/180	COMP
			Annual of a province province of the second se		umum Variation de la contraction de la La contraction de la c			т ш			
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	Sample Measurement										
								Patro S		2000 CO	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WITH A SYSTE PERSONNEL PROPERLY GATHEF SUBMITTED. BASED ON MY INO	R PENALTY OF LAW Ere Prepared Un WTH A system Df Perly Gather Ani Ed on My Inquiry	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO	ent and all v or super e that qua formation	/ISION .IFIED WHO		TELEPI	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director	MANAGE THE SYSTEM, OR THOS GATHERING THE INFORMATION THE REST OF MY KNOW ENGE A	STEM, OR THOSE PE INFORMATION , TH KNOW EDGE AND E	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOW FORE AND BELIEF TRUE. ACCUIDATE AND	RESPONSIBLI BMITTED IS,	E FOR TO		(206)	(206)439-7706 Area			
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. 1 MM AWARE THAT COMPLETE. 1 MM AWARE THAT SUBMITTING FALSE INFORMATI AND IMPRISONMENT FOR KNOV	COMPLETE. 1 AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE: I AM ANY THE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	T PENALTIES SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		ш	YEAR		DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	VIOLATIONS (Reference	e all attachments here					Printe	Printed 3/18/99		PA(	PAGE 3 OF

The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 4.32.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

<u>z</u>	AL AIRPORT #681 LE, WA 98168		NATIONAL DISC	VAL POLLUTANT VISCHARGE MC WA0024651 PERMIT NUMBER MON R1 MO 1 DAY		E ELIMINATION SYSTEM <u>REPORT(DMR)</u> QUARTERLY 003 (SDS 1) DISCHARGE NO. 10D 10D 10D 10D	Disch Lat Long	NOTE: Read before compt Discharge Location Lat 47 26' 13" N Long 122 18' 38" W NO DISCHARGE	M M ARGE	NOTE: Read Instructions before completing this form " " B" W CHARGE	
LOCATION SAME AS ABUVE			FROM 1998	12 L 01	T0 1999	11					
PARAMETER		OUANTITY OR LOADING AVERAGE	DING MAXIMUM	UNITS	MUMINIM	QUA AVERAGE	QUALITY OR CONCENTRATION MAXIMUM UN	UNITS	# of FF	FREQUENCY 5	SAMPLE
ETHYLENE GLYCOL	Sample Measurement			I		< 2.0 *	< 2.0 *	убш			GRAB
PROPYLENE GLYCOL*	Sample Measurement			I			<ul> <li>2.0 *</li> <li>2.0 *</li> </ul>	Т/бш	A N	1	GRAB
	Sample Measurement										
	Sample Measurement							100 Jac			
	Sample Measurement							ga way of			
	Sample Measurement										
	Sample Measurement							Alexandro a			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHE SUBMITTED. BASED ON MY INC	R PENALTY OF LAW RERE PREPARED UI With a system d Perly Gather an My Inquiry	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO	ENT AND AL N OR SUPER (E THAT QUA IF ORMATION OR PERSONS	L WISION ULFIED		TELEPH	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	MANAGE THE SYSTEM, OR THO GATHERING THE INFORMATION THE BEST OF MY KNOWLEDGE COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMATI AND IMPRISONMENT FOR KNOV	MANAGE THE SYSTEM, OR THOSE PERSONS DIRE GATHERING THE INFORMATION , THE INFORMATI THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	RESPONSIB JBMITTED IS URATE, AND T PENALTIE SSIBILITY OI		MULLING AL EXECUTIVE SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUDHORIZED AGENT	N IN	(206)439-7706 AREA CODE	99 Year	9 04 R MO	23 Dav
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference)	Se all attachments here	IS here) INF_JITI Y AND ALIGUST PER NPDES PERMIT	R NPDES PE	RMIT		Printed	4/ 2/99		PAGE	E 10F 2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE AI ALTACIMENTS NERT) \*ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST PER NPDES PERMIT

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u>	AL AIRPORT #681	81	NATIONAL DISI	L POLLUTAN CHARGE M WA0024651	IT DISCHARGE ELIN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) QUARTERLY WA0024651 007 (SDN 2)	L	NC bef Dischame Location	DTE: Re fore com	NOTE: Read Instructions before completing this form	SE DO
PO BOX 68727, SEATTLE,	E, WA 98168		III	PERMIT NUMBER		DISCHARGE NO.		47 28' 00" N	_ 3		. <u></u>
FACILITY SAME AS ABOVE				F	ITORING PER	94			IARG		T
LOCATION SAME AS ABOVE			FROM 1998	MU UAY	1 2 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	02 28					
		OUANTITY OR LOADING	DING			QUA	QUALITY OR CONCENTRATION	ITRATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ETHVIENE GLYCOL	Sample Measurement	******	*******		**********	< 2.0	< 2.0 *	1	¥	1/90	GRAB
			annen sonn an seo an Seo an seo an					mg/L		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	nanguer agent i e e i e i e i e i e i e i e i e i e i
	Sample Measurement	*******	*********	I	*********	< 2.0 *	< 2.0		¥	1/30	GRAB
		and the second s	and the second sec					mg/L			
	Sample Measurement	******	YES#		******	********	*****		¥	06/06	METER
FLOW			<ul> <li>S. C. S. C. S. S.</li></ul>	YESNO						2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Sample Measurement										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEI	ERE PREPARED UN WITH A SYSTEM DI PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ient and al N or super Le that qua Leormation	L L L			TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	SUBMITTED. BASED ON MY INC MANAGE THE SYSTEM, OR THO GATHERING THE INFORMATION THE REST OF MY KNOW FDGF /	ED UN MY INCUUR TEM, OR THOSE PI INFORMATION , TH KNOWI FDGF AND I	SUBMITTEU: BASED ON MITINGUIRT OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE REST DE MY KNOM FORE AND RELIEF TRUE ACCURATE AND	JR PERSONS RESPONSIBI JBMITTED IS	EFOR 10	In the Ma	(206)4:	(206)439-7706 AREA	0		
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. 1 AM SUBMITTING FALS AND IMPRISONME	COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	SSIBILITY OF	×	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUXHORIZED AGENT	1≝	ж	79 YEAR	AR MO	23 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *ETHVI ENE AND DEPORYLENE RI YYOON MONITODING MOT DEPORTING TO ALL THE TH	IY VIOLATIONS (Referenc OU MONITORING NOT DI	e all attachments here	() ()		T ING		Prin	Printed 4/2/99		PAC	PAGE 2 OF 2
EIHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST PER NPDES PERMIT	OL MUNI URING NUT RI	EQUIRED IN JUNE, JI	ULY, AND AUGUSI PE	ER NPUES FE	RMI						

\*ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST PER NPDES PERMIT \*\*Pump Station Bypass on 1/28/99, but no aircraft detcing occurred in North Cargo Area. Unable to sample short duration (<1 hour) bypasses on 12/13/98 and 12/27/98. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

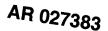
# **General Instructions**

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Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Mar-99	3400	4,896,000
2-Mar-99	2450	3,528,000
3-Mar-99	1729	2,490,000
4-Mar-99	1500	585,000
5-Mar-99	0	0
6-Mar-99	0	0
7-Mar-99	500	90,000
8-Mar-99	2700	1,620,000
9-Mar-99	1800	432,000
10-Mar-99	3306	1,587,000
11-Mar-99	0	0
12-Mar-99	3457	2,904,000
13-Mar-99	2889	4,159,500
14-Mar-99	2800	4,032,000
15-Mar-99	2800	1,344,000
16-Mar-99	0	0
17-Mar-99	0	0
18-Mar-99	0	0
19-Mar-99	0	0
20-Mar-99	0	0
21-Mar-99	1100	198,000
22-Mar-99	2233	3,216,000
23-Mar-99	2657	1,116,000
24-Mar-99	0	0
25-Mar-99	1613	1,257,900
26-Mar-99	1800	1,728,000
27-Mar-99	0	0
28-Mar-99	1100	165,000
29-Mar-99	1800	2,592,000
30-Mar-99	1400	840,000
31-Mar-99	1000	270,000

# POS SeaTac Airport IWTP Water Processing Log – March 1999

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Total March 1999 Flow (Galions)

39,050,400

Permittee Name/Address Include Name/Location (if different)	5S different)			ATIONAL PO	LLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	NATION SYST ORT(DMR)	EM	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	s before
NAME SEA-TAC A	AIRPORT		#681	MA-00	WA-002465-1		001 (IWS)		Lodoci O		
ADDRESS PORT OF S	SEATTLE			PERMIT	PERMIT NUMBER	DISCI	DISCHARGE NUMBER	R	UISCITATURE	A7º 2A' 7"	Z
P.O. BOX	68727, SEAT	SEATTLE 98168	~		INOM	MONITORING PERIOD	D			° 20'	3
FACILITY SAME AS A	ABOVE		ļ	<b>.</b> .	QW		MO	X		NO DISCHARGE	
LOCATION SAME AS A	ABOVE			FROM 1999	FEB 01	TO 1999	FEB 28				
		QUANTITY	OR	LOADING	QUA	QUALITY OR CON	CONCENTRATION		No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maxinum	Units	Exceed- ances	of Analysis	'f'ype
FLOW*	Sample Measurement	* * * * *	3518	GPM	* * * * * *	* * * * * *	* * * * *	* * *	0	20/28	3xShift
	Permit Requirement	* * * * * *	4,800		* * * * * *	* * * * * *	* * * * * *			10/10	CONT.
Hd	Sampte Measurement	* * * * * *	* * * * *	* *	6.52	* * * * * *	6.90	$^{ m STD}$	0	4/20	GRAB
	Permit Requirement	* * * * * *	* * * * * *		6.0	* * * * * *	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	* * * * * *	* * * * * *	* *	* * * * * *	<5/6***	<5/7***	mg/L	0	4/20	GRAB
	Permit Requirement	* * * * * *	* * * * *		* * * * * *	8	15			01/07	GRAB
TSS	Sample Measurement	* * * * *	* * * * * *	* *	* * * * * *	12	13	mg/L	0	4/20	COMP.
	Permit Requirement	* * * * * *	* * * * * *		* * * * * *	21	33			01/07	COMP.
BODs	Sample Measurement	* * * * * *	* * * * * *	* * *	* * * * * *	250	250	mg/L	0	1/20	COMP.
	Permit Requirement	* * * * * *	* * * * * *		* * * * * *	* * * * * *	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sampte Measurement	* * * * * *	* * * * * *	* *	* * * * * *	108	108	mg/L	0	1/20	COMP.
	Permit Requirement	* * * * * *	* * * * * *		* * * * * *	* * * * * *	REPORT			01/30	COMP.
ТРН	Sample Measurement	* * * * * *	* * * * * *	* * *	* * * * * *	2.5/1.2**	2.5/1.2**	mg/L	0	1/20	GRAB
	Permit Requirement	* * * * * *	* * * * * *		*****	* * * * * *	REPORT			1/30	GRAB
NAME/TITLE PRINCIPAL	L EXECUTIVE	I CERTIFY UNDER		THAT THIS DOCUM	HENT AND ALL				TELEPHONE	NE	DATE
OFFICER		ATTACHMENTS WERE PREPARED IN ACCORDANCE WITH A SYST QUALIFIED PERSONNEL PROPE	ATTACIMENTS MERE PREPARED UNDER MY DIRECTION ON SUPEN IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE TIMAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE	UHDER HY DIRECTION OK SUPERVISION 24 designed to Assuke that 34.4 gather and evaluate the	ON SUPERVISION E THAT ATE THE	1/1	0				
Michael D. Feldman, Director, Aviation Development	ldman, Development	INFORMATION SUBMITTED. BA PERSONS WHO MANAGE THE SY RESPONSIBLE FOR GATHERING	0 V.	ED ON HY INQUIRY OF TEM, OK THOSE PERSON THE INFORMATION, THI	OF THE PERSON OR Asons directly The information	Melas	Heldina	X (2	206) 439	439-7706 99	03,30
and Maintenance	ance	SUBMITTED IS, TO THE BEST ACCURATE, AND COMPLETE. I SIGNIFICANT PENALTIES POR		OF MY KHOMLEDGE AND BELIEP, THUE. Am Aware that there are submitting palse information.	BELIEP, TRUE, <b>B</b> Are Formation,	SIGNATURE	IGNATURE OF PRINCIPAL			NUMBER YEAR	R MO DAY
TYPED OR PRI	PRINTED	INCLUDING THE POSSIBILITY KNOMING VIOLATIONS.	1011177	OF FINE MUD INPATSOUNERT FOR	инент рок	AUTHOF	AUTHORIZED AGENT			· · ·	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SH	N OF ANY VIOL HOULD BE SUBMIT	ATIONS (Ref TTED ON A SEP MOLOT OIL (	(Reference all A SEPARATE SHEET. Oil (1.2 mg/l)	attachments	s here)	-			APR (	APR 01 1999	
••• Oil & grease analyzed by EPA method 413.1 and EPA method According to Permit Condition S3E, the Port is notifying the	by EPA method tion S3E, the P	413.1 and EP Port is notif		4 artment of	Ecology that	this month, I	wonitoring us	ing metho	ds and /or	c locations	other
than those specified =in Special Condition S2 was performed.	Special Conditi	ion S2 was pe				DEPT. OF ECOLOGY			DEPT. 0	FECOLOG	×

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Permittee Name/Address Include Name/Location (if different)	s lifferent)			ATIONAL POL	E MONITO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	ORT(DMP)		NOTE: Head instruc completing this form.	NOTE: Read instructions before completing this form.	ons belc	Ð
NAME SEA-TAC AIRPORT	RPORT		#681	MA - 00	WA-002465-1	<u> </u>	001 (IWS)		Dischard	Discharge Location		
ADDRESS PORT OF SEATTLE	ATTLE			PERMIT	PERMIT NUMBER	DISCI	DISCHARGE NUMBER	L.	Lat 47	47° 24' 7	7 N	
P.O. BOX 68727	8727, SEATTLE	TLE 98168	~		INOM	MONITORING PERIOD	Q			122°20'7	=	
AS	ABOVE		ŭ	FROM 1999	FEB 01	Y YEAR TO 1999	R MO DAY FEB 28	7	NO DISC	NO DISCHARGE	$\square$	$\square$
LOCATION SAME AS AB	ABOVE		-									
		QUANTITY	OR I	DNIDVO	QUA	LITY OR CON	QUALITY OR CONCENTRATION			Frequency		Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	l:xceed- ances	or Anàlysis		'l'ype
FECAL COLIFORM	Sample Measurement	* * * * * *	* * * * * *	*	* * * * * *	0	0	#/100	0	1/20		GRAB
	Permit Requirement	* * * * * *	* * * * * *		*****	*****	REPORT	mls	•	01/30		GRAB
PRIORITY POLLUTANT	Sample Measurement	* * * * * *	* * * * *	*	* * * * * *	******	¥N N	YES/	¥	4N	<b>~</b>	AN AN
SCAN*	Permit Requirement	* * * * * *	* * * * * *		* * * * * *	****	REPORT	ON		1/YR		C/G**
	Sample Mensurement			i								
	Permit Remirement											
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NAME/TITLE PRINCIPAL	, EXECUTIVE	I CENTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARED (	R PEHALTY OF LAW RE PHEPARED UNDER	LAW THAT THIS DOCUMENT AND ALL UNDER HY DIRECTION OR SUPERVISION	HENT AND ALL OK SUPERVISION				TELEPHONE	JF.	DATE	TE
OFFICER	,	IN ACCORDANCE WITH A SY QUALIFIED PERSONNEL PRO	IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSUME TNAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE ALLOCATION CONTRACTOR AASON ON WY INDUTING OF THE PER-	YSTEM DESIGNED TO ASSUME THAT Derly Gather and Evaluate the Aased on av thurity of the Person or	E THAT ATE THE THE PERSON OR	71.	N.					
Michael D. Feldman Director, Aviation Development	.dman Jevelopment	PERSONS WIO MANAGE THE SYL	PREORDER NO MANAGE THE SYSTEM, OR THOSE FREQOIS DIRECTLY RESPONSION WILL ANALOGE THE SYSTEM, OR THOSE FREQOIS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATI	THE INFORMATION, THE INFORMATION	HS DIRECTLY E INFORMATION	/ Under	William	4	(206)439-7706		79, 6	99,03,80
and Maintenance	nce	SUBMITTED IS, TO THE BEST ACCURATE, AND CONPLETE. I SIGNIFICANT PENALTIES FOR INCLUDING THE POSSIBILITY		OP MY KNOMLENCE NAD BELTEF, TRUE, am Aware that there are submitting false information, of fine and imprisonment for	BELIEP, TRUE, Are Formation, Whent for	SIGNATURE EXECUTIVE AUTHORJ	IGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ـــــــــــــــــــــــــــــــــــــ	AREA NUR CODE	NUMBER	YEAR MO	O DAY
TYPED OR PRINTED	J'PED	KNOWING VIOLATIONS.	. 5110 1									

\*ATTACH THE LABORATORY REPORT. \*\*C/G = COMPOSITE/GRAB.

AR 027386

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Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Feb-99	1493	4,032,000
2-Feb-99	3763	5,418,000
3-Feb-99	2839	3,066,000
4-Feb-99	2586	2,172,000
5-Feb-99	0	0
6-Feb-99	3518	2,322,000
7-Feb-99	3358	4,836,000
8-Feb-99	3100	3,720,000
9-Feb-99	0	0
10-Feb-99	0	0
11-Feb-99	0	0
12-Feb-99	0	0
13-Feb-99	3090	1,854,000
14-Feb-99	0	0
15-Feb-99	1500	315,000
16-Feb-99	2306	2,490,000
17-Feb-99	2000	2,880,000
18-Feb-99	2000	720,000
19-Feb-99	3300	4,158,000
20-Feb-99	0	0
21-Feb-99	0	0
22-Feb-99	1482	1,956,000
23-Feb-99	1700	2,448,000
24-Feb-99	2820	3,384,000
25-Feb-99	2800	4,032,000
26-Feb-99	2550	3,060,000
27-Feb-99	3204	4,326,000
28-Feb-99	3181	4,581,000

# POS SeaTac Airport IWTP Water Processing Log -- February 1999

Total Fevruary 1999 Flow (Gallons)

61,770,000

PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT	NAL AIRPORT #681	2	NATIONAL	POLLUTAN HARGE M	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTI	INATION SYSTEM <b>)RT(DMR)</b> MONTHLY	>.	NO	TE: Rea ore comp	NOTE: Read Instructions before completing this form	" E
ESS	ILE, WA 98168		PER	WA0024651 PERMIT NUMBER		002 (SDE 4) DISCHARGE NO.	Dischar Lat A	Discharge Location Lat 47 26' 13" N	2		
FACILITY SAME AS ABOVE			VEAD	MO MO	NITORING PER			NO DISCHARGE	ARGE		T
LOCATION SAME AS ABOVE			FROM 1999	+	10						]
		QUANTITY OR LOADING	ING			OUAL	QUALITY OR CONCENTRATION	ATION	1 11		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measurement	************	*********	1	********	0.27	0.27		AN	1/30	GRAB
	EEP Sum Requirement		Museumanna)			1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	, distant	mg/L		(j(EJ)	(6)2(1)
C C F	Sample Measurement	************	**********		*********	32	131		AN	2/30	COMP
22	Pertar anne an anna an		A NUMBER OF STREET, ST			المعالم من	RECORD	шдуг		0160	( <b>1.0</b> )
	Sample Measurement	************			********	617	54		AN	2/30	COMP
	Anthenin and Ample St						Les (décords	NTU		(14.0	(10) (10)
	Sample Measurement	****	***********		*********	< 2	< 2		<b>A</b> N	1/30	GRAB
	Point Requirement	Sector Se	A Station of the second				ારભિક્સો	IIII 001/#		10160	(J20)
June 1	Sample Measurement	*******	********		*****	3.12	4.26		AN	2/30	COMP
c008	Permit Requirements		All and a second			C. Anna with me	1003181- 1	убш		(16)	(50'P)
	Sample Measurement	******	*****		***********	< 2.0 *	< 2.0 *	•	NA	2/30	COMP
	APermit Requirement		Alexandra and					J D D		0169	(60.1)
	Sample Measurement	*********	*******	!	*****	< 2.0 +	< 2.0 *		A	2/30	COMP
	Sema Requirement						<b>NOTED TO A</b>	ug/L	ندست ، المس	0,810	(conp.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTI PERSONNEL PROPERLY GATHE	R PENALTY OF LAW VERE PREPARED UI WITH A SYSTEM D PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and al N or Super E that Qu, If ormation	L Auffied N	(	ТЕЦЕРН	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director		sed on My Inquir Stem, or Those P Information , Th	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION THE INFORMATION SUBMITTED IS, TO	R PERSON	S WHO LLE FOR 5, TO	in Hall	(206)4	(206)439-7706 AREA	0	3	6
TYPED OR PRINTED	COMPLETE. I AM AWARE THAT	I AWARE THAT THE	THE BEST OF MIT INVOLVED AND BELIEF, THOE, ACCURATE, AND COMPLETE. IT AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR COMPLETE. IT AM AWARE THAT THERE ARE SIGNIFICANT PERALTIES FOR	T PENALTIE	-	SIGNITURE OF PRINCIPAL EXECUTIVE	JTIVE CODE		~	201	20
Unedor, Awarion Development and Maintenance		AND IMPRISONMENT FOR KNOWING VIOLATIONS	VIOLATIONS.						YEAR	AR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachmen 'Ethylene and Propylene Glycol monitoring not required in June, July, and August.	ANY VIOLATIONS (Referen oring not required in June, J	ce all attachments here) uly, and August.	(ə				Printed	3/17/99		PAGE	3E 3 OF 10

- Enyrene and Propyrene orycon monutoring not required in June, Jony, and August. ••The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil =0.25.

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PERMITTEE NAME/ADDRESS AME SEA.TAC INTERNATIONAL AIRPORT	JAL AIRPORT #681	81	DISC	L POLLUTANT CHARGE M WA0024651	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTI WA0024651 002 (SDE 4)	IINATION SYSTEM DRT(DMR) MONTHLY (SDE 4)		NOI befo	TE: Read ore compl	NOTE: Read Instructions before completing this form	" E 🗌
ADDRESS - VIL VI VI VILLE	LE. WA 98168		PER	PERMIT NUMBER				47 26' 13" N 47 26' 13" N	2		
FACILITY SAME AS ABOVE			- 1	ŀ	VITORING PER			NO DISCHARGE	APCE		Т
LOCATION SAME AS ABOVE			FROM 1999	MU UAY 02 01	T0	MO DAY 02 28					7
		OUANTITY OR LOADING	NG			QUAL	QUALITY OR CONCENTRATION	VIION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	ΠS	# of FF Exceed Fr ances /	FREQUENCY S	SAMPLE TYPE
TOTAL BECOVERABLE COPPER	Sample Measurement	********	************	1	**********	600:0	0.015		NA	2/30	COMP
	R Parmit Requirement		A Particulation of the second s				्रिहर्भ्य ।	mg/L		(1)EA	(c) [5]
IOTAL BECOVERABLE LEAD	Sample Measurement	************	***********		*************	110.0	0.022		AN	2/30	COMP
וטואר אבלטעבויאטרר דבאט	Permit Requirement	Manual and a second sec					( (ब्रिया	тgл		(3)(3)	6012
TOTAL DECOVEDADE E ZINC	Sample Measurement	*************	*********		**********	0.055	0.108		NA	2/30	COMP
	Bernet Requisition						0.102513)	тgЛ		(G)k(t)	<b>60</b> 15
	Sample Measurement										
	B Parmit, Requirements										
	Sample Measurement										
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	E Permit Requirement										
	Sample Measurement										
	St. Femix Requirements Representation		Name and a state of the								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTI PERSONNEL PROPERLY GATHE SUIBMITTED ASSED ON MY IMC	RENALTY OF LAW REE PREPARED UN WTH A SYSTEM DI PERLY GATHER ANI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUMMITED PASED ON MY INVILIEY OF THE PERSON OR PERSONS WHO	ENT AND AL V OR SUPER E THAT QUA FORMATION R PERSONS	LIFIED		TELEPHO	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director		STEM, OR THOSE PE INFORMATION TH	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE DEST OF MY VHOM FORE AND BELIEF TOLIC ACTUDATE AND	RESPONSIBI BMITTED IS	EFOR TO	lial Hilde	1206)439-7706	9-7706	7	<u> </u>	
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. 1 AM SUBMITTING FAL AND IMPRISONME	COMPLETE US MIT WARE THAT THERE ARE SIGNI COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	T PENALTIES		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TIVE CODE		49 YEAR	00 00 01 02	R ya
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	ce all attachments here	(				Printed 3/17/99	3/17/99		PAG	PAGE 4 OF 10

PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u>		#681	NATIONAL DISO	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER	T DISCHARGE ELIN ONIT ORING REPO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 005 (SDS 3) PERMIT NUMBER DISCHARGE NO	Dischai Lat	NO befo Discharge Location	TE: Re: ore com	NOTE: Read Instructions before completing this form n	s m
FACILITY SAME AS ABOVE	SEALTLE, WA 98108 E			W	ITORING PER		5	122 18 30" W	2 B B B B B B B B B B B B B B B B B B B		T
LOCATION SAME AS ABOVE			FROM 1999	MO DAY 02 01	T0 7999	M0 DAY 02 28					7
		QUANTITY OR LOADING	DING			QUAL	QUALITY OR CONCENTRATION	LATION	1 11		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measurement	***********	************		*****	< 0.16 **	< 0.16 **	•	AA	1/30	GRAB
5	Printer Requirement	ACTING TO ANY ANY ANY ANY					TROSEN	тgл		(jk))	ଔଷଧି
331	Sample Measurement	******	************		**********	9.2	9.2		M	1/30	COMP
00-	Methodiane yaune dat	<b>Restances</b>					(REORE)	тубш		(G)(E)	( <b>30</b> ,19
	Sample Measurement		***********		*****	11	11		AN	1/30	COMP
	A Pennk, Requirement						ા હાર્ક્સાર	NTN		(G162)	(j. j.
EECAL COLIEODM	Sample Measurement	***********			**********	2	2		٩N	1/30	GRAB
	the Permit Requirement	And the second second second				1	1350.00	#/100 ml		0.00	(6)21)
	Sample Measurement	*****	***********		***********	6.06	6.06		AN	1/30	COMP
6009	Firenn, Requirertert					The second second is	<b>UNOXEN</b>	Чбш		U3161)	( <u>60</u> ,]2
	Sample Measurement	******	***********	1	***********	< 2.0 •	< 2.0 *	•	NA	1/30	COMP
	Permit, Requirements	South States and States	North States				1803-530	Ч <sup>бш</sup>		(180)	603
PROPYLENE GLYCOL*	Sample Measurement	*********	***********	1	*****	2.06	2.06		AN	1/30	COMP
	Parties and a second and the second second		Manual Manua Manual Manual Manua				La REROKI			0350	(30) D
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEL	R PENALTY OF LAW WERE PREPARED UI E WTH A SYSTEM D DPERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and al N or super E that qui Formation	L RVISION ALIFIED		TELEPH	TELEPHONE NUMBER	~	DATE	
		SED ON MY INQUIR STEM, OR THOSE P	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR	RESPONSIB	S WHO LE FOR	1 April 1	(206)4	(206)439-7706			
		KNOWLEDGE AND	GATTERING TRETRY CRAMATION , TILLIN, CRAMATION SUBMITED 13, 10 COMPLETE BEST OF MY KNOME DGE AND BELIEF, TRUE, TAUE, AND COMPLETE , AM ANARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	URATE, AND T PENALTIE	a a a	I (MU/1010/10 / CUM.C.	K.C. AREA TIVE CODE		8	\$ 03	R
Director, Aviation Development and Maintenance		SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	ON, INCLUDING THE POSSIBILITY OF FINE MNG VIOLATIONS.	SSIBILITY O		OFFICER OR AUTHORIZED AGENT			<u> </u>	YEAR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) CEMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	F ANY VIOLATIONS (Referen	nce all attachments here	(a				Printed	Printed 3/17/99		PA	PAGE 5 OF 10

•Ethylene and Propylene Glycol monitoring not required in June, July, and August. ••The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = <0.11.

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AME SEA-IAC INTERNATIONAL AIRPORT	AL AIRPORT #681		DISC	L POLLUTANT CHARGE MC WA0024651	DIAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) W40024651 005 (SDS 3)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 005 (5DS 3)	L	NO befo Dischame I octation	ore comp	NOTE: Read Instructions before completing this form	s m
ω. 	LE, WA 98168		- BER	PERMIT NUMBER		DISCHARGE NO.	Lat	47 25 58" N 122 18' 30" W	3		
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR FROM 1999	MO DAY 02 01	TO 1999	MO DAY 02 28	-	NO DISCHARGE	ARGE		7
		QUANTITY OR LOADING	ING			QUA	QUALITY OR CONCENTRATION	RATION	1 1		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MIMIM	AVERAGE	MAXIMUM	UNITS	# of Fi Exceed Fi	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TOTAL DECOMEDABLE CODDED	Sample Measurement	************	**********		***********	0.016	0.016	•	NA	1/30	COMP
	Ar Point Requirement			adarba .			ANOLEN .	шðуг		(14.0)	(EOII)
TOTAL DECONCEDADIE LEAD	Sample Measurement	******	***********		*************	< 0.002	< 0.002		¥	1/30	COMP
	ALENTET REPERTING					and the second se	TROPERIN	шðуг		(1160)	60.05
	Sample Measurement	************	************		****	0.027	0.027		AN	1/30	COMP
TOTAL RECOVERABLE ZING	Reviewes versions with the second states and the second se	AND	A STATE AND A STAT				LE GEORE	ugh M		((14))	GCOD
	Sample Measurement										
	Permit Requirement										
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	in Permit Requirement										
	Sample Measurement							-			
	States as states as states and the second states and the second s	建制制制制									
	Sample Measurement										
	Permit Requirement	an an that the									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTI	ERE PREPARED UI WIH A SYSTEM D	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION DIRECORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED	HENT AND ALI IN OR SUPER RE THAT QUA	VISION		TELEP	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		ED ON MY INQUIR TEM, OR THOSE P INFORMATION , TH KNOW FDGE AND	PERSONNEL PROTECT. DATIER AND EVERTICATE THE UNDERSONDER SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE PEST DE MY KNOM FORE AND RELIEF TRUE ACCURATED AND	RESPONSIBL RESPONSIBL UBMITTED IS	TO NHO	in the feldu		(206)439-7706 AREA			
TYPED OR PRINTED Director, Aviation Development	COMPLETE. I AM SUBMITTING FAL	COMPLETE. J MI WAY THAT THERE ALL IN THE RESIDENT OF A SIGNING THAT THERE ALL IN THE RESIDENT THAT THERE ALL IN THE RESIDENT THAT THE RESIDENT THAT THE RESIDENT THAT THE RESIDENT ALL IN THAT THE RESIDENT ALL IN THAT THAT THAT THE RESIDENT ALL IN THAT THAT THE RESIDENT ALL IN THAT THAT THE RESIDENT ALL IN THAT THAT THAT THAT THAT THE RESIDENT ALL IN THAT THAT THE RESIDENT ALL IN THAT THAT THAT THAT THAT THE RESIDENT ALL IN THAT THAT THAT THAT THAT THAT THAT THA	COMPLETE I AM ANY THERE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS	NT PENALTIES	1	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER ON AUTHORIZED AGENT		ш	44	<u>2</u> 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	$\frac{8}{8}$

Cutation for EDA Exem 3330 4 (Dougle OF for MACAEL

SEA-TAC INTERNATIONAL AIRPORT	AL AIRPORT #681	-	NATIONAL DISC	POLLUTAN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) MONTI	INATION SYSTEM DRT(DMR) MONTHLY	×	žð	OTE: R	NOTE: Read Instructions before completing this form	ons form
ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE.	LE, WA 98168		PERV	WA0024651 PERMIT NUMBER	DISCH	006 (SDN 1) DISCHARGE NO.	Disch Lat	Discharge Location Lat 47 27' 56" N	z <sup>3</sup>		
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR 1999	MO DAY 02 DAY	MONITORING PERIOD DAY TO YEAR 01 TO 1999	MO DAY 02 28			HARC	Щ Ш	Π
		OUANTITY OR LOAD	1		1		QUALITY OR CONCENTRATION	ITRATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	WINIM	AVERAGE	MAXIMUM		# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
HIGH	Sample Measurement	********				1.4 *	1.4 **		AN	1/30	GRAB
	Permit Requirement.						INOGEN .	'Yôu		$(\eta_{k_{1}})$	(j. (j. j. j
150	Sample Measurement	*************			*****	45	45	-	NA	1/30	COMP
000-	B Poimt Requirement	antersite and	N. International State		Contraction of the second s		INGEN	mg/L		1160	(201)
	Sample Measurement	*******	************		************	22	22		٩N	1/30	COMP
וטאטוטון ז	Permit Requirements	Allocations and the second sec	A CONTRACTOR OF A CONTRACTOR				I REPORT	NTU		્લાછ	(1.03)
	Sample Measurement	*********	**********		*****	30	90		¥	1/30	GRAB
	Herran Hesser				and the second se		NOTEN SA	#/100 ml		(c)(s)	61220
	Sample Measurement	***********	************		**********	5.84	5.84		AN	1/30	COMP
2000	Hi Pomk Requirement						DACKER (	убш		(au)	COLD I
	Sample Measurement	****	***********		********	0.020	0.020		NA	1/30	COMP
	Permit Requirements	Manager and a second second					REPORT	J <sup>6</sup> u		0.80	<b>60</b> )
TOTAL BECOVERABLE LEAD	Sample Measurement	*****	******		******	0.006	0.006		NA	1/30	COMP
		A Propagation and the second					IN RESORD	J/Gu		6160	di logi i
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		RENALTY OF LAW ERE PREPARED U WITH A SYSTEM D PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUPPARTS DAVEN ON MAY INCHIDA OF THE DESCAN OD BEDSON MAD	ent and al N or Supef E that Qu Iformation	L KVISION ALIFIED		TELE	TELEPHONE NUMBER	R.	DATE	ш
Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development		CONMATINGE STEM, OR THOSE P INFORMATION, TH KNOWLEDGE AND AWARE THAT THE SE INFORMATION,	AUBMITTEU: BASED ON MITINGUE OF THE FERSON OF FERSONS WILL SUBMITTEU: SYSTEM, OR THOSE PERSONS MATON SUBMITTED IS, TO GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE	TERSPONSIB BMITTED IS URATE, AND T PENALTIE SSIBILITY O	<b>\</b>	UNITURE OF PRINCIPAL EXECUTIVE OFFICER OR ANTHORIZED AGENT		(206)439-7706 AREA CODE			
and maintenance		AND IMPRISONMENT FOR MOMING VIOLATIONS.							_		n UAT

COMMENT AND EXPLANATION OF ANY VICLATIONS (Reterence on anormous most).

Substitute for ED& Earm 3330.1 (Bour & 06 hu MADAE)

PERMITTEE NAME/ADDRESS SEA.TAC INTERNATIONAL AIRPORT	AL AIRPORT #681	31	NATIONAL DISC	POLLUTAN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) MONTI	INATION SYSTEM IRT(DMR) MONTHLY	~	Pelo	TE: Read I ore complet	NOTE: Read Instructions before completing this form	F
ADDRESS PORT OF SEATTLE			PER	WA0024651 PERMIT NUMBER	DISCH	006 (SDN 1) DISCHARGE NO.	Dischar	Discharge Location			[
•	-E, WA 98168			Ŭ	ITORING PER		6	122 18' 09" W	2		r
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			FROM 1999	MO DAY 02 01	TO 1999	MO DAY 02 28	ž	NO DISCHARGE	ARGE		-1
		QUANTITY OR LOADING	ING				QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FRE Exceed AN	FREQUENCY SI	SAMPLE TYPE
TOTAL DECOMEDABLE ZINC	Sample Measurement	*****	************		**********	0.233	0.233		NA	1/30 (	COMP
	A Parmit Requirements		Southern States and States				NEW	турт		(163)	6015
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Michael D. Feldman, Director		STEM, OR THOSE P INFORMATION , TH VALOWIEDGE AND	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE PEST OF MY KNOM FORE AND BELIEF TRUE ACCULATE AND	RESPONSIBI	TO HUN	la Chal	(206)43	(206)439-7706 AREA	8	2	2
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. I AM AWARE THAT COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO	COMPLETE. I AM AWARE THAT THERE ARE SIGNI COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMING VIOLATIONS.	SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR ALL'HORIZED AGENT			YEAR	S M	DO DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	ce all attachments here	(6				Printed	Printed 3/17/99	-	PAGE	8 OF 10

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Curbellinia for EDA Form 3330 4 (Bour 8 06 humADOE)

CODITION         DEDIX (GATTLE         TOT (GADACIT)           FACUUTY         SAME AS ADOIC         FERMIT NUMBER         DIG 101 (GADACIT)           FACUUTY         SAME AS ADOIC         FERMIT NUMBER         DIG 201401           FACUUTY         SAME AS ADOIC         FERMIT NUMBER         DIG 201401           FACUUTY         SAME AS ADOIC         FERMIT NUMBER         DIG 201401           FACUUT         SAME AS ADOIC         FERMIT NUMBER         DIG 201401           FACUUT         SAME AS ADOIC         ACTERIC         MANINUM         UNITS         DIG 201401           FACUUT         SAMPIA MASUUTANI NUM         ANTERIA         DIG 201401         DIG 201401 <t< th=""><th>DISCHARGE MONITORING REPORT(DMR) MONTHLY</th><th></th><th></th><th>n bunaidwo</th><th>before completing this form</th></t<>	DISCHARGE MONITORING REPORT(DMR) MONTHLY			n bunaidwo	before completing this form
Production         FROM         FROM         FROM         MONTORING           SAME AS BOVE         FROM         FROM         FROM         FROM         MONTORING           SAME AS BOVE         AMANTER         AMANTER         MONTORING         MONTORING           SAME AS BOVE         AMANTER         AMANTER         MONTORING         MONTORING           SAME AS BOVE         AMANTER         AMANTER         MONTORING         MONTORING           Sample Measurement         AMANTER         AMANTER         MONTORING         MONTORING           Sample Measurement         AMANTARIA         MONTORING         MONTORING         MONTORING           ITY         Sample Measurement         AMANTARIA         MONTORING         MONTORING           Sample Measurement         AMANTARIA         MONTORING         MONTORING         MONTORING           ITY         Sample Measurement         AMANTARIA         MONTORING         MONTORING           Sample Measurement         AMANTARIA         MONTORING         MONTORING         MONTORING           ITY         Sample Measurement         AMANTARIA         MONTORING         MONTORING         MONTORING           ITY         Sample Measurement         AMANTARIA         MONTORING         MON	011 (SDN 4) DISCHARGE NO.	Discharge Location	2 5 5		
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PARAMETER         OUNTITY OR LOADING           PARAMETER         OUNTITY OR LOADING           PARAMETER         AVERAGE         MAXIMUM         UNITS         MIN           Sample Measurement         AVERAGE         MAXIMUM         UNITS         MIN           Sample Measurement         Sample Measurement		NO DISCHARGE	CHAR	EE EE	
PARAMETER         AVERAGE         MAXIMUM         UNITS         MINI           PARAMETER         Sample Messurement	DIALITY	QUALITY OR CONCENTRATION			
Sample Messurement	AVERAGE	MAXIMUM UNITS	# of Exceet	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Experime Requirement       Experiment       Experiment       Experiment       Experiment         DITY       Sample Measurement	• 0.16 •	< 0.16 **	NA	1/30	GRAB
Sample Measurement				(36)	[[ ( <u>a</u> 2,9)
Function       Entitient       Entitient       Entitient         Sample Measurement	3.8	3.8	NA	1/30	COMP
Sample Measurement				6369	. 201 P
Hybernet Requirement       Hybernet Requirement <th< td=""><td>4.8</td><td>4.8</td><td>AN</td><td>1/30</td><td>COMP</td></th<>	4.8	4.8	AN	1/30	COMP
Sample Measurement		DREPORT NTU	<u> </u>	0.60	(109)
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Sample Measurement		#/100 ml	Ē	(316)	(420)
Reprint Requirement       Reprint Requirement       Reprint Requirement         Sample Measurement	- 4.0 	< 4.0	NA	1/30	COMP
Sample Measurement		VGu D'OXEX)		01KD	(100)
Reprint Reguration       Reguration         Sample Measurement	• 2.0 •	< 2.0 •	NN	1/30	COMP
Sample Measurement		MARK MARK		((12)	6012
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL         I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL         ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION         IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED         PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION         SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO         MANAGE THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR         Director       GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS. TO         TED       COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT FENALTIES FOR         Director       THA INFORMATION. INCLUDING THE POSSIBILITY OF FINE	<ul> <li>2.0</li> </ul>	< 2.0 * mg/L	¥ Z	A 1/30	COMP
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, ON THOSE PERSONS DIRECTLY RESPONSIBLE FOR Director GATHERING THE INFORMATION . THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELLEF, TRUE, ACCURATE, AND TED COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FAIS INFORMATION INCLUDING THE POSSIBILITY OF FINE			╶╢		
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THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FAISE INFORMATION. INCLUDING THE POSSIBILITY OF FINE	Mille Cartan.	(206)439-7706	<u>.</u>		
	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	CODE	<b>I</b> .	8	03 30
and Maintenance AND IMPRISONMENT FOR KNOWING VIOLATIONS.	)			YEAR 1	MO DAY

Eurytene and Propytene Gyroom monitoring not required in June, Jury, and August.
\*\*The TPH value reported is sum of diesel & molor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = < 0.11.</p>

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS	AL AIRPORT #681		NATIONAL DISC	POLLUTAN CHARGE M	T DISCHARGE ELIN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY	×	Petc	TE: Re: ore com	NOTE: Read Instructions before completing this form	s El
SS			PER	WA0024651 PERMIT NUMBER	011 DISCF	011 (SDN 4) DISCHARGE NO.	Dischar t at	Discharge Location			
PO BOX 68727, SEATTLE, CAME AS AROVE	.E. WA 98168			W	ITORING PER		0	122 18' 38' W	2		
LOCATION SAME AS ABOVE			FROM 1999	MO DAY 02 01	T0 <u>1999</u>	MO DAY 02 28	ž	NO DISCHARGE	ARG	ш	ך
		QUANTITY OR LOADING	ING			QUAL	QUALITY OR CONCENTRATION	ATION			
PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sample Measurement	***********	**********		*********	0.015	0.015	•	AN	1/30	COMP
					مرد	A state of the sta	्यस्त्राः	шдуг		(1)61	GL (66)
	Sample Measurement	************	***********			< 0.002	< 0.002		¥	1/30	COMP
	Binnersterensteres				- I the second s	The start during the start	NECENI	тgЛ		(18))	601.P
	Sample Measurement	***********	***********	1	*************	0.024	0.024	•	Ą	1/30	COMP
	Michaeling Radunstration	Environt Andre Marie			P. R. Marting of Party of Part	Listered and and and	MOYER	лди		OW	GOD
	Sample Measurement										
	Chemenupe y Amired						an a				
	Sample Measurement										
	All Perints Requirements						a subject of the second se				
	Sample Measurement										
	M Parmir Raguranants						n a t commune i t t t a t t t t t t t t				
	Sample Measurement										
	Print Requirement	<b>使</b> 道能限度			la sere e se						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDEF ATTACHMENTS W IN ACCORDANCE PERSONNEL PRO	R PENALTY OF LAW WERE PREPARED UI WITH A SYSTEM D PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE MTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	IENT AND AU N OR SUPER RE THAT QU VFORMATION	L KVISION ALIFIED		TELEPHO	IELEPHONE NUMBER	~~~~~	DATE	
Michael D. Feldman, Director		STEM, OR THOSE P INFORMATION , TH	ADDRVING TECH DAVING ON THIS TO THE FERSON OF TECHDON ON TECHDONS WITH MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTOR RESPONSIBLE FOR THE INFORMATION VIEW THE INFORMATION SUBMITTED IS, TO THE DECAY OF MAY WOME FOR AND BELIEF ADDR AND ADDREASE ADDRE		LE FOR	hald and		(206)439 <i>-</i> 7706 AREA		<u> </u>	8
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. I AM AWARE THAT COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO	COMPLETE: UNIT ANOME THAT THERE ARE SIGNI COMPLETE: I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	IT PENALTIE ISSIBILITY O	1	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OB AUTHORIZED AGENT	UTIVE CODE		<u> </u>	YEAR MO	DAY DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Referen	ce all attachments hen	(a				Printed	Printed 3/17/99		PAGE	SE 10 OF 10

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LABORATORY & CONSULTING SERVICES

 S927 AURORA AVENUE NORTH, SEATTLE, WA 98103

 PHONE: (206) 632-2715
 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-39B	P	AGE 1
REPORT DATE:	02/21/99		
DATE SAMPLED:	02/03,04/99	DATE RECEIVED:	02/04/99
FINAL REPORT, LABORATORY ANALYSIS	OF SELECTED PARAMETERS	S ON WATER	
SAMPLES FROM PORT OF SEATTLE / NP	DES STORMWATER		

### CASE NARRATIVE

Four water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

	TOTA	L RECOVERABLE ME	TALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/1)	(mg/l)	(mg/l)
5DS3 020399 COMP	0.0164	<0.0020	0.027
SDN1 020499 COMP	0.0199	0.0056	0.233
SDN4 020499 COMP	0.0147	<0.0020	0.024
SDS3020399 DUP	0.0143	<0.0020	0.039

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# AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-39B	P	AGE 2	
REPORT DATE:	02/21/99			
DATE SAMPLED:	02/03,04/99	DATE RECEIVED:	02/04/99	
FINAL REPORT, LABORATORY AN	ALYSIS OF SELECTED PARAME	TERS ON WATER		
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER			

## GA/GC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER	LEAD	ZINC
-	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	02/11/99	02/11.12.18/99	01/20/99
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDN4 020499 COMP	80N4 020409 COMP	SDN4 020499 COMP
ORIGINAL	0.0147	<0.0020	0.024
DUPLICATE	0.0141	<0.0020	0.021
RPD	4.17%	NC	13.33%
SPIKE SAMPLE			
SAMPLE ID	SDH 4 030499 COMP	SDN 4 020499 COMP	3DH4 020499 COMP
ORIGINAL	0.0147	<0.0020	0.024
SPIKED SAMPLE	0.0272	0.0120	1.03
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	99.84%	96.00%	100.60%
QC CHECK			
( <b>mg</b> /1)			
	0.0247	0.0247	0.964
	0.0250	0.0250	1.00
TRUE			
TRUE % RECOVERY	98.80%	98.80%	96.40%
		98.80%	96.40% <0.005

RFD - RELATIVE FERCENT DIFFERENCE NA - NOT AFFLICABLE OR NOT AVAILABLE. NC - NOT CALCULABLE DUE TO ORE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPICE SAMPLE OUT OF RANGE OR SPICE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazoff Laboratory Director



LABORATORY & CONSULTING SERVICES

 S927 AURORA AVENUE NORTH, SEATTLE, WA 98103

 PHONE: (206) 632-2715
 FAX: (206) 632-2417

	POS002-45B	p	AGE 1
CASE FILE NUMBER:	P03002-40B	-	
REPORT DATE:	03/03/99		
DATE SAMPLED:	02/18,19/99	DATE RECEIVED:	02/19/99
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAME	ters on water	
SAMPLES FROM PORT OF SEAT	1e		

### CASE NARRATIVE

Three water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

ſ	TOTA	L RECOVERABLE M	ETALS	
	COPPER	LEAD	ZINC	
SAMPLE ID	(mg/l)	(mg/1)	(mg/l)	
SDE4021899 COMP	0.0029	<0.0020	<0.005	- OCSAMPLE NOT ON OMI
SDE4021899 DUP COMP	0.0023	<0.0020	<0.005	
- DW3021899 COMP	<0.0020	<0.0020	<0.005	

- ANNUM SAMPEZ



LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-45B	P	AGE 2	
REPORT DATE:	03/03/99			
DATE SAMPLED:	02/18,19/99	DATE RECEIVED:	02/19/99	
FINAL REPORT, LABORATORY ANA	LYSIS OF SELECTED PARAME	TERS ON WATER		
SAMPLES FROM PORT OF SEATTL	E			

### **9A/9C DATA -TOTAL RECOVERABLE METALS**

OC PARAMETER	COPPER	LEAD	ZINC
RC LUMBER	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	02/25/99	02/25/99	02/25/99
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DETECTION LIMIT	0.0010	0.0010	0.000
DUPLICATE			
SAMPLE ID	WIG21899 COMP	W3021699 COMP	W3021899 COMP
ORIGINAL	<0.0020	<0.0020	<0.005
DUPLICATE	<0.0020	<0.0020	<0.005
RPD	NC	NC	NC
SPIKE SAMPLE			
SAMPLE ID	W3021899 COMP	W3021899 COMP	W3021898 COMP
ORIGINAL	<0.0020	<0.0020	<0.005
SPIKED SAMPLE	0.0121	0.0127	1.04
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	96.80%	101.60%	104.30%
QC CHECK (mg/l)			
	0.0250	0.0242	0.952
TRUE	0.0250	0.0250	1.00
% RECOVERY	99.88%	96.80%	95.23%
		L	
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	103.0%	101.0%	97.4%

RPD - RELATIVE PERCENT DIFFERENCE. NA - NOT AFPLICABLE OR NOT AVAILABLE. NC - NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPIRE SAMPLE OUT OF RANGE OR SPIRE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: 17 Steven Lazoff 2

Laboratory Director



LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH. SEATTLE, WA 96103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-46B	P	AGE 1	
REPORT DATE:	03/12/99			
DATE SAMPLED:	02/23/99	DATE RECEIVED:	02/23/99	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEAT	пе			

### CASE NARRATIVE

One water sample was received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

	TOTA	L RECOVERABLE M	ETALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/l)	( <b>mg</b> /1)
SDE 4022399 COMP	0.0152	0.0222	0.108



### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 96103 PHONE: (206) 632-2715 FAX: (206) 632-2417

ASE FILE NUMBER:		POS002-46B		P	AGE 2
EPORT DATE:		03/12/99			
ATE SAMPLED:		02/23/99		DATE RECEIVED:	02/23/99
INAL REPORT, LABORAT	ORY ANALYSIS	OF SELECTED	PARAMETERS	ON WATER	
AMPLES FROM PORT OF					
A/9C DATA -TOTAL REC	OVERABLE & I		TALS	1	
	COPPER	TOTAL METALS LEAD	ZINC	3	
OC PARAMETER		(mg/1)	(mg/l)		
	(mg/l) 7440-50-8	7439-92-1	7440-00-0	ר	
CAS NUMBER	EPA 220.2	EPA 239.2	EPA 200.7		
METHOD	03/11/99	03/11/99	03/11/90		
DATE ANALYZED		0.0020	0.005		
DETECTION LIMIT	0.0020	0.0020	0.005		
DETECTION LINET	0.0010	1 0.0010		-	
DUPLICATE					
			1	7	
SAMPLE ID	BATCH	BATCH	SDE4022399 COMP		
ORIGINAL	0.0155	<0.0020	0.108		
DUPLICATE	0.0124	<0.0020	0.101 6.70%		
RPD	22.22%	NC	0.70%	L	
SPIKE SAMPLE					
SPINE SAMPLE					
SAMPLE ID	BATCH	BATCH	SDE 4022399 COMP	7	
ORIGINAL	0.0155	<0.0020	0.108		
SPIKED SAMPLE	0.0280	0.0131	1.09		
SPIKE ADDED	0.0125	0.0125	1.00		
* RECOVERY	100.00%	104.80%	98.50%	]	
OC CHECK					
(mg/l)					
(1118/14)	0.0253	0.0240	0.924	٦	
TRUE	0.0250	0.0250	1.00		
* RECOVERY	101.20%	96.00%	92.40%		
			1		
PREP BLANK	<0.0010	<0.0010	<0.005	]	
BLANK SPIKE & RECOVERY	107.0%	93.5%	98.9%	]	

INC & RECOVERY NOT CALCULABLE DUE TO SPIRE SAMPLE OUT OF RANGE OR SPIRE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazoff ア 7

Laboratory Director



LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

SE FILE NUMBER:	POS001-91		PAGE 1	
PORT DATE:	03/27/98 REVISED 0	4/09/98		
TE SAMPLED:	03/08,03/09/98	DATE RECEIVED:	03/09/98	
NAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAMET	ERS ON WATER		
MPLES FROM PORT OF SEATT	LE / NPDES STORMWATER			

#### SE NARRATIVE

th water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested cording to EPA procedures. Sample SDS1 030898 contains an unidentified hydrocarbon. It is within the diesel retention time range, but chromatographic pattern did not match that of diesel. This sample has been quantitated using the diesel calibration curve as diesel is the closest match. After reporting these data on 03/27/98 the NWTPH-Dx extracts were subjected to a sulfuric acid cleanup and unalyzed. The results of these reanalyses (except for Sample SDS3 030998) are reported here. As these extracts were already less than Oml volume, the silica gel cleanup step was not performed (all the extract would have been absorbed onto the gel). The duplicate relative recent recovery value for the motor oil fraction was 91% which is larger than the advisory criteria of 50%. No additional action was quired for this discrepancy. No other difficulties were encountered in the preparation or analysis of these samples. Sample data follows tile QA/QC data is contained on subsequent pages.

### MPLE DATA

	рН	FECAL COLIFORM	TSS	TURBIDITY (NTU)	BOD5 (mg/l)
SAMPLE ID		(#/100ml)	(mg/l)		(112/1)
SDS1 030998 COMP			6.0	12	
SDS1 030898 GRAB	6.22	<2			
SDS3 030998 GRAB		<2			
SDS3 030998 COMP			3.2	5.2	38.3
SDN1 030998 GRAB	6.68	<2			
SDN4 030998 GRAB	7.62	<2			
SDN4 030998 COMP			3.2	6.1	4.06

ANNUM SAMP	NWTPH-DX		
SAMPLE ID	TPH-IR (mg/l)	DIESEL (mg/l)	MOTOR OIL (mg/l)
SDS1 030898 GRAB	0.95	0.16	0.56
SDS3 030998 GRAB	<0.25	<0.05	<0.10
SDN1 030998 GRAB	0.47	0.06	0.72
SDN4 030998 GRAB	<0.25	<0.05	<0.10

	TOTAL RECOVERABLE METALS				GLYCOLS	
SAMPLE ID	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)	ETHYLENE (mg/l)	PROPYLENE (mg/l)	TOTAL (mg/l)
SDE4 030998 COMP				<2.0	<2.0	<2.0
SDS1 030998 COMP	0.0220	0.0053	0.075	<2.0	6.1	6.1
SDS1 030898 GRAB				5.8	68	74
SDS3 030998 COMP	0.0372	0.0015	0.034	23.0	8.7	32
SDN4 030998 COMP	0.0456	<0.0010	0.018	<2.0	<2.0	<2.0

- ANNUM SAMPLE

POS0797.308:POS00191A

### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

E FILE NUMBER:	POS001-91	PA	AGE 2	<u> </u>
PORT DATE:	03/27/98			
TE SAMPLED:	03/08, 03/09/98	DATE RECEIVED:	03/09/98	
AL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAMET	ERS ON WATER		
TPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

### **GC DATA -TOTAL RECOVERABLE METALS**

COPPER	LEAD	ZINC
	(mg/l)	(mg/l)
	7439-92-1	7440-66-6
	EPA 239.2	EPA 200.7
	03/24/98	03/20/98
		0.005
		0.005
0.0010	0.0010	
· · ·		
SDS4 030998 COMP	SDS4 030998 COMP	SDS4 030998 COMP
0.0163	<0.0010	0.012
0.0164	<0.0010	0.011
0.61%	NC	8.70%
SDS4 030998 COMP	SDS4 030998 COMP	SDS4 030998 COMP
0.0163	<0.0010	0.012
0.0281	0.0095	0.941
0.0125	0.0125	1.00
94.40%	76.00%	92.90%
0.0268	0.0242	0.932
0.0250	0.0250	1.00
107.20%	96.80%	108.00%
	1	
<0.0010	<0.0010	0.005
108.0%	102.0%	96.4%
	0.0163 0.0164 0.61% 0.0163 0.0281 0.0125 94.40% 0.0250 107.20% <0.0010	(mg/l)         (mg/l)           7440-50-8         7439-92-1           EPA 220.2         EPA 239.2           03/24/98         03/24/98           0.0010         0.0010           0.0010         0.0010           0.0010         0.0010           0.0010         0.0010           0.0163         <0.0010

RELATIVE PERCENT DIFFERENCE. NOT APPLICABLE OR NOT AVAILABLE NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

mitted By ven Lazoff

oratory Director

PORT 0066738

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# AQUATIC RESEARCH INCORPORATED

LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 96103

FAX: (206) 632-2417 PHONE: (206) 632-2715

			OF 1	
SE FILE NUMBER:	POS001-92	P	AGE 1	
PORT DATE:	04/10/98 03/08,09/98	DATE RECEIVED:	03/09/98	
TE SAMPLED: AL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
VPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

ir water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested ording to EPA procedures. After analysis, it was decided that the extracts were to be cleaned up using sulfuric acid/silica gel. As these racts were already less than 1.0ml volume, the silica gel cleanup step was not performed (all the extract would have been absorbed onto gel). The duplicate relative percent recovery value for the motor oil fraction was 91% which is larger than the advisory criteria of 50%. additional action was required for this discrepancy. No other difficulties were encountered in the preparation or analysis of these nples. Sample data follows while QA/QC data is contained on subsequent pages.

### MOTE DATA

	pH	FOG	TPH (mg/l)	FECAL COLIFORM	TSS (mg/l)	TURBIDITY (NTU)	BOD5 (mg/l)
SAMPLE ID		(mg/l)	(1118/1)		15		
ТҮ 030998 СОМР			1.2				
TY 030898 GRAB	6.83	<1.0	1.2		3.8	5.7	<4.00
SDS4 030998 COMP			<0.25	<2			
SDS4 030998 GRAB	7.50	<1.0	(0.20				
				Г <u> </u>	GLYCOLS		
	DIESEL	MOTOR OIL	AMMONIA	ETHYLENE	PROPYLENE	TOTAL	SURFACTANTS (mg/l)
		(mg/l)	(mg/1)	(mg/l)	(mg/l)	(mg/l)	(Шg/1)
SAMPLE ID	(mg/l)	1.32					0.025
TY 030998 GRAB	0.09	1.52	0.039	<2.0	<2.0	<2.0	0.035
SDS4 030998 COMP			0.000				
			TOTAL	RECOVERABLE	METALS		
			BERYLLIUM	CADMIUM	CHROMIUM	COPPER	LEAD
	ANTIMONY	ARSENIC		(mg/l)	(mg/l)	(mg/l)	(mg/l)
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)	<0.00050	<0.010	0.0163	<0.0010
SDS4 030998 COMP	<0.0030	<0.0030	<0.002	<u> </u>			_
			TOTAL DECOVE	RABLE METALS	3		
ſ				SILVER	THALLIUM	ZINC	
	MERCURY	NICKEL	SELENIUM	(mg/l)	(mg/l)	(mg/l)	
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)	<0.0010	<0.0010	0.012	
SDS4 030998 COMP	<0.00010	<0.005	<0.0030	0.0010			_

- ANNUAL SAMPLE

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PORT 0066722



LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 FAX: (206) 682-2417 PHONE: (206) 632-2715

SE FILE NUMBER:	POS001-92	P	AGE 4	
PORT DATE:	04/10/98			
TE SAMPLED:	03/08,09/98	DATE RECEIVED:	03/09/98	
AL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
APLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

### / GC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	ANTIMONY	ARSENIC	BERYLLIUM	CADMIUM	CHROMIUM	COPPER	LEAD
	(mg/l)						
CAS NUMBER	7440-36-0	7440-38-2	7440-41-7	7440-43-9	7440-47-3	7440-50-8	7439-92-1
METHOD	EPA 204.2	EPA 206.2	EPA 200.7	EPA 213.2	EPA 200.7	EPA 220.2	EPA 239.2
DATE ANALYZED	03/26/98	04/09/98	03/23/98	03/27/98	03/23/98	03/24/98	03/30/98
TICAL QUANTITATION LIMIT	0.0030	0.0030	0.002	0.00050	0.010	0.0010	0.0010
DETECTION LIMIT	0.0030	0.0030	0.002	0.00050	0.010	0.0010	0.0010
DUPLICATE							
SAMPLE ID	SDS4 030998						
ORIGINAL	<0.0030	<0.0030	<0.002	<0.00050	<0.010	0.0163	<0.0010
DUPLICATE	<0.0030	<0.0030	<0.002	<0.00050	<0.010	0.0164	<0.0010
RPD	NC	NC	NC	NC	NC	0.61%	NC
SPIKE SAMPLE						·····	
SAMPLE ID	SDS4 030998	SDS4 03099					
ORIGINAL	<0.0030	<0.0030	<0.002	<0.00050	<0.010	0.0163	<0.0010
SPIKED SAMPLE	0.0265	0.0235	0.951	0.00108	0.850	0.0281	0.0108
SPIKE ADDED	0.0250	0.0250	1.00	0.00125	1.00	0.0125	0.0125
% RECOVERY	106.00%	94.00%	95.10%	86.40%	85.00%	94.40%	86.40%
QC CHECK (mg/l)							
·	0.0233	0.0238	1.08	0.00276	0.948	0.0268	0.0229
TRUE	0.0250	0.0250	1.00	0.00250	1.00	0.0250	0.0250
	93.20%	95.20%	108.00%	110.40%	94.80%	107.20%	91.60%
% RECOVERY							
% RECOVERY	<0.0030	<0.0030	<0.002	<0.00050	<0.010	<0.0010	<0.0010

NOT APPLICABLE OR NOT AVAILABLE.

NOT APPLICABLE OR NOT AVAILABLE. NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. RECOVERY NOT CALCULABLE DUE TO SPRIE SAMPLE OUT OF RANGE OR SPRIE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

PORT 0066725



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POB0299.ain-PO5002453



### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES

 S927 AURORA AVENUE NORTH, SEATTLE, WA 98103

 PHONE: (206) 632-2715
 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-45B	P	PAGE 1
REPORT DATE:	03/03/99		
DATE SAMPLED:	02/18,19/99	DATE RECEIVED:	02/19/99
FINAL REPORT, LABORATORY AN	ALYSIS OF SELECTED PARAME	TERS ON WATER	
SAMPLES FROM PORT OF SEATT	LE		

### CASE NARRATIVE

Three water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

Г	TOTAL RECOVERABLE METALS			
	COPPER	LEAD	ZINC	
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)	
SDE4021899 COMP	0.0029	<0.0020	<0.005	- OCSAMPLE NOT ON OMR
SDE4021899 DUP COMP	0.0023	<0.0020	<0.005	
- OW3021899 COMP	<0.0020	<0.0020	<0.005	

- ANNUM SAMP 3

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# AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

SE FILE NUMBER:	POS002-45B	P	AGE 2	
PORT DATE:	03/03/99			
TE SAMPLED:	02/18,19/99	DATE RECEIVED:	02/19/99	
IAL REPORT, LABORATORY ANAL	YSIS OF SELECTED PARAME	TERS ON WATER		
MPLES FROM PORT OF SEATTLE				

### / 9C DATA -TOTAL RECOVERABLE METALS

OC PARAMETER	COPPER	LEAD	ZINC
Ū	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	02/25/99	02/25/99	02/25/99
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	NS021499 COMP	W3021899 COMP	W3021499 COMP
ORIGINAL	<0.0020	<0.0020	<0.005
DUPLICATE	<0.0020	<0.0020	<0.005
RPD	NC	NC	NC
	······································		
SPIKE SAMPLE			
SAMPLE ID	10021499 COMP	10021699 COMP	\$/3021696 COHP
ORIGINAL	<0.0020	<0.0020	<0.005
SPIKED SAMPLE	0.0121	0.0127	1.04
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	96.80%	101.60%	104.30%
<b>QC CHECK</b>			
(mg/1)			
	0.0250	0.0242	0.952
TRUE	0.0250	0.0250	1.00
% RECOVERY	99.88%	96.80%	95.23%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	103.0%	101.0%	97.4%

- RELATIVE PERCENT DIFFERENCE. NOT APPLICABLE OR NOT AVAILABLE. NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. RECOVERY NOT CALCULABLE DUE TO SPIRE SAMPLE OUT OF RANGE OR SPIRE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

bmitted By: even Lazoff 2 boratory Director



LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

		and the second		
CASE FILE NUMBER:	POS002-33B	P.	AGE 1	
REPORT DATE:	01/29/99			
DATE SAMPLED:	01/13.14/99	DATE RECEIVED:	01/14/99	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			_

#### CASE NARRATIVE

Six water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

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### SAMPLE DATA

	TOTA	L RECOVERABLE MI	TALS	
	COPPER	LEAD	ZINC	
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)	
SDS3 011399 COMP	0.0233	0.0038	0.030	
SDN1 011399 COMP	0.0238	0.0478	0.182	
SDN4 011399 COMP	0.0201	<0.0020	0.034	
SDN1-16 GRAB	0.0080	<0.0020	0.044	
SDN4B GRAB	0.0109	<0.0020	0.013	
D011499 COMP	0.0136	0.0025	0.129	ANNUAL SAMPLE

+ SOURCE TRACINCY SAMPLES; INT REPORTABLE ON DUR

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### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-33B	P	AGE 2
REPORT DATE:	01/29/99		01/14/00
DATE SAMPLED:	01/13,14/99	DATE RECEIVED:	01/14/99
FINAL REPORT, LABORATORY A		ETERS ON WATER	
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER		

# GA/ GC DATA -TOTAL & DISSOLVED METALS

		the second se	and the second
		TOTAL METALS	
OC PARAMETER	COPPER	LEAD	ZINC
-	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	01/21/99	01/20/99	01/20/99
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0117	0.0100	0.090
DUPLICATE	0.0133	0.0130	0.095
RPD	12.80%	26.09%	5.41%
SPIKE SAMPLE			
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0117	0.0100	0.090
SPIKED SAMPLE	0.0262	0.0244	1.18
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	116.00%	115.20%	109.00%
QC CHECK			
(mg/l)			
	0.0243	0.0266	0.998
TRUE	0.0250	0.0250	1.00
% RECOVERY	97.20%	106.40%	99.81%
A RECOVERT		1	<u> </u>
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	101.0%	105.0%	101.2%
RID + RELATIVE PERCENT DIFFERENCE.			

RTD + RELATIVE PERCENT DIFFERENCE. NA + NOT APPLICABLE OR NOT AVAILABLE. NC + NOT CALCULABLE DUE TO ORE OR MORE VALUES BEING BELOW THE DETECTION LIMIT OR + RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By: Steven Lazoff L

Laboratory Director

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LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-28B	P	AGE 1	
REPORT DATE:	01/21/99			
DATE SAMPLED:	12/24,25/98	DATE RECEIVED:	12/26/98	
FINAL REPORT, LABORATORY AN		ETERS ON WATER		
SAMPLES FROM PORT OF SEATTI	LE / NPDES STORMWATER			

### CASE NARRATIVE

Five water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

	TOTAL	RECOVERABLE ME	TALS	
	COPPER	LEAD	ZINC	
MPLE ID	(mg/l)	(mg/l)	(mg/l)	
	0.0048	0.0055	0.151	
	0.0469	0.0024	0.134	
	0.0030	0.0036	0.122	
		<0.0020	0.075	
		<0.0020	0.089	ANNUAL SAMPLE
	MPLE ID 54122498C 53122586C N1122586C N1122598C N3122498C	COPPER           MPLE ID         (mg/l)           54122498C         0.0048           53122598C         0.0469           N1122598C         0.0030           N4122598C         0.0229	COPPER         LEAD           MPLE ID         (mg/l)         (mg/l)           54122498C         0.0048         0.0055           53122598C         0.0469         0.0024           N1122598C         0.0020         0.0036           N4122598C         0.0229         <0.0020	MPLE ID         (mg/l)         (mg/l)         (mg/l)           C4122498C         0.0048         0.0055         0.151           S3122598C         0.0469         0.0024         0.134           N1122598C         0.0030         0.0036         0.122           N4122598C         0.0229         <0.0020

NOTE: SAMPLES COINCIDED WITH FIRST STORM EVENT AFTER RUNWAY DETCING EVEN.

PO50199.314.PO5002248



### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-28B	P	AGE 2	
REPORT DATE:	01/21/99			
DATE SAMPLED:	12/24,25/98	DATE RECEIVED:	12/26/98	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER			

## 9A/9C DATA -TOTAL RECOVERABLE METALS

	COPPER	LEAD	ZINC
QC PARAMETER			
	(mg/l)	(mg/l) 7439-92-1	(mg/l) 7440-66-6
CAS NUMBER	7440-50-8		EPA 200.7
METHOD	EPA 220.2	EPA 239.2	
DATE ANALYZED	01/20/99	01/20/99	01/20/99
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0093	0.0130	0.090
DUPLICATE	0.0075	0.0104	0.095
RPD	21.43%	22.22%	5.41%
SPIKE SAMPLE		<b>,</b>	
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0093	0.0130	0.090
SPIKED SAMPLE	0.0217	0.0263	1.18
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	99.20%	106.40%	109.00%
QC CHECK (mg/l)			
c.	0.0236	0.0266	1.05
TRUE	0.0250	0.0250	1.00
% RECOVERY	94.40%	106.40%	105.00%
		-t	
PREP BLANK	<0.0020	<0.0010	<0.005
BLANK SPIKE % RECOVERY	98.3%	110.0%	101.2%

RFD • RELATIVE PERCENT DIFFERENCE. NA • NOT APPLICABLE OR NOT AVAILABLE. NC • NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR • RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OLT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By: Steven Lazoff Ú Laboratory Director



# AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

FAX: (206) 632-2417 PHONE: (206) 632-2715

PAGE 1 POS002-22B CASE FILE NUMBER: 12/07/98 REPORT DATE: 11/20/98 DATE RECEIVED: 11/19/98 DATE SAMPLED: FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER

## CASE NARRATIVE

Two water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

	TOTAL	RECOVERABLE ME	TALS	4	
	COPPER	LEAD	ZINC		
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)	-	
SDE4111998 COMP	0.0319	0.0314	0.163	- ANNUAL SAMPLE	• •
SDS4111998 COMP	0.0290	<0.0020	0.015		

LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-22B	P	AGE 2	
REPORT DATE:	12/07/98			
DATE SAMPLED:	11/19/98	DATE RECEIVED:	11/20/98	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

# QA/QC DATA -TOTAL RECOVERABLE METALS

	and the second sec	
COPPER	LEAD	ZINC
(mg/l)	(mg/l)	(mg/l)
7440-50-8	7439-92-1	7440-66-6
EPA 220.2	EPA 239.2	EPA 200.7
12/02/98	12/02/98	12/02/98
0.0020	0.0020	0.005
0.0010	0.0010	0.005
SDS4111998 COMP	SDS4111998 COMP	SDS4111998 COMP
0.0290	<0.0020	0.015
0.0269	<0.0020	0.012
7.51%	NC	22.22%
SDS4111998 COMP		SDS4111998 COMP
0.0290		0.015
0.0423		1.06
0.0125	0.0125	1.00
106.40%	119.20%	104.50%
0.0249	0.0251	1.01
0.0250	0.0250	1.00
99.60%	100.40%	101.00%
<0.0010	<0.0010	<0.005
102.4%	105.6%	122.0%
	(mg/l) 7440-50-8 EPA 220.2 12/02/98 0.0020 0.0010 sds4111998 COMP 0.0290 0.0269 7.51% sds4111998 COMP 0.0290 0.0423 0.0125 106.40% 0.0250 99.60% 	(mg/l)         (mg/l)           7440-50-8         7439-92-1           EPA 220.2         EPA 239.2           12/02/98         12/02/98           0.0020         0.0020           0.0010         0.0010           SDS4111995 COMP         SDS4111995 COMP           0.0290         <0.0020

RPD - RELATIVE PERCENT DOFFERENCE. NA - NOT APPLICABLE OR NOT AVAILABLE. NC - NOT CALCULABLE DUE TO ORE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazoff 4

Laboratory Director

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# LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH. SEATTLE, WA 98103 FAX: (206) 632-2417 PHONE: (206) 632-2715

		P	AGE 1	
CASE FILE NUMBER:	POS002-21B	-		
REPORT DATE:	12/04/98		11/13/98	
DATE SAMPLED:	11/12,13/98	DATE RECEIVED:	11/15/36	
FINAL REPORT, LABORATORY	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

### CASE NARRATIVE

Five water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

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Г	TOTAL RECOVERABLE METALS		
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)
SDS3111398 COMP	0.0222	0.0040	0.189
	0.0242	0.0253	0.487
SDN1111398 GRAB	0.0253	0.0012	0.127
SDN4111398 COMP	0.0126	0.0065	0.124
B111398 COMP SDS2111398 COMP	0.0088	0.0057	0.213
	ANNUKL	SAMPLE	





### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH. SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

POS002-21B	P.	AGE 2
12/04/98 11/12.13/98	DATE RECEIVED:	11/13/98
NALYSIS OF SELECTED PARAM	ETERS ON WATER	
	12/04/98 11/12.13/98 NALYSIS OF SELECTED PARAM	12/04/98

## GA/GC DATA

A/GCDAIA			
[	TOTAL RECOVERABLE METALS		
OC PARAMETER	COPPER	LEAD	ZINC
	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	11/24/98	11/18/98	11/27/98
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDS3111398 COMP	SDS3111398 COMP	SDS3111398 COMP
ORIGINAL	0.0222	0.0040	0.189
DUPLICATE	0.0220	0.0035	0.155
RPD	0.90%	13.33%	19.77%
SPIKE SAMPLE			
	1		
SAMPLE ID	SDS3111395 COMP	SDS3111398 COMP	SDS3111398 COMP
ORIGINAL	0.0222	0.0040	0.189
SPIKED SAMPLE	0.0349	0.0173	1.04
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	101.60%	106.40%	85.10%
OC CHECK			
(mg/l)			
( <b>,,,</b> ,	0.0269	0.0248	0.993
TRUE	0.0250	0.0250	1.00
% RECOVERY	107.60%	99.20%	99.26%
		•	
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	94.9%	90.9%	106.0%

RPD . RELATIVE PERCENT DIFFERENCE.

NOU \* RELATIVE PERCENT OF FRENCE. NA \* NOT APPLICABLE OR NOT AVAILABLE. NC \* NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR \* RECOVERY NOT CALCULABLE DUE TO SPIRE SAMPLE OUT OF RANGE OR SPIRE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: 7 Steven Lazoff Z

Laboratory Director



## AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 96103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-17B	P.	AGE 1	
REPORT DATE:	11/13/98			
DATE SAMPLED:	10/27/98	DATE RECEIVED:	10/28/98	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEAT	TLE / NPDES STORMWATER			

### CASE NARRATIVE

Five water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

- --

	TOTAL RECOVERABLE METALS		
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/l)	(mg/l)
SDE4102798 COMP	0.0055	<0.0020	0.041
SDS3102798 COMP	0.0040	<0.0020	<0.005
SDN1102798 COMP	0.0063	<0.0020	0.066
SDN4102798 COMP	0.0118	<0.0020	<0.005
SDS1102798 COMP	0.0280	<0.0020	0.118

PO50998.sta.PO5002178

ANNUAL SAMPLE



# AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-17B	F	PAGE 2
REPORT DATE:	11/13/98 10/27/98	DATE RECEIVED:	10/28/98
DATE SAMPLED: FINAL REPORT, LABORATORY A		ETERS ON WATER	
SAMPLES FROM PORT OF SEAT		<u> </u>	

# QA/QC DATA -TOTAL RECOVERABLE METALS

r		LEAD	ZINC
QC PARAMETER	COPPER		(mg/l)
	(mg/l)	(mg/l)	7440-66-6
CAS NUMBER	7440-50-8	7439-92-1	EPA 200.7
METHOD	EPA 220.2	EPA 239.2	
DATE ANALYZED	11/13/98	11/09/98	11/05/98
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
_			
DUPLICATE			
SAMPLE ID	SDS1 COMP	SDS1 COMP	SDS1 COMP
ORIGINAL	0.0280	<0.0020	0.118
DUPLICATE	0.0306	<0.0020	0.137
RPD	8.87%	NC	14.90%
142			
SPIKE SAMPLE			
SAMPLE ID	SDS1 COMP	SDS1 COMP	SDS1 COMP
ORIGINAL	0.0280	<0.0020	0.118
SPIKED SAMPLE	0.0418	0.0109	1.27
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	110.40%	87.20%	115.20%
OC CHECK			
(mg/l)			
(mg/1)	0.0248	0.0257	1.08
TRUE	0.0250	0.0250	1.00
	99.20%	102.80%	108.00%
% RECOVERY			·
	<0.0010	<0.0010	<0.005
PREP BLANK BLANK SPIKE % RECOVERY	97.4%	102.0%	110.2%
BLANK SPINE & RECOVERT			

RED - RELATIVE PERCENT DIFFERENCE. NA - NOT APPLICABLE OR NOT AVAILABLE NC - NOT CALCILABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCILABLE DUE TO SPILE SAMPLE OUT OF RANCE OR SPICE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazofi L

Laboratory Director

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ttee l le Name/	ss different)			ATIONAL PO	OLLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	NATION SYST	M [	NOTE: Re completing	NOTE: Read instructions before completing this form.	s before
NAME SEA-TAC AIRPORT	IRPORT		#681	WA-0(	WA-002465-1	0	(SMI) 100		Dischar	Discharge Location	
ADDRESS PORT OF SE	SEATTLE			PERMIT	T NUMBER	DISCI	DISCHARGE NUMBER	н	Lar 4	47° 24' 7"	z
P.O. BOX 6	BOX 68727, SEA <sup>-</sup>	SEATTLE 98168	سا			MONITORING PERIOD				20'7	3
FACILITY SAME AS AE	ABOVE		-	YEAR	MO DAY		R MO DAY	2	NO DI		
LOCATION SAME AS AF	ABOVE		-	L KUM	-	DI DI	5				
		QUANTITY	OR	LOADING	QUA	QUALITY OR CON	OR CONCENTRATION		No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
FLOW*	Sample Measurement	******	3457	GPM	*****	* * * * * *	* * * * * *	* * *	0	21/31	3xShift
	Permit Requirement	****	4,800		*****	*****	* * * * * *			01/01	CONT.
рН	Sample Measurement	* * * * * *	* * * * * *	*	6.37	* * * * * *	6.82	STD	0	5/21	GRAB
	Permit Requirement	****	* * * * * *		6.0	* * * * * *	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	* * * * * *	* *	* * * * * *	3.5/<5**	5/<5**	mg/L	0	5/21	GRAB
	Permit Requirement	*****	******		*****	8	15			01/07	GRAB
TSS	Sample Measurement	*****	* * * * * *	* *	*****	10.4	17	mg/L	0	5/21	COMP.
	Permit Requirement	******	* * * * * * *		* * * * * * *	21	33			01/07	COMP.
BODs	Sample Measurement	* * * * * * *	*****	* *	* * * * * * *	160	160	mg/L	0	1/21	COMP.
	Permit Requirement	****	****		*****	* * * * * *	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	* * * * * *	* * * * * * *	*	******	62.1	62.1	mg/L	0	1/21	COMP.
	Pernút Requirement	* * * * * * *	*****		*****	*****	REPORT			01/30	COMP.
TPR	Sample Measurement	* * * * * * *	* * * * * *	* * *	* * * * * *	2.8/1.2***	2.8/3.2***	mg/L	0	1/21	GRAB
	Permit Requirement	******	*****		* * * * * *	* * * * * *	REPORT			1/30	GRAB
NAME / TTTTE DETNOTED	L EXECUTIVE	I CENTIFY UNDER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL	THAT THIS DOCUM	MENT AND ALL				TELEPHONE	NE	DATE
OFFI		ATTACHNENTS WERE PREPARED IN ACCORDANCE WITH A SYST QUALIFIED PERSONNEL PROPE	ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION In accordance with a system designed to assure that qualified personnel properly gather and evaluate the	UNDER MY DIRECTION OR SUP THAT DESIGNED TO ASSURE THAT THY GATHER AND EVALUATE TH	TTION OR SUPERVISION Assure that Evaluate the	M	K				
Michael D. Feldman, Director, Aviation Development	Feldman, ion Development	INFORMATION SUBMITTED. BA Persons who manage the sy responsible for gathering	99	LEED ON NY INQUIRY OF THE PERSON O STEM, OR THOSE PERSONS DIRECTLY STHE INFORMATION, THE INFORMATION	INGUIRY OF THE PERSON OR THOSE PERSONS DIRECTLY WATION, THE INFORMATION	/ Huliar	AT JULA	and 1	614 (305)	99-7706 99	99, 4,23
and Maintenance	ince	SUBMITTED IS, TO THE BEST ACCURATE, AND COMPLETE. I SIGNIFICANT PENALTIES FOR		0P MY KNOMLEDGE AND BELIEP, TRUE. Am Amare That There Are Submitting Palse Information.	BELIEF, TRUE, ARE FORMATION,	SIGNATURE OF	OF PRINCIPAL		4 1:1	<u>/</u>	MO DAY
TYPED OR PRIN	PRINTED	INCLUDING THE POSSIBILITY KNOWING VIOLATIONS		OF FINE AND IMPRISONMENT POR	WHENT POR	AUTHOR			100		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHE •• OIL & DATAIVED DAY FPA method 1664 and EPA method	I OF ANY VIOL. JLD BE SUBMITTE DV FPA method 1	ATIONS (Ref ED ON A SEPAR 1664 and EPA		all attachments here) er. 113.1	s hore)				APR ?	APK 2 7 1999	
<pre>*** TPH = #2 Diesel/Motor 0il According to Permit Condition SJE, the Port</pre>	Óil tion S3E, the E		<b>.</b>	artment of	Ecology that	Department of Ecology that this month, monitoring using methods <sub>i and</sub> /pr/ locat.joup other	onitoring us	ing metho	jşı and 7pr	- locations c	ther
than those specified =in Special Condition S2 was performed.	special Conditi								ULTIN	017 H 210	_

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during period under "Maximum")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average and monthly average as appropriate) permit requirement for each parameter. If none, enter "O."
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

ittee l 1e Name/	s different)			ATIONAL POI	LLUTANT DISC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYST	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	ĒM	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	s before
NAME SEA-TAC AIRPORT	RPORT			WA-00	WA-002465-1		001 (IWS)		Dischor	Discharge Location	
ADDRESS PORT OF SE	SEATTLE			PERMIT	PERMIT NUMBER	DISC	DISCHARGE NUMBER	R		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z
P.O. BOX 6	68727, SEA1	SEATTLE 98168	- 		INOW	MONITORING PERIOD	ac		1.	L . UC 0CCL	
FACILITY SAME AS AB	ABOVE				MO DAY	Y YEAR	ом	2			
AS	ABOVE		н 	FROM 1999	MARCH 01	TO 1999	9 03 31				
		QUANTITY	OR	LOADING	QUAI	QUALITY OR CON	CONCENTRATION		No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
FECAL COLIFORM	Sumple Measurement	* * * * * *	* * * * * *	* *	* * * * * *	3	Э	#/100	0	1/21	GRAB
	Permit Requirement	*****	* * * * * *		******	* * * * * *	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT	Sample Measurement	* * * * * *	* * * * * *	* *	****	* * * * * *	1	YES/	ı	ł	T
SCAN*	Permit Requirement	* * * * * *	*****		******	* * * * * * *	REPORT	N		1/YR	c/G**
	Sample Measurement							,			
	Pernuit Remirement			I				<u></u>			
	Sample Measurement										
	Permit Requirement			1			·	•			
	Sample Measurement										
	Permit Requirement										
	Sample Measurement							,			
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
NAME/TITLE PRINCIPAL	L EXECUTIVE	I CERTIFY UNDER PENALTY OF	RENALTY OF LAW	LAN THAT THIS DOCUMENT AND ALL	ENT AND ALL				TELEPHONE	NE	DATE
OFFICER		ATTACHMENTS WERE PREPARED In Accordance with a systi oualified personnel propei	ATTACHHENTS WERE PREPARED UNDER MY DIRECTION OR SOFEL In Accordance With a System designed to Assure that Olivityed Presonnel Properly Gather and Eviluate the	UNDER MY DIRECTION OR SUPERVISION Em designed to Assure that aly gather and evaluate the	R SUPERVISION THAT TE THE						
Michael D. Feldman Director, Aviation Development	dman Jevelopment	INFORMATION SUBMITTED. BA	INFORMATION SUBMITTED. BASED ON HY INQUIRY OF THE PERSON OR Persons who manage the system, or those persons directly responsible for gathering the information, the information	SED ON MY INQUIRY OF THE PERSON OF STEM, OR THOSE PERSONS DIRECTLY THE INPORNATION, THE INFORMATION	THE PERSON OR S DIRECTLY INFORMATION	Mullark	Dof alder	<i>de</i> (2	206)439-7706	-7706	4,23
and Maintenance	nce	SUBMITTED IS. TO THE BEST ACCURATE, AND COMPLETE. I SIGNIFICANT PENALTIES FOR INCLUDING THE POSSIBILITY		OF MY KNOMLEDGE AND BELIEF, TRUE. Am Amre That There are Submitting false information, of Time And Harisonment for	BELIEP, TRUE, Are Ormation, Ment for	SIGNATURE OF EXECUTIVE O	PRINCI FFICER	PAL	AREA NU CODE	NUMBER YEAR	M M
TYPED OR PRINTED	1TED	KNOWING VIOLATIONS.				NUTUR	AUTONLIZED AGENI				
COMMENT AND EXPLANATION OF ANY VIOLATIONS	OF ANY VIOL		(Reference all	attachments here)	s here)						

\*ATTACH THE LABORATORY REPORT. \*\*C/G = COMPOSITE/GRAB.

AR 027420

Substitute for EDA Form 1120-1 (Rev R-96 hv WANDF)

DACE 3 CE 10

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during period under "Maximum")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average and monthly average as appropriate) permit requirement for each parameter. If none, enter "O."
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u>	(AL AIRPORT #681	81	NATIONAL DISC	- POLLUTAN <b>CHARGE M</b>	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) ANNUAL		NO.	TE: Rea ore com	NOTE: Read Instructions before completing this form	s
 	LE, WA 98168		bEI	PERMIT NUMBER		003 (SDS 1) DISCHARGE NO.	Dischar	Discharge Location Lat 47 26 13" N Long 122 18' 38" W	z		
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			FROM 1998	MO DAV 03 01	MONITOKING PERIOU DAY YEAR 01 TO 1999	MO DAY 02 28		NO DISCHARGE	ARG		Π
		OUANTITY OR LOADING	JING			QUAI	QUALITY OR CONCENTRATION	VATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	ПS	# of Exceed	FREQUENCY OF ANALYSIS	SAMPL TYPE
TPH**		*******	*******	*****	*******	0.72 **	0.72 **		NA	1/365	GRAB
								mg/L	no long o condition	204 1	N IN
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						A THE CONTRACT OF A THE A		#/100 ml			
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TOTAL RECOVERABLE LEAD	Sample Measurement	****	******	I	*******	0.0035	0.005	•	¥	2/365	COMP
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TOTAL RECOVERABLE ZINC	Sample Measurement	******	*****	1	********	0.0965	0.118		٩N	2/365	COMP
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\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = 0.16, Motor Oil = 0.56.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
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- Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
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- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 981 FACILITY SAME AS ABOVE	80	#681	DISI	VAL POLLUTANI <b>IISCHARGE MC</b> WA0024651 <u>PERMIT NUMBER</u> MON	DISCHARGE	E ELIMINATION SYSTEM <b>REPORT(DMR)</b> ANNUAL 004 (SDS 2) DISCHARGE NO.	L at Long	NOT befor Discharge Location Lat 47 25' 50' N Long 122 18' 42' W	TE: Read ore compl V	NOTE: Read Instructions before completing this form " N 2" W	"E
z			FROM 1998	MO DAY 03 01	T0 YEAR	MO DAY 02 28	<b>Z</b>	NO DISCHARGE	ARGE		
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TOTAL RECOVERABLE LEAD	Sample Measurement	******		1	*************	0.006	0.006		٩	1/365	COMP
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\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.11.

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PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE, WA 98168 PO BOX 68727, SEATTLE, WA 98168 FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE	lal Airport #681 Le, wa 98168		NATIONAL DISC PER	VAL POLLUTANT VAL POLLUTANT WA0024651 PERMIT NUMBER MON R1 MO 1 DAY 8 03 01		E ELIMINATION SYSTEM REPORT(DMR) ANNUAL 009 (SDS 4) DISCHARGE NO. DISCHARGE NO. 1999 02 28	Disch Long	NOTE: Read before comple Discharge Location Lat 47 25 33" N Long 122 18" 15" W NO DISCHARGE	v comp	NOTE: Read Instructions before completing this form " " S" W CHARGE	" ŧ <b>[</b> ]
		OUANTITY OR LOADING	ING			QUAL	QUALITY OR CONCENTRATION	ation			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	πs	# of Fi Exceed ances	FREQUENCY OF ANALYSIS	SAMPL TYPE
TPH**	Sample Measurement	*************	******	ŧ	************	< 0.15 **	< 0.15 **		AN	2/365	GRAB
	The second se			a di sana di				щдуг			
150	Sample Measurement	***********			**********	2.95	3.8		٩N	2/365	COMP
22								тgл			
TURRIDITY	Sample Measurement	***********	*******	ł	**********	£. <del>1</del>	5.7	i	NA	2/365	COMP
				Samuel des 748				NTU .		1 116	
EECAL COLIEDRM	Sample Measurement	*********	********	1	*********	150	300		NA	2/365	GRAB
								#/100 ml			
TOTAL RECOVERABLE COPPER	Sample Measurement	*********	*******	1	******	0.0225	0.029	•	<b>A</b>	2/365	COMP
				San a comme de				шдуг			
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	***********	ŧ	***********	< 0.0015	< 0.002	•	NA	2/365	COMP
			<ul> <li>P. C. C.</li></ul>					шĝуг		n di Maria Maria Maria	
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	**********	I	*********	0.0135	0.015	-	NA	2/365	COMP
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					mg/L		- 1M	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEF	r Penalty of Law Refered un With a system d Perly gather an	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and ali n or super e that qua formation	LIFIED		TELEPHC	TELEPHONE NUMBER	~	DATE	
	SUBMITTED. BAS MANAGE THE SYS	sed on My Inquiry Stem, or those P	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR	AR PERSONS RESPONSIBL	E FOR	, N.V.	(206)43	(206)439-7706		-	
Michael D. Feldman, Director		INFORMATION, TH KNOMLEDGE AND	GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND	JBMITTED IS JRATE, AND		and flau	AREA AREA		Ğ	797	2,2
Director, Aviation Development and Maintenance	COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO	COMPLETE. 1 AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOMING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	t penalties Ssibility of		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			YEAR	-	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Relevence all attachments here)	NY VIOLATIONS (Reference	ce all attachments here	)		O Danal - 200	r 11-1- 010	Printed	4/ 2/99		PAG 4	OF 7

\*\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.10.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 981	AL AIRPORT #681 LE, WA 98168	1	NATIONAL DISC	VAL POLLUTANT NSCHARGE MC WA0024651 PERMIT NUMBER	DISCHARGE MONITORING ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 010 (SDW 3) PERMITNUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT (DMR) ANNUAL WA0024651 010 (SDW 3) PERMIT NUMBER DISCHARGE NO.		arge Location 47 26' 09'	ve comp	NOTE: Read Instructions before completing this form n n	s m
FACILITY SAME AS ABOVE			YEAR	MON MO I DAY	MONITORING PERIOD	MO DAV	5	- 2	ARGE		Г
LOCATION SAME AS ABOVE			FROM 1998	11	TO 1999	8	]				
		QUANTITY OR LOADING	DING			QUAL	QUALITY OR CONCENTRATION		[		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPL
TPH"	Sample Measurement			I		1.35 **	3.79	¶0 ₽	AN	3/365	GRAB
TSS	Sample Measurement	бала (с. 1977). 1944-1944-1944-1944 1944-1944-1944-1944			******	8.6	8.6		¥ N	1/365	COMP
								ug/L			
TURRINITY	Sample Measurement	******	**********	1	***********	13	13		AN	1/365	COMP
							на на селото на селот	NIN			1. A. A.
EECAL CONFERRM	Sample Measurement	**********	******	1	**********	193.7	200		A A	3/365	GRAB
				<u>,</u> , <i>v</i> i	· · · · · · · · · · · · · · · · · · ·		- - - - - - - - - - - - - - - - - - -	#/100 ml		•	11.
TOTAL BECOVERABLE CODDED	Sample Measurement	*****	*********	1	*************	< 0.002	< 0.002		AN	1/365	COMP
							9 94 94	mg/L		1 1	
TOTAL DECOVERABLE LEAD	Sample Measurement	***********	*********	I	*************	< 0.002	< 0.002	•	AN	1/365	COMP
				2000 - 200 - 1F				лgm			4. 4. 5 2
TOTAL BECOVERABLE ZINC	Sample Measurement	******	*********		*****	< 0.005	< 0.005	•	AA	1/365	COMP
					•			mg/L		et a	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEI SIMMITTED ASFD ON WY NO	r Penalty of Law Ere Prepared Uf With a system d Perly Gather An Fd on My inouir:	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED PASED ON MY INVUIRY OF THE PERSON OR PERSONS WHO	ent and all n or super (e that qua iformation or persons	VISION			TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director	MANAGE THE SYS GATHERING THE THE BEST OF MY	STEM, OR THOSE P INFORMATION , TH KNOW EDGE AND	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOW FIGE AND BELIEF TRUE ACCURATE AND	RESPONSIBL JBMITTED IS	TO TO	dis (17 tal	Lucy AF	(206)439-7706 AREA	9	שכ אין	26
TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. I AM AWARE THAT COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMATI AND IMPRISONMENT FOR KNOI	COMPLETE. I MI AWARE THAT THERE ARE SIGN COMPLETE. I AM AWARE THAT THERE ARE SIGN SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. I AM AVARTE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	IT PENALTIES SSIBILITY OF	FINE	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DE	// YEAR	-	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	all attachments here	e)				Pri	Printed 4/ 2/99		PAG 5	- <del>1</del> 0

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Permittee Name/Address Ame <u>Sea.tac International Airport</u> Address <u>Port of Seattle</u>	AL AIRPORT #681	81	DISC	VAL POLLUTANT VISCHARGE MC WA0024651	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) ANNU/ MA0024651 014 (SB B) 014 (SB B)	DIAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIOMR) ANNUAL WA0024651 014 (SB B) 014 (SB B)		befo Discharge Location	TE: Rea ore com	NOTE: Read Instructions before completing this form	s E
•	LE, WA 98168					UISUHARGE NU.	Long	47 26 0/ N 122 18 48 W	M		
FACILITY SAME AS ABOVE				H		UW UW		NO DISCHARGE	ARGI		Π
. II			FROM 13361	6 M		07 1 78					
		QUANTITY OR LOAD	OADING			QUAL	QUALITY OR CONCENTRATION		- IH		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MUMINM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPL TYPĘ
*H0T	Sample Measurement	******	*****		*******	0.1125 **	0.15 **	•	¥	2/365	GRAB
						· ·		тgл		19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (	$e^{i\eta} h_{12}^{-1}$
331	Sample Measurement	*******	**********		******	67	62		¥	1/365	COMP
001								тgл		2 <b>- 1</b> - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
	Sample Measurement	******	***********	1	********	126	126		AN	1/365	COMP
										46.43	2:0(1) (
EECAL COLIECORM	Sample Measurement	******	***********		*********	910	<ul><li>1600</li></ul>		¥	2/365	GRAB
								#/100 ml			
TOTAL BECOVERABLE COPPER	Sample Measurement	*********	******	1	******	0.013	0.013		٩N	1/365	COMP
				da Societ				mg/L		1000	
TOTAL RECOVERABLE LEAD	Sample Measurement	****	*********	I	******	0.006	0.006		AN	1/365	COMP
					and and a second se			шðлг			
TOTAL RECOVERARI E ZINC	Sample Measurement	*******	******		*****	0.124	0.124	•	NA	1/365	COMP
								шд/г			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE	RENALTY OF LAW ERE PREPARED UI WITH A SYSTEM D	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED	ent and all N or super E that qua	LIFIED		TELEPI	TELEPHONE NUMBER	~~~~	DATE	
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Michael D. Feldman, Director	GATHERING THE INFORMATION THE BEST OF MY KNOWLEDGE A	INFORMATION , TH	GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND	JBMITTED IS URATE, AND	10	in the lo	Uuda AREA		6	96 44	12
ITYPED OK PKIN IEU Director, Aviation Development and Maintenance	COMPLETE. I AM AWARE THAT SUBMITTING FALSE INFORMAT AND IMPRISONMENT FOR KNO'	COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	t penalties Ssibility of		OFFICER OR AUTHORIZED AGENT	. <u></u>	Ŀ	YEAR		DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	e all attachments here)	(				Printed	d 4/2/99		PAG 6	05 7

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PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u>	VAL AIRPORT #681	8	NATIONAL	. POLLUTAN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	IINATION SYSTEM <b>ORT(DMR)</b> ANNUAL		NO	TE: Rea yre comp	NOTE: Read Instructions before completing this form	"Ę
ADDRESS PORI OF SEATTLE PO BOX 68727, SEATTLE, WA 98168	LE, WA 98168		DEF	WA0024651 PERMIT NUMBER	2 DISCH	015 (SB D) DISCHARGE NO.	Dischar	Discharge Location Lat 47 27" 07" N			
FACILITY SAME AS ABOVE				F	ITORING PER		Buo	122 18' 47' W NO DISCHAPGE			T
LOCATION SAME AS ABOVE			FROM 1998	03 01 DAY	To YEAR	MO DAY 02 28					7
		QUANTITY OR LOAF	OADING			QUAI	QUALITY OR CONCENTRATION	VATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPL TYPE
TPH**	Sample Measurement	*******	****	1	***********	< 0.155 **	< 0.16		AN	2/365	GRAB
								mg/L	4.		
tec	Sample Measurement	*****	*******		*********	51	51		AN	1/365	COMP
22			<ul> <li>A set of the Version of a set of the version of the v</li></ul>					тgл			
TURBIDITY	Sample Measurement	******	*****	1	*****	40	40		AN	1/365	COMP
								NTU			interest
EECAL CON IEODM	Sample Measurement	*******	******		*********	1050	<ul><li>1600</li></ul>		AN	2/365	GRAB
								#/100 mt		and the second s	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
TOTAL RECOVERABLE COPPER	Sample Measurement	******	******		*********	0.014	0.014		٩N	1/365	COMP
							4- 	mg/L			
TOTAL RECOVERABLE LEAD	Sample Measurement	*******	*******	Į	*******	0.002	0.002		AN	1/365	COMP
								mg/L			
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	********	ł	*****	0.129	0.129		AN	1/365	COMP
								т			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF ATTACHMENTS WERE PREPARE IN ACCORDANCE WTH A SYSTE PERSONNEL PROPERLY GATHEI	R PENALTY OF LAW REE PREPARED UI WTH A SYSTEM D PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and all n or super e that qua iformation	L LIFIED		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		sed on My Inguir Stem, or those P Information , th	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	ar Persons Responsibl JBMITTED IS	E FOR	all Alla	Zuca (206)4:	(206)439-7706 Adea			
TYPED OR PRINTED	COMPLETE. 1 AM AWARE THAT COMPLETE. 1 AM AWARE THAT	KNOWLEDGE AND AWARE THAT THEI SE INFORMATION	THE BEST OF MY KNOWLEDGE AND BELIEF, I RUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT DEVICED THE FORE	T PENALTIES CONTINUTIES	· · · · ·	SIGNITURE OF PRINCIPAL EXECUTIVE	JTIVE CODE		24	6 61	E S
Urrector, Avation Development and Maintenance		SUBMITTING FALSE INFORMATION, INCLUDING I AND IMPRISONMENT FOR KNOMING VIOLATIONS.	INCLUDING THE PUC			JK AU I HUKIZEU AGE			YEAR	R MO	DAY
	PLANATION OF ANY VIOLATIONS (Reference all attachment	ce all attachments here	e) fine method AllArtDU		s here) noutle from mothod NWTDH_Dv = Docute Fraction for Diacol = <0.05. Mothor Oil = <0.405.	6 Mather Oil - 70 106	Printed	Printed 4/2/99		PAG 7	0F ~

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- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u>		#681	NATIONAI DIS	L POLLUTAN <sup>.</sup> Charge M	f discharge elin <mark>Onitoring rep</mark> i	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) SEMI-ANNUAL	NNUAL	Defo	TE: Rea ore com	NOTE: Read Instructions before completing this form	S E O
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\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 0.40.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS SEA-TAC INTERNATIONAL AIRPORT	ONAL AIRPORT #681	81	NATIONAL	POLLUTANT	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIOMR) SEMIA	INATION SYSTEM IRT(DMR) SEMI-ANNUAL	INUAL	Petco.	TE: Rea ore comp	NOTE: Read Instructions before completing this form	ns orm
AME PORT OF SEATTLE PO BOX 68/27, SEATTLE,	68		- BEE	WA0024651 PERMIT NUMBER	012 (E DISCH		Dische	Discharge Location Lat 47 26 34" N			
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PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of F Enceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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TYPED OR PRINTED Director, Aviation Development and Maintenance		COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMING VIOLATIONS.	IT PENALTIES SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			YEAR	R MO	DAY
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\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.06, Motor Oil = 1.76.

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Permittee Ame Address	Permittee Name/Address Ame <u>Sea-tac International Airport</u> Address <u>Port of Seattle</u> Po Box 68727, Seattle, Wa 981	8	#681	DISC	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER	DNAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024651 013 (TAXI YARD) PERMIT NUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIOMR) SEMI-ANNUAL WA0024651 013 (TAXI YARD) PERMIT NUMBER DISCHARGE NO.	Discha	NO befor Discharge Location Lat 47 27 37* N	rtE: Rea ore comp	NOTE: Read Instructions before completing this form n	σĒ
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α.	PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Encored	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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TYPED 0 Director, Aviation and Maintenance	TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. 1 AM SUBMITTING FALS AND IMPRISONME	COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOMING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMING VIOLATIONS.	T PENALTIES SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			YEAR		DAY
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-THYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST PER NPDES PERMIT

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS	AL AIRPORT #681	8	NATIONAL <b>DIS</b> (	- POLLUTAN Charge M	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) OUARTERLY	TERLY		NOTE: I before o	NOTE: Read Instructions before completing this form	ons form
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FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR 1998	MO DAY 12 01	MONITORING PERIOD DAY YEAR 01 TO 1999	MO DAY 02 28	<u>-</u>	NO DISCHARGE	CHAR	GE	Π
		OUANTITY OR LOADING					QUALITY OR CONCENTRATION	ENTRATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	M UNITS	S Exceed	FREQUENCY CF ANALYSIS	SAMPLE TYPE
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	8-96 DY WALVE)										

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Mar-99	3400	4,896,000
2-Mar-99	2450	3,528,000
3-Mar-99	1729	2,490,000
4-Mar-99	1500	585,000
5-Mar-99	0	0
6-Mar-99	0	0
7-Mar-99	500	90,000
8-Mar-99	2700	1,620,000
9-Mar-99	1800	432,000
10-Mar-99	3306	1,587,000
11-Mar-99	0	0
12-Mar-99	3457	2,904,000
13-Mar-99	2889	4,159,500
14-Mar-99	2800	4,032,000
15-Mar-99	2800	1,344,000
16-Mar-99	0	0
17-Mar-99	0	0
18-Mar-99	0	0
19-Mar-99	0	0
20-Mar-99	0	0
21-Mar-99	1100	198,000
22-Mar-99	2233	3,216,000
23-Mar-99	2657	1,116,000
24-Mar-99	0	0
25-Mar-99	1613	1,257,900
26-Mar-99	1800	1,728,000
27-Mar-99	0	0
28-Mar-99	1100	165,000
29-Mar-99	1800	2,592,000
30-Mar-99	1400	840,000
31-Mar-99	1000	270,000

#### POS SeaTac Airport IWTP Water Processing Log -- March 1999

Total March 1999 Flow (Gallons)

39,050,400

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# DMR

# MARCH 1999

-					P 11						
Permittee Name/Address Include Name/Location (if different)	ss different)		ŻC	ATIONAL PC	CE MONITC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	INATION SYST	EM	NOTE: Re completing	NOTE: Read instructions before	s before
NAME SEA-TAC AI	AIRPORT		#681 	MA - 0	WA-002465-1		001 (IWS)				
ADDRESS PORT OF SE	SEATTLE		_ <u>_</u>	PERMI	PERMIT NUMBER	DISC	DISCHARGE NUMBER	ER.	Dischar	ocati	
P.O. BOX	1	SEATTLE 98168	」 		MONT					4 . 7	z
A S A				YEAR	QW	DAY   YEAR	OW	DAY	Long	122° 20' 7	3
SAME AS	ABOVE		њ. 	FROM 1999	MARCH	۲۰۰ ۲	03		IO ON	NO DISCHARGE	
		QUANTITY	R	LOADING	QUAI	QUALITY OR CON	CONCENTRATION	7	No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
*LOW*	Sample Measurement	*****	3457	GPM	*****	******	* * * * * *	* * *	o	21/31	3xShift
	Permit Requirement	*****	4,800		****	****	* * * * * * *			01/01	CONT.
рН	Sample Measurement	*****	* * * * * * *	* *	6.37	******	6.82	STD	o	5/21	GRAB
	Permit Requirement	*****	****		6.0	****	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	******	* *	****	3.5/<5**	5/<5**	mg/L	0	5/21	GRAB
	Permit Reguirement	*****	******		******	8	15			01/07	GRAB
TSS	Sample Measurement	*****	*****	* *	****	10.4	17	mg/L	o	5/21	COMP.
	Permit Requirement	****	*****		*****	21	33			01/07	COMP.
BODs	Sample Measurement	*****	*****	* *	* * * * * *	160	160	mg/L	0	1/21	COMP.
	Permit Requirement	*****	*****		******	****	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	*****	*	****	62.1	62.1	mg/L	0	1/21	COMP.
	Pernút Reguirement	*****	* * * * * * *		*****	****	REPORT			01/30	COMP.
ТРН	Sample Mcusurement	*****	*****	*	*****	2.8/1.2***	2.8/3.2***	mg/L	0	1/21	GRAB
	Permit Requirement	*****	*****		* * * * *	* * * * * *	REPORT			1/30	GRAB
NAME/TITLE PRINCIPAL OFFICER	L EXECUTIVE	I CERTIFY UNDER PENALTY OF L Attachnents were prepared un in accordance with a system qualified personnel properly		AM TIAT THIS DOCUMENT AND ALL Idea ay direction or supervisi designed to assure that • gather and evaluate the	THIS DOCIMENT AND ALL DIRECTION OR SUPERVISION DD ASSURE THAT	Ju -			TELEPHONE	E S	DATE
Michael D. Feldman, Director, Aviation Development and Maintenance	dman, Jevelopment nce	INFORMATION SUBHITTED. BASED PERSONS WHO MUNGE THE SYSTE RESPONSIBLE POR GATHERING TH SUBMITTED IS, TO THE BEST OF ACCURATE. AND COMPLETE I AN		ON NY INDUIRY OF THE PERSON OR (, OR THOSE PERSONS DIRECTLY () INFORMATION, THE INFORMATION NY NOMLEDGE AND BELLEF, TRUE, AMARE THAT THERE ARE	THE PERSON OR IS DIRECTLY S INFORMATION BELIEF, TRUE, ARE	SIGNATURE SIGNATURE	AP JULLA	2	(206) 439- Area Nu	1	99, 4, 23 YEAR MO DAY
TYPED OR PRINTED	<b>TED</b>		ES FOR SUI BILITY OF	MITTING FALSE INFORMATION FINE AND IMPRISONMENT FOR	ORMATION, MENT POR	EXECUTIVE OFI AUTHORIZED	EOFFICER OR		0.		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference al •Daily Flow Reporting Should be SUBMITTED ON A SEPARATE SHEET. ••• Oil & grease analysed by EPA method 1664 and EPA method 413 ••• TOH - #2 Discollancy oil	OF ANY VIOL <sup>1</sup> ILD BE SUBMITTE Y EPA method 1 Oil	ATIONS (Referen ED ON A SEPARATE .664 and EPA meth	all ET. 113.1	attachments	s here)				Ч	APR 2 7 1999	6
According to Permit Condition SJE, the Port is notifying the than those specified =in Special Condition S2 was performed.	ion S3E, the P pecial Conditi	ort is notif on S2 was pe		rtment of 1	Ecology that	Department of Ecology that this month, monitoring using methods and /or locations ( $f_1 = 0$ ) of $f_1 = 0$ .	onitoring us	ing method	Is and /or	pT. OF PT. C	M-DGY

Substitute for EPA Form 3320-1 (Rev. 8-96 hv WANDE)

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AR 027448

	ESP-TICA LIFEORT FIGHT FIGTE FIGHT F	Include Name/Location (if different)	ess f different)			DISCHARE	ALLUTANI DIS BE MONITO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYS	LEM	NOTE: R	NOTE: Read instructions before completing this form.	s before
Destruction     Distructiones     Distructiones <thdistructiones< th=""> <thdistruct< td=""><td>PERMIT NUMBER     DISCHARCE NUMBER     DISCHARCE Long     DISCHARCE Long     DISCHARCE Long       FROM     VIEM     MONTORING PERIOD     PA     <td< td=""><td>I</td><th>AIRPORT</th><td></td><td></td><td>WA-00</td><td>02465-1</td><td></td><td>(SMI) 100</td><td></td><td></td><td></td><td></td></td<></td></thdistruct<></thdistructiones<>	PERMIT NUMBER     DISCHARCE NUMBER     DISCHARCE Long     DISCHARCE Long     DISCHARCE Long       FROM     VIEM     MONTORING PERIOD     PA     PA <td< td=""><td>I</td><th>AIRPORT</th><td></td><td></td><td>WA-00</td><td>02465-1</td><td></td><td>(SMI) 100</td><td></td><td></td><td></td><td></td></td<>	I	AIRPORT			WA-00	02465-1		(SMI) 100				
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- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

#### Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 9810	AL AIRPORT #681 LE. WA 98168	18	NATIONAL DISC	VAL POLLUTANT VAL POLLUTANT WA0024651 PERMIT NUMBER	DISCHARGE	ELIMINATION SYSTEM REPORT(DMR) ANNUAL 003 (SDS 1) DISCHARGE NO.	Dischar Lat	NO befo Discharge Location Lat 47 26' 13" N	TE: Rec ore com	NOTE: Read Instructions before completing this form n	s E
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\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = 0.16, Motor Oil = 0.56.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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#### Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

PERMITTEE NAME/ADDRESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u>		#681	NATIONAL DISC	POLLUTAN	DISCHARGE MONITORING REPORTION S	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT (DMR) ANNUAL		Pefe	lE: Rea re comp	NOTE: Read Instructions before completing this form	" E [
ADDRESS PORT OF SEATTLE, PO BOX 68727, SEATTLE,	.LE, WA 98168		PER	WA0024651 PERMIT NUMBER		004 (SDS 2) DISCHARGE NO.	8	Discharge Location Lat 47 25' 50" N			
FACILITY SAME AS ABOVE				I F	ITORING PEF		Long L	122 18' 42" W NO DISCHARGE	ARGE		Т
LOCATION SAME AS ABOVE			FROM 1998	03 01	TO 1999	MO DAY 02 28					7
		QUANTITY OR LOADING	DING			QUAL	QUALITY OR CONCENTRATION				
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of FI Exceed ances	FREQUENCY OF ANALYSIS	SAMPL TYPE
TPH"	Sample Measurement	******	************	Į	*************	< 0.15 **	< 0.15 **		AN	1/365	GRAB
								mg/r			1. S. S. S.
AR SS1	Sample Measurement	********	*****	1	***********	20	50		AN	1/365	COMP
								шgЛ		•	4 4 13 13
	Sample Measurement	********	******	Į	*********	31	31		AN	1/365	COMP
								NIU		-	
FECAL COLIFORM	Sample Measurement	******	*******	Į	*****	110	110		AN	1/365	GRAB
								#/100 ml			
TOTAL RECOVERABLE COPPER	Sample Measurement	*********	*******	ł	*********	600.0	600.0		٩	1/365	COMP
								тĝл		a a sa	
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*********	1	******	0.006	0.006		NA	1/365	COMP
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TOTAL RECOVERABLE ZINC	Sample Measurement	******	**********	1		0.213	0.213		AN	1/365	COMP
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDEF ATTACHMENTS W IN ACCORDANCE PERSONNEL PRO	I CERTIFY UNDER PENALTY OF LAW ATTACHMENTS WERE PREPARED UN IN ACCORDANCE WITH A SYSTEM DI PERSONNEL PROPERLY GATHER AN	THAT THIS DOCUMENT AND ALL NDER MY DIRECTION OR SUPERVISION ESIGNED TO ASSURE THAT QUALIFIED D EVALUATE THE INFORMATION	ent and all 4 or super 6 that qua Formation	VISION		ТЕLЕРНО	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		SUBMITTED. BASED ON MY INQUIRY MANAGE THE SYSTEM, OR THOSE PI GATHERING THE INFORMATION , TH THE BEST OF MY KNOMLEDGE AND I	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOMLEDGE AND BELIEF, TRUE, ACCURATE, AND	R PERSONS Responsible Ibmitted is Jrate, and	E FOR	la Olta	(206)439-7706	9077-6	99	24	22
Director, Aviation Development and Maintenance	COMPLETE. 1 AM SUBMITTING FAL AND IMPRISONMI	COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOMING VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	t penalties Ssibility of	<u>×</u>	SIGNITURE OF ARINOPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	¥		YEAR	MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference	ce all attachments here	() ()		otion for Direct - 700	000 Mideo Cil - 2011	Printed	4/ 2/99		PAG 2	0F /

\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.11.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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# Legal Notice

PERMITTEE NAME/ADDRESS		1	NATIONAL	POLLUTANT	DISCHARGE ELIN	NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM		ΖΔ
AME SEA-TAC INTERNALIUNAL AIRPURT		#001						
ADDRESS PORT OF SEATTLE	TIF WA Q8168		BEI	PERMIT NUMBER		DISCHARGE NO.	Discharg Lat	Discharge Location Lat 47 27' 59"
EACH ITY SAME AS ABOVE				NOM	MONITORING PERIOD		rong	122 18' 45
z			YEAR FDOM 1998	MO 03 01 01	TO 1999	MO DAY 02 28	Z	
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PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS
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	Sample Measurement	***********	************		**********	12	12	•
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455	Sample Measurement	********	**********	1	*******	6	6	ļ
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	Sample Measurement	********	******		************	120	240	
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TOTAL BECOMERABLE CODDER	Sample Measurement	********	*****		******	0.017	0.017	
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TOTAL BECOMEDABLE LEAD	Sample Measurement	**********	******	1	******	< 0.002	< 0.002	
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	Sample Measurement	*********	***********		************	0.089	0.089	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDE ATTACHMENTS V IN ACCORDANCE	CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL TACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED	THAT THIS DOCUA NDER MY DIRECTIC ESIGNED TO ASSUI	IENT AND ALL NO OR SUPER RE THAT QUAL NEORMATION	VISION		TELEPH	TELEPHONE NUME
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Michael D. Feldman, Director		GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE RECT OF MY KNOW FICE AND BELIEF TRUE ACCURATE AND	HE INFORMATION S DELICE TRUE ACC	UBMITTED IS, HIPATE AND		Ind M. Aller	LUR AREA	

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

before completing this form NOTE: Read Instructions

SCHARGE 45° W 59" N <u>S</u>

GRAB GRAB COMP COMP SAMPL TYPE ANALYSIS FREQUENCY 2/365 2/365 1/365 1/365 # of Exceed M ¥ ₹ ¥ EQ ПS ۲ ž 5

Printed 4/ 2/99 •• The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.105. THE BEST OF MY KNOM.EDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS. COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) and Maintenance

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# Legal Notice

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PERMITTEE N AME	PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT	AL AIRPORT #681	81	DISC	POLLUTAN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) ANUU	DIAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIOMRI ANNUAL		NO1 befo	re comp	NOTE: Read Instructions before completing this form	<i>ω</i> ε [
ADDRESS	PORT OF SEATTLE PO BOX 68727, SEATTLE,	.E. WA 98168		PER	WAU024651 PERMIT NUMBER		009 (SDS 4) DISCHARGE NO.	8	Discharge Location Lat 47 25' 33" N	-		
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				FROM 1998 1	10 I 01		17 1 78 1					
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۸۹	PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Fi Exceed	FREQUENCY OF ANALYSIS	SAMPL TYPE
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		and and a second se							#/100 ml		. F +	
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Michae	Michael D. Feldman, Director	GATHERING THE SYS	STEM, OR THOSE P INFORMATION , TH	MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	RESPONSIBILIER IS	LE FOR	at telle	(206)439-7706	9-7706	<u>d</u>		
TYPED O Director, Aviation and Maintenance	TYPED OR PRINTED Director, Aviation Development and Maintenance	COMPLETE. 1 AM COMPLETE. 1 AM SUBMITTING FALS AND IMPRISONME	COMPLETE. 1 AM AWARE THAT THERE ARE SIGNI COMPLETE. 1 AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SSIBILITY OF		OFFICER OF AUTHORIZED AGENT			YEAR	7 09 R MO	25 Day
COMMENT A	ND EXPLANATION OF AN	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	se all attachments here	() ()		# E	Metr. 20	Printed	4/ 2/99		PAG 4	0F 7

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# Legal Notice

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FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			YEAR FROM 1998	MOR MO DAY 03 01	MONITORING PERIOD DAY TO YEAR 01 TO 1999	MO DAY 02 28	Long 1 N(	122 18' 53' W NO DISCHARGE	ARGE		
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER ATTACHMENTS W IN ACCORDANCE PERSONNEL PROF	I CERTIFY UNDER PENALTY OF LAW ATTACHMENTS WERE PREPARED UN NATCORDANCE WTH A SYSTEM DI PERSONNEL PROPERLY GATHER AN CURVITION BACCO OM NOVINOVINO	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ATCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PRESONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION CONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and all 1 or super 6 that qua Formation			TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director		AUDIT TED: BASED ON MIT INOUN MANAGE THE SYSTEM, OR THOSE PI GATHERING THE INFORMATION , TH THE BEST OF MY KNOM, EDGE AND	ADDATE TELEVISION AND ADDATE TELEVISION OF THE TELEVISION OF THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOMEDGE AND BELIEF, TRUE, ACCURATE, AND	RATE, AND			12	(206)439-7706 AREA CODE	a	40 64	23
Director, Aviation Development and Maintenance	COMPLETE. 1 AM SUBMITTING FALS AND IMPRISONME	COMPLETE: I AM AWAKE THAL THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOWING VIOLATIONS.	COMPLETE: I AM AWARE THAT THERE ARE SIGNIFICANT PENALLIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	A PENALITEX SSIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUGHORIZED AGENT	E		YEAR	AR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 1.33	NY VIOLATIONS (Reference of the diesel and motor oil qui	e all attachments here antitation range results	<ul> <li>)</li> <li>s from method NWTPH-I</li> </ul>	Dx - Result Fr	action for Diesel = <0.0	5, Motor Oil = 1.33.	Printed	Printed 4/2/99		PAG 5	0F 7
Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	8-96 by WADOE)	3									

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- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
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- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

# Legal Notice

PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 981	IAL AIRPORT #681 LE, WA 98168	8	NATIONAL DISC	VAL POLLUTANT <b>ISCHARGE MC</b> WA0024651 PERMIT NUMBER	DISCHARGE	E ELIMINATION SYSTEM <u>REPORT(DMR)</u> ANNUAL 014 (SB B) DISCHARGE NO.	Dischar Lat	NO befo Discharge Location Lat 47 26 07" N	TE: Re; ore com	NOTE: Read Instructions before completing this form " N	s E
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDEF ATTACHMENTS W IN ACCORDANCE DEPSCONNEL DEC	I CERTIFY UNDER PENALTY OF LAW ATTACHMENTS WERE PREPARED UN IN ACCORDANCE WITH A SYSTEM DI DEPESCANNEL PRODUCT V CATHER AND	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED DEDECANNEL BODODED AND EVALUATE THE INECOMMATION	ent and al N or super E that qua	L VISION VISION		TÉLEPHO	TÉLEPHONE NUMBER	~	DATE	
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Michael D. Feldman, Director TYPED OR PRINTED		INFORMATION , TH KNOWLEDGE AND I	GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOM EDGE AND BELIEF, TRUE, ACCURATE, AND COMMENTER 1111 TURDE AND BELIEF, TRUE, ACCURATE AND TO AND	JRATE, AND JRATE, AND T DENALTIC		UNCU UN	Muda AREA		6	99 64	53
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here     The TPU interviewed is the original field discrete and models of an interviewed and the second and models of the discrete and m	ANY VIOLATIONS (Reference	Reference all attachments here	() from mothed NW/TDU		othod NWTDH Dv . Descrit Frankin for Discel = <0.05. Methor (31 = <0.02	5 Motor Oil = <0.00	Printed	Printed 4/ 2/99		PAG 6	05 7

\*\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.09.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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# Legal Notice

23 DAY COMP GRAB COMP COMP GRAB COMP COMP SAMPL TYPE 7 OF 7 1 before completing this form NOTE: Read Instructions 07 DATE § FREQUENCY OF ANALYSIS PAG 2/365 1/365 2/365 1/365 1/365 1/365 1/365 . r ? ? \* 99 YEAR **NO DISCHARGE** it of Enceed ¥ ₹ ₹ ₹ ₹ ¥ ¥ 122 18' 47" W *<b>TELEPHONE NUMBER* 47 27' 07' N UNITS #/100 ml Discharge Location Ľ ľ Ъ Å ł E Printed 4/ 2/99 (206)439-7706 QUALITY OR CONCENTRATION AREA Buoj Ĕ MAXIMUM 0.129 0.014 0.002 0.16 **8** Ş 5 v lace ^ SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR ADTHORIZED AGENT ANNUAL NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM \$ AVERAGE 0.155 0.129 DAY 0.014 0.002 28 0000 **DISCHARGE MONITORING REPORT (DMR)** Ş 5 DISCHARGE NO (SBD) 8 MO v 015 alla 1999 MONITORING PERIOD \*\*\*\*\*\*\*\*\*\*\* ------\*\*\*\*\*\*\*\*\*\*\*\* ----------\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\* MINIMUM p ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO PERMIT NUMBER PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION DAY THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND 5 CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALI WA0024651 UNITS I Į I I -I I **S** ខ YEAR 1998 \*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\* -----MAXIMUM ------------------AND IMPRISONMENT FOR KNOMING VIOLATIONS. FROM OUANTITY OR LOADING COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) \*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\* \*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\* AVERAGE #681 Sample Measurement B. B. B. B. PO BOX 68727, SEATTLE, WA 98168 SEA-TAC INTERNATIONAL AIRPORT Michael D. Feldman, Director AR 027463 TOTAL RECOVERABLE COPPER Director, Aviation Development PORT OF SEATTLE TOTAL RECOVERABLE LEAD TYPED OR PRINTED SAME AS ABOVE SAME AS ABOVE TOTAL RECOVERABLE ZINC PERMITTEE NAME/ADDRESS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PARAMETER FECAL COLIFORM and Maintenance TURBIDITY ADDRESS LOCATION FACILITY TPH" TSS AME

\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.105.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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# Legal Notice

EACH ITY CAME AS ABOVE	PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 98168		VA0024651	PERMIT NUMBER		007 (SDN 2) DISCHARGE NO.		Discharge Location Lat 47 28' 00" N			
			FROM 1998	MO DAY 09 01	MONITORING PERIOD DAY TO YEAR 01 TO 1999	MO DAY 02 28	N Long	122 18' 28' W NO DISCHARGE	ARGE		
		QUANTITY OR LOAD	ADING				QUALITY OR CONCENTRATION	RATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	ITS	If of FR	FREQUENCY S	SAMPLE
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TYPED OR PRINTED Director, Aviation Development and Maintenance	THE BEST OF MY KNOWLEDGE AND COMPLETE. I AM AWARE THAT THE SUBMITTING FALSE INFORMATION, AND IMPRISONMENT FOR KNOMNG	THE BEST OF MY KNOWLEUGE AND BELIEF, TRUE COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOMING VIOLATIONS	The best of My knowledge and belief. Thue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knoming vici ations.	kate, and " Penalties 'Sibility of	<u> </u>	SIGNITURE OF PRINCIPAL EXECUTIVE SIGNITURE OF NUTHORIZED AGENT			99 VEND	64	23
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The TPH value reported is the sum of the diese! and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diese! = <0.05, Motor Oil = 0.40.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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# Legal Notice

PERMITTEE NAME/ADORESS AME <u>SEA-TAC INTERNATIONAL AIRPORT</u>	AL AIRPORT #681	81	NATIONAL DISI	- POLLUTAN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	INATION SYSTEM I <b>rtion system</b> I <b>rtiomr) ş</b> emi-annual	INUAL	Petc	TE: Rea	NOTE: Read Instructions before completing this form	si Mo
ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 98168	LE, WA 98168		13 B	WA0024651 PERMIT NUMBER	013 013	112 (ENG. YARD) DISCHARGE NO.		Discharge Location Lat 47 26' 34" N	3		
FACILITY SAME AS ABOVE				F	VITORING PEI			NO DISCHARGE	ARGF		Т
LOCATION SAME AS ABOVE			FROM 1998	MU UAY 09 01	TO 1999	MU DAY 02 28					]
		QUANTITY OR LOAD	DING			QUAL	QUALITY OR CONCENTRATION				
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	ITS	# of F Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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Michael D. Feldman, Director		STEM, OR THOSE F INFORMATION , TI	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	RESPONSIBL UBMITTED IS	E FOR		(206)43 AREA	(206)439-7706 Area			
TYPED OR PRINTED	COMPLETE. 1 AM	ihe Besi up my knuwleuge and Complete. I am aware that the Submitting failse information	THE BEST OF MY KNOWLEUGE AND BELIEF, INUE, AUCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	UKALE, ANU IT PENALTIES SCIBILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE	TIVE CODE				
Uredor, Avarion Development and Maintenance	AND IMPRISONME	AND IMPRISONMENT FOR KNOWNG	S VIOLATIONS.						YEAR	2	DAY
Comments and EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) ** The TPU reduce and a the arm of the discoid and works of anomination cance results from method NWTPH Dr - Result Fraction for Diesel = <0.06 Mohrr Oil = 1.76	NY VIOLATIONS (Reference	ce all attachments her	e) te form mothod NWTDH	LDv , Result Fr	artion for Diasel = <0 06	3. Mater Oil = 1.76	Printed	3/18/99		PA	PAGE 2 OF 3

\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.06, Motor Oil = 1.76.

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FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			FROM 1998	<b>OM</b> 68	MONITORING PERIOD DAY TO YEAR 01 TO 1999	MO DAY	Z Ford	122 17 43" W NO DISCHARGE			
		OUANTITY OR LOAD	ADING				OI 141 ITY OR CONCENTRATION	ATION			
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				1 1							1944 T. C. S. Mark
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO	TENALTY OF LAW T FEPREPARED UNG TH A SYSTEM DE: FILY GATHER AND ON MY INQUIRY	Hat this docume der MY direction Signed to Assure evaluate the Inf of the Person OI	ENT AND ALL I OR SUPERV E THAT QUAL FORMATION R PERSONS V	ISION IFIED MHO		TELEPHON	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director TYPED OR PRINTED	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	EM, OR THOSE PEI FORMATION , THE VOMLEDGE AND BE MARE THAT THERE	RSONS DIRECTLY R INFORMATION SUE ELLEF, TRUE, ACCU E ARE SIGNIFICANT	RESPONSIBLE BMITTED IS, IRATE, AND FENALTIES		SIGNITURE OF PRINCIPAL EXECUTIVE	(206)439-7706 AREA CODE	-7706			
Director, Aviation Development and Maintenance	SUBMITTING FALSE INFORMATION, AND IMPRISONMENT FOR KNOMING	INFORMATION, IN T FOR KNOMING V	INCLUDING THE POSSIBILITY OF FINE VIOLATIONS.	SIBILITY OF I		OFFICER OR AUTHORIZED AGENT			YEAR	Ŷ	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 4.32.	IY VIOLATIONS (Reference a the diesel and motor oil quant	all attachments here) titation range results fi	rom method NWTPH-D	)x - Result Frac	tion for Diesel = <0.05	, Motor Oil = 4.32.	Printed 3/18/99	3/18/99		PAGE	PAGE 3 OF 3

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum".)
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

### Legal Notice

PERMITTEE NAME/ADDRESS AME SEA-TAC.INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 981	AL AIRPORT #681 LE, WA 98168	8	NATIONAL DISO	NAL POLLUTANT DISCHARGE MC WA0024651 PERMIT NUMBER	DISCHARGE MONITORING REPORT (DMR) WA0024651 003 (SDS 1) PERMIT NUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT (DMR) QUARTERLY WA0024651 003 (SDS 1) DISCHARGE NO.	Discha Lat	NOT befo Discharge Location Lat 47 26' 13" N	TE: Read ore compl	NOTE: Read Instructions before completing this form n	
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			FROM 1998	MO DAY 12 01	MONITORING PERIOD DAY TO 1999	R MO DAY 02 28	L Long	122 18' 38' W NO DISCHARGE	ARGE		-1-1
		QUANTITY OR LOAD	ADING			QUALI	QUALITY OR CONCENTRATION	RATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MUMINIM	AVERAGE	MAXIMUM	ITS	# of FR Exceed	FREQUENCY OF	SAMPLE TYPE
ETHYLENE GLYCOL*	Sample Measurement	*********	*****	1	****	< 2.0 •	< 2.0 •			1/90	GRAB
								- Ling/			St Car
PROPYLENE GLYCOL*	Sample Measurement	**********	*******	1	****	< 2.0 *	< 2.0 •		AN	1/90	GRAB
								mg/L		18 ( N ( ) -	
	Sample Measurement										
				Lafraphi Maroo, a	-					-	
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274				the oracidari							1993 - 1994 - 1994 - 1994 
.71	Sample Measurement										
				2.000 (main.57							¥
	Sample Measurement										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAN ATTACHMENTS WERE PREPARED U IN ACCORDANCE WTH A SYSTEM I PERSONNEL PROPERLY GATHER A SUBMITTED PASED OM MY INDUM	ERE PREPARED UN ERE PREPARED UN WITH A SYSTEM DI PERLY GATHER ANI ED OM MY INCLIED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUPANTTED PASEN ON MY INVILIEV OF THE DEDSON OD PEDEORUS MAD	ent and all n or super e that qua iformation			TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	MANAGE THE SYSTEM, OR THOSE GATHERING THE INFORMATION , 1	TEM, OR THOSE PI	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	RESPONSIBL	E FOR TO	In With Hale	(206)4:	(206)439-7706 A DEA			
TYPED OR PRINTED	THE BEST OF MY KNOWLEDGE AND COMPLETE. 1 AM AWARE THAT THE SURMITTING FAISE INFORMATION	KNOWLEUGE AND I AWARE THAT THEF	THE BEST OF MY KNOWLEDGE AND BELIEF, IRUE, ACCURATE, AND COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR / SUBMITTING FAISE INFORMATION INCLUDING THE POSSIBILITY OF FINE	JRATE, AND T PENALTIES SCIPILITY OF		SIGNITURE OF PRINCIPAL EXECUTIVE			6	904	23
and Maintenance	AND IMPRISONME		VIOLATIONS.			ON BURNISED AGEN			YEAR	OW 2	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) • FTHM FNF AND PROPY FNF GI YCOM MONITORING NOT REQUIRED IN JUINE	VY VIOLATIONS (Reference) COLMONITORING NOT RE	e all attachments here	re) IIII Y AND ALIGLIST PER NPDES PERMIT	R NDNES PER	IMIT		Printed	Printed 4/ 2/99		PAG	PAGE 1 OF 2
LITTLET CITUTION CONTRACTOR											

TETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY, AND AUGUST PER NPDES PERMIT

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

### Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATLE DO BOY 68777 SEATLE WA 004	ALAIRPORT #681	81	NATIONA DIS	NAL POLLUTANT DISCHARGE MC WA0024651 PERMIT NUMBER	DNAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR) WA0024551 007 (SDN 2) PERMIT NUMBER DISCHARGE NO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) QUARTERLY WA0024651 007 (SDN 2) PERMIT NIMBER DISCHARGE NO	L	NO befo Discharge Location	TE: Rea ore comp	NOTE: Read Instructions before completing this form	sĘ
• •				W	ITORING PER		bool Bool	47 20 00 N 122 18 28 W NO DISCUADEE			[
LOCATION SAME AS ABOVE			FROM 1998	12 01	1999	MO DAY 02 28			JON AND		٦
		<b>QUANTITY OR LOADING</b>	)ING			ONALI	QUALITY OR CONCENTRATION	RATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	ITS	# of Fi Exceed	FREQUENCY OF AVALYSIS	SAMPLE TYPE
ETHYLENE GLYCOL*	Sample Measurement	**********	*****	1	*****	< 2.0 ·	< 2.0 •			<b>1</b> 30	GRAB
								лgл		$e_{t_{2}} = e_{t_{2}}$	
PROPYLENE GLYCOL*	Sample Measurement	********	******	1	*********	< 2.0 *	< 2.0 •		¥z	1/90	GRAB
		· · ·						щду		× 4, 2	12.00
FLOW	Sample Measurement	*****	YES		*****	**********	*******		₹	06/06	METER
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	Sector Scherberger										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER ATTACHMENTS WE IN ACCORDANCE V PERSONNEL PROP SUBMITTED. BASE	PENALTY OF LAW FREPARED UN MTH A SYSTEM DE FRLY GATHER AND ED ON MY INQUIRY	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO	ent and all N or super E that quai Formation	LIFIED WHO		TELEPHO	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	MANAGE THE SYSTEM, OR THOSE P GATHERING THE INFORMATION , TH THE BEST OF MY KNOW FOCE AND	FEM, OR THOSE PE NFORMATION, THI NICHIED CE AND B	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEET OF MY KNOM EDGE AND BELIEF THUR ACCURATE AND	RESPONSIBL IBMITTED IS,	EFOR TO	1. th Mar	(206)43	(206)439-7706 Adea			
TYPED OR PRINTED Director, Aviation Development	COMPLETE. 1 AM AWARE THAT THE SUBMITTING FALSE INFORMATION,	AWARE THAT THER E INFORMATION, II	COMPLETE. 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE	T PENALTIES SSIBILITY OF	-	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			66	04	23
and Maintenance	AND IMPRISONMENT FOR KNOMNG	NT FOR KNOMNG	VIOLATIONS.			)			YEAR	2	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE. JULY. AND AUGUST PER NPDES PERMIT	Y VIOLATIONS (Reference DL MONITORING NOT RE	all attachments here) QUIRED IN JUNE. JU	LY. AND AUGUST PE	R NPDES PEF	MIT		Printed	41 2/99		PAG	PAGE 2 OF 2

TE INTILENE AND PROPYLENE GLYCOL MONTORING NOT REQUIRED IN JUNE, JULY, AND AUGUST PER NPDES PERMIT \*\*Pump Station Bypass on 1/28/99, but no aircraft deicing occurred in North Cargo Area. Unable to sample short duration (<1 hour) bypasses on 12/13/98 and 12/27/98. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Mar-99	3400	4,896,000
2-Mar-99	2450	3,528,000
3-Mar-99	1729	2,490,000
4-Mar-99	1500	585,000
5-Mar-99	0	Ó
6-Mar-99	0	0
7-Mar-99	500	90,000
8-Mar-99	2700	1,620,000
9-Mar-99	1800	432,000
10-Mar-99	3306	1,587,000
11-Mar-99	0	0
12-Mar-99	3457	2,904,000
13-Mar-99	2889	4,159,500
14-Mar-99	2800	4,032,000
15-Mar-99	2800	1,344,000
16-Mar-99	0	0
17-Mar-99	0	0
18-Mar-99	0	0
19-Mar-99	0	0
20-Mar-99	0	0
21-Mar-99	1100	198,000
22-Mar-99	2233	3,216,000
23-Mar-99	2657	1,116,000
24-Mar-99	0	0
25-Mar-99	1613	1,257,900
26-Mar-99	1800	1,728,000
27-Mar-99	0	0
28-Mar-99	1100	165,000
29-Mar-99	1800	2,592,000
30-Mar-99	1400	840,000
31-Mar-99	1000	270,000

# POS SeaTac Airport IWTP Water Processing Log - March 1999

Total March 1999 Flow (Gallons)

39,050,400

# DMR

# JULY 1999

Iuly 199

Port of Seattle DMR submittal schedule for Sea-Tac International Airport Stormwater Discharges see NPDES permit # WA-002465-1, dated January 25, 1999, sections S2.B and S3.B

This table valid for period March 1, 1999 through February 28. 2000	
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secondary DMRs to be submitted to Ecology by the 30th of these months for the previous reporting period	iched March April May Sept Oct Nov Sept Sept							×	×	×		×		X	
March April X X X X	x x		>	<	×	×		×	×	×	×	×		<	, x
	# mon sched mon sched	002 QTRLY*	003 ANN QTRLY**	004 ANN	005 QTRLY*	006 QTRLY*	007 SEMI-ANN QTRLY**	008 ANN	NNA 900	010 ANN	011 QTRLY.	012 SEMI-ANN	013 SEMI-ANN		014 ANN
	name	SDE4	SDS1	SDS2	SDS3	SDN1	SDN2***	SDN3	SDS4	SDW3	SDN4	ΕY	Υ		8

please note: 1. "X" indicates a DMR will be submitted for this particular outfall in the month indicated. A blank indicates that a DMR is not required and will not be submitted

2. Per Condition S3.B, quarters are defined as March-April, June-August, September-November, and December-February 3. Annual and semi-annual monitoring requirements per Condition S2.B.2 and S2.B.3

\* Per Condition S2.B.1, take 8 samples year with at least one per quarter. DMRs shall be submitted monthly until Feb 2000, thereafter DMRs shall be submitted quarterly. \*\* Per Condition S2 B.4, collect samples quarterly and sampling shall coincide with a deicing/anti-icing event. No sampling required in summer quarter (June-August)

\*\*\* sampled only when either or both IWS pump stations bypass flow to SDN2, otherwise there is no discharge from SDN2 and no sample possible

Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Jun-99	900	1,296,000
2-Jun-99	800	144,000
3-Jun-99	0	0
4-Jun-99	0	0
5-Jun-99	0	0
6-Jun-99	500	120,000
7-Jun-99	674	870,000
8-Jun-99	933	1,344,000
9-Jun-99	0	0
10-jun-99	0	0
11-Jun-99	0	0
12-Jun-99	0	0
13-Jun-99	0	0
14-Jun-99	0	0
15-Jun-99	0	0
16-Jun-99	0	0
17-Jun-99	0	0
18-Jun-99	0	0
19-Jun-99	0	0
20-Jun-99	500	120,000
21-Jun-99	760	592,500
22-Jun-99	2300	2,208,000
23-Jun-99	2300	1,173,000
24-Jun-99	2300	2,070,000
25-Jun-99	2050	492,000
26-Jun-99	0	0
27-Jun-99	0	0
28-Jun-99	2000	1,680,000
29-Jun-99	3200	2,688,000
30-Jun-99	3150	2,835,000

# POS SeaTac Airport IWTP Water Processing Log -- (month) 1997

4

Total (month) 1997 Flow (Gallons)

17,632,500

Hacup

Fer'wittee Name/Address Include Name/Location (if different)	SS different)			NATIONAL PC	DILUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	INATION SYS	TEM	NOTE: R	NOTE: Read instructions before	is before
NAME SEA-TAC AIRPORT	IRPORT		#681	MA-0	WA-002465-1						
ADDRESS PORT OF SEATTLE	EATTLE			TMG2G	DEDMIT NITNER				Dischal	<b>Discharge Location</b>	
P.O. BOX		SEATTLE 98168	- 				UISCHARGE NUMBER	HIN I	Lat ,	47°24'7"	N
FACTI, ITY SAME AS ABOVE				VEAD	N N	MONTTOKING PERIOD	~	Ţ	/Long	122°20'7	3 :
SAME	ABOVE		ļ	FROM 1999	July	۲ ۲	July		ID ON	NO DISCHARGE	
		QUANTITY	OR 1	LOADING	QUA	QUALITY OR CO	CONCENTRATION		No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	units	/Exceed- ances	of Analysis	Type
*LOW*	Sample Measurement	******	3150	GPM	*****	*****	*****	***	0	16/31	3xshift
	Permit Requirement	****	4,800	-	*****	*****	*****			01/07	CONT
pH	Sample Measurement	*****	****	* *	6.39	*****	7.67	STD	0	4/16	GRAB
	Permit Requirement	*****	******		6.0	*****	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	*****	* *	*****	ŝ	<5 <5	mg/L	0	4/16	GRAB
	Permit Requirement	*****	*****		*****	8	15			01/07	GRAB
TSS	Sample Measurement	****	*****	* *	****	7.0	15	mg/L	0	4/16	COMP.
	Permit Requirement	******	*****		*****	21	33			01/07	COMP
BOD5	Sample Measurement	******	*****	* * *	*****	ە	9	mg/L	0	1/16	COMP.
	Permit Requirement	******	******		*****	*****	REPORT	1		01/30	DWD
TOTAL GLYCOLS	Sample Measurement	*****	*****	*	* * * * * *	<2	<2 <2	mg/L	0	1/16	COMP.
	Permit Requirement	******	*****		******	****	REPORT			01/30	COMP.
TPH	Sample Measurement	*****	*****	*	*****	<b>@1.1/.5</b> 7	@1.1/.57	mg/L	0	1/16	GRAB
, , , , , , , , , , , , , , , , , , ,	Permit Requirement	******	******		*****	****	REPORT			1/30	GRAB
NAME/TITLE PRINCIPAL	L EXECUTIVE	I CERTIFY UNDER PENALTY OF	PENALTY OF LAW	THAT THIS DOCIMENT AND ALL	THE AND ALL						
		ATTACHMENTS WER		MY DIRECTION O	R SUPERVISION	\	•		I ELLE PHONE	2	DATE
	dman,	WITH222222222222222222222222222222222222	12222222222222222222222222222222222222	22222222222222222222222222222222222222	22222222222222 Mitted. Based		A. L.	1			
Director, Aviation Deve and Maintenance	Aviation Development d Maintenance	SYSTEM, OR THOSE PERSONS DI SYSTEM, OR THOSE PERSONS DI THE INFORMATION, THE INFORM		UK PENSONS WHO MANAGE THE LECTLY RESPONSIBLE FOR GATI VTION SUBMITTED IS, TO THE	AGE THE FOR CATHERING TO THE BEST	Allilla Star		! 	(206) H 38-7706	-	16,801
		OF MY KNOWLEDGE AND BELIEF, AM AWARE THAT THERE ARE SIG	OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AN Am Aware that there are significant penalties	Ś.,	AND COMPLETE. I	SIGNATURE	OF PRINC		AREA NUT	ABER YEAR	MO DAY
TYPED OR PRINTED	ITED	FALSE INFORMATI	FALSE INFORMATION, INCLUDING THE POSSIBILITY IMPRISONMENT FOR KNOMING VIGIATIONS.	IE POSSIBILITY OI TONS.	OF FINE AND	AUTHORIZED	AGENT			-	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference a) *Daily flow reporting should be submitted on a separate super-	OF ANY VIOLA	ATIONS (Refe	Brence all	ueu	s here)				6	<del>961, 0 7 1999</del>	
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PAGE 1 OF 10

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

### Legal Notice

NAME SEA-TAC AIRPORT ADDRESS <u>PORT OF SEATTLE</u> P.O. BOX 68727, SEATTLE FACILITY SAME AS ABOVE			<b>IISCHARC</b>	GE MONITC	<b>DRING REF</b>	DISCHARGE MONITORING REPORT(DMR)		completing	completing this form.	
PORT OF SEATTLE P.O. BOX 68727, Y SAME AS ABOVE		_ #681 「	WA-0(	WA-002465-1		001 (IMS)	<b></b>	Diecha	Discharge Location	
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

AR 027481

PAGE 2 OF 10



RECEIVED

SEP 07 1999

September 1, 1999

DEPT. OF ECULURY

Mr. Kevin Fitzpatrick Washington Department of Ecology Northwest Regional Office 3190 160th Ave SE Bellevue, Washington 98008

Dear Mr. Fitzpatrick:

Re: Discharge Monitoring Reports for July 1999 (NPDES Permit WA-002465-1)

With this letter, the Port of Seattle is submitting the first page (Outfall 001) of the Discharge Monitoring Reports (DMRs) for July 1999 for Sea-Tac International Airport (NPDES Permit WA-002465-1). When the July DMRs were mailed to you earlier this month, the DMR for June 1999 was inadvertently substituted for the July DMR.

If you have any questions regarding this letter, please call Tom Hubbard of my staff at 206-248-7135.

Sincerel

Michael Feldman, Director Aviation Development & Maintenance

Cc: Chris Smith, Ecology, NWRO Julie Oiye, Burien Public Library

Seattle -Tacoma International Airport P.O. Box 68727 Seattle, WA 98168 U.S.A. TELEX 703433 FAX (206) 431-5912

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TYPED OR PRINTED Director, Aviation Development and Maintenance	THE BEST OF MY COMPLETE. I AM SUBMITTING FALS AND IMPRISONME	THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOMNIG VIOLATIONS.	The best of My knowledge and belief, True, accurate, and complete. I am avare that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	uraie, anu It penaltie Ssibility oi		AGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUCHORIZED AGENT			44 YEAR	77 00 Year Mo	24 DAY
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

NITORING REPORT (DMR) MONTHLY Defore completing this form before completing this form 066 (SDN 1) Lat 47 27 56" N Lat 47 27 56" N Lat 47 27 56" N Long 122 18' 09" W LONG PERIOD TO 1939 07 31 NO DISCHARGE		MINIMUM AVERAGE MAXIMUM UNITS Examples AWAYSS TYPE	0.238 NA 1/30 COMP								IFIED IN ATE TELEPHONE NUMBER DATE	1///ul/w/b/bluna area 49 122	SIGNITURE OF PRINCIPAL EXECUTIVE CODE OFFICER OR AUTHORIZED AGENT	
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS AME <u>SEA.TAC INTERNATIONAL AIRPORT</u> ADDRESS <u>PORT OF SEATTLE</u> PO BOX 68727, SEATTLE, WA 98168	88	#681	NATIONAL DIS(	VAL POLLUTANT ISCHARGE MC WA0024651 PERMIT NUMBER	DISCHARGE	E ELIMINATION SYSTEM REPORT(DMR) MONTHLY 006 (SDN 1) DISCHARGE NO.	Dischar Lat	NOT befor Discharge Location Lat 47 27 56" N	V Rear	NOTE: Read Instructions before completing this form " N	» E
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments   "Ethylene and Propylene Glycol monitoring not required in June, July, and August."	NY VIOLATIONS (Referencing not required in June, Ju	e all attachments here ity, and August **The	here) **The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor	sum of diesel	& motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = <0.05. Mot	range results from metho	Printed d NWTPH-Dx - Aven	8/ 4/99 ane Result Fr	action for	PAGE	E 7 OF 10

AR 027487

Oil = .58. \*\*\*Eight Samples per year shall be collected as follows: One sample shall be collected during months June-August. Remaining seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outfalls 002, 005, 006 & 0.11 shall be submitted monthly until 2000. Thereafter they shall be submitted quarterly. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

OTAL RECOVERDABLE COPPER         Sample Measurement
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
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- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS AME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE WA 084	IAL AIRPORT #681	81	DISC	VAL POLLUTANT <u> NSCHARGE MC</u> WA0024651 PERMIT NUMBER	DISCHARGE	E ELIMINATION SYSTEM <u> REPORT(DMR)</u> MONTHLY 005 (SDS 3) DISCHARGE NO.	Discha	NOI befo Discharge Location Lat 47 25' 58" N	TE: Rea	NOTE: Read Instructions before completing this form	» ۾ [
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE	≨ I		YEAR 1999	MO 07 07 07	MONITORING PERIOD DAY TO YEAR 01 TO 1999	MO DAY 07 31	oli	122 18 30 W NO DISCHARGE	ARGE		
		CULANTITY OR LOAF	4		1		QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MUMINIM	AVERAGE	MAXIMUM	пs	# of F Exceed ances	FREQUENCY	SAMPLE TYPE
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	A STATE AND A STATE OF							ЧĞш	ا فتيم عداءته		
6 6 7	Sample Measurement	*******	********		*******	*****	=		AN	1/30	COMP
8					C. T. T. T. T.			Võu	disfan Ro		
	Sample Measurement	*****	************		******	**********	14		¥	1/30	COMP
TURBIDITY								NTU	2.51-224		
	Sample Measurement	******	*******		*******	******	23		¥	1/30	GRAB
FEGAL COLFORM								#/100 ml	ur maada		
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6009	A THE ROLL WALL		a series and s		A set of the set of th			Чбш	yera di 👘		
	Sample Measurement	**********	******	1	*****	*******	. VN	•	¥	0/30	NA
								Чбш			
	Sample Measurement	********	*****	1	*****	*****	VN		¥	0(30	N/A
		TEXT STATE			the state of the second			Ъ	9. 9. a		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF L ATTACHMENTS WERE PREPARED IN ACCORDANCE WTH A SYSTEM PERSONNEL PROPERLY GATHER	R PENALTY OF LAW FERE PREPARED UN WTH A SYSTEM DI PERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ient and al n or super le that qui leormation		0	тегерно	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director	SUBMITTED BASED ON MY INO MANAGE THE SYSTEM, OR THOS GATHERING THE INFORMATION	ed on My Inquiry Stem, or those Pi Information , th	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO	DR PERSON: Responsib JBMITTED 15	S WHO LE FOR S, TO	CH Man	(206)439-7706	9-7706			
TYPED OR PRINTED	THE BEST OF MY KNOWLEDGE A COMPLETE. I AM AWARE THAT T SUBMITTING FALSE INFORMATIC	KNOWLEDGE AND I AWARE THAT THEF SE INFORMATION	The best of My knowledge and belief, True, accurate, and complete. I am aware that there are significant penalties for subwitting fai se information. Including the possibility of fine	UKATE, ANU T PENALTIE SSIBILITY O		SIGNITURE OF PRINCIPAL EXECUTIVE			×	80 41	24
and Maintenance	AND IMPRISONME	AND IMPRISONMENT FOR KNOWING VIOLATIONS	VIOLATIONS.						YEAR	R	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Ethylene and Propylene Giycol monitoring not required in June, July, and August. "The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor	NY VIOLATIONS (Reference ing not required in June, Ju	all attachments here ily, and August. **Th	) e TPH value reported is	s sum of diese	& motor oil quantitation	range results from meth	Printed nod NWTPH-Dx - Avel	8/ 4/99 rage Result Fr	action fo	PAGE x Diesel = <0.05	E 5 OF 10 .05, Motor

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- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS		#681	NATIONAL DISC	. POLLUTAN CHARGE M	NAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONITORING REPORT(DMR)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY	١٢	ON N	JTE: Rea	NOTE: Read Instructions before completing this form	SI IIIO
AMC ADDRESS PORT OF SEATTLE			PER	WA0024651 PERMIT NUMBER	002 DISCH		Dischar	Discharge Location Lat 47 26' 13" N			
PO BUX 08/2/, SEALTLE, WA 90100	LE, WA 30100			¥	ITORING PER		5	122 17 38° W	×		-1
LOCATION SAME AS ABOVE			YEAR FROM 1999	MO DAY 07 01	7 YEAR 1999	MO DAY 07 31	Z	NO DISCHARGE	ARG		٦
		<b>OUANTITY OR LOAD</b>	ADING			QUA	QUALITY OR CONCENTRATION	ATION			
PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed	FREQUENCY OF AVALYSIS	SAMPLE TYPE
TOTAL DECOVEDABLE CODDED	Sample Measurement	******		1	***********	********	0.0257	•	AA	1/30	COMP
I UI AL RECOVERABLE COFTEN					PULLE REPERTY			mg/L	i June		
TOTAL DECOMEDABLE LEAD	Sample Measurement	******			********	*******	0.0129		AN	1/30	COMP
	Start Strange	A MARKEN				ny ya sana ana ana ana ana ana ana ana ana a		mg/L	8+2-04		
	Sample Measurement	******	*********		******	********	0.141		AN	1/30	COMP
I UI AL REUVERABLE ZING	Purel Representation			I				mg/L	¥itore á		
	Sample Measurement					*******					
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LA ATTACHMENTS WERE PREPARED IN ACCORDANCE WTH A SYSTEM PERSONNEI PROPERY GATHER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEI PROPERTY GATHER AND EVALUATE THE INFORMATION	ent and al V or super E that qua Formation	L KVISION KLIFIED		TELEPHO	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director	SUBMITTED. BASED ON MY INQU MANAGE THE SYSTEM, OR THOSE GATHERING THE INFORMATION ,	SED ON MY INQUIRY STEM, OR THOSE PE INFORMATION , TH	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO	R PERSONS RESPONSIBI	LE FOR TO MU	in Will	(206)4: (206)4: ABFA	(206)439-7706 Arfa	4		
TYPED OR PRINTED Director, Aviation Development	COMPLETE. 1 AM COMPLETE. 1 AM SUBMITTING FAL	AWARE THAT THEF AWARE THAT THEF SE INFORMATION, I	THE BEST OF MIT ANOMEDIGE AND BELIEF, I ROCE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE	T PENALTIE		SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	UTIVE CODE			2	14
and Maintenance		AND IMPRISONMENT FOR KNOWING VIOLATIONS.	VIOLATIONS.			,			YEAR	-	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	VY VIOLATIONS (Reference	ce all attachments here					Printed	Printed 8/4/99		PAG	PAGE 4 OF 10

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachmen

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Permitte Name/Address Ame <u>Sea.tac International Airport</u> Address <u>Port of Seattle</u> Po Box 68727, Seattle, wa 981	NAL AIRPORT #581 'LE, WA 98168	12	DISC	VAL POLLUTANI ISCHARGE MC WA0024651 PERMIT NUMBER	DISCHARGE	E ELIMINATION SYSTEM REPORT(DMR) MONTHLY 002 (SDE 4) DISCHARGE NO.	Dischar	NO befo Discharge Location Lat 47 26: 13" N	TE: Rea	NOTE: Read Instructions before completing this form n	ω E
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			FROM 1999	MO DAY 07 D1	MONITORING PERIOD DAY TO 1999	MO DAY	NC NC	122 17 38" W NO DISCHARGE			
		OUANTITY OR LOADING					QUALITY OR CONCENTRATION	VIION			
PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	ITS	# of Euceed ances	FREQUENCY	SAMPLE TYPE
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PROPYLENE GLYCON *	Sample Measurement	*******	*********	1	************	**********	. VIN		¥	06/0	NA
								Yôu	Company and		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF I ATTACHMENTS WERE PREPAREI IN ACCORDANCE WITH A SYSTEI PERSONNEL PROPERLY GATHER SUBMITTED BASED ON MY INOI	PENALTY OF LAW BRE PREPARED UN WTH A SYSTEM DE ERLY GATHER ANC ED ON MY INQUIRY	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO	ENT AND AL 4 OR SUPER E THAT QUA FORMATION R PERSONS	L LIFIED LIFIED KWHO	ful "	ТЕLЕРНО	TELEPHONE NUMBER		DATE	
Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development	MANAGE THE SYSTEM, OR THOS Gathering the information The Best of My Knowledge A Complete. I am Avare that T Submitting false informatic	tem, or those pe Nformation , the Gnomledge and B Avare that ther E information. II	MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION , THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE.	Responsibi Bmitted IS Irate, and F penalties Ssibility of	~	SIGNITURE OF PRINCIPAL EXECUTIVE	206)439-7706 A AREA CODE TIVE	-7706	6	80	24
and Maintenance	AND IMPRISONME	AND IMPRISONMENT FOR KNOWING VIOLATIONS	VIOLATIONS.						YEAR	WO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Fetlyfene and Propytene Gycol monitoring not required in June, July, and August. "The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx. Average Result Fraction for Diesel = <0.05, Motor Oil = 147. ***Eight Samples per year shall be colfected as follows: One sample shall be colfected during months June-August. Remaining seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outfalls 002, 005, 006 & 011 shall be submitted monthy until 200. Thereafter they shall be submitted quarterly. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	VY VIOLATIONS (Reletence ing not required in June, Jul shall be collected as follows: submitted monthly until 200 8-96 by WADOE)	a all attachments here) , and August *The One sample shall be o . Thereafter they shal	TPH value reported is a blected during months i be submitted quarterly	sum of diesel June-August	& motor oil quantitation Remaining seven san	range results from meth- ples shall be collected d	Printed 8 od NWTPH-Dx - Avera uring remainder of yea	v 4/99 ge Result Fra ir, with minimu	action for um of on	PAGE Diesel = <0.0 e per quarter	E 3 OF 10 05, Motor DMRs

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PERMITTEE NAME/ADDRESS AME SEA.TAC INTERNATIONAL AIRPORT		#681	NATIONAL DISC	L POLLUTAI	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTH	MINATION SYSTEM	٩٢	N N N	JTE:R€ forecon	NOTE: Read Instructions before completing this form	suc form
ADDRESS PORT OF SEATTLE PO POX 68727 SEATTLE	IF WA GRIER		PEF	WA0024651 PERMIT NUMBER	R DISCH	011 (SDN 4) DISCHARGE NO.	Discharg Lat 4	Discharge Location Lat 47 28' 00" N			<b></b>
FACH ITY SAME AS ABOVE				¥ 	MONITORING PERIOD		5	122 18' 38° W	N		-[
·			FROM 1999	MO DAY 07 01	YEAR 1 TO 1999	MO DAY 07 31	Ž	NO DISCHARGE	ARG	Ξ	-
		<b>CUANTIFY OR LOAF</b>	<b>NIC</b>			QUA	QUALITY OR CONCENTRATION	LATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	ft of Encoded ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Tbu**	Sample Measurement	**********	*****		******	**********	0,29 **		¥	0/30	N/A
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDEF ATTACHMENTS M IN ACCORDANCE PERSONNEL PRO	I CERTIFY UNDER PENALTY OF LAW ATTACHMENTS WERE PREPARED UN IN ACCORDANCE WTH A SYSTEM DE PERSONNEL PROPERLY GATHER ANI	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ent and al 4 or super 6 that qu/ Formation	L Ivision Ulffied		TELEPHO	TELEPHONE NUMBER	~	DATE	
Michael D. Feldman, Director	SUBMITTED. BAS MANAGE THE SYS GATHERING THE	submitted. Based on My Inquiry Manage the system, or those pf Gathering the information. Th	SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO	R PERSON: Responsibi BMITTED IS	S WHO LEFOR	P. WHAT	(206)439-7706	9-7706			
TYPED OR PRINTED	THE BEST OF MY COMPLETE. I AM	The Best of My Knowledge and E Complete. I am Aware that thef	THE BEST OF MY KNOMLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR	JRATE, AND T PENALTIE		SIGNITURE OF PRINCIPAL EXECUTIVE	AREA JTIVE CODE		8	99 OE	32
Urector, Avation Development and Maintenance	SUBMITTING FAL	SUBMITTING FALSE INFORMATION, I AND IMPRISONMENT FOR KNOMNG	Including the possibility of fine violations.	SSIBILITY O		an anthorized ager			YEAR	AR MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PAGE 9 OF 10	VY VIOLATIONS (Reference	te all attachments here					Printed	8/4/99		PA(	GE 9 OF 1
Ethylene and Propylene Glycol monitori	ing not required in June, Ju	ity, and August. **The	FIPH value reported is	sum of diesel	& motor oil quantitation	rance results from meth	NWTPH-Dx - Aver	or 433 Page Result	<u>ب</u>	1 Fraction f	• Eraction for Discol - •

AR 027497

curvence and r rruprene curver montoring not required in June, Jury, and August. "The TPH value reported is sum of diesel & motor oil quantifation range results from method NWTPH-Dx. - Average Result Fraction for Diesel = {C, O, O S, NV7092, O/L=0.2 ""Eight Samples per year shall be collected as follows: One sample shall be collected during months June-August. Remaining seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outals 200.5 MV7092, O/L=0.2 ""Eight Samples per year shall be collected as follows: One sample shall be collected during months June-August. Remaining seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outals 200.5 MV7092, DNC=0.2 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

# **General Instructions**

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum").
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

# Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)



LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	PO8002-68B	P	AGE 1	
REPORT DATE:	07/23/99			
DATE SAMPLED:	07/02/99	DATE RECEIVED:	07/03/99	
FINAL REPORT, LABORATORY ANA	LYSIS OF SELECTED PARAME	TERS ON WATER		
SAMPLES FROM PORT OF SEATTL	E			

# CASE NARRATIVE

Nine water sample were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of these samples. Sample data follows while QA/QC data is contained on the subsequent page.

# SAMPLE DATA

	TOTA	L RECOVERABLE ME	TALS
SAMPLE ID	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE4 070299 COMP	0.0257	0.0129	0.141
SDS3 070299 COMP	0.0251	<0.0020	0.028
SDN1 070299 COMP	0.0376	0.0086	0.238



LABORATORY & CONSULTING SERVICES

 S927 AURORA AVENUE NORTH. SEATTLE, WA 96103

 PHONE: (206) 632-2715
 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-71B	PAGE	1
REPORT DATE:	08/10/99		- -
DATE SAMPLED:	07/17/99	DATE RECEIVED:	07/17/99
FINAL REPORT, LABORATORY ANALYSIS (	OF SELECTED PARAMETERS ON	WATER	
SAMPLES FROM PORT OF SEATTLE			

## CASE NARRATIVE

One water sample was received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of these samples. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

	TOTAL	L RECOVERABLE MI	ETALS
	COPPER	LEAD	ZINC
SAMPLE ID	( <b>mg</b> /1)	( <b>mg/l</b> )	( <b>mg/1</b> )
SDN4 071799 COMP	0.0517	0.0042	0.017

# DMR

# NOVEMBER 1999

<b>f Se</b> ES per	attle DI	MR su -002465-	<b>bmittal s</b> 1. dated Jan	Port of Seattle DMR submittal schedule for Sea-Tac International Airport Stormwater Discharges see NPDES permit # WA-002465-1, dated January 25, 1999, sections S2 B and S3 B	or Sea-	Tac Inte	rnation	al Airpo	ort Storn	1water [	Jischarg	es		Ц	DEC 2 3 1999	999
<b>This</b>	table v	ralid fo	for period March	This table valid for period March 1, 1999 Echnory 28, 2000	1999 th	through	į						**************************************	DEPT	DEPT OF ECOLOGY	
			an uary a	20, 2000										7		
	outfall	outfall	primary	secondary		DMRs	to be sub	mitted to 1	coloav bv	the 30th of	these mor	iths for the	Drevious	reporting	period	
	name	#	mon sched		March	April	May		pri May Sept Oct Nov DSC/ 34		Sept	с О	Nov			
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	SDN3	008	ANN		×											
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Per Condition 53.5, quarters are defined as March-April, June-August, September-P 3. Annual and semi-annual monitoring requirements per Condition S2.B.2 and S2.B.3

\* Per Condition S2.B.1, take 8 samples year with at least one per quarter. DMRs shall be submitted monthly until Feb 2000, thereafter DMRs shall be submitted quarterly.

\*\* Per Condition S2.B.4, collect samples quarterly and sampling shall coincide with a deicing/anti-icing event. No sampling required in summer quarter (June-August) \*\*\* sampled only when either or both IWS pump stations bypass flow to SDN2, otherwise there is no discharge from SDN2 and no sample possible

submittal sched 1999 only

Permittee Name/Address Include Name/Location (if different)	SS different)		ŻΟ	ATIONAL PC	DILUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYST	EM	NOTE: R completing	NOTE: Read instructions before completing this form.	s before
NAME SEA-TAC AIRPORT	IRPORT		#681	WA-0	WA-002465-1		001 (IWS)				
ADDRESS PORT OF SH	SEATTLE			PERMI'	PERMIT NUMBER	DISC	DISCHARGE NUMBER	ER	Dischal	_ocatior	
P.O. BOX (	68727, SEA'	SEATTLE 98168			INOM	MONITORING PERIOD	0	][		47° 24' / "	z
FACILITY SAME AS ABOVE	BOVE		1		о <mark>м</mark>	Y YEAR	OM	DAY			
LOCATION SAME AS AN	ABOVE		н Н	FROM <b>1999</b>	NOV 01	TO 1999	0 NOV 30			SULANCE	
		QUANTITY	ITY OR LOADING	DING	QUA	QUALITY OR CON	CONCENTRATION	1	No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
*MOTA	Sample Measurement	* * * * * *	4200	GPM	* * * * * *	*****	*****	* *	0	25/30	3xshift
	Permit Requirement	******	4,800		****	*****	* * * * * *			07/07	CONT.
pH	Sample Measurement	*****	****	* *	6.54	*****	7.25	STD	0	5/25	GRAB
	Permit Requirement	* * * * * *	****		6.0	*****	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	* * * * * *	* * * * * * *	* *	* * * * * *	3.8	6	mg/L	0	5/25	GRAB
	Permit Requirement	*****	****		*****	8	15			01/07	GRAB
TSS	Sample Measurement	* * * * * *	* * * * * * *	* *	* * * * * *	10.6	19	mg/L	0	5/25	COMP.
	Permit Requirement	*****	****		****	21	33			01/07	COMP.
BOD5	Sample Measurement	* * * * * *	* * * * * *	* * *	*****	48	48	mg/L	0	1/25	COMP.
	Permit Regulrement	*****	******		****	*****	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	*****	* *	*****	27.8	27.8	mg/L	0	1/25	COMP.
	Permit Requirement	*****	******		*****	*****	REPORT			01/30	COMP.
ТРН	Sample Measurement	*****	****	* *	*****	2.2/2.3+	2.2/2.3+	mg/L	0	1/25	GRAB
	Permit Requirement	*****	*****		*****	*****	REPORT			1/30	GRAB
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		I KNOHING VIOLATIONS	ONS.								

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) \*DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET. According to Permit Condition S3E, the Port is notifying the Department of Ecology that this month, monitoring using methods and /or locations other than those specified in Special Condition S2 was performed. + TPH analysed by NWTPH-Dx and reported as #2 Diesel/Motor Oil

PAGE 1 OF 10

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Permittee Name/Address	ى ە		Ż	ATIONAL POI	LLUTANT DISC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	INATION SYST	ΓEM	NOTE: R	NOTE: Read instructions before	s before
Include Name/Location (if different) NAMF: SFA-TAC AIRPORT	different) 'RPORT		#681 <b>D</b>		HARGE MONITC	DISCHARGE MONITORING REPORT (DMR)	OHI (DMH)		completin	completing this form.	
ESS DORT OF	SEATTI.F			DU-AW	MA-UU240J-1		DISCHARCE NUMBER		Dischal	<b>Discharge Location</b>	
P O BOX	,1	SEATTLE 98168	 		INUMBER				Lat	-	z
				VEND VEND	<b>M</b>	AVING PERIOI	M		Long	Long 122° 20' 7	M
LOCATION SAME AS AB	ABOVE ABOVE		њ 	FROM 1999	NON	P P	Z		IQ ON	NO DISCHARGE	
		QUANTITY	TY OR LOADING	DING	QUAI	QUALITY OR CON	CONCENTRATION	7	No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
FECAL COLIFORM	Sample Measurement	****	* * * * * *	* * *	*****	860	860	#/100	0	1/25	GRAB
	Permit Requirement	*****	* * * * * *		*****	****	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT	Sample Measurement	******	* * * * * *	* *	* * * * * *	* * * * * *	NO	YES/	NO	NO	NO
SCAN*	Permit Requirement	*****	* * * * * *		****	*****	REPORT	ON		1/YR	c/G**
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and Maintenance	lce	SUBMITTED IS, TO THE BE ACCURATE, AND COMPLETE. SIGNIFICANT PENALTIES F	SUBMITTED 15, TO THE BEST OF PT NUMBERSE AND BELIEF, INGE, ACCURATE, AND COMPLETE. I AM AMARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,	I UF HE KNUTLEUGE AND BEL I AM AWARE THAT THERE ARE DR SUBMITTING FALSE INFORM	ARE ORMATION,	SIGNATURE EXECUTIV	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		AREA NU CODE	NUMBER YEAR	R MO DAY
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**C/G = COMPOSITE/GRAB	в.										

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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PAGE 2 OF 10

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NAME S	SEA-TAC AI	AIRPORT		681	WA-(	WA-0024651		002 (SDE4)				
ADDRESS P	PORT OF SE	SEATTLE		<u> </u>	PERMIT	T NUMBER	DISC	DISCHARGE NIIMBER	au	Dischar	<b>Discharge Location</b>	
	PO BOX 68727,	127, SEATTLE	LE 98168	]			MONITORING PERIOD				261 13	=
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ТРН		Sample Measurement		******	* * *	*****	*****	Nt Lº1	ma/L	42	2/20	GRAB
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TSS		Sample Measurement	******	*****	***	*****	****	22	ma /1.	A V	2120	(UMD)
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TURBIDITY		Sample Measurement	******	******	***	******	*****	2,5	144	A A	1 2 2	Chan O
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		Requirements					1. 44 . 2 . 40		m]s		SALE AND	
BOD5		Sample Measurement	******	******	* * *	******	******	74	mg/1.	A / A	2130	<b>1</b>
P		Requirement						True PORTE			<b>INVERTION</b>	ALTERNAL MULTIN
ETHYLENE	GLYCOL*	Sample Measurement	*****		* * *	******	******	イム	mq/L	AV	2/30	Camp
		Requirement						(ANYOGICHY)	<b>`</b>		814YR+ 1 m	COMP
PROPYLLENE	CLYCOL*	Sample Measurement	*****	*****	* * *	******		27	mg/L	AN A	2130	LUMP
		Requirement		ALC: NO CONTRACTOR			11 11 11 11 11 11 11 11 11 11 11 11 11	anterokin.			all TR+45	COMP I
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\*ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY AND AUGUST. \*\*EIGHT SAMPLES PER YEAR SHALL BE COLLECTED AS FOLLOWS: ONE SAMPLE SHALL BE COLLECTED DURING THE MONTHS OF JUNE-AUGUST. THE REMAINING SEVEN SAMPLES SHALL BE COLLECTED DURING THE REMAINDER OF THE YEAR, WITH A MINIMUM OF ONE PER QUARTER. DMRS FOR OUTFALLS 002,005,005,005,005,005,005,005,007,00711, 2/00. THEREAFTER THEY SHALL BE SUBMITTED QUARTERLY.

PAGE 1 OF 10

FACILITY SAME AS LOCATION SAME AS TOTAL RECOVERABLE COPPER TOTAL RECOVERABLE COPPER TOTAL RECOVERABLE LEAD TOTAL RECOVERABLE ZINC	687 687 687 687	LLE 98168		PERMI 494	ERMIT NUMBER       MONIT       MONIT       MONIT       ODAL       Old       I       Old       I       OUAL       I       OUAL       I <th>ORING FI TO TO TO AVE TAG</th> <th>DISCHARGE NUMBER PERIOD PERIOD A CONCENTRATION R CONC</th> <th>ER mg/L mg/L</th> <th>Dischard Lat 4 Long 1 No. of Exceed- ances ances</th> <th>a Location 2° 17' 2° 17' 2° 17' 7' 2/30 8%R 8%R 8%R 130 2/30 8%R 8%R 8%R 8%R 8%R 8%R 8%R 8%R 8%R 8%R</th> <th>38" N 38" W 38" W 38" W 38" W Type Contraction Contrac</th>	ORING FI TO TO TO AVE TAG	DISCHARGE NUMBER PERIOD PERIOD A CONCENTRATION R CONC	ER mg/L mg/L	Dischard Lat 4 Long 1 No. of Exceed- ances ances	a Location 2° 17' 2° 17' 2° 17' 7' 2/30 8%R 8%R 8%R 130 2/30 8%R 8%R 8%R 8%R 8%R 8%R 8%R 8%R 8%R 8%R	38" N 38" W 38" W 38" W 38" W Type Contraction Contrac
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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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PAGE 4 OF 10

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

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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	DIRECTOR, AV	11 A 1 1 00	AVIALION MYCHIC		PERSONS WHO MANAGE THE SYSTEM, C Responsible for Gathering the in Cummitted is to the best of by	OR THOSE PERSONS DIRECTLY INFORMATION, THE INFORMATION IN MUMBIENCE AND RELIFE. TRUE	THEM, OR THOSE PERSONS DIRECTLY THE INFORMATION, THE INFORMATION OF MY WARMIENCE AND RELIFE. TRUE.	TALAU	D'IZ		(206) 439-7706	· ·	
				ACCURATE, AND COMPLETE.	#	OF HI WINNEEDE AND DEALER ARE AM AWARE THAT THERE ARE SUBMITTING FALSE INFORMATION,	ARE FORMATION,	SIGNATURE C EXECUTIVE	DF PRINCI OFFICER		AREA NUI CODE	NUMBER YEAR	MO DAY
	TYPED C	TYPED OR PRINTED	TED	INCLUDING THE POSSIBILITY KNOMING VIOLATIONS.	11Y	OF FINE AND IMPRISONMENT FOR	NHENT FOR	AUTHO	CED AGENT				
u 🗸 -	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) +ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY	ANATION PROPYLE	OF ANY VIOL NE GLYCOL N	ATIONS (Ref MONITORING	erence all a NOT REQUIR	attachments here) RED IN JUNE, JUJ	-	AND AUGUST.	000 000				
	2	rey pr	12 DIS	NO BYPARS DISCHARGER IN		JUNIS			1211 os nor				

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PAGE 8 OF 10

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ч	ermittee nclude Name/	Permittee Name/Address Include Name/Location (if different)	s different)		żΟ	ATIONAL PO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT(DMR)	CHARGE ELIM DRING REP	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	EM	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	s before
~	NAME	SEA-TAC AIRPORT	RPORT		681	WA-0	WA-0024651	0	011 (SDN4)		Dischar	Discharge Location	
ł	ADDRESS _	PORT OF SEATTLE	ATTLE			PERMI'	ERMIT NUMBER	DISC	DISCHARGE NUMBER	R	Lat 4	47°28'00"	z.
	I	PO BOX 68727	27, SEATTLE	LE 98168	ł		INOM	MONITORING PERIOD		П	0	122° 18' 38'	8" W
	FACILITY	SAME AS AB	ABOVE			YEAR	MO		ΟW	2	NO DIS	ARGE	
Η	LOCATION	AS	ABOVE		ш [	FROM Q4		1 TO QA	9 11 30	0			
ibeace.				QUANTITY	ITY OR LOADING	DNIC	QUA	QUALITY OR CO	CONCENTRATION		No. of	Frequency	Sample
	Para	arameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
	трн		Sample Measurement	* * * * * *	* * * * * *	* * *	* * * * * *	******	216 XXX	mg/L	ΨM	2/30	GRAB
	- 		Requirement			<u>.</u>			A REPORT			1977 R 2019	ALCENABIL N
	1CC		Sample Meeurement	+		* * *	******	******	12	mg/L	<b>A</b> M	08/2	Com
	2		Stity Permit Mis						a abeorra			H OV REACH	COMP H
	TUDBINIT		Sample Meenrement		****	* * *	*****	******	<u>4</u>	NTU	٨	02/2	comp
			Mighermit M						al tupport			<b>BUTTER</b>	COMP 34
	FECAL COLLEORM	TFORM	Sample Messurement	*****	* * * * * *	* *	******	******	300	#/100	NA	2/30	GNAD
			Permit 26						REPORT.	mls		B/XR+NK	AriGRAB
			Sample			* * *	******	******	6,9	mg/L	AN	2{30	Comp
			Fire Permit Mit						RISPORA			<b>BUAR PAR</b>	COMP + 1
	* IUUA IU ANA IANA A	CL.VCOL.*	Sample Mesurement	******	****	***	*****	******	27	mg/L	AV	2130	comp
			We Permit wi			1	L. S. S. S. M. C. N.		RusPORU.			BYAY R UP R	COMP-
	DRODY1.ENF	GLYCOL*	Sample Measurement	*****	*****	* * *	******	*	27	mg/L	AN	2/30	comp
Δ			Requirement 1				Sa general de	CAN STATE	RPPORT.			ABJAR TAN	COMP.
R	NAME /TTTE	CC DRINCIPAL	EXECUTIVE		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL	THAT THIS DOCUM	HENT AND ALL				TELEPHONE	NE	DATE
027	TTTT/261941				ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT	MY DIRECTION IGNED TO ASSURV	OR SUPERVISION E THAT		•	<u>.</u>			
751	MICUAEI	WICHAEL D. FELDMAN	AN	OUALIFIED PERSONNEL PRO INFORMATION SUBMITTED.		THER AND EVALU MY INQUIRY OF	AND EVALUATE THE INQUIRY OF THE PERSON OR	l					
3	DIDECTO	DIDLETA AVIATION FACILITIES	) FACILITIE		STEM,	OR THOSE PERSONS DIRECTLY INFORMATION, THE INFORMATI	NS DIRECTLY E INFORMATION	ULU	aurd		201439-7706	- goll	/ /
	01-3-11 Ci			SUBMITTED IS, TO THE BEST ACCURATE, AND COMPLETE. I SIGNIFICANT PENALTIES FOR		OF MY NNOWLEDGE AND BELIEF, T AM AMARE THAT THERE ARE SUBMITTING FALSE INFORMATION,	BELIEF, TRUE, Are Formation,	SIGNATURE	OF PRINCI		AREA NU CODE	NUMBER YEAR	R MO DAY
	T	TYPED OR PRINTED	ITED	INCLUDING THE POSSIBILIT	~	OF FINE AND IMPRISONMENT FOR	NHENT FOR	AUTHOI	AUTHORIZED AGENT				
	COMMENT AND	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference	OF ANY VIOL	ATIONS (Ref.	a11	attachments here)	s here)						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (RELEATING ALL AND AUGUST.) • ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY AND AUGUST. • ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY AND AUGUST. • EIGHT SAMPLES PER YEAR SHALL BE COLLECTED AS FOLLOWS: ONE SAMPLE SHALL BE COLLECTED DURING THE MONTHS OF JUNE-AUGUST. THE REMAINING SEVEN SAMPLES SHALL • EIGHT SAMPLES PER YEAR SHALL BE COLLECTED AS FOLLOWS: ONE SAMPLE SHALL BE COLLECTED DURING THE MONTHS OF JUNE-AUGUST. THE REMAINING SEVEN SAMPLES SHALL BE COLLECTED DURING THE REMAINDER OF THE YEAR, WITH A MINIMUM OF ONE PER QUARTER. DMRS FOR OUTFALLS 002,005,006 AND 011 SHALL BE SUBMITTED MONTHLY UNTIL BE COLLECTED DURING THE REMAINDER OF THE YEAR, WITH A MINIMUM OF ONE PER QUARTER. DMRS FOR OUTFALLS 002,005,006 AND 011 SHALL BE SUBMITTED MONTHLY UNTIL 2/00. THEREAFTER THEY SHALL BE SUBMITTED QUARTERLY AND A ONE PER QUARTER. DMRS FOR OUTFALLS 002,005,006 AND 011 SHALL BE SUBMITTED MONTHLY UNTIL 2/00. THEREAFTER THEY SHALL BE SUBMITTED QUARTERLY AND A DID ON ROUTE A CONSTRUCT ON ROUTE A CONSTR

PAGE 9 FO 10

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Permittee Name/Address Include Name/Location (if different)	5 lifferent)		žŌ	ATIONAL PO	LEUTANT DISC	CHARGE ELIM DRING REP	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	ĒM	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	before
NAME SEA TAC AIRPORT	RPORT		681	WA-0	WA-0024651		(110 (SDN4)		Dischar	Discharge Location	
ADDRESS PORT OF SE	SEATTLE			PERMIT	r NUMBER	DISC	DISCHARGE NUMBER	R	Lat 4	47°28'00"	z
PO BOX 68727,	27, SEATTLE	LE 98168		L	INOW	MONITORING PERIOD	OD		0	18	
FACILITY SAME AS AB	ABOVE			YEA	Ю		OM	7	NO DI:		
SAME AS	ABOVE			FROM Q	9 11 0	I TO 49		<u>Š</u>			
		QUANTITY	TY OR LOADING	DNI	QUAI	QUALITY OR CO	CONCENTRATION		No. of	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
TOTAL RECOVERABLE	Sample Measurement	* * * * * *	*****	* *	******	****	0.029	mg/L	AN	2/30	
COPPER	E.Requirement	11111 12114	而建设线机				URDPORT.			W87/N. WW	UCOMP .
TOTAL RECOVERABLE	Sample Measurement	*****	* * * * * * *	* * *	******	*****	20002	mg/L	<b>A</b> N	2/30	care
LEAD	Requirement					and the second	IN REPORT			ELB XXR XXX	COMP 11
TOTAL RECOVERABLE	Sample Measurement	******	******	* * *	*** ****	****	0.033	mg/L	NN	2/30	comp
ZINC	1.2.3	MILT THAT AND	How we have				ARE PORTURE			A A A A A	COMP.
	Sample Measurement	`									
	St C Permit					2. 2 . Al.	A WE WE				
	Sample Measurement			1							
	Requirement										
	Sample Measurement										15
	W.t. Permit M.					1. S					
	Sample Mesurement										
	R St Permit A	Requirement									
									2002 LOU	- International Action	DATE:
NAME/TITLE PRINCIPAL OFFICER	EXECUTIVE			OF LAW THAT THIS DOCUMENT AND ALL ED UNDER MY DIRECTION OR SUPERVISION ETHM DESIGNED TO ASSUME THAT	MENT AND ALL OR SUPERVISION E THAT				TELEFONE		aivo
MICHAEL D. FELOMAN INFORMATION SUBMITTED. B	AN A	OUALIFIED PERSO INFORMATION SUI	ERLY G ASED ON YSTEM.	THER AND EVALUATE THE MY INQUIRY OF THE PERSON OR THOSE PERSONS DIRECTLY	ATE THE THE PERSON OR NS DIRECTLY	011)	+	1	-	ſ	
DIRECTOR, ANIATION	N HACKLIIII	C RESPONSIBLE FOI	Qн	46 THE INFORMATION, THE INFORMATION 51 OF MY KNOMLEDGE AND BELIEF, TRUE	E INFORMATION BELIEF, TRUE,	576			4	- 17 de VEND	/ / /
		ACCURATE, AND COMPLETE.	H ∰	AM AWARE THAT THERE ARE SUBMITTING FALSE INFORMATION.	ARE FORMATION,	SIGNATURI	EXECUTIVE OFFICER OR	_	AREA NI CODE	NUMBER LEAR	È
TYPED OR PRINTED	ITED	INCLUDING THE POSSIBILITY KNOWING VIOLATIONS.	BILITY	OF FINE AND IMPRISONMENT FOR	NMENT FOR	AUTHO	AUTHORIZED AGENT				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference	OF ANY VIOL	ATIONS (Ref	a11	attachments here)	s here)						

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) \*\*EIGHT SAMPLES PER YEAR SHALL BE COLLECTED AS FOLLOWS: ONE SAMPLE SHALL BE COLLECTED DURING THE MONTHS OF JUNE-AUGUST. THE REMAINING SEVEN SAMPLES SHALL BE COLLECTED DURING THE REMAINDER OF THE YEAR, WITH A MINIMUM OF ONE PER QUARTER. DMRS FOR OUTFALLS 002, 005, 006 AND 011 SHALL BE SUBMITTED MONTHLY UNTIL 2/00. THEREAFTER THEY SHALL BE SUBMITTED QUARTERLY.

PAGE 10 OF 10

Date	Average Flow Rate (gpm)	Volume (Galions)
1-Nov-99	1750	2,415,000
2-Nov-99	1750	2,205,000
3-Nov-99	0	0
4-Nov-99	0	0
5-Nov-99	0	0
6-Nov-99	2420	2,178,000
7-Nov-99	1742	1,359,000
8-Nov-99	2153	1,938,000
9-Nov-99	1900	2,736,000
10-Nov-99	2483	2,682,000
11-Nov-99	2875	2,760,000
12-Nov-99	3726	4,248,000
13-Nov-99	4200	6,048,000
14-Nov-99	4200	6,048,000
15-Nov-99	2683	3,864,000
16-Nov-99	3350	4,824,000
17-Nov-99	3675	4,410,000
18-Nov-99	3800	3,648,000
19-Nov-99	0	0
20-Nov-99	2571	1,080,000
21-Nov-99	2342	3,372,000
22-Nov-99	2300	3,312,000
23-Nov-99	2586	3,258,000
24-Nov-99	3500	1,575,000
25-Nov-99	3567	5,136,000
26-Nov-99	3200	4,608,000
27-Nov-99	0	0
28-Nov-99	2600	936,000
29-Nov-99	2600	3,744,000
30-Nov-99	2600	3,744,000

# POS SeaTac Airport IWTP Water Processing Log -- (month) 1997

Total (month) 1997 Flow (Gallons)

82,128,000



LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH. SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-75B	PAG	E 1
REPORT DATE:	12/09/99		
DATE SAMPLED:	11/16,17/99	DATE RECEIVED:	11/17/99
FINAL REPORT, LABORATORY ANALYSIS	OF SELECTED PARAMETERS ON	WATER	
SAMPLES FROM PORT OF SEATTLE			

# CASE NARRATIVE

Five water sample were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of these samples. Sample data follows while QA/QC data is contained on the subsequent page.

### SAMPLE DATA

	TOTA	L RECOVERABLE ME	TALS
	COPPER	LEAD	ZINC
SAMPLE ID	( <b>mg/l</b> )	(mg/l)	(mg/l)
SDE4111699 COMP	0.0111	0.0049	0.077
SDS3111699 COMP	0.0227	<0.0020	0.023
SDN1111699 COMP	0.0111	0.0066	0.108
SDN4111699 COMP	0.0287	<0.0020	0.033
SDE4111699 COMP-2	0.0113	0.0045	0.079



LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH. SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-75B	PA	AGE 2	
REPORT DATE:	12/09/99			
DATE SAMPLED:	11/16,17/99	DATE RECEIVED:	11/17/99	
FINAL REPORT, LABORATORY ANALYS	SIS OF SELECTED PARAME	TERS ON WATER		
SAMPLES FROM PORT OF SEATTLE				

# GA/GC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER	LEAD	ZINC
ç	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	12/02/99	12/02/99	12/01/99
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDE4111699 COMP	3084111699 COMP	SDE4111899 COMP
ORIGINAL	0.0111	0.0049	0.077
DUPLICATE	0.0111	0.0049	0.073
RPD	0.00%	0.00%	5.33%
SPIKE SAMPLE			
SAMPLE ID	SDE4111699 COMP	SDE4111699 COMP	SDE4131699 COMP
ORIGINAL	0.0111	0.0049	0.077
SPIKED SAMPLE	0.0248	0.0176	1.06
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	109.60%	101.60%	98.60%
QC CHECK (mg/l)			
-	0.0269	0.0265	0.969
TRUE	0.0250	0.0250	1.00
% RECOVERY	107.60%	106.00%	96.90%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	99.2%	101.6%	97.2%

RPD - RELATIVE PERCENT DIFFERENCE. NA - NOT APELICABLE OR NOT AVAILABLE NC - NOT CALCULABLE DUE TO ORE OR NORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPIRE SMARLE OUT OF RANGE OR SPIRE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: Steven Lazoff 2 7 7 Laboratory Director



LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 FAX: (206) 632-2417 PHONE: (206) 632-2715

CASE FILE NUMBER:	POS002-74B	P	AGE 1
REPORT DATE:	12/02/99		
DATE SAMPLED:	11/05/99	DATE RECEIVED:	11/06/99
FINAL REPORT, LABORATORY AN	ALYSIS OF SELECTED PARAME	TERS ON WATER	
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER		

# CASE NARRATIVE

Eleven water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

CETRACIAL			
1	TOTAL	RECOVERABLE ME	TALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/1)	(mg/l)	( <b>mg/l</b> )
DN1 DOWN 110599 C	0.0108	0.0086	0.120
DN1 10 INCH 110599	0.0064	<0.0020	0.104
SDN1 MAIN 110599	0.0078	0.0050	0.103
SDN1 110599-4	<0.0020	<0.0020	<0.005
SDN1 110599-5	<0.0020	<0.0020	<0.005
SDN4110599 COMP	0.0169	<0.0020	0.023
SDE4110599 COMP -	0.0125	0.0078	0.082
SDS3110599 GRAB2	0.0193	<0.0020	0.036
SDS3110599 COMP	0.0249	<0.0020	0.031
\$3110599 COMP2	0.0208	<0.0020	0.025
DN4110599 COMP2	0.0198	<0.0020	0.024

LOUPLICATES ·BORG/ERPT BLANKS

LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

			PAGE 2
CASE FILE NUMBER:	POS002-74B		AUE 2
REPORT DATE:	12/02/99		
DATE SAMPLED:	11/05/99	DATE RECEIVED:	11/06/99
FINAL REPORT, LABORATORY AN	ALYSIS OF SELECTED PARAME	TERS ON WATER	
SAMPLES FROM PORT OF SEATT	LE / NPDES STORMWATER		

# GA/GC DATA -TOTAL & DISSOLVED METALS

ſ		TOTAL METALS	
QC PARAMETER	COPPER	LEAD	ZINC
	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	12/02/99	12/02/99	12/01/99
ACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0113	0.0045	0.077
DUPLICATE	0.0111	0.0049	0.073
RPD	1.79%	9.63%	5.33%
SPIKE SAMPLE		<b>.</b>	
SAMPLE ID	BATCH	BATCH	BATCH
ORIGINAL	0.0113	0.0045	0.077
SPIKED SAMPLE	0.0248	0.0176	1.06
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	108.00%	105.20%	98.60%
QC CHECK			
(mg/1)	0.0269	0.0265	0.981
TRUE	0.0269	0.0250	1.00
% RECOVERY	107.60%	106.00%	98.10%
T KELUVERI	107.00%	100.0070	
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	98.4%	106.4%	97.2%

NO & NOT APPLICABLE OR NOT AVAILABLE. NC - NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By: Steven Lazoff 4 Laboratory Director

# DMR

# FEBRUARY 2000

Termittee Name/Address Include Name/Location (if different)	ss different)		ΖO	ATIONAL PC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	CHARGE ELIM	ORTION SYST	EM	NOTE: Re completing	NOTE: Read instructions before completing this form.	before
NAME SEA-TAC A	AIRPORT		#681	WA-0	WA-002465-1		(SMI) 100		Discharge	ne Location	
ADDRESS PORT OF SI	SEATT1.F.		L	PERMI	PERMIT NUMBER	DISC	DISCHARGE NUMBER	ER	Lat		Z
P.O. BOX (	BOX 68727, SEATTLE	<b>TLE 98168</b>	8		INOM	MONITORING PERIOD			1 #		3
AS	ABOVE				OW		R MO DAY	الا	NO DI	DISCHARGE	
SAME AS	ABOVE		н	FROM 2000	<b>LEB</b> 01	DI ZOOZ	FEB	Ĵ			
		QUANTITY	g	LOADING	QUAI	QUALITY OR CON	CONCENTRATION		NOLOI	Frequency	Sample
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed	of Analysis	Type
*ILON*	Sumple	* * * * * *	3000	GPM	*****	* * * * * *	* * * * * *	).	/ 0 /	15/29	3xshift
	Permit	*****	4,800		****	****	* * * * * * *			0//0	CONT.
	Sample	* * * * * * *	******	* * *	6.46 .	* * * * * *	6.91	STD	0	5/15	GRAB
	Permit	******	****	<b>,</b>	6.0	****	9.0	UNITS		01/07	GRAB
OTL AND GREAGE	Sample	* * * * * *	* * * * * *	* * *	******	3.2	6	mg/L	0	5/15	GRAB
	Permit	*****	*****	ř	******	8	15			01/01	GRAB
123	Sample	****	* * * * *	* *	*****	10.4	17	mg/L	0	5/15	COMP.
2	Permit	*****	****		*****	21	33			01/07	COMP.
	Sample	****	* * * * *	* *	****	225	240	mg/L	0	1/15	COMP.
5000	Permit	****	****		*****	****	REPORT			01/30	COMP.
MORAL OF VENT 8	Sample	* * * * * *	* * * * *	* *	*****	214.6	214.6	mg/L	0	1/15	COMP.
	Permit Requirement	****	*****	T	******	*****	REPORT			01/30	COMP.
TOU	Sample	* * * * * *	* * * * * *	* *	*****	1.8/1.1+	1.8/1.1+	mg/L	0	1/15	GRAB
	Permit	* * * * * * *	*****	r	*****	*****	REPORT			1/30	GRAB
										_	
NAME/TITLE PRINCIPAL OFFICER	AL EXECUTIVE	I CERTIFY UNDER PENALTY ATTACHMENTS WERE PRFFAR IN ACCORDANCE WITH A SY	I CENTIEV UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PERFARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE MITH A SYSTEM DESIGNED TO ASSURE THAT	THAT THIS DOCU R MY DIRECTION SIGNED TO ASSUR	DOCUMENT AND ALL FION OR SUPERVISION SSURE THAT	7			TELEPHONE	ONE	DATE
	ael D. Feldman	QUALIFIED PERSONNEL PR INFORMATION SUBMITTED. PERSONS WHO MANAGE THE	0	VTHER AND EVALUATE THE A MY INQUIRY OF THE PERSON OR THOSE PERSONS DIRECTLY	FERLY GATHER AND EVALUATE THE BASED ON MY INQUIRY OF THE PERSON OR SYSTEM, OR THOSE PERSONS DIRECTLY	- And a	(Stales		90LL 0EV(90C)		15,50,00
DIFECTOF, AVIALIUM	La LITTES	RESPONSIBLE FOR GATHERING SUMMITTED IS, TO THE BEST		4G THE INFORMATION, THE INFORMATION ST OP MY KNOMLEIXLE AND BELIEF, TRUE 	THE INFORMATION, THE INFORMATION OF MY KNOWLEIXJE AND HELIEF, TRUE, A	SIGNATURE	S OF PRINCIPAL	1	AREA NI	47-	MO DAY
TYPED OR PRI	PRINTED	ACCURATE, AND COMPLETE. I SIGNIFICANT PENALTIES FOR INCLUDING THE POSSIBILITY KNOMING VIOLATIONS.	- 10 F	OF FINE AND IMPRISONMENT FOR	FORMATION.	EXECUTIVÈ AUTHORI	ECUTIVE OFFICER	OR	R I	RECEIVED	Q
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference	TOLA ANY ALOF	ATIONS (Ref		attachments here)	ts here)					APR 0 4 2000	
•DALLY FLOW REPORTING SUMMITTED IN ACCORDING AND A ACCORDING TO REPORT ACCORDING SEE, the Port is notifying	ition S3E, the l	Port is noti	fying the Dep	the Department of	of Ecology that this month, monitoring using methods	this month,	monitoring us	ing metho		T OT FOOL	
<pre>than those specified in aperial condition of was period + TPH analyzed by NWTPH-Dx and 1-pointed as #2 Diesel/Motor</pre>	-Dx and reported	d as #2 Diese	el/Motor 0il						С Г		JGY 57 10
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Substitute for EPA Form 3320-1 (MMV. 8-96 by WADOE)

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Include Name/Location (if different)	Include Name/Location (if d)	difterent)										
NAME SE	SEA-TAC AIRPORT	RPORT		#681	WA-0(	WA-002465-1		(SMI) 100		6		
ADDRESS PC	PORT OF SE	SEATTLE		<b>-I</b>	PERMIT	T NUMBER	DISC	DISCHARGE NUMBER	ER	Dischai	ocati	- 1
<u>ь</u>	P.O. BOX 6	68727, SEA1	SEATTLE 98168	~   			MONITORING PERIOD	OD		Lat 4	Lat 4/° 24° /" Lond 122° 20° 7"	z 3
FACILITY SA	SAME AS AF	ABOVE			_	ОW	X	OW	AY			
LOCATION SA	SAME AS AF	ABOVE		~	FROM 2000	FEB 01	TO 2000	0 FEB 29				
			QUANTITY	OR	LOADING	QUA	QUALITY OR CON	CONCENTRATION	7	No. of	Frequency	Sample
Parameter	ter	-	Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Type
FECAL COLIFORM	ORM	Sample Measurement	* * *	* * * * *	* *	*****	0	0	#/100	٥	1/15	GRAB
		Permit Requirement	* * * * * *	******		****	*****	REPORT	mls		01/30	GRAB
PRIORITY POI	POLLUTANT	Sumple Measurement	* * * * * *	* * * * * *	* * *	* * * * * * *	* * * * * *	ON	YES/	ON	ON	ON
SCAN*		Permit Requirement	* * * * * *	*****		* * * * * * *	******	REPORT	NO		1/YR	c/G**
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			KNUMING VIOLATIONS	LUND .								

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. Substitute for EPA Form 3320-1 (Prov. 8.96 by WADOE)

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Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Feb-00	<b>300</b> 0	4,320,000
2-Feb-00	3000	4,320,000
<b>3</b> -Feb-00	3000	4,320,000
4-Feb-00	2625	2,520,000
5-Feb-00	0	0
6-Feb-00	0	0
7-Feb-00	2250	2,160,000
8-Feb-00	3000	4,320,000
9-Feb-00	3000	2,880,000
10-Feb-00	3000	2,160,000
11-Feb-00	0	0
12-Feb-00	0	0
13-Feb-00	0	0
14-Feb-00	3000	1,350,000
15-Feb-00	3000	3,240,000
16-Feb-00	0	0
17-Feb-00	0	0
18-Feb-00	0	0
19-Feb-00	0	0
20-Feb-00	0	0
21-Feb-00	0	0
22-Feb-00	2000	2,880,000
23-Feb-00	3000	2,520,000
24-Feb-00	0	0
25-Feb-00	0	0
26-Feb-00	• 0	0
27-Feb-00	1632	1,860,000
28-Feb-00	2619	3,300,000
29-Feb-00	3000	4,320.000
Total February 2000 Flo	ow (Gallons)	46,470,000

# POS SeaTac Airport IWTP Water Processing Log -- February 2000

PERMITTEE NAMEJADDRESS SEA.TAC INTERNATIONAL AIRPORT		#681	NATIONAL	- POLLUTAN CHARGF M	T DISCHARGE ELIN	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) MONTHLY	>	NO1	TE:Reav Xre comp	NOTE: Read Instructions before completing this form	ŗĘ
ADDRESS PORT OF SEATTLE			PER	WA0024651	DISCI	002 (SDE 4) DISCHARGE NO.	Dischar	Discharge Location Lat 47 26' 13" N			
FO BUX 00/21, SEALLEL	¥.				VITORING PER		Long	122 17 38" W	A D C F		-[
LOCATION SAME AS ABOVE			FROM 2000	02 D1	T0 2000	MO UAY 02 29					ן ן
		CUANTITY OR LOADING	ING			OUAL	QUALITY OR CONCENTRATION				
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Fi Exceed Fi	FREQUENCY S	SAMPLE
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		Last and the factor of the second	land and a straight a					I ÅL			
JCC	Sample Measurement			1	******		N/A		AN	0(30	NA
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					*****	*****	N/A	į	AN	0/30	AN
			A MARCHINE CARD					fiin .			Sec. 1
	Sample Measurement				********		N/A		AN	0/30	NA
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ETHYLENE GLYCOL	Sample Measurement			1	******		. VN	Jon Mol	¥ Z	02/0	NA
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DECOVIENE CI VCOL.	Sample Measurement		****	1	*****	****	. NA	I	AN	0/30	NA
	and the second se		an a direction of the States on		h la strande al distra					17 - A.M.	The second
NAME/TITLE PRINCIPAL	I CERTIFY UNDER ATTACHMENTS W	ERE PREPARED UN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION	ENT AND ALL	NOISI		TELEPHO	TELEPHONE NUMBER		DATE	
EXECUTIVE OFFICER	PERSONNEL PROF	WIH A SYSTEM DE PERLY GATHER AND ED ON MY INCHIDY	IN ACCORDANCE WITH A SYSIEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION PROMITICE DARGED ON MAINING THE DERSON OR PERSONS WHO	e ihai uua Formation R Persons							
Michael D. Feldman, Director	MANAGE THE SYSTEM, OR THOS MANAGE THE SYSTEM, OR THOS GATHERING THE INFORMATION	TEM, OR THOSE PE	GATHERING THE INFORMATION THE INFORMATION SUBMITTED IS, TO	RESPONSIBL BMITTED IS,	EFOR TO	WHI The	4 CLAL AREA	-7706	6		. (
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Director, Aviation Facilities	SUBMITTING FALS AND IMPRISONME	Submitting false information, including ti and imprisonment for knowing violations.	submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIBILITO		OFFICER WE ANTHORIZED AGENI			YEAR	S MO	DAY

AR 027524

# COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Ethylene and Propylene Glycod monitoring not required in June, Juny, and August. "The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = 0, Motor Oil = Ethylene and Propylene Glycod monitoring not required in June, Juny, and August. "The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = 0, Motor Oil = 0. ""Eight Samples priver shall be collected during remaining seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outers 002, 005, 006 & 011 shall be submitted monthy until 2/00. Thereafter they shall be submitted quarterly. Substitute for FDA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS AME SEATAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 981	89	#681	NATIONAL DIS	VAL POLLUTANT NSCHARGE MC WA0024651 PERMIT NUMBER	DIAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONIT ORING REPORT(DMR) wa0024651 002 (SDE 4) PERMIT NUMBER DISCHARGE NO.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 002 (SDE 4) PERMIT NUMBER DISCHARGE NO.	Dischar Lat Long	NOT befor Discharge Location Lat 47 26 13 N Long 122 17 38" W	VIE: R	NOTE: Read Instructions before completing this form ' N	s EQ
FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE			FROM 2000	05 M	MONITORING PERIOD DAY TO YEAR 01 TO 2000	MO DAY 02 29		NO DISCHARGE	IARG	je 🗌	n
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PARAMETER			MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LA ATTACHMENTS WERE PREPARED IN ACCORDANCE WTH A SYSTEM PERSONNEL PROPERLY GATHER A	PENALTY OF LAW ERE PREPARED UN WTH A SYSTEM DI ERLY GATHER AN	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WTH A SYSTEM DESIGNED TO ASSURE THAT OUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION	ENT AND ALI V OR SUPER E THAT QUA FORMATION	VISION	5	TELEPHO	TELEPHONE NUMBER	~	DATE	
Michael D Feldman Director	SUBMITTED BASED ON MY INQUI MANAGE THE SYSTEM, OR THOSE GATHERING THE INFORMATION . T	ed on My Inouir <sup>,</sup> Tem, or those pi Nformation . Th	BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO S SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR THE INFORMATION _ THE INFORMATION SUBMITTED IS, TO	r Persons Responsibl Bmitted Is		all the	$\overline{\chi}$	9-7706			
TYPED OR PRINTED Director. Aviation Facilities	THE BEST OF MY KNOWLEDGE AND COMPLETE: I AM AWARE THAT THI SUBMITTING FALSE INFORMATION	KNOWLEDGE AND I AWARE THAT THEF E INFORMATION, I	THE BEST OF MY KNOMLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE	JRATE, AND T PENALTIES SSIBILITY OF		Contract of Parking A Contract Signiful Executive OfFICER OR AUTHORIZED AGENT	CUTIVE CODE		00	9	<u> </u>
	AND IMPRISONMENT FOR KNOWN	NT FOR KNOWNG	G VIOLATIONS.						YEAR	~	PAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	Y VIOLATIONS (Reference	e all attachments here	(				Printed	2/10/00		PAGE	E 4 OF 10

### NOT SAMPLED THIS MONTH

TTEE	VAME/ADDRESS SEA-TAC INTERNATIONAL AIRPORT		#681	NATIONAL DISU	L POLLUTAN CHARGE N	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTIDMR) MONTI	Dial Pollutant Discharge Elimination System Discharge Monitoring Reportidmr) Monthly	×	NOT befor	E:Ree recomp	NOTE: Read Instructions before completing this form	s E
ADDRESS PORT	PORT OF SEATTLE PO BOX 68727, SEATTLE.	68			WA0024651 PERMIT NUMBER	R DISCH	005 (SDS 3) DISCHARGE NO.	Dischar Lat	Discharge Location Lat 47 25' 58" N			[
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Michael D. Fe	Michael D. Feldman, Director TYPED OR PRINTED	THE REF OF MY KNOWEDGE A	INFORMATION , TH KNOWLEDGE AND E AWARE THAT THER	CATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOW EDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE I AM XNOW ETHAT THERE ARE SIGNIFICANT PENALTIES FOR	IBMITTED IS JRATE, AND T PENALTIES	<u> </u>	Multin H Allaure Stoniture of Principal executive			00	600	3/
Director, Aviation Facilities	Facilities	SUBMITTING FALS AND IMPRISONME	SUBMITTING FALSE INFORMATION, INCLUDING T AND IMPRISONMENT FOR KNOMNG VIOLATIONS.	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMING VIOLATIONS.	SSIBILITY OF		OFFICER OR AUTHORIZED AGENT			YEAR	OW 2	DAY

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Ethylene and Proorhene Gyroot monitoring not required in June. July, and August. "The TPH value reported is sum of desel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = 0, Motor Oil = 0. "TEight Samples shall be oxidected as follows: One sample shall be oxidected as follows: One sample shall be oxidected as follows: One sample shall be oxidected during remainder of year, with minimum of one per quarter. 24:53, for outfalk 002, 006, 8 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly. Romaining seven samples shall be oxidected during remainder of year, with minimum of one per quarter. 24:53, for outfalk 002, 005, 006, 8 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly. Remaining seven samples shall be oxidected as 6 by WADOE) THIS MONTH

PEXMITTEE NAME/ADDRESS AME SEA-TACINTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 991	68	#681		VAL POLLUTANT USCHARGE MC WA0024651 PERMIT NUMBER MON	DNAL POLLUTANT DISCHARGE ELIMINATION S DISCHARGE MONIT ORING REPORT(DMR) WA0024651 PERMIT NUMBER MONITORING PERIOD	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR) MONTHLY WA0024651 005 (SDS 3) PERMIT NUMBER DISCHARGE NO. MONITORING PERIOD	HLY Discha Lat Long	NOT befor Discharge Location Lat 47 25' 58" N Long 122 18" 30" W	TE:Re orecom	NOTE: Read Instructions before completing this form N	uns Mon
LOCATION SAME AS ABOVE			FROM 2000	MO DAV 02 D1	TO 2000	MO DAY 02 23	Z	NO DISCHARGE	ARG	ш	
		OUANTITY OR LOAD	ADING			QUA	QUALITY OR CONCENTRATION	ATION			
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TOTAL RECOVERABLE CORDER	Sample Measurement	******	*****	1	******		VIN		¥z	06/0	NIA
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TYPED OR PRINTED Director, Aviation Facilities	COMPLETE. I AM AWARE THAT THE SUBMITTING FALSE INFORMATION AND IMPRISONMENT FOR KNOMNY	COMPLETE. I AM AWARE THAT THERE ARE SIGNI SUBMITTING FALSE INFORMATION, INCLUDING TI AND IMPRISONMENT FOR KNOMNG VIOLATIONS.	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOMING VIOLATIONS.	T PENALTIES SSIBILITY OF	•	SIGNITURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			YEAR	R MO	3/ DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	V VIOLATIONS (Reference	e all attachments here					Printed 3/10/00	3/10/00		PAGE	E 0 0F 10

NOT SAMPLED THIS MONTH

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81     NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM     NOTE: Read Instructions       81     DISCHARGE MONITORING REPORT (DMR) MONTHLY     NOTE: Read Instructions       91     DISCHARGE MONITORING REPORT (DMR) MONTHLY     DISCHARGE MONITORING REPORT (DMR) MONTHLY       91     006 (SDN 1)     006 (SDN 1)       91     006 (SDN 1)     006 (SDN 1)       91     006 (SDN 1)     000 (SDN 1)       91     001 (ST 18 08* W       91     000 (SD 01)       91     000 (SD 02)       91     000 (SD 02)	CUANTITY OR LOADING	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS Exceed FREQUENCY SAMPLE	•• VIN	V/N		V/N		NA	A State of the sta	NA				NA	a dava si internationale and an anna an a	AISION TELEPHONE NUMBER D	THE INFORMATION SUBMITTED IS. TO DELIFE, TRUE, ACCURATE, AND DELIFE, ACCURATE, AND DELIFICATE, ACCURATE, ACCURATE, AND DELIFICATE, ACCURATE, AND DELIFICATE, ACCURATE, AND DELIFICATE, ACCURATE, AND DELIFICATE, ACCURATE, AND DELIFICATE, ACCURATE, ACCURATE, AND DELIFICATE, ACCURATE, ACCURATE, ACCURATE, ACCURATE, ACCURATE, ACCURAT	
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

#681

SEA-TAC INTERNATIONAL AIRPORT

PERMITTEE NAME/ADDRESS

PORT OF SEATTLE

ADDRESS

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PO BOX 68727, SEATTLE, WA 98168

SAME AS ABOVE

FACILITY

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before completing this form NOTE: Read Instructions

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NOTE: Read Instructions before completing this form

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMITTEE NAME/ADDRESS

PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT	TIONAL AIRPORT #681	-	NATIONAL PO	ALLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Qtrly	NOTE	: Read Ir complet	NOTE: Read Instructions before completing this form.	
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Michael D. Feldman RTYPED OR PRINTED Director, Aviation Facilities	PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IRUE, ACCURATE, AND COMPLETE I AM AVVARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND MPRISONMENT FOR KNOWING VIOLATIONS.	ANAGE THE SYS 3 THE INFORMAT LEDGE AND BELI THERE ARE SIG 10N, INCLUDING VIOLATIONS.	E SYSTEM, OR THOSE PERSONS DIRECTLY RMATION, THE INFORMATION SUBMITTED BELIEF, TRUE, ACCURATE, AND E SIGNIFICANT PENALTIES FOR DING THE POSSIBILITY OF FINE AND IS.	Persons diri Mation Submi Vate, and Ties for Of fine and		PARTURE OF PRINCIPAL EXECUTIVE OFFICER OR NUTHORIZED AGENT	Auuu executive Agent	(206)439-7706	00 YEAR	M0 M0	5 / DAY

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOF)

PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE	NAL AIRPORT #681		DISCHARGE M	LLUTANT DISC GE MONITO 24651	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR) Annual WA0024651 003 (SDS 1)	(TION SYSTEM TING (DMR) / (SDS 1)	Annual	NOTE: Re before con	TE: Read re comple	NOTE: Read Instructions before completing this form	
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Ø	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	ION, INCLUDING	THE POSSIBILITY	OF FINE AND	OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE	EXECUTIVE AGENT		_ <del>_</del> _	YEAR MO	DAY
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\*\* The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 1.15.

PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT	IONAL AIRPORT #681		NATIONAL POI	LLUTANT DISC GE MONITC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Annual	NOTE	: Read In complet	NOTE: Read Instructions before completing this form.	
SS			VVA0024651 PERMIT NUMBER	24651 NUMBER MONITO	1004 IBER DISCH	004 (SDS 2) DISCHARGE NO. NOD	L	Discharge Location Lat 47 25' 50" N Long 122 18' 42" W	ation 0° N 42° V		<b></b>
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHME WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WI SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATH		AT THIS DOCUMENT AND ALL ATTACHMENTS ON OR SUPERVISION IN ACCORDANCE WITH A DUALIFIED PERSONNEL PROPERLY GATHER BUITTED RASED ON MY INDUIRY OF THE	D ALL ATTACH ACCORDANCE PROPERLY G	MENTS With A Ther He			TELEPHONE NUMBER		DATE	
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PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 98168	DNAL AIRPORT #681 TLE, WA 98168		NATIONAL POLLUTANT DISCHARGE MON VVA0024651 PERMIT NUMBER	LLUTANT DIS GE MONITC 24651 JUMBER	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR) Annual WA0024651 008 (SDN 3) PERMIT NUMBER DISCHARGE NO	ELIMINATION SYSTEM EPORTING (DMR) / 008 (SDN 3) DISCHARGE NO.	Annual	NOTE: Re before con Discharge Location Lat 47 27 59" h	NOTE: Read before comple e Location 27' 59" N	NOTE: Read Instructions before completing this form. e Location 27" 59" N	
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Michael D. Feldman IS TYPED OR PRINTED Director, Aviation Facilities IN	RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AVVARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	G THE INFORMAT LEDGE AND BELJ THERE ARE SIG 10N, INCLUDING S VIOLATIONS.	ORMATION, THE INFORMATION SI ID BELIEF, TRUE, ACCURATE, AND RE SIGNIFICANT PENALTIES FOR UDING THE POSSIBILITY OF FINE, DNS.	MATION SUBM PATE, AND TIES FOR OF FINE AND		OFFICER OR BUTHORIZED AGENT	Alue. Executive AGENT	(206)439-7706		1983 - 1988 - 1997 - 1982	DAY
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Permittee Name/address Name Sea-tac International Airport	TONAL AIRPORT #681		NATIONAL PO DISCHAR	LLUTANT DISC GE MONITC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Annual	NOTE	: Read Ir complet	NOTE: Read Instructions before completing this form.	
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z			FROM 1999 C	MO DAY 03 01	TO 2000	MO DAY 02 29	<b></b>	NO ON	NO DISCHARGE	ЭП	
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Icertify under penalty of Law That This Document and ALL ATTACHMENTS         NAME/TITLE PRINCIPAL         Icertify under prepared under MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A         EXECUTIVE OFFICER         SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER         EXECUTIVE OFFICER         Nichael D. Feldman         TYPED OR PRINTED         TYPED OR PRINTED         Director, Aviation Facilities         Michael D. Feldman         TYPED OR PRINTED         COMPLETE I AM AWARE THAT THER CARE SIGNIFICANT PENALTION SUBMITTED         Director, Aviation Facilities         Minchael D. Feldman         TYPED OR PRINTED         COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR         SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND         Director, Aviation Facilities         MPRISONMENT FOR KNOWING VIOLATIONS.         The TPH value reported is the sum of the dissel and motor oil quantitation range results from method MVTPH-D	NALTY OF LAW THAT NALTY OF LAW THAT NDER MY DIRECTION TO ASSURE THAT OU INFORMATION SUBM IS WHO MANAGE TH ATHERING THE INF AT KNOWLEDGE AN NFORMATION, INCLU KNOWNG VIOLATIO KNOWNG VIOLATIO BIERICE all attachments BIERICE all attachments di motor oli quantita	AT THIS DOCUMENT AND ALL ATTACHMENTS ON OR SUPERVISION IN ACCORDANCE WITH A DUALIFIED PERSONNEL PROPERLY GATHER DUALIFIED PERSONNEL PROPERLY GATHER DIALIFIED PERSONNEL PROPERLY GATHER AND DIALIFIED PERSONNEL PROPERLY GATHER AND DIALIFIED PERSONNEL PROPERLY GATHER AND DIALIFIED PERSONNEL PROPERLY GATHER AND DIALIFIED PERSONNEL PERSONNEL PROPERLY GATHER AND DIALIFIED PERSONNEL PERSONNEL PROPERLY GATHER AND DIALIFIED PERSONNEL PROPERLY GATHER AND DIALIFIED PERSONNEL PERSONNEL PROPERLY GATHER AND DIALIFIED PERSONNEL PERSON	ID ALL ATTACHI ACCORDANCE PROPERLY GA I INQUIRY OF TI I INQUIRY OF TI INQUIRY OF TING PATE, AND JIANTE, AND JIANTE, FOR Y OF FINE AND TTES FOR MIT method MW	MITH A MITH A HE HE ECTLY SIGNATU OFFICER	Multur Millum SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Printed: 03/15/00 - Result Fraction for Diesel = <0.05,	Luur Executive AGENT eel = <0.05, Mc	TELEPHONE NUMBER (206)439-7706		DATE 03 MO	3 /

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

### DMR

### MAY 2000

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NAME SEA-TAC AIRPORT	RPORT		#681	WA-00	WA-002465-1	õ	001 (IWS)		Dischar	Discharge Location	
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- TPH reported as #2 Diesel/Motor Oil using NWTPHDX testin	sel/Motor 011	using NWTPHD	X testin method	ođ		ΠF	NEPT OF ECOLOGY	LUGY			10 10
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PAGE 1 OF 10

DEPT OF ECOLOGY

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during period under "Maximum")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average and monthly average as appropriate) permit requirement for each parameter. If none, enter "O."
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

### Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

Substincte for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Permittee Name/Address Include Name/Location (if different)	is different)		2 4	IATIONAL PO	LLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYS		NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	s belore
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*ATTACH THE LABORATORY REPORT. **C/G = COMPOSITE/GRAB.	Y REPORT. B.										

AR 027547

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PAGE 2 OF 10

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period": "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average." and enter maximum 7-day average of sample measurements obtained during period under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average and monthly average as appropriate) permit requirement for each parameter. If none, enter "O."
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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S Destitute for EPA Form 3320-1 (Rev. 8-96 by (ADOE)

PERMITTEE NAME/ADDRESS NAME SFA-TAC INTERNATIONAL AIRPORT	ONAL AIRPORT #681	5	NATIONAL POL DISCHARG	LUTANT DISC SE MONITO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Quarterly	NOTI befor	E. Read Is e complei	NOTE: Read Instructions before completing this form	
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		QUANTITY OR LOADING	ADING			au	QUALITY OR CONCENTRATION	CENTRATIO			$\square$
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	Permit Requirement	N. S.	Providence and			AND	Preport				
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	Permit Requirement							1		and the second second	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON WY INQUIRY OF THE PERSON OR PERSONS ONRAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY	OF LAW THAT THE AY DIRECTION OR S URE THAT QUALIF MATION SUBMITTE D MANAGE THE SY	7 THAT THIS DOCUMENT AND ALL ATTACHMENTS CTION OR SUPERVISION IN ACCORDANCE WITH A AT QUALIFIED PERSONNEL PROPERLY GATHER SUBMITTED. BASED ON MY INQUIRY OF THE SUBMITTED. BASED ON MY INQUIRY OF THE GE THE SYSTEM, OR THOSE PERSONS DIRECTLY	D ALL ATTACH ACCORDANCE PROPERLY GA INQUIRY OF T PERSONS DIF	WITH A WITH A WITH A THER HE RECTLY			TELEPHONE NUMBER	щ х	DATE	<u> </u>
Michael D. Feldman TYPED OR PRINTED Director, Aviation Facilities	RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS. TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACUPATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT FENAL TIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	RING THE INFORMA DWLEDGE AND BEI HAT THERE ARE SI ATION, INCLUDING ING VIOLATIONS	E INFORMATION, THE INFORMATION SUBM E AND BELIEF, TRELE, ACCUPATE, AND RE ARE SIGNIFICANT PENAL TIES FOR RE ARE SIGNIFICANT PENAL TIES FOR INCLUDING THE POSSIBILITY OF FINE AND INCLUDING THE POSSIBILITY OF FINE AND LATIONS.	MATION SUBN IRATE, AND LTIES FOR Y OF FINE AND		<u></u>	I I I I I I I I I I I I I I I I I I I	(206)439-7706		00 06 29 VEAR MO DAY	2 <b>9</b>
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	ANY VIOLATIONS (Reference	all attachments here	ter .	Mananian Ho	Printed: 06/13/00 The TPH value recorded is sum of dievel & motor of curanitation range (soulds from method NWTPH-0x	Printed: 06/13/00 diasel & motor oil c	mantitation ran	ae results fror	n method	Page 2 of 11 I NWTPH-Dx	•
Entypene and rippyone orygon momenting not equilating the region of the section for Diesel = <0.05, Motor Oil = 1.84. •••• Samples shall be collected during remainder of year, with minimum	el = <0.05, Motor Oil =1.84 g remainder of year, with m	inimum of one pe	አ ቸ	If be collected for outfalls 0	as follows: One 02, 005, 006 & 0	sample shall be 11 shall be subr	collected durin itted monthly u	g months Jun Intit 2/00 The	e-August sreafter th	June-August Remaining Thereafter they shall be	seven

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AR 027550

DP 06 AGATY:         Constrained Statute         Constatute         Constrained Statute         Cons	PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE	IONAL AIRPORT #681	-	DISCHARGE MONITORING REPORTING (DMR) WA0024651 002 (SDE 4)	A651	DISCHARGE MONITORING REPORTING (DMR) WA0024651 002 (SDE 4) DISCHARGE NO		Quarterly	before com Discharge Location Lat 47 26' 13" N	re complet cation 13" N	before completing this form e Location 26'13" N	
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6	TTLE, WA 98168		WA0024651 PERMIT NUMBER	24651 VUMBER MONITO	1003 IBER DISCH DISCH	003 (SDS 1) DISCHARGE NO.		Discharge Location Lat 47 26' 13" N Long 122 18' 38" w	ation 13" N 38" W		
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	ou I	QUANTITY OR LOADING	ADING			QU	QUALITY OR CONCENTRATION	<b>ICENTRATIO</b>			Γ
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PRE-PARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DF SIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND FVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY	F LAW THAT THIS DIRECTION OR S RE THAT QUALIFII TION SUBMITTED ANAGE THE SYS	/ THAT THIS DOCUMENT AND ALL ATTACHMENTS 2TION OR SUPERVISION IN ACCORDANCE WITH A AT QUALIFIED PERSONNEL PROPERLY GATHER SUBMITTED. BASED ON MY INQUIRY OF THE 3E THE SYSTEM, OR THOSE PERSONS DIRECTLY	ALL ATTACH CCORDANCE PROPERLY GA INQUIRY OF T PERSONS DIF	MENTS WITH A THER HE RECITY			TELEPHONE NUMBER		DATE	
Michael D. Feldman TYPED OR PRINTED Director, Aviation Facilities	RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS. TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE 1 AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITING SALES INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	IG THE INFORMA ILEDGE AND BEL 1 THERE ARE SIG FION, INCLUDING 3 VIOLATIONS.	E INFORMATION, THE INFORMATION SUBM SE AND BELEK, TRUE, ACCURATE, AND SE ARE SIGNFICANT PENAL TIES FOR INCLUDING THE POSSIBILITY OF FINE AND INCLUDINS.	MATION SUBN RATE, AND TIES FOR OF FINE AND		UNINAL THUR	CLUNCH EXECUTIVE AGENT	(206)439-7706	an the second -	<b>20</b> 06 29 VEAR MO DAY	52 DAY
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- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

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Substitute for EPA Form 3320-1 (Rev. 8-96 1/2 WADOE)

PERMITTEE NAMEJADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO ROX 88727 SEATTLE WA 98168	ONAL AIRPORT #681 TIF WA 98168		NATIONAL POLLUTANT DISCHARGE MON WA0024651 PERMIT NUMBER	LUTANT DISC GE MONITO 24651 UMBER	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR) WA0024651 005 (SDS 3) PERMIT NUMBER DISCHARGE NO.		Quarterly	NOTE: Rea before com Discharge Location Lat 47 25' 58" N	E: Read e comple cation 58" N	NOTE: Read Instructions before completing this form. e Location 25' 58" N	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman TYPED OR PRINTED Director, Aviation Facilities	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQURY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, DR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCUMATE, AND COMPLETE TAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND MPRISONMENT FOR KNOWING VIOLATIONS.	F LAW THAT THIS DIRECTION OR S RE THAT QUALIFI ATION SUBMITTEE MANAGE THE SY 46 THE NFORMA 46 THE NFORMA ALEDGE AND BEL THOR. INCLUDING G VIOLATIONS	W THAT THIS DOCUMENT AND ALL ATTACHMENTS COTION OR SUPERVISION IN ACCORDANCE WITH A AT OUALIFIED PERSONNEL PROPERLY GATHER I SUBMITTED. BASED ON MY INQUIRY OF THE GE THE SYSTEM, OR THOSE PERSONS DIRECTLY HE INFORMATION, THE INFORMATION SUBMITTED GE AND BELIEF, TRUE, ACCURATE, AND ERE ARE SIGNIFICANT PENALTIES FOR INCLUDING THE POSSIBILITY OF FINE AND DUATIONS.	J ALL ATTACH CCCORDANCE PROPERLY GA PROURY OF T PERSONS DIA PERSONS SUBN RATE, AND LTIES FOR Y OF FINE AND			A A A A A A A A A A A A A A A A A A A	TELEPHONE NUMBEP (206)439-7706		DATE DO OC 29 YEAR MO DAY	29 Dav
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Ethylene and Propylene Glycol monitoring not required in June, July, and August. "The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx Average Result Fraction for Diesel = <0.05, Motor Oil = <0.10. ""Eight Samples per year shall be collected as follows: One sample shall be collected during months until 2/00. Thereafter they shall seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outfalls 005, 005, 005 & 011 shall be submitted monthly until 2/00. Thereafter they shall	ANY VIOLATIONS (Reference al nonitoring not required in Ju el = <0 05, Motor Oil = <0.10 during remainder of year, w	l attachments here ne, July, and Au Eight Sarr ith minimum of c	) gust. **The TP ples per year sh one per quarter.	<sup>1</sup> H value repo nall be collect DMRs for ou	Aments here) Printed: 06/13/00 Uly, and August. **The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx **Eight Samples per year shall be collected as follows: One sample shall be collected during months June-August. Remaining inimum of one per quarter. DMRs for outfalls 002, 005, 006 & 011 shall be submitted monthly until 2/00. Thereafter they shall be	Printed: 06/13/00 diesel & motor oil o One & 011 shall b	quantitation ran se collected dur submitted mo	ge results fror ing months Ju onthly until 2/0	n method ine-Augu 0. There	Page 5 of 11 3 NWTPH-Dx ist. Remaining after they sha	eq E
Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	8-96 by WADOE)										

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- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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AR 027562

S stitute for SPA For a 3320-1 (Rev. 8-96 by W MGGF).

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Sub-state for EPA For 3320-1 Rev. 8-96 by WADOE)

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## **General Instructions**

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average", and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum").
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No. of Exceedances" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement", (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, check the "No Discharge" box in the upper right-hand corner of page 1.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent", "Telephone Number", and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

## Legal Notice

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

al. fitus: for EPA Lorm 33, 0-1 (Rev. 8-96 by WADOE).

Port of Seattle DMR submittal schedule for Sea-Tac International Airport Stormwater Discharges see NPDES permit # WA-002465-1, dated January 25, 1999, sections S2.B and S3.B

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This table applies for samples taken in the	period beginning March 1, 2000
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please note:

2. Per Condition S3.B, quarters are defined as March-April, June-August, September-November, and December-February ( thus a "DMR water year" is March 1 to Feb 28/29) 1. "X" indicates a DMR will be submitted for this particular outfall in the month indicated. A blank indicates that a DMR is not required and will not be submitted

3. Annual and semi-annual monitoring requirements per Condition S2.B.2 and S2.B.3

• Per Condition S2.B.1, take 8 samples year with at least one per quarter. DMRs shall be submitted monthly until Feb 2000, thereafter DMRs shall be submitted quarterly.

•• Per Condition S2.B.4, collect samples quarterly and sampling shall coincide with a deicing/anti-icing event. No sampling required in summer quarter (June-August)

\*\*\* sampled only when either or both IWS pump stations bypass flow to SDN2 , otherwise there is no discharge from SDN2 and no sample possible

6/13/00

POS SeaTac Air	nort IWTP Wate	r Processing Lo	og – May 2000
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1-May-00         600         216,000           2-May-00         835         852,000           3-May-00         1188         1,710,000           4-May-00         1200         1,728,000           5-May-00         1200         1,728,000           6-May-00         1200         1,728,000           6-May-00         1200         1,728,000           6-May-00         1200         1,620,000           9-May-00         1200         1,620,000           9-May-00         1200         576,000           10-May-00         1350         1,944,000           11-May-00         2000         2,880,000           12-May-00         2000         2,880,000           13-May-00         0         0           14-May-00         0         0           15-May-00         0         0           15-May-00         0         0           15-May-00         0         0           16-May-00         0         0           17-May-00         0         0           18-May-00         1000         480,000           20-May-00         1000         480,000           21-May-00         1000<	Date	Average Flow Rate (gpm)	Volume (Gallons)
2-May-00835852,0003-May-0011881,710,0004-May-0012001,728,0005-May-0012001,728,0006-May-0011631,116,0007-May-001200648,0008-May-0012001,620,0009-May-001200576,00010-May-0013501,944,00011-May-0020002,880,00012-May-0020002,880,00013-May-000015-May-000016-May-000017-May-000018-May-000019-May-001000180,00020-May-000018-May-001000480,00022-May-001000480,00023-May-0012861,080,00023-May-0012501,220,00025-May-0012501,200,00026-May-000029-May-000029-May-000029-May-000029-May-000029-May-000029-May-000029-May-000029-May-000029-May-000029-May-000029-May-000030-May-001000480,00029-May-000030-May-001000480,000	1-May-00	600	216,000
4-May-00         1200         1,728,000           5-May-00         1200         1,728,000           6-May-00         1163         1,116,000           7-May-00         1200         648,000           8-May-00         1200         1,620,000           9-May-00         1200         576,000           10-May-00         1350         1,944,000           11-May-00         2000         2,880,000           12-May-00         2000         2,880,000           12-May-00         2000         2,880,000           13-May-00         0         0           14-May-00         0         0           15-May-00         0         0           15-May-00         0         0           16-May-00         0         0           17-May-00         0         0           18-May-00         1000         480,000           20-May-00         0         0           19-May-00         1000         480,000           20-May-00         1000         480,000           21-May-00         1000         480,000           23-May-00         1286         1,080,000           25-May-00         1	-	835	852,000
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6-May-00         1163         1,116,000           7-May-00         1200         648,000           8-May-00         1200         1,620,000           9-May-00         1200         576,000           10-May-00         1350         1,944,000           11-May-00         2000         2,880,000           12-May-00         2000         2,880,000           12-May-00         2000         2,880,000           13-May-00         0         0           14-May-00         0         0           15-May-00         0         0           16-May-00         0         0           17-May-00         0         0           18-May-00         0         0           18-May-00         1000         480,000           20-May-00         0         0           21-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1250         1,200,000           27-May-00         1250         1,200,000           28-May-00 <t< td=""><td>-</td><td>1200</td><td>1,728,000</td></t<>	-	1200	1,728,000
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14-May-00         0         0           15-May-00         2000         960,000           16-May-00         0         0           17-May-00         0         0           18-May-00         1000         180,000           19-May-00         1000         480,000           20-May-00         0         0           21-May-00         1000         840,000           22-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1855         1,920,000           28-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000	•	1083	1,560,000
15-May-00         2000         960,000           16-May-00         0         0           17-May-00         0         0           18-May-00         1000         180,000           19-May-00         1000         480,000           20-May-00         0         0           21-May-00         1000         840,000           22-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1855         1,920,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000	•	0	· · ·
16-May-00         0         0           17-May-00         0         0           18-May-00         1000         180,000           19-May-00         1000         480,000           20-May-00         0         0           21-May-00         1000         840,000           22-May-00         1000         480,000           23-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000	•	2000	960,000
17-May-00         0         0           18-May-00         1000         180,000           19-May-00         1000         480,000           20-May-00         0         0           21-May-00         1000         840,000           22-May-00         1000         480,000           23-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           30-May-00         1000         480,000	•	0	0
18-May-00         1000         180,000           19-May-00         1000         480,000           20-May-00         0         0           21-May-00         1000         840,000           22-May-00         1000         480,000           23-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000	•	0	0
19-May-00         1000         480,000           20-May-00         0         0         0           21-May-00         1000         840,000         22-May-00         1000         480,000           22-May-00         1000         1286         1,080,000         24-May-00         938         450,000           24-May-00         938         450,000         25-May-00         1855         1,920,000           25-May-00         1855         1,920,000         26-May-00         1250         1,200,000           27-May-00         1250         1,200,000         0         0         0           29-May-00         0<	•	1000	180,000
20-May-00         0         0           21-May-00         1000         840,000           21-May-00         1000         480,000           22-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000	•		
21-May-00         1000         840,000           22-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000	•		
22-May-00         1000         480,000           23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           28-May-00         0         0           30-May-00         1000         480,000	•		840,000
23-May-00         1286         1,080,000           24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000	•		
24-May-00         938         450,000           25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000	•	1286	•
25-May-00         1855         1,920,000           26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000			
26-May-00         1542         2,220,000           27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000			
27-May-00         1250         1,200,000           28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000			
28-May-00         0         0           29-May-00         0         0           30-May-00         1000         480,000			
29-May-00         0         0           30-May-00         1000         480,000			
30-May-00 1000 480,000		-	-
	-	•	480,000
	•		

Total May 2000 Flow (Gallons)

29,748,000



#### AQUATIC RESEARCH INCORPORATED

LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS005-24B	P	AGE 1	
REPORT DATE	04/04/00			
DATE SAMPLED:	03/13,14/00	DATE RECEIVED:	03/14/00	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAME	TERS ON WATER		
SAMPLES FROM PORT OF SEATI	LE			- 1

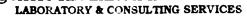
#### CASE NARRATIVE

Five water sample were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of these samples. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTA	L RECOVERABLE M	ETALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	(mg/1)	(mg/1)
SDN1031300COMP	0.0338	<0.0020	0.613
SDE4031300COMP	0.0030	<0.0020	0.015
SD53031300COMP	0.0086	<0.0020	0.008
SDN4031300COMP	0.0297	<0.0020	<0.005
SDN4031300 DUP COMP	0.0119	<0.0020	<0.005

## AQUATIC RESEARCH INCORPORATED



3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-27-5 FAX: (206) 632-2417

CASE FILE NUMBER:	POS005-24B	PA	GE 2	
REPORT DATE:	04/04/00			
DATE SAMPLED:	03/13,14/00	DATE RECEIVED:	03/14/00	
FINAL REPORT, LABORATORY ANALYSIS	OF SELECTED PARAMETERS ON	WATER		
SAMPLES FROM PORT OF SEATTLE				

#### 9A/9C DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER	LEAD	ZINC
-	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	03/30/00	03/31/00	04/03/00
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	BDH1051300CCMP	SDH1051300COMP	20H1031300COMP
ORIGINAL	0.0338	<0.0020	0.613
DUPLICATE	0.0349	<0.0020	0.604
RPD	3.20%	NC	1.48%
SPIKE SAMPLE			r
SAMPLE ID	abelos1300COMP	8DH1051300COMP	80H1031300COMP
ORIGINAL	0.0338	<0.0020	0.613
SPIKED SAMPLE	0.0474	0.0118	1.81
			1
SPIKE ADDED	0.0125	0.0125	1.00
SPIKE ADDED % RECOVERY	0.0125 108.80%	0.0125 94.40%	1.00 119.70%
% RECOVERY QC CHECK			
% RECOVERY	108.80%	94.40%	119.70%
% RECOVERY GC CHECK (mg/l)	0.0272	94.40%	0.968
% RECOVERY QC CHECK (mg/l) TRUE	0.0272 0.0250	94.40% 0.0260 0.0250	0.968 1.00
% RECOVERY GC CHECK (mg/l)	0.0272	94.40%	0.968
% RECOVERY QC CHECK (mg/l) TRUE	0.0272 0.0250	94.40% 0.0260 0.0250	0.968 1.00

RED - RELATIVE PERCENT DEFFERENCE. BA - BOT AUFLICABLE OR NOT AVALABLE. BC - BOT AUFLICABLE DUE TO ONE OR MORE VALUES BEENG BELOW THE DETECTION LIGIT. OR - RECOVERY NOT CALCULABLE DUE TO SPIRE SAMPLE OUT OF RANGE OR SPIRE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By 2 q Steven Lazoff

Laboratory Director

Pos/4/37 F08005268



#### AQUATIC RESEARCH INCORPORATE)

LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103 PHONE: (206) 632-2715 FAX: (206) 032-2117

CASE FILE NUMBER:	POS005-28B	PA	AGE 1
REPORT DATE:	05/11/00		
DATE SAMPLED:	04/13,14/00	DATE RECEIVED:	04/14/00
FINAL REPORT, LABORATORY ANALYS	SIS OF SELECTED PARAM	ETERS ON WATER	
SAMPLES FROM PORT OF SEATTLE			

#### CASE NARRATIVE

Four water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of this sample. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTA	L RECOVERABLE ME	ETALS
	COPPER	LEAD	ZINC
SAMPLE ID	( <b>mg/l</b> )	(mg/1)	(mg/l)
SDE4041300 COMP	0.0176	<0.0020	0.139
SD53041400 COMP	0.0244	<0.0020	0.029
SDN4041300 COMP	0.0442	<0.0020	0.016
SDN1041300 COMP	0.0347	<0.0020	0.410



## AQUATIC RESEARCH INCORPORATED

LABORATORY & CONSULTING SERVICES 3927 AURORA AVENUE NORTH, SEATTLE WA 98103 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS005-28B	F	AGE 2	
REPORT DATE:	05/11/00			
DATE SAMPLED:	04/13,14/00	DATE RECEIVED:	04/14/00	
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAM	ETERS ON WATER		
SAMPLES FROM PORT OF SEAT	TLE			

#### GA/GC DATA -TOTAL & DISSULVED METALS

		TOTAL METALS	
QC PARAMETER	COPPER	LEAD	ZINC
-	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	∋ <b>5/09/0</b> 0	05/09/00	05/09/00
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	3084041300 COMP	#184041300 CCMP	E184041300 CCMP
ORIGINAL	0.0442	<0.0020	0.016
DUPLICATE	0.0427	<0.0020	0.017
RPD	3.45%	NC	6.06%
SPIKE SAMPLE			
SAMPLE ID	8DH4041300 COMP	2084041300 COMP	8084041300 COMP
ORIGINAL	0.0442	<0.0020	0.016
SPIKED SAMPLE	0.0551	0.0118	1.01
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	87.20%	94.40%	99.40%
QC CHECK (mg/l)			
	0.0264	0.0259	1.02
TRUE	0.0250	0.0250	1.00
% RECOVERY	105.60%	103.60%	101.70%
			1 0.005
			<0.005
PREP BLANK BLANK SPIKE % RECOVERY	<0.0010 98.3%	<0.0010 101.0%	103.0%

DED - RELATIVE PERCENT DEFENSION. DIA - NOT APPLICABLE OR NOT AVAILABLE. DIG - NOT GAUGUABLE DUE TO ONE OR NORE VALUES BEING BELOW THE DETECTION LIMIT. OR - RECOVERY NOT CALCULABLE DUE TO SPECE SAMPLE OUT OF RANGE OR SPECE TOO LOW RELATIVE TO BAMPLE CONCENTRATIC

Submitted By: Steven Lazoff Z 2 Laboratory Director

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#### AQUATIC RESEARCH INCORPORATED

LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS005-25B	F	AGE 1
REPORT DATE:	04/19/00		
DATE SAMPLED:	03/22/00	DATE RECEIVED:	<b>03/2</b> 2/00
FINAL REPORT, LABORATORY A	NALYSIS OF SELECTED PARAME	TERS ON WATER	
SAMPLES FROM PORT OF SEAT	TLE		

#### CASE NARRATIVE

One water sample was received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. No difficulties were encountered in the preparation or analysis of these samples. Sample data follows while QA/QC data is contained on the subsequent page.

#### SAMPLE DATA

	TOTA	L RECOVERABLE ME	TALS
	COPPER	LEAD	ZINC
SAMPLE ID	(mg/l)	( <b>mg/l</b> )	( <b>mg/l</b> )
SDN1032200 COMP	0.0280	<0.0020	0.203



#### AQUATIC RESEARCH INCORPORATED LABORATORY & CONSULTING SERV (CES

3927 AUROF & AVENUE NORTH, SEATTLE, WA 96303 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS005-25B	PI	AGE 2
REPORT DATE:	04/19/00		
DATE SAMPLED:	03/22/00	DATE RECEIVED:	03/22/00
FINAL REPORT, LABORATORY ANALY	SIS OF SELECTED PARAME	TERS ON WATER	
SAMPLES FROM PORT OF SEATTLE			

#### GA/GC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER	LEAD	ZINC
	(mg/l)	(mg/l)	(mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	04/10/00	04/10/00	04/18/00
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	80H1632200 COMP	3DN1032200 COMP	SDH1032200 COMP
ORIGINAL	0.0280	<0.0020	0.203
DUPLICATE	0.0294	<0.0020	0.212
RPD	4.91%	NC	4.34%
SPIKE SAMPLE		<b>.</b>	<b>.</b>
SAMPLE ID	SDW1032200 COMP	SDH1032200 COMP	SDN1032300 COMP
ORIGINAL	0.0280	<0.0020	0.203
SPIKED SAMPLE	0.0406	0.0132	1.25
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	100.88%	105.60%	104.50%
OC CHECK			
( <b>mg/1</b> )			
	0.0257	0.0257	0.921
TRUE	0.0250	0.0250	1.00
% RECOVERY	102.80%	102.80%	92.14%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	97.7%	96.4%	106.0%

1970 - RELATIVE PERCENT DEFFERENCE. NA - NOT APPLICABLE OR NOT AVAILABLE. NG - NOT AUCULABLE DUE TO ORE OR MORE VALUES BEING BELOW THE DETECTION LIMIT. (GR - RECOVERY NOT CALCULABLE DUE TO SPICE SAMPLE OUT OF RANGE OR SPICE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By:

Steven Lazoff Laboratory Director

## DMR

# FEBRUARY 2001

ittée Name/Addr le Name/Location (	(S different)			ITIONAL PO	LLUTANT DISC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	INATION SYST	∑ u	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	s before
ADDRESS PORT OF SE	ALKPUKT SEATTLE		 189 <b>#</b>	WA-0(	WA-002465-1 DEPMTT NIMBED		001 (IWS)		Dischar	Discharge Location	
P.O. BOX		SEATTLE 98168	_ا _		NOM	MONTTORING PERIOD	D			47° 24 7"	Z
AS	ABOVE			<u> </u>	Ŷ		ОМ	×	T Buo'l	DISCHARCE	3
LOCATION SAME AS AB	ABOVE		F	FROM 2001	<b>Feb</b> 01	TO 2001	- Feb 28				
		QUANTITY	TY OR LOADING	ING	QUAI	QUALITY OR CON	CONCENTRATION		No. of	Frequency	Samp l
Parameter		Averagè	Maximum	Units	Minimum	Average	Maximum	Units	Exceed-	Apalysis	TYD
FLOW*	Sample Mcasurement	*****	1369	GPM	******	******	* * * * * *	* *	0	22/28	3xShit
	Permit Requirement	* * * * * *	4,800		* * * * * *	*****	* * * * * *			07/07	CONT
pH	Sample Measurement	* * * * *	* * * * * *	* *	6.12	* * * * * * *	7.55	STD	c	4/22	Gra
	Pernit Requirement	* * * * * *	******		6.0	*****	9.0	UNITS		01/07	GRZ B
OIL AND GREASE	Sample Measurement	* * * * * *	*****	* *	* * * * * *	5.8	و	mg/L	0	4/22	C1
	Permit Requirement	*****	*****		*****	8	15			01/07	GRAB
TSS	Sample Measurement	* * * * * *	******	* *	* * * * * *	14.8	27	mg/L	0	4/22	Com
	Pernit Requirement	* * * * * *	*****		******	21	33			01/02	COMP
BODS	Sample Mcasurement	* * * * * *	******	*	* * * * * *	110	110	mg/L	0	1/22	Comp.
	Permit Requirement	*****	*****		******	******	REPORT			01/30	CCMF.
TOTAL GLYCOLS	Sample Measurement	*****	******	* *	* * * * * *	90.2	90.2	mg/L	0	1/22	Comp.
	Permit Requirement	*****	*****		*****	****	REPORT			01/30	COMF
ТРН	Sample Measurement	*****	*****	* *	* * * * * *	2.0/1.2	2.0/1.2	mg/L	٥	1/22	Grat)
	Permit Requirement	* * * * * *	* * * * * *		******	*****	REPORT			1/30	GRAD
NAME/TITLE PRINCIPAL	L EXECUTIVE	I CERTIFY UNDER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL	WAT THIS DOCUM	TENT AND ALL				TELEPHONE	NE	DATE
OFFICER		ATTACHHENTS WERE PREP IN ACCORDANCE WITH A OUALIFIED PERSONNEL P	RE PREPARED UNDER Mith a system desi Mnel properly Gat	PARED UNDER MY DIRECTION OR SUPERVISION System designed to Assure that Properly gather and evaluate the	DR SUPERVISION 5 THAT 1TE THE	6					_
Michael D. Felo Director, Aviation I	el D. Feldman, Aviation Facilities	INFORMATION SUBMITTER PERSONS WHO MANAGE TH RESPONSIBLE FOR GATH	INFORMATION SUBMITTED. BASED ON NY IMOUIRY OF THE PERSON OR Persons who hange the system, on those persons directly responsible for gathering the information. The information	D. BASED ON MY INQUIRY OF THE PERSON OF LE SVETEN, OR THOSE PERSONS DIRECTLY SEING THE INFORMATION, THE INFORMATION	THE PERSON OR IS DIRECTLY INFORMATION	(helowed	Hatter	[3	(206) 439-	439-7706	103 124
		SUBMITTED IS. TO THE ACCURATE, AND COMPLET SIGNIFICANT PENALTIES	SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BEL. Accurate, and complete. I am amare that there are significant penalties for submitting false inform	BEST OF MY KNOMLEDGE AND BELIEF, TRUE. Te. I am aware that there are 5 for submitting false information.	BELIEF. TRUE. ARE FORMATION.	SIGNATURE	IGNATURE OF PRINCIPAL EXECUTAVE OFFICER OR	 	AREA NU CODE	NUMBER YEAR	NG DAG
TYPED OR PRINTED	VTED	INCLUDING THE POSSI KNOMING VIOLATIONS		IE AND IMPRISON	MENT FOR	AUTHOR	AUTHORIZED AGENT				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference ( DATLY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEE According to Permit Condition SJE, the Port is notifying the than those specified =in Special Condition S2 was performed. • TPH reported as 12 Diesel and Motor Oil	TTION OF ANY VIOLAT strout.D BE SUBMITTED condition SJE, the Poi =in Special Condition Diesel and Motor Oil	ATIONS (Ref. ED ON A SEPAR Port is notif ion S2 was pe	(Reference all a Supervised all a supervised and a contrement. In the set of	<b>attachments here</b> artment of Ecology	<b>s here)</b> Ecology that	ce all attachments here) RECEIVED INTET. RECEIVED MAR 28 2000 other wed.	R Monitoring us R	RECEIVED using methods and MAR 2 8 2000	VED <sup>15 and</sup> /or 2000	locations o	other
Substitute for EPA Form 3320-1 (Rev.		8-96 by wadoe)					DEP	DEPT OF ECOLOGY	OLOGY	PAGE 1	PAGE 1 OF 10

Permittée Name/Address Include Name/Location (if different)	s Ji fferent )		ΖD	ATIONAL PC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT(DMR)	CHARGE ELIM	INATION SYST	EM	NOTE: Read instruc completing this form.	NOTE: Read instructions before completing this form.	before
NAME SEA-TAC AIRPORT	RPORT		#681 <sup>7</sup>	WA-0	WA-002465-1		(SMI) 100	[		and continue	
ADDRESS PORT OF SE	SEATTLE			PERMI	PERMIT NUMBER	DISCI	DISCHARGE NUMBER	ER		UISCHARGE LOCATION	N
P.O. BOX 6	68727, SEA1	SEATTLE 98168	]		INOW	MONITORING PERIOD	ac		Long 1	-	3
FACILITY SAME AS AB	ABOVE				Q	Y YEAR	QM	2		NO DISCHARGE	
AS	ABOVE			FROM 2001	FEB 01	TO 2001	L FEB 28				
		QUANTITY	TY OR LOADING	DNIC	QUAI	LITY OR CON	QUALITY OR CONCENTRATION	7	No. of	Frequency	Sam
Parameter		Average	Maximum	Units	Minimum	Average	Maximum	Units	Exceed- ances	of Analysis	Туре
FECAL COLIFORM	Sample Mcasurement	******	******	* * *	*****	4	4	#/100	0	1/22	Graf.
	Pernit Requirement	******	*****		******	******	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT	Sample Measurement	******	* * * * * * *	* *	****	*****	ł	/ <del>SBY</del>	ł	•	ŀ
SCAN*	Permit Requirement	****	******		******	******	REPORT	NO		1/YR	c/G**
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										1
	Permit Requirement										
	Sample Measurement										
	Pernút Reguirensent										
	Sample Measurement			· · · · ·							
	Permit Requirencut										
NAME/TITLE PRINCIPAL	, EXECUTIVE			THAT THIS DOCUMENT AND ALL	MENT AND ALL			┝─	TELEPHONE	NE	DATE
OFFICER		IN ACCORDANCE WITH A	ITH A SYSTEM DES	ARED UNDER MY DIRECTION ON SUPE System Designed to Assure that	ARED UNDER NY DIRECTION OR SUPERVISION System designed to Assure that	1					
Michael D. Feldman Director, Aviation Facilities	dman Facilities	UNALITICU FERSONNEL P INFORMATION SUBMITTED PERSONS WHO NANAGE TH RESPONSIBLE FOR GATHE	UGALIFIEU FERSUMMEL PROFELI GAINER AND EVILOANE IN ENFOMMENTED SUBMITTED. BAEED ON MY INQUIRY OF THE REASON ON ENFOMMENTE MARGET THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE POR GATHERING THE INFORMATION. THE INFORMATION	I MY INOUIRY OF OR THOSE PERSC NFORMATION, TH	NUTERIC CALING AND STRUCKE EXERCISE BASED CALING THOURY OF THE FERSON OR I STSTEM, OR THOSE PERSONS DIRECTLY Ring the information, the information	Milme	the letter	(2	(06)439	(206) 439-7706 01 / 03/2	, 03,2,
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\*ATTACH THE LABORATORY REPORT. \*\*C/G = COMPOSITE/GRAB.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PAGE 2 OF 10

PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT	DNAL AIRPORT #681		NATIONAL POL DISCHARG	LUTANT DISC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Quarterly	NOT	E: Read I e complei	NOTE: Read Instructions before completing this form.	
ADDRESS PORT OF SEATTLE PO BOX 68727. SEATTLE, WA 99168	rle, WA 98168		WA0024651 PERMIT NUMBER MON	24651 IUMBER MONITOF	61 002 IBER DISCH MONITORING PERIOD	002 (SDE 4) DISCHARGE NO. RIOD		Discharge Location Lat 47 26' 13" N Long 122 17' 38" W	e Location 26' 13" N 2 17' 38" W		
LOCATION SAME AS ABOVE		Ľ.	FROM 2000 12	0 DAY 2 01	TO 2001	MO DAY 02 28	الـــــا	ID ON	NO DISCHARGE	36	$\Box$
	ð	QUANTITY OR LOADING	ADING			OU	QUALITY OR CONCENTRATION	<b>ICENTRATIO</b>	z		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEED	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TPH.	Sample Measurement		••••••	:	**********		3.82		٩N A	2/90	GRAB
	Permit Requirement				South States		REPORT	J/GE		BMR***	GRAB
TSS	Sample Measurement				************		86		٩N	2/90	COMP
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TURBIDITY	Sample Measurement		**********	1		*************	46		NA	2/90	COMP
	Permit Requirement					Contraction of the second	REPORT			8MR***	COMP
FECAL COLIFORM	Sample Measurement				*********	*******	110		٩N	2/90	GRAB
	Permit Requirement	Sector Sector					REPORT			8VR***	GRAB
BOD5	Sample Measurement	**********	*********		*********	***********	131		٩N	4/90	COMP
	Permit Requirement						REPORT			3MR***	COMP
ETHYLENE GLYCOL	Sample Measurement	************	**********	:	***********	***********	5.2 +		AN	4/90	COMP
	Permit Requirement	apple of the second	State States				REPORT		:	8MR***	COMP
PROPYLENE GLYCOL	Sample Measurement	************			**********	**********	41.4 *		AN	4/90	COMP
	Permit Requirement						REPORT			8MR***	COMP
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman TYPED OR PRINTED Director, Aviation Facilities	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY MOURY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE NFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, THE POSSIBILITY OF FINE AND MORISONMENT FOR KNOWING VIOLATIONS.	F LAW THAT THI DIRECTION OR S RE THAT QUALIFI IND SUBMITTEI ANVAGE THE INFORMA IG THE INFORMA IG THE INFORMA IT THERE AND BEL TON, INCLUDING G VIOLATIONS.	W THAT THIS DOCUMENT AND ALL ATTACHMENTS ECTION OR SUPERVISION IN ACCORDANCE WITH A 'HAT QUALIFIED PERSONNEL PROPERLY GATHER N SUBMITTED. BASED ON MY NOURY OF THE AGE THE SYSTEM, OR THOSE PERSONS DIRECTLY HE INFORMATION, THE INFORMATION SUBMITTED DGE AND BELIEF, TRUE, ACCURATE, AND HERE ARE SIGNIFICANT PENALTIES FOR V, INCLUDING THE POSSIBILITY OF FINE AND OLATIONS.	J ALL ATTACH CCORDANCE V ROPERLY GA NOURY OF TI PERSONS DIR MATION SUBM MATION SUBM MATION SUBM MATION SUBM TIES FOR TIES FOR		Mulin Hulding Signature of Pomicipal executive officer or withorized agent	Lion	TELEPHONE NUMBER (206)439-7706		DATE 0/03 VEAR MO	26 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Tethylene and Propylene Glycol monitoring not required in June, July, and August. BOD5 and Glycol samples were from 2/8/01 runway deticing (snow event / time-composite samples) "The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 3.8. ""Eight Samples per year shall be collected as follows One sample sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 3.8. ""Eight Samples per year shall be collected during remainder of year, with minimum of one per quarter. DMRs for outfalls 002, 005, 006 & 011 stall he submitted monthly uniti 2/00. Thereafter they shall be submitted quarterity.	WY VIOLATIONS (Reference al mitoring not required in June, al quantitation range results fr months June-August. Rei mon Theoreticer theor chail he a	I attachments here July, and Augus om method NW 7 maining seven sa	) t. BOD5 and Gly PH-Dx - Average mples shall be co	col samples w Result Fractiv flected during	Pi ere from 2/8/01 n on for Diesel = <( remainder of yea	Printed: 03/20/01 t runway deicing (sn <0.05, Motor Oil =3. ear, with minimum of	ow event / time- 8. ***Eight Sar f one per quarte	Page 2 of 11 event / time-composite samples) •• The TPH value ••• Eight Samples per year shall be collected as follows te per quarter DMRs for outfalls 002, 005, 006 & 011	nples) shall be c utfalls 00	Page 2 of 11 •• The TPH value collected as follow 22, 005, 006 & 01	alue offcws: 011

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z	NA 36166			MONITO	MONITORING PERIOD			<b>D</b>	38" W		
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TOTAL RECOVERABLE LEAD S	Sample Measurement		********		*********		0.013		AN	2/90	COMP
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TOTAL RECOVERABLE ZINC Si	Sample Measurement				**********		0.197		٩v	2/90	COMP
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One sample shall be collected during months June-August. Remaining seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outfalls 002, 005, 006 & 01 i shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT	TIONAL AIRPORT #681		NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)	LUTANT DISC	ATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Quarterly	ITON befor	E: Read Ir e complet	NOTE: Read Instructions before completing this form.	
ESS	TTLE, WA 98168		WA0024651 PERMIT NUMBER	24651 IUMBER	DISCH/	003 ( SDS 1) DISCHARGE NO.		Discharge Location Lat 47 26° 13" N	ation 13" N		[
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	on	QUANTITY OR LOADING	ADING			on	QUALITY OR CONCENTRATION	ICENTRATIO			ļ
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	Permit Requirement	ALL MARKSON			A REPORT AND		REPORT	шĝуг		OUNR	GRAB
PROPYLENE GLYCOL	Sample Measurement		***********	:	***********	***********	43.9		AN	3/90	GRAB
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\*Ethylene and Propylene Glycol monitoring not required in July, and August. The Port has completed all required quarterly monitoring for this outfall and has requested elimination of the monitoring requirement pursuant to the provision of footnote a of special condition S2.B.4 of the NPDES permit.

Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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6.0.11 shall be submitted monthly until 2000. Thereafter they shall be submitted quarterly. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

COMP COMP COMP COMP COMP COMP SAMPLE TYPE er Fr 26 DAY before completing this form. FREQUENCY OF ANALYSIS 03 DATE NOTE: Read Instructions BWR\*\*\* § Page 6 of 11 BMR. 8MR\*\*\* <u>86</u> 3/90 390 YEAR 0 NO DISCHARGE 5 # OF EXCEED ANCES Long 122 18' 30" W ί. γ 47 25' 58" N ≨ ₹ ₹  $\tilde{c}$ Discharge Location TELEPHONE QUALITY OR CONCENTRATION (206)439-7706 NUMBER UNITS ۲ mg/L ոցԴ mg/L ĕ MAXIMUM 1612.4.60 Alber REPORT REPORT REPORT THE REAL 4 SIGNATURE OF PRINCIPAL EXECUTIVE 0.032 < 0.002 0.057 DISCHARGE MONITORING REPORTING (DMR) Quarterly OFFICER OR ANTHORIZED AGENT \*\*\*\*\*\*\*\*\*\*\*\*\* A HARRING REAL \*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\* NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM AVERAGE Printed: 03/20/01 28 28 **DISCHARGE NO.** 005 (SDS 3) § 8 YEAR 2001 \*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\* MINIMUM MONITORING PERIOD Prair Ha and a low PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DRECTLY RESPONSIBLE FOR GATHERING THE NFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTERS FOR SUBMITTING FALSE INFORMATION, MCLUDING THE POSSIBILITY OF FINE AND MAPRISONMENT FOR KNOWING VIOLATIONS. CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT OUALIFIED PERSONNEL PROPERLY GATHER 2 AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY NOUIRY OF THE UNITS DAY **PERMIT NUMBER** : ::: : 5 WA0024651 ₹ 5 \*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\* YEAR 2000 MAXIMUM A.Y.A. QUANTITY OR LOADING FROM COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) あいとなるが \*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\* AVERAGE #681 Permit Requirement Permit Requirement Permit Requirement Permit Requirement Sample Measurement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Sample Measurement Sample Measurement Sample Measurement Permit Requirement SEA-TAC INTERNATIONAL AIRPORT PO BOX 68727, SEATTLE, WA 98168 TOTAL RECOVERABLE LEAD **FOTAL RECOVERABLE ZINC** PORT OF SEATTLE SAME AS ABOVE SAME AS ABOVE NAME/TITLE PRINCIPAL Director, Aviation Facilities TOTAL RECOVERABLE **TYPED OR PRINTED** Michael D. Feldman PERMITTEE NAME/ADDRESS PARAMETER **EXECUTIVE OFFICER** COPPER **OCATION** ADDRESS FACILITY NAME

follows: One sample shall be collected during months June-August. Remaining seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outfalls 002, 005, 006 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly. \*\*The TPH value Ethylene and Propylene Glycol monitoring not required in June, Juty, and August. BOD5 and Glycol samples were from 2/8/01 runway deicing (snow event / time-composite samples). \*\*The TPH value reported is sum of diesel & motor oil a co.10. \*\*Eight Samples per year shall be collected as Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT	NAL AIRPORT #681	,	NATIONAL POL	LUTANT DISC	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Quarterly	10N oled	E: Read I	NOTE: Read Instructions before completing this form.	
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) ••The TPH value reported is sum of diesel & motor oil quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = < 0.10, Motor Oil = 2.9.	NY VIOLATIONS (Reference al I diesel & motor oil quantitatio	l attachments here) on range results fi	om method NW	TPH-Dx - Ave	Pri age Result Fracti	Printed: 03/20/01 ction for Diesel = <	0.10, Motor Oil		ht Sampl	Page 7 of 11 ***Eight Samples per year shall be	all be

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Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

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Ξ.	TIONAL AIRPORT #681		DISCHARC	LLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Quarterly	NOI Pela	E: Read t re comple	NOTE: Read Instructions before completing this form.	
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PROPYLENE GLYCOL*	Sample Measurement	***********	***********	:	***********		116 *	1,500	AN	3/90	COMP
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATT ACHME WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WI SYSTEM DESIGNED TO ASSURE THAT OUALFIED PERSONNEL PROPERLY GATH AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY NOURY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIREC RESPONSIBLE FOR GATHERNOT FILE REORMATION, THE INFORMATION SUBMIT IS TO THE REST OF MY KNOWN FORF AND RELIFE THEIR ACTIRATE AND IS TO THE REST OF MY KNOWN FORF AND RELIFE THE ACTIRATE AND	Law That This Direction or S E that Qualifie fon Submitter Anage the Sys 3 the Nforma	AW THAT THIS DOCUMENT AND ALL ATTACHMENTS RECTION OR SUPERVISION IN ACCORDANCE WITH A THAT QUALIFIED PERSONNEL PROPERLY GATHER ON SUBMITTED. BASED ON MY NQUIRY OF THE NAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY NAGE THE SYSTEM, OR THOSE PERSONS UBMITTED FOR AND RELIEF TRUE ACCURATE AND	D ALL ATTACH CCORDANCE PROPERLY GA NOURY OF T PERSONS DIR MATION SUBN	MENTS WITH A THER THER HE ELECTLY MITTED	1		TELEPHONE NUMBER (206)439-7706	<u> </u>	DATE	
TYPED OR PRINTED Director, Aviation Facilities	COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AI MAPRISONMENT FOR KNOWING VIOLATIONS.	THERE ARE SIG ION, INCLUDING VIOLATIONS	HERE ARE SIGNIFICANT PENALTIES FOR N. N.CLUDING THE POSSIBILITY OF FINE AND IOLATIONS.	.TIES FOR OF FINE AND	- <b>`</b>		PRINCIPAL EXECUTIVE DIORIZED AGENT			0/ 03	26 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all at	ANY VIOLATIONS (Reference all				đ	Printed: 03/20/01				Page 10 of 11	
Ethylene and Propylene Glycol monitoring not required in June, Jul reported is sum of diesel & motor oil quantitation range results from follows: One sample shall be collected during months June-August. & 011 shall be submitted monthly until 2/00. Thereafter they shall b	nonitoring not required in June, J oil quantitation range results fro octed during months June-Augus until 2/00. Thereafter they shall	<u>&gt;- 9</u>	<ul> <li>BOD5 and Gly</li> <li>PH-Dx - Average</li> <li>even samples shu</li> <li>uarterly.</li> </ul>	/col samples v Result Fracti all be collecte	were from 2/8/01   ion for Diesel = <( d during remainde	y, and August. BOD5 and Glycol samples were from 2/8/01 numary deicing (snow event / time-composite samples). **The TPH value method NWTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 0.11. ***Eight Sample: per year shall be collected as Remaining seven samples shall be collected during remainder of year, with minimum of one per quarter. DMRs for outfalls 002, 005, 006 e submitted quarterly.	now event / time 0.11. *** Eight ( nimum of one pe	ent / time-composite samples). "The TPH value ""Eight Samples per year shall be collected as of one per quarter. DMRs for outfalls 002, 005,	mples). " sar shall b Rs for ou	**The TPH value If be collected as outtails 002, 005,	e , 006
Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)	1. 8-96 by WADOE)		- Curran De								

ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 98168 FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE		i	DISCHARG	SE MONITO	RING REPOR	DISCHARGE MONITORING REPORTING (DMR) Quarterly	luarterly	belo	before completing this for	before completing this form.	
	WA 98168	,	WA0024651 PERMIT NUMBER	24651 JUMBER	DISCH	011 (SDN 4) DISCHARGE NO.		Discharge Location	ation 00" N		[
				MONITOF	MONITORING PERIOD			8	122 18' 38" W		
			FROM 2000 12	MO DAY 12 01	TO 2001	MO DAY 02 28		ig on	NO DISCHARGE	GE	
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TOTAL RECOVERABLE	Sample Measurement		***********	:		*****	0.021		٩	1/90	COMP
	A Permit Requirements						REPORT	mg/L		8MR.	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	***********	••••••••	:	********	**********	0.006		Ā	1/90	COMP
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Director, Aviation Facilities MPRIS	MPRISONMENT FOR KNOWING V	3 VIOLATIONS.			OFFICER	OFFICER OR AUTHORIZED AGENT	AGENT			YEAK MU	UAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	IOLATIONS (Reference all	attachments here)			Pri	Printed: 03/20/01			-	Page 11 of 11	

000, 000 ž 9 follows: One sample shall be collected during months June-August. Remaining seven samples & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly. Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

NAME SEA-TAC INTERNATIONAL AIRPORT	TIONAL AIRPORT #681				UISCHARGE MONITORING REPORTING (DMR)		Semi-Annual		•		<i></i> ;
ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 98168 FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE	E ATTLE, WA 98168	E.	WA0024651 PERMIT NUMBER MON YEAR MO DAV FROM 2000 09 01	024651 NUMBER MO DAY 09 01	BER 007 ( DISCHU MONITORING PERIOD DAY 70 2001	007 (SDN 2) DISCHARGE NO AIOD ZO01 02 28		Discharge Location Lat 47 28' 00" N Long 122 18' 28" W NO DISCHAF	ge Location 17 28' 00" N 22 18' 28" W NO DISCHARGE	GE	,
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE	LAW THAT THIS DIRECTION OR S E THAT QUALIFIE TION SUBMITTED	W THAT THIS DOCUMENT AND ALL ATTACHMENTS ECTION OR SUPERVISION IN ACCORDANCE WITH A HAT QUALIFIED PERSONNEL PROPERLY GATHER N SUBMITTED ASSED ON MY INQUIRY OF THE	) ALL ATTACHN CCORDANCE V PROPERLY GAT	ENTS VITH A HER E			TELEPHONE		DATE	
Michael D. Feldman TYPED OR PRINTED Director, Aviation Facilities	PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	ANAGE THE SYS 3 THE INFORMAT LEDGE AND BELL THERE ARE SIG ION, INCLUDING ION, INCLUDING ION, INCLUDING	IAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY THE INFORMATION, THE INFORMATION SUBMITTED DGE AND BELIEF, TRUE, ACCURATE, AND HERE ARE SIGNIFICANT PENAL TIES FOR V, INCLUDING THE POSSIBILITY OF FINE AND IOLATIONS.	PERSONS DIRE WATION SUBMI PATE, AND TIES FOR OF FINE AND		MULIAN CONTINUES SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Alluur Lilluur Agent	(206)439-7706		01 03 26	26 DAY
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The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 0.27. Sample from pump station sucharge during storm of 10/9/00.</p>

PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT	TIONAL AIRPORT #681	-	NATIONAL PO DISCHAR	OLLUTANT DIS	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Semi-Annual	NOT befor	E: Read I e comple	NOTE: Read Instructions before completing this form.	_
6	TTLE, WA 98168	·	WA00	WA0024651 PERMIT NUMBER		012 (Eng.Yard) DISCHARGE NO.		Discharge Location Lat 47 26' 34" N	ation 34" N	·	
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Michael D. Feldman TYPED OR PRINTED Director, Aviation Facilities	PERSON OR PERSONS WHO MANGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE AND BELIEF, TRUE, ACCURATE, AND SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND INPRISONMENT FOR KNOWING VIOLATIONS.	INVAGE THE SYS G THE INFORMAT LEDGE AND BELL T THERE AND BELL TOTHERE AND SIG TOTHERE AND SIG TOTHONS	NAGE THE SYSTEM, OR THOSE PERSONS DIRECTL) THE INFORMATION, THE INFORMATION SUBMITTED EDGE AND BELIEF, TRUE, ACCURATE, AND HERE ARE SIGNIFICANT PENALTIES FOR N. INCLUDING THE POSSIBILITY OF FINE AND MOLATIONS.	PERSONS UIH MATION SUBM RATE, AND LTIES FOR / OF FINE AND	<u> </u>	Had in the the the there is the second of th	(duran EXECUTIVE AGENT	(206)439-7706		0/ 05 0	2 A
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		DISCHAR	GE MONITO	ATTOMAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)		Semi-Annual	Defo	E: Read I re comple	NUTE: Kead Instructions before completing this form.	
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k (Reference all a el and motor o	ittachments here)	inge results fror	T method NW	Pr TPH-Dx - Resul	inted: 03/20/01 t Fraction for Die	sel = < 0.05, M	otor Oil = 8.24		age 3 of 3	
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PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT	IONAL AIRPORT #681	·	NATIONAL POL	LUTANT DISC SE MONITO	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR)	_	Annual	NO1 befo	E: Read I re comple	NOTE: Read Instructions before completing this form.	
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	NY VIOLATIONS (Reference all	attachments here)			ď	Printed: 03/20/01	•			Pane 3 of 7	

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Michael D. Feldman TYPED OR PRINTED Director, Aviation Facilities	RESPONDENT FERSIONS WIT WARATION. THE INFORMATION UN RESPONDENT FERSIONS WIT WARATION. THE INFORMATION SUBM IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE I AM AWARE THAT THERE AND BELIEF, TRUE, ACCURATE, AND SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	C THE INFORMATING THE STATE IS THE INFORMATING IEEDGE AND BELI IEEDGE A	WAGE THE STATEM, DR. THORE FERSONS UNFELLT THE INFORMATION, THE INFORMATION SUBMITTED DGE AND BELIEF, TRUE, ACCURATE, AND HERE ARE SIGNIFICANT PENAL TIES FOR V. INCLUDING THE POSSIBILITY OF FINE AND OLATIONS.	PERSONS URI MATION SUBMI LATE, AND TIES FOR OF FINE AND		MARING CONTRACTOR SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Contraction Contra	(206)439-7706		<b>O/ 03</b> YEAR MO	26 DAV
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PERMITTEE NAME/ADDRESS NAME SEA-TAC INTERNATIONAL AIRPORT ADDRESS PORT OF SEATTLE PO BOX 68727, SEATTLE, WA 98168 FACILITY SAME AS ABOVE LOCATION SAME AS ABOVE	IONAL AIRPORT #681 FTLE, WA 98168		NATIONAL POLLUTANT DISCHARGE MON Va0024651 PERMIT NUMBER VEAR MO VEAR MO DAY FROM 2000 03 01	GE MONITO S4651 VUMBER VUMBER VONITOR	MATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTING (DMR) WA0024651 015 (SDS 5) PERMIT NUMBER MONITORING PERIOD VEAR MO DAY VEAR MO DAY TO 2001 02 28		Annual	NOTE: Res before com Discharge Location Lat 47 27' 07" N Long 122 18' 47" NO DISCHA	NO FE: Read Inst before completing ge Location 17 27' 07" N 22 18' 47" W NO DISCHARGE	NO FE: Read Instructions before completing this form. a Location 27' 07" N 2 18' 47" W 0 DISCHARGE	
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## POS SeaTac Airport IWTP Water Processing Log - February 2001

Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Feb-01	0	0
2-Feb-01	0	0
3-Feb-01	0	0
4-Feb-01	1379	1,986,000
5-Feb-01	1000	930,000
6-Feb-01	1000	1,440,000
7-Feb-01	1000	1,440,000
8-Feb-01	1000	1,440,000
9-Feb-01	1000	1,440,000
10-Feb-01	500	450,000
11-Feb-01	500	555,000
12-Feb-01	626	789,000
13-Feb-01	0	0
14-Feb-01	0	0
15-Feb-01	· <b>O</b>	0
16-Feb-01	500	60,000
17-Feb-01	500	360,000
18-Feb-01	625	900,000
19-Feb-01	500	720,000
20-Feb-01	500	720,000
21-Feb-01	500	720,000
22-Feb-01	500	720,000
23-Feb-01	508	732,000
24-Feb-01	421	606,000
25-Feb-01	425	612,000
26-Feb-01	500	720,000
27-Feb-01	500	720,000
28-Feb-01	500	360,000

Total February 2001 Flow (Gallons)

18,420,000