

DMR

APRIL

1998

Permittee Name/Address
Include Name/Location (if different)

SEA-TAC AIRPORT
PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
SAME AS ABOVE
SAME AS ABOVE

WA-002465-1
PERMIT NUMBER

001 (IWS)
DISCHARGE NUMBER

681

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 04 01 TO 1998 04 30

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

TELEPHONE

DATE

AREA NUMBER
CODE
12064397706
YEAR MO DAY
98/05/28

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	Exceed-ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
FLOW*	Sample Measurement	*****	2000	*****	*****	*****	GPM	∅	0/30	3A Shift
	Permit Requirement	*****	4,800	*****	*****	*****			07/07	CONT.
PH	Sample Measurement	*****	*****	6.56	*****	7.04	STD	∅	3/8	Grab
	Permit Requirement	*****	*****	6.0	*****	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	*****	*****	5	10	mg/L	∅	3/8	Grab
	Permit Requirement	*****	*****	*****	8	15			01/07	GRAB
TSS	Sample Measurement	*****	*****	*****	16.3	20	mg/L	∅	3/8	Comp
	Permit Requirement	*****	*****	*****	21	33			01/07	COMP.
BOD ₅	Sample Measurement	*****	*****	*****	97	97	mg/L	∅	1/8	Comp
	Permit Requirement	*****	*****	*****	REPORT	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	*****	*****	34	34	mg/L	∅	1/8	Comp
	Permit Requirement	*****	*****	*****	REPORT	REPORT			01/30	COMP.
TPH	Sample Measurement	*****	*****	*****	51	51	mg/L	∅	1/8	Grab
	Permit Requirement	*****	*****	*****	REPORT	REPORT			1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RECEIVED
MAY 29 1998
TYPED OR DEPT OF ECOLOGY

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Signature of Principal Executive Officer or Authorized Agent
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.
ACCORDING TO PERMIT CONDITION 53E, THE PORT OF SEATTLE IS NOTIFYING THE DEPARTMENT OF ECOLOGY THAT IN APRIL, MONITORING USING METHODS AND/OR LOCATIONS OTHER THAN THOSE SPECIFIED IN SPECIAL CONDITION 52.

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 municipalities 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 and monthly 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.

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

681

WA-002465-1
PERMIT NUMBER

001 (IWS)
DISCHARGE NUMBER

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

MONITORING PERIOD
FROM 1998 04 01 TO 1998 04 30

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FECAL COLIFORM	*****	*****	***	*****	23	#/100	0	1/8	Grab
PRIORITY POLLUTANT	*****	*****	***	*****	REPORT	mls	---	01/30	GRAB
SCAN*	*****	*****	---	*****	REPORT	YES/NO	---	1/YR	C/G**
Sample Measurement	*****	*****		*****					
Permit Requirement	*****	*****		*****					
Sample Measurement	*****	*****		*****					
Permit Requirement	*****	*****		*****					
Sample Measurement	*****	*****		*****					
Permit Requirement	*****	*****		*****					
Sample Measurement	*****	*****		*****					
Permit Requirement	*****	*****		*****					
Sample Measurement	*****	*****		*****					
Permit Requirement	*****	*****		*****					
Sample Measurement	*****	*****		*****					
Permit Requirement	*****	*****		*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*ATTACH THE LABORATORY REPORT.
**C/G = COMPOSITE/GRAB.

AR 027169

General Instructions

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168

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

PERMIT NUMBER
WA0024651
DISCHARGE NO.
002 (SDE 4)

FACILITY
SAME AS ABOVE

LOCATION
SAME AS ABOVE

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47 26' 13" N
Long 122 17' 38" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 04 01 TO 1998 04 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	.....	.....	.....	2.5 **	2.5 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	1/30	.....
TSS	Sample Measurement	.....	.....	.....	64	64	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	1/30	.....
TURBIDITY	Sample Measurement	.....	.....	.....	27	27	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	1/30	.....
FECAL COLIFORM	Sample Measurement	.....	.....	.....	500	500	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	1/30	.....
BOD5	Sample Measurement	.....	.....	.....	20.8	20.8	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	1/30	.....
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	< 2	< 2	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	1/30	.....
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	< 2	< 2	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	1/30	.....

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>	TELEPHONE NUMBER (206) 439-7706	DATE 98 05 28
		AREA CODE	YEAR MO DAY 98 05 28

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

AR 027171

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.
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PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

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

PERMIT NUMBER
 WA0024651

DISCHARGE NO.
 005 (SDS-3)

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 04 01 TO 1998 04 30

FROM
 SAME AS ABOVE
 SAME AS ABOVE


NOTE: Read instructions before completing this form

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	.....	.....	.....	< 0.15 **	< 0.15 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
TSS	Sample Measurement	.....	.....	.....	7.3	7.3	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
TURBIDITY	Sample Measurement	.....	.....	.....	4.0	4.0	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
FECAL COLIFORM	Sample Measurement	.....	.....	.....	< 2	< 2	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
BOD5	Sample Measurement	.....	.....	.....	9.40	9.40	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	< 2	< 2	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
PROPYLENE GLYCOL*	Sample Measurement	< 2	< 2	mg/L	NA	1/30	COMP
	Permit Requirement

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 98

DATE
 05 28

YEAR MO DAY
 98 05 28

Printed 5/18/98 PAGE 5 OF 10

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 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)

General Instructions

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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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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
 NAME
PORT OF SEATTLE
 ADDRESS
PO BOX 68727, SEATTLE, WA 98168
 FACILITY
SAME AS ABOVE
 LOCATION
SAME AS ABOVE

WA0024651
 PERMIT NUMBER
 005 (SDS 3)
 DISCHARGE NO.

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 04 01 1998 04 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	0.081	0.081	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	0.001	0.001	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	0.064	0.064	mg/L	NA	1/30	COMP
Sample Measurement						
Sample Measurement						
Sample Measurement						
Sample Measurement						
Sample Measurement						
Sample Measurement						
Sample Measurement						
Sample Measurement						
Sample Measurement						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE NUMBER (206)439-7706 AREA CODE	DATE 98 05 28
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>		YEAR MO DAY 98 05 28	

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

AR 027177

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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Legal Notice

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PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 NAME PORT OF SEATTLE
 ADDRESS PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

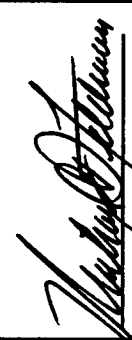
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT(DMR) MONTHLY
 WAD0024651 (SDN 1)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 04 01 TO 1998 04 30

NOTE: Read instructions before completing this form
 Discharge Location
 Lat 47 27 56" N
 Long 122 18' 09" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	.....	.....	.....	0.97 **	0.97 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
TSS	Sample Measurement	.....	.....	.....	26	26	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
TURBIDITY	Sample Measurement	.....	.....	.....	12	12	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
FECAL COLIFORM	Sample Measurement	.....	.....	.....	170	170	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
BOD5	Sample Measurement	.....	.....	.....	12.8	12.8	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	.....	0.062	0.062	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	.....	.....	0.005	0.005	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 05 28
 YEAR MO DAY

General Instructions

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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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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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NOTE: Read instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 27 56" N
 Long 122 18 09" W
NO DISCHARGE


PERMIT NUMBER
WA0024651
 DISCHARGE NO.
006 (SDN 1)

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1988 04 01 TO 1988 04 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE ZINC	0.401	0.401	mg/L	NA	1/30	COMP
Sample Measurement
Partial Measurement
Sample Measurement
Partial Measurement
Sample Measurement
Partial Measurement
Sample Measurement
Partial Measurement
Sample Measurement
Partial Measurement

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 05 28
 YEAR MO DAY

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

AR 027181

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168

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

PERMIT NUMBER WA0024651
DISCHARGE NO. 011 (SDN 4)

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47 28' 00" N
Long 122 18' 38" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 04 01 TO 1998 04 30

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TPH**	Sample Measurement	.....	.....	.....	< 0.15 **	< 0.15 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	
TSS	Sample Measurement	.....	.....	.....	2.0	2.0	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	
TURBIDITY	Sample Measurement	.....	.....	.....	3.5	3.5	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	
FECAL COLIFORM	Sample Measurement	.....	.....	.....	< 2	< 2	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	
BOD5	Sample Measurement	.....	.....	.....	5.44	5.44	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A	N/A	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A	N/A	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	.....	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>	TELEPHONE NUMBER (206)438-7706	DATE 99 05 28
		AREA CODE	YEAR MO DAY 99 05 28

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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 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 WADCE)

Printed 5/18/98 PAGE 9 OF 10

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POS SeaTac Airport IWTP Water Processing Log -- April 1998

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
Total April 1998 Flow (Gallons)		9,864,000



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

CASE FILE NUMBER:	POS001-95B	PAGE 1
REPORT DATE:	05/08/98	
DATE SAMPLED:	04/23/98	DATE RECEIVED: 04/23/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS 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. 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN1 042398 COMP	0.0616	0.0049	0.401
SDN1 042398 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 042398 COMP DUP	0.0258	<0.0010	0.162

AR 027188



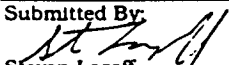
AQUATIC RESEARCH INCORPORATED
LABORATORY & CONSULTING SERVICES
 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS001-95B	PAGE 2
REPORT DATE:	05/08/98	
DATE SAMPLED:	04/23/98	DATE RECEIVED: 04/23/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	04/30/98	04/30/98	04/28/98
	05/07/98	05/04/98	
PRACTICAL QUANTITATION LIMIT	0.0010	0.0010	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDE4 042398 COMP	SDE4 042398 COMP	SDE4 042398 COMP
ORIGINAL	0.0750	0.0415	0.312
DUPLICATE	0.0768	0.0413	0.303
RPD	2.37%	0.48%	2.93%
SPIKE SAMPLE			
SAMPLE ID	SDE4 042398 COMP	SDE4 042398 COMP	SDE4 042398 COMP
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 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 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
 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS001-96B	PAGE 1
REPORT DATE:	05/10/98	
DATE SAMPLED:	04/24/98	DATE RECEIVED: 04/24/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN4 042498 COMP	0.0911	<0.0010	0.029




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

CASE FILE NUMBER:	POS001-96B	PAGE 2
REPORT DATE:	05/10/98	
DATE SAMPLED:	04/24/98	DATE RECEIVED: 04/24/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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			
BLANK SPIKE % RECOVERY	<0.0010	<0.0010	<0.005
	110.0%	95.9%	106.0%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By:

 Steven Lazoff
 Laboratory Director

DMR

MAY

1998

Permittee Name/Address
Include Name/Location (if different)

SEA-TAC AIRPORT

PORT OF SEATTLE

P.O. BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

WA-002465-1

PERMIT NUMBER

001 (IWS)

DISCHARGE NUMBER

681

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
1998	05	01	1998	05	31

NOTE: Read instructions before completing this form.

Discharge Location	
Lat	47° 24' 7" N
Long	122° 20' 7" W
NO DISCHARGE	

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Excess Analyses	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW*	Sample Measurement	*****	2,800	*****	*****	*****	0	10/31	3x Shift
	Permit Requirement	*****	4,800	*****	*****	*****	0	07/07	CONT.
PH	Sample Measurement	*****	*****	6.72	*****	7.09	0	3/10	Grab
	Permit Requirement	*****	*****	6.0	*****	9.0	0	01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	*****	*****	3.7	6	0	3/10	Grab
	Permit Requirement	*****	*****	*****	8	15	0	01/07	GRAB
TSS	Sample Measurement	*****	*****	*****	16.7	24	0	3/10	Comp
	Permit Requirement	*****	*****	*****	21	33	0	01/07	COMP.
BOD ₅	Sample Measurement	*****	*****	*****	32	32	0	1/10	Comp
	Permit Requirement	*****	*****	*****	*****	REPORT	0	01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	*****	*****	11.2	11.2	0	1/10	Comp
	Permit Requirement	*****	*****	*****	*****	REPORT	0	01/30	COMP.
TPH	Sample Measurement	*****	*****	*****	3.3	3.3	0	1/10	Grab
	Permit Requirement	*****	*****	*****	*****	REPORT	0	1/30	GRAB

NAME/TITLE MICHAEL D FELDMAN Principal Executive Officer	DATE 78 / 06 / 26
SIGNATURE <i>Michael D Feldman</i>	TELEPHONE (206) 439 7706
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER CODE RECEIVED
<p>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.</p>	
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.</p>	

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 and monthly 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.

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

NAME SEA-TAC AIRPORT #681
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

WA-002465-1
PERMIT NUMBER
001 (IWS)
DISCHARGE NUMBER

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

MONITORING PERIOD
FROM 1998 05 01 TO 1998 05 31

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum	Units				
FECAL COLIFORM	*****	*****	***	*****	39	39	#/100	*****	1/10	GRAB	
PRIORITY POLLUTANT	*****	*****	***	*****	*****	REPORT	mls	*****	01/30	GRAB	
SCAN*	*****	*****	***	*****	*****	REPORT	YES/NO	*****	1/YR	C/G**	
Sample Measurement	*****	*****	***	*****	*****	*****		*****			
Permit Requirement	*****	*****	***	*****	*****	*****		*****			
Sample Measurement	*****	*****	***	*****	*****	*****		*****			
Permit Requirement	*****	*****	***	*****	*****	*****		*****			
Sample Measurement	*****	*****	***	*****	*****	*****		*****			
Permit Requirement	*****	*****	***	*****	*****	*****		*****			
Sample Measurement	*****	*****	***	*****	*****	*****		*****			
Permit Requirement	*****	*****	***	*****	*****	*****		*****			
Sample Measurement	*****	*****	***	*****	*****	*****		*****			
Permit Requirement	*****	*****	***	*****	*****	*****		*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman
Director Aviation Development and Maintenance

TYPED OR PRINTED

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 PERSONS RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE (206) 439 7706
AREA NUMBER 98106126
DATE YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*ATTACH THE LABORATORY REPORT.
**C/G = COMPOSITE/GRAB.

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" 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 and monthly 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.

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS
POR LOE SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY
SAME AS ABOVE
LOCATION
SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR) MONTHLY
WA0024651
PERMIT NUMBER
002 (SDE 4)
DISCHARGE NO.

Discharge Location
Lat 47 26' 13" N
Long 122 17' 38" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY
1998 05 01 TO 1998 05 30

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	3.0 **	3.0 **	mg/L	NA	1/30	GRAB
TSS	60	60	mg/L	NA	1/30	COMP
TURBIDITY	21	21	NTU	NA	1/30	COMP
FECAL COLIFORM	80	80	#/100 ml	NA	1/30	GRAB
BOD5	11.1	11.1	mg/L	NA	1/30	COMP
ETHYLENE GLYCOL*	< 2.0	< 2.0	mg/L	NA	1/30	COMP
PROPYLENE GLYCOL*	3.3	3.3	mg/L	NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206)439-7706
AREA CODE

DATE
98 06 26
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
** The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWT/PH-Dx - Result Fraction for Diesel = 0.10, Motor Oil = 2.94.
Substitute for EPA Form 3320-1 (Rev. 8-96 by WAODE)

Printed 6/18/98
PAGE 3 OF 10

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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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.).
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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

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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS
PO BOX 68727, SEATTLE, WA 98168
FACILITY
SAME AS ABOVE
LOCATION
SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR) MONTHLY
WA0024651
PERMIT NUMBER
002 (SDE 4)
DISCHARGE NO.

Discharge Location
Lat 47 26' 13" N
Long 122 17' 38" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 05 01 1998 05 30

PARAMETER	QUANTITY OR LOADING						QUALITY OR CONCENTRATION						F of Excess (SDE)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.062	0.062	mg/L	NA	1/30	COMP					
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	0.038	0.038	mg/L	NA	1/30	COMP					
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	0.299	0.299	mg/L	NA	1/30	COMP					
	Sample Measurement														
	Sample Measurement														
	Sample Measurement														
	Sample Measurement														
	Sample Measurement														
	Sample Measurement														
	Sample Measurement														

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206) 439-7706
AREA CODE

DATE
98 06 26
YEAR MO DAY

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

AR 027199

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.)
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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

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PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) MONTHLY
 WA0024651
 PERMIT NUMBER
 005 (SDS 3)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 05 01 TO 1998 05 30

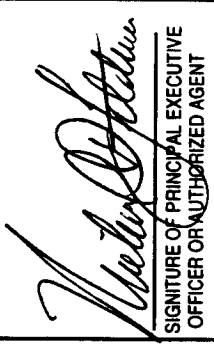
NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	AVERAGE	MAXIMUM			
TPH**	0.18 **	0.18 **	mg/L	NA	0.18 **	0.18 **	mg/L	1/30	GRAB
TSS	14	14	mg/L	NA	14	14	mg/L	1/30	COMP
TURBIDITY	9.5	9.5	NTU	NA	9.5	9.5	NTU	1/30	COMP
FECAL COLIFORM	70	70	#/100 ml	NA	70	70	#/100 ml	1/30	GRAB
BOD5	6.32	6.32	mg/L	NA	6.32	6.32	mg/L	1/30	COMP
ETHYLENE GLYCOL*	< 2.0	< 2.0	mg/L	NA	< 2.0	< 2.0	mg/L	1/30	COMP
PROPYLENE GLYCOL*	< 2.0	< 2.0	mg/L	NA	< 2.0	< 2.0	mg/L	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 06 26
 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
 **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 = 0.13.
 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.

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.)
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PERMITTEE NAME/ADDRESS
 NAME SEATAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651 PERMIT NUMBER
 006 (SDN 1) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 05 01 1998 05 30

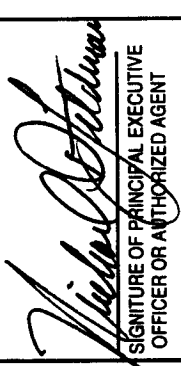
NOTE: Read instructions before completing this form

Discharge Location
 Lat 47 27' 56" N
 Long 122 18' 09" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TPH**	0.41 **	0.41 **	mg/L	.....	0.41 **	0.41 **	mg/L	1/30	GRAB
TSS	43	43	mg/L	.....	43	43	mg/L	1/30	COMP
TURBIDITY	21	21	NTU	.....	21	21	NTU	1/30	COMP
FECAL COLIFORM	50	50	#/100 ml	.....	50	50	#/100 ml	1/30	GRAB
BOD5	8.80	8.80	mg/L	.....	8.80	8.80	mg/L	1/30	COMP
TOTAL RECOVERABLE COPPER	0.053	0.053	mg/L	.....	0.053	0.053	mg/L	1/30	COMP
TOTAL RECOVERABLE LEAD	0.010	0.010	mg/L	.....	0.010	0.010	mg/L	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 99 06 26
 YEAR 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 NMTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = 0.39.

AR 027205

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 municipalities 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.

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.
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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER
 011 (SDN 4)
 DISCHARGE NO.

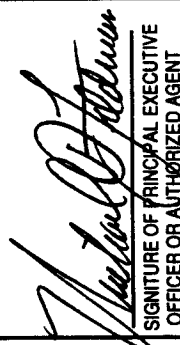
Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 05 01 1998 05 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed areas		
TPH**	****	0.13 **	0.13 **	mg/L	NA	1/30	GRAB
TSS	3.7	3.7	mg/L	NA	1/30	COMP
TURBIDITY	5.5	5.5	NTU	NA	1/30	COMP
FECAL COLIFORM	9	9	#/100 ml	NA	1/30	GRAB
BOD5	5.20	5.20	mg/L	NA	1/30	COMP
ETHYLENE GLYCOL*	< 2.0	< 2.0	mg/L	NA	1/30	COMP
PROPYLENE GLYCOL*	< 2.0	< 2.0	mg/L	NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 06 26
 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
 **The TPH value reported is the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = 0.08, Motor Oil = < 0.10.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Printed 6/18/98
 PAGE 9 OF 10

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.).
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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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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
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651 PERMIT NUMBER
 011 (SDN 4) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 05 01 TO 1998 05 30

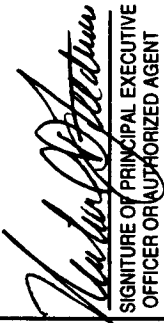
NOTE: Read Instructions before completing this form

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	0.030	0.030	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	< 0.001	< 0.001	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	0.027	0.027	mg/L	NA	1/30	COMP

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 980626

DATE
 YEAR MO DAY
 98 06 26

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

AR 027211

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.)
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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.).
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POS SeaTac Airport IWTP Water Processing Log -- May 1998

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-May-98	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
18-May-98	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
Total May 1998 Flow (Gallons)		15,117,000

PERMITTEE NAME/ADDRESS
 NAME SEATAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

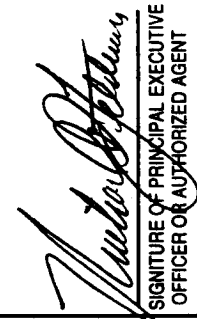
WA0024651 PERMIT NUMBER
 003 (SDS 1) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 03 01 TO 1998 05 30

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
ETHYLENE GLYCOL*	5.8	5.8	mg/L	NA	1/90	GRAB
PROPYLENE GLYCOL*	68	68	mg/L	NA	1/90	GRAB
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)438-7706
 AREA CODE

DATE
 98 06 26
 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

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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WAD024651
 PERMIT NUMBER
 007 (SDN 2)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1998 05 30

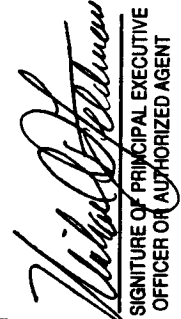
NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
ETHYLENE GLYCOL*	*****	*****	*****	*****	N/A	N/A	mg/L	NA	0/90	N/A		
PROPYLENE GLYCOL*	*****	*****	*****	*****	N/A	N/A	mg/L	NA	0/90	N/A		
FLOW	*****	YES**	YES/NO	*****	*****	*****	*****	NA	90/90	METER		
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 98 06 26
 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
 **Bypass on 3/23/98 and no aircraft deicing on this date.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WAD0E)

Printed 6/18/98
 PAGE 2 OF 2

AR 027216

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*".)
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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

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AQUATIC RESEARCH INCORPORATED
LABORATORY & CONSULTING SERVICES
 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
 PHONE: (206) 692-2715 FAX: (206) 692-2417

CASE FILE NUMBER:	POS002-01B	PAGE 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 / NPDES 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN4 052598 COMP	0.0300	<0.0010	0.027

RECEIVED

JUL 01 1998

DEPT. OF ECOLOGY

AR 027218



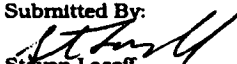
AQUATIC RESEARCH INCORPORATED
LABORATORY & CONSULTING SERVICES
 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-01B	PAGE 2
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 / NPDES STORMWATER		

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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.
 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



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

ASE FILE NUMBER:	POS001-99B	PAGE 1
REPORT DATE:	06/05/98	
DATE SAMPLED:	05/14/98	DATE RECEIVED: 05/15/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

ASE NARRATIVE

Three water samples were received by the laboratory in good condition. The samples were digested for total recoverable metals according to EPA 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.

SAMPLE DATA

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN1 051498 COMP	0.0530	0.0103	0.540
SDE4 051498 COMP	0.0620	0.0376	0.299
SDS3 051498 COMP	0.0760	0.0032	0.116




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

CASE FILE NUMBER:	POS001-99B	PAGE 2
REPORT DATE:	06/05/98	
DATE SAMPLED:	05/14/98	DATE RECEIVED: 05/15/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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
FRACTICAL 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)			
TRUE	0.0247	0.0258	1.00
TRUE	0.0250	0.0250	1.00
% RECOVERY	98.80%	103.20%	100.00%
PREP BLANK			
BLANK SPIKE % RECOVERY	<0.0010	<0.0010	<0.005
	110.0%	84.7%	106.0%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By:

 Steven Lazoff
 Laboratory Director

DMR

JUNE

1998

Permittee Name/Address
include Name/Location (if different)

WA-002465-1
PERMIT NUMBER

SEA-TAC AIRPORT
PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

001 (IWS)
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 06 01 TO 1998 06 30

#681
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

NOTE: Read instructions before completing this form.

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
FLOW*	Sample Measurement	*****	1342	*****	*****	*****	***	0	5/30	3x/swift
	Permit Requirement	*****	4,800	*****	*****	*****	***	0	07/07	CONT.
pH	Sample Measurement	*****	*****	6.8	*****	7.21	STD	0	2/5	Grab
	Permit Requirement	*****	*****	*****	*****	9.0	UNITS	0	01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	*****	*****	5.8	9	mg/L	0	2/5	Grab
	Permit Requirement	*****	*****	*****	*****	15	mg/L	0	01/07	GRAB
TSS	Sample Measurement	*****	*****	*****	16.5	24	mg/L	0	2/5	Comp
	Permit Requirement	*****	*****	*****	*****	33	mg/L	0	01/07	COMP.
BOD ₅	Sample Measurement	*****	*****	*****	69	69	mg/L	0	1/5	Comp
	Permit Requirement	*****	*****	*****	*****	REPORT	mg/L	0	01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	*****	*****	34	34	mg/L	0	1/5	Comp
	Permit Requirement	*****	*****	*****	*****	REPORT	mg/L	0	01/30	COMP.
TPH	Sample Measurement	*****	*****	*****	7.1	7.1	mg/L	0	1/5	Grab
	Permit Requirement	*****	*****	*****	*****	REPORT	mg/L	0	1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman
Director, Aviation Development & Maintenance

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE _____ DATE _____

AREA NUMBER CODE
806 437 716
YEAR MO DAY
98 07 29
VED

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.

JUL 31 1998

DEPT. OF ECOLOGY

PAGE 1 OF 10

AR 027223

NOTE: Read Instructions before completing this form

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

Discharge Location
 Lat 47 26' 13" N
 Long 122 17 38" W
NO DISCHARGE

WAC024651
 PERMIT NUMBER
 002 (SDE 4)
 DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 06 01 1998 06 30

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 SAME AS ABOVE
 FACILITY
 SAME AS ABOVE
 LOCATION
 SAME AS ABOVE

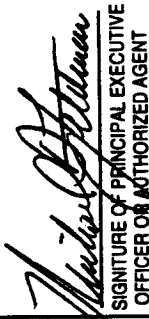
PARAMETER	QUANTITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE				
TPH**	2.8 **	mg/L	NA	1/30	GRAB
	REPORT			01/30	GRAB
TSS	33	mg/L	NA	1/30	COMP
	REPORT			01/30	COMP
TURBIDITY	25	NTU	NA	1/30	COMP
	REPORT			01/30	COMP
FECAL COLIFORM	300	#/100 ml	NA	1/30	GRAB
	REPORT			01/30	GRAB
BOD5	4.96	mg/L	NA	1/30	COMP
	REPORT			01/30	COMP
ETHYLENE GLYCOL*	N/A	mg/L	NA	0/30	N/A
	REPORT			01/30	COMP
PROPYLENE GLYCOL*	N/A	mg/L	NA	0/30	N/A
	REPORT			01/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 98 07 29

DATE
 YEAR MO DAY
 1998 07 29

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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 the sum of the diesel and motor oil quantitation range results from method NWTPH-Dx - Result Fraction for Diesel = 0.84, Motor Oil = 1.93.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WAODE)

AR 027225

NOTE: Read Instructions before completing this form

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

Discharge Location
Lat 47 26' 13" N
Long 122 17' 38" W
NO DISCHARGE

WA0024651
PERMIT NUMBER
002 (SDE 4)
DISCHARGE NO.

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1988 06 01 1988 06 30

REMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98188
CITY SAME AS ABOVE
STATE SAME AS ABOVE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	FREQUENCY OF ANALYSIS	
TOTAL RECOVERABLE COPPER	0.024	0.024	mg/L	1/30	COMP
	REPORT	REPORT		1/30	COMP
TOTAL RECOVERABLE LEAD	0.013	0.013	mg/L	1/30	COMP
	REPORT	REPORT		1/30	COMP
TOTAL RECOVERABLE ZINC	0.095	0.095	mg/L	1/30	COMP
	REPORT	REPORT		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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

TELEPHONE NUMBER
(206) 439-7706
AREA CODE
98 07 29

DATE
YEAR MO DAY
98 07 29

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

Printed 7/17/98 PAGE 4 OF 10

NOTE: Read Instructions before completing this form

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

Discharge Location
Lat 47° 25' 58" N
Long 122° 18' 30" W
NO DISCHARGE

WAO024651
PERMIT NUMBER
005 (SDS 3)
DISCHARGE NO.

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 06 01 TO 1998 06 30

MITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
DRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
CILITY SAME AS ABOVE
CATION SAME AS ABOVE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceed-ences	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	AVERAGE	MINIMUM					
TPH**	Sample Measurement	.....	.....	< 0.15 **	< 0.15 **	.....	.....	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	.....	.....	mg/L	NA	01/30	GRAB
TSS	Sample Measurement	.....	.....	8.0	8.0	.....	.....	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	.....	.....	mg/L	NA	01/30	COMP
TURBIDITY	Sample Measurement	.....	.....	42	42	.....	.....	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	.....	.....	NTU	NA	01/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	4	4	.....	.....	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	.....	.....	#/100 ml	NA	01/30	GRAB
BOD5	Sample Measurement	.....	.....	8.30	8.30	.....	.....	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	.....	.....	mg/L	NA	01/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	N/A	N/A	.....	.....	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	REPORT	.....	.....	mg/L	NA	01/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	N/A	N/A	.....	.....	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	REPORT	.....	.....	mg/L	NA	01/30	COMP

TELEPHONE NUMBER (206) 439-7706
AREA CODE 98 07 29
DATE 98 07 29
YEAR MO DAY

Michael D. Feldman
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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)
*ETHYLENE 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 NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = < 0.10.

AR 027227

NOTE: Read Instructions before completing this form

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

Discharge Location
Lat 47 25 58" N
Long 122 18' 30" W
NO DISCHARGE

WAO024651
PERMIT NUMBER
005 (SDS 3)
DISCHARGE NO.
MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 06 01 1998 06 30

MITTEE NAME/ADDRESS #681
SEA-TAC INTERNATIONAL AIRPORT
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
SAME AS ABOVE
SAME AS ABOVE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Excess		
TOTAL RECOVERABLE COPPER	0.068	0.068	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	0.002	0.002	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	0.060	0.060	mg/L	NA	1/30	COMP
Sample Measurement
Permit Recalculation
Sample Measurement
Permit Recalculation
Sample Measurement
Permit Recalculation
Sample Measurement
Permit Recalculation
Sample Measurement
Permit Recalculation

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

TELEPHONE NUMBER
(206)439-7706
AREA CODE
98 07 29

DATE
YEAR MO DAY
98 07 29

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Printed 7/1798
PAGE 6 OF 10

AR 027228

NOTE: Read Instructions before completing this form

Discharge Location
 Lat 47 27' 56" N
 Long 122 18' 08" W
NO DISCHARGE

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

PERMIT NUMBER: WA0024651
 DISCHARGE NO.: 006 (SDN 1)
 MONITORING PERIOD: YEAR 1998 MO 06 DAY 01 TO YEAR 1998 MO 06 DAY 30

MITTEE NAME/ADDRESS: SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS: PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 CITY: SAME AS ABOVE
 CATION: SAME AS ABOVE

PARAMETER	QUANTITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE				
TPH**	Sample Measurement	.....	.....	1.0 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	REPORT			01/30	GRAB
TSS	Sample Measurement	.....	.....	34	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	REPORT			01/30	COMP
TURBIDITY	Sample Measurement	.....	.....	71	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	REPORT			01/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	240	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	REPORT			01/30	GRAB
BOD5	Sample Measurement	.....	.....	9.84	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	REPORT			01/30	COMP
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	0.056	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	REPORT			01/30	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	.....	0.009	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	REPORT			01/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Michael D. Feldman, Director
 TYPED OR PRINTED: Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Michael D. Feldman*

TELEPHONE NUMBER: (206)438-7706
 AREA CODE: 9807
 DATE: 98 07 29

YEAR: 98 MO: 07 DAY: 29

AR 027229

NOTE: Read Instructions before completing this form

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

Discharge Location
Lat 47 27 56" N
Long 122 18' 09" W
NO DISCHARGE

WA0024651
006 (SDN 1)
DISCHARGE NO.
MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 06 01 1998 06 30

REMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
CITY PORT OF SEATTLE
ADDRESS PO BOX 88727, SEATTLE, WA 98168
CITY SAME AS ABOVE
STATE SAME AS ABOVE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Excesses		
TOTAL RECOVERABLE ZINC	0.360	0.360	mg/L	NA	1/30	COMP
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

TELEPHONE NUMBER
(206)439-7706
AREA CODE
98 07 29

DATE
YEAR MO DAY
1998 07 29

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

AR 027230

NOTE: Read Instructions before completing this form

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

COMMITTEE NAME/ADDRESS
 WE SEA-TAC INTERNATIONAL AIRPORT #681
 DRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 CITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0224651
 PERMIT NUMBER

011 (SDN 4)
 DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY
 1998 06 01 TO 1998 06 30

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	# of Excess Events	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TPH**	Sample Measurement	.....	.....	.....	< 0.15 **	< 0.15 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	REPORT			01/30	GRAB
TSS	Sample Measurement	.....	.....	.....	4.0	4.0	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT			01/30	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	4.0	4.0	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT			01/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	130	130	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	REPORT			01/30	GRAB
BOD5	Sample Measurement	.....	.....	.....	4.54	4.54	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT			01/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A	N/A	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	REPORT	REPORT			01/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A	N/A	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	REPORT	REPORT			01/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706

DATE
 98 07 29

AREA CODE
 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
 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)

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS: SEA-TAC INTERNATIONAL AIRPORT #681
 CITY: PORT OF SEATTLE
 ADDRESS: PO BOX 68727, SEATTLE, WA 98168
 LOCATION: SAME AS ABOVE
 LOCATION: SAME AS ABOVE

PERMIT NUMBER: WA0024651
 DISCHARGE NO.: 011 (SDN 4)

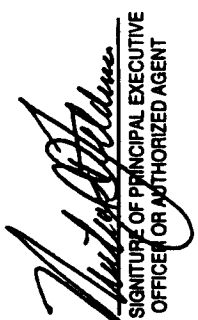
Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 06 01 1998 06 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceed areas	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TOTAL RECOVERABLE COPPER	0.047	0.047	.....	mg/L	NA	1/30	COMP	
	REPORT	REPORT	.....			01/30	COMP	
TOTAL RECOVERABLE LEAD	< 0.002	< 0.002	.....	mg/L	NA	1/30	COMP	
	REPORT	REPORT	.....			01/30	COMP	
TOTAL RECOVERABLE ZINC	0.018	0.018	.....	mg/L	NA	1/30	COMP	
	REPORT	REPORT	.....			01/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 07 29
 YEAR MO DAY

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

AR 027232



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	PAGE 1
REPORT DATE:	07/13/98	
DATE SAMPLED:	06/24/98	DATE RECEIVED: 06/24/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE4 062498 COMP	0.0238	0.0132	0.095
SDN4 062498	0.0470	<0.0020	0.018




AQUATIC RESEARCH INCORPORATED
LABORATORY & CONSULTING SERVICES
 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
 PHONE: (206) 832-2715 FAX: (206) 832-2417

CASE FILE NUMBER:	POS002-05B	PAGE 2
REPORT DATE:	07/13/98	
DATE SAMPLED:	06/24/98	DATE RECEIVED: 06/24/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA - TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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%
SPIKE 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%
QC 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 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



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	PAGE 1
REPORT DATE:	06/24/98	
DATE SAMPLED:	06/10/98	DATE RECEIVED: 06/10/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	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 061098 DUP	0.0832	0.0153	0.067



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	PAGE 2
REPORT DATE:	06/24/98	
DATE SAMPLED:	06/10/98	DATE RECEIVED: 06/10/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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%
QC 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 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

POS SeaTac Airport IWTP Water Processing Log -- June 1998

Date	Average Flow Rate (gpm)	Volume (Gallons)
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
Total June 1998 Flow (Gallons)		7,213,500

DMR

AUGUST

1998

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

Permittee Name/Address
Include Name/Location (if different)
NAME SEA-TAC AIRPORT # 681
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

WA-002465-1 001 (IWS)
PERMIT NUMBER DISCHARGE NUMBER

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE X

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 1998 Aug 01 TO 1998 Aug 30

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
FLOW*	*****	4,800	GPM	*****	*****	*****	***	ND	ND	
PH	*****	*****	***	ND	*****	ND	STD	07/07	ND	CONT.
OIL AND GREASE	*****	*****	***	6.0	*****	9.0	UNITS	01/07	ND	GRAB
TSS	*****	*****	***	*****	ND	ND	mg/L	01/07	ND	GRAB
BOD ₅	*****	*****	***	*****	8	15	mg/L	01/07	ND	GRAB
TOTAL GLYCOLS	*****	*****	***	*****	ND	ND	mg/L	01/07	ND	COMP.
TPH	*****	*****	***	*****	21	33	mg/L	01/07	ND	COMP.
	*****	*****	***	*****	ND	ND	mg/L	01/30	ND	COMP.
	*****	*****	***	*****	ND	ND	mg/L	01/30	ND	COMP.
	*****	*****	***	*****	ND	ND	mg/L	1/30	ND	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MICHAEL D. FELDMAN
DIRECTOR, AVIATION DEVELOPMENT & MAINTENANCE

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE
Michael Feldman

TELEPHONE (206) 439-
AREA NUMBER 7706
CODE 7706

DATE 98/09/23
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.

AR 027239

SEP 28 1998

DEPT. OF ECOLOGY

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 and monthly 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.

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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 26 13" N
 Long 122 17 38" W
NO DISCHARGE

WA0024651
 PERMIT NUMBER
 002 (SDE 4)
 DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 08 01 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	.....	.....	.....	.....	0.21 **	0.21 **	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	.....	.....	.....	.....	.....	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	0/30	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	.....	.....	NTU	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	0/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	.....	.....	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	0/30	COMP
BOD5	Sample Measurement	.....	.....	.....	.....	.....	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	0/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	.....	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	0/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	.....	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	0/30	COMP

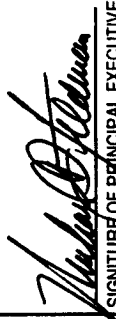
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706

DATE
 98 9 23

AREA CODE
 YEAR MO DAY
 98 09 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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 method NWTPH-Dx - Result Fraction for Diesel = <0.08, Motor Oil = 0.17.
 ***SDE4 COMPOSITE SAMPLE INCOMPLETE. 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. THIS IS STORM EVENT OF 8/16/98 WAS THE ONLY EVENT THAT QUALIFIED FOR SAMPLING PER THE PROCEDURE MANUAL.
 Substitute for EPA Form 3320-1 (Rev. 8-96 BY WADCO)

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

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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 26' 13" N
 Long 122 17 38" W
NO DISCHARGE

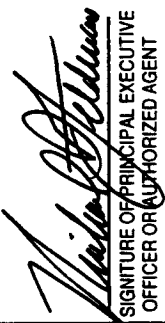
WA0024651
 PERMIT NUMBER
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 08 01 TO 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	.....	.....	.....	.....	N/A	N/A	mg/L	NA	0/30	N/A
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL RECOVERABLE LEAD	.....	.....	.....	.....	N/A	N/A	mg/L	NA	0/30	N/A
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL RECOVERABLE ZINC	.....	.....	.....	.....	N/A	N/A	mg/L	NA	0/30	N/A
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 9 23
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 ***SDE4 COMPOSITE SAMPLE INCOMPLETE. 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. THIS STORM EVENT OF 8/16/98 WAS THE ONLY EVENT THAT QUALIFIED FOR SAMPLING PER THE PROCEDURE MANUAL
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Printed 9/15/98 PAGE 4 OF 10

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.

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NOTE: Read instructions before completing this form

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

DISCHARGE MONITORING REPORT (DMR) MONTHLY
 WA0024651
 PERMIT NUMBER
 005 (SDS-3)
 DISCHARGE NO.

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
 NO DISCHARGE

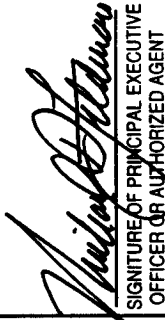
MONITORING PERIOD
 YEAR MO DAY
 1998 08 01 TO 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM				
TPH**	Sample Measurement	.....	.....	.....	0.19 **	.....	0.19 **	.....	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	.....	REPORT	.....			1/30	GRAB
TSS	Sample Measurement	.....	.....	.....	51	.....	51	.....	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	.....	REPORT	.....			1/30	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	19	.....	19	.....	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	.....	REPORT	.....			1/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	500	.....	500	.....	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	.....	REPORT	.....			1/30	GRAB
BOD5	Sample Measurement	.....	.....	.....	10.4	.....	10.4	.....	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	.....	REPORT	.....			1/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A *	.....	N/A *	.....	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	REPORT	.....	REPORT	.....			1/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	N/A *	N/A *	mg/L	NA	0/30	N/A
	Permit Requirement	REPORT	REPORT			1/30	COMP

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 98
 DATE
 9 23
 YEAR MO DAY
 98 9 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


AR 027247

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.)
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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.).
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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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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER

005 (SDS 3)
 DISCHARGE NO.

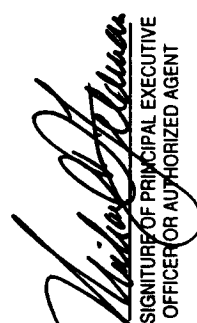
Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 08 01 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE					
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.136	0.136	0.136	mg/L	NA	1/30	COMP	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT			1/30	COMP	
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	0.006	0.006	0.006	mg/L	NA	1/30	COMP	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT			1/30	COMP	
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	0.056	0.056	0.056	mg/L	NA	1/30	COMP	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT			1/30	COMP	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 9 23
 YEAR MO DAY

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

Printed 9/15/98

PAGE 6 OF 10

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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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.).
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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.

Legal Notice

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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER

006 (SDN 1)
 DISCHARGE NO.

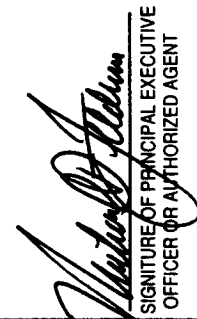
Discharge Location
 Lat 47 27 56" N
 Long 122 18' 09" W

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TPH**	Sample Measurement	.....	.....	.....	0.64 **	0.64 **	.....	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	REPORT	.....	mg/L	01/30	01/30	GRAB
TSS	Sample Measurement	.....	.....	.....	192	192	.....	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	.....	mg/L	01/30	01/30	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	63	63	.....	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	.....	NTU	01/30	01/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	900	900	.....	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	REPORT	.....	#/100 ml	01/30	01/30	GRAB
BOD5	Sample Measurement	.....	.....	.....	28.9	28.9	.....	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	.....	mg/L	01/30	01/30	COMP
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	.....	0.083	0.083	.....	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	.....	mg/L	01/30	01/30	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	0.030	0.030	mg/L	NA	1/30	COMP	
	Permit Requirement	REPORT	REPORT	mg/L	01/30	01/30	COMP	

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 98
 MO
 9
 DAY
 23

DATE

YEAR 98 MO 9 DAY 23

AR 027251

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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NOTE: Read instructions before completing this form

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT (DMR) MONTHLY

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 27 56" N
 Long 122 18' 09" W
NO DISCHARGE

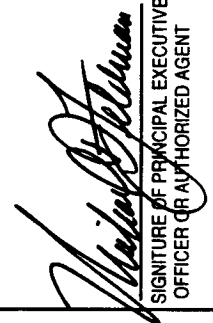
WA0024651
 PERMIT NUMBER
 006 (SDN 1)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 08 01 TO 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE ZINC	0.589	0.589	mg/L	NA	1/30	COMP
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 98
 DATE
 9 23
 YEAR MO DAY
 98 9 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


AR 027253

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.
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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.
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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.
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Legal Notice

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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR) MONTHLY
WA0024651
PERMIT NUMBER
011 (SDN 4)
DISCHARGE NO.

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47 28' 00" N
Long 122 18' 38" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 08 01 TO 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	.....	.....	.....	< 0.27 **	< 0.27 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT	.....	.....	01/30	GRAIS
TSS	Sample Measurement	.....	.....	.....	94	94	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT	.....	.....	01/30	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	98	98	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT	.....	.....	01/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	170	170	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT	.....	.....	01/30	GRAIS
BOD5	Sample Measurement	.....	.....	.....	8.00	8.00	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT	.....	.....	01/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A *	N/A *	mg/L	NA	0/30	N/A
	Permit Requirement	.....	.....	.....	.....	REPORT	.....	.....	01/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	N/A *	N/A *	mg/L	NA	0/30	N/A
	Permit Requirement	REPORT	01/30	COMP

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Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

TELEPHONE NUMBER
(206)439-7706
AREA CODE

DATE
98 9 23
YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

Printed 9/15/98
PAGE 9 OF 10
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 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.
Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

AR 027255

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168

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

PERMIT NUMBER
WA0024651
DISCHARGE NO.
011 (SDN 4)

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47 28' 00" N
Long 122 18' 38" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 08 01 TO 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	AVERAGE	MINIMUM					
TOTAL RECOVERABLE COPPER	0.067	0.067	.....	.....	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE LEAD	0.003	0.003	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE ZINC	0.022	0.022	mg/L	NA	1/30	COMP	

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206)439-7706
AREA CODE

DATE
98 9 23
YEAR MO DAY

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

AR 027257

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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.).
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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 ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE4 081698 COMP	0.1233	0.0824	0.537
SDS3 081798 COMP	0.1360 ✓	0.0062 ✓	0.056 ✓
SDN4 081698 COMP	0.0671	0.0032	0.022
SDN1 081698 COMP	0.0833 ✓	0.0303 ✓	0.589 ✓

FOR REFERENCE ONLY.
 SAMPLE NOT REPRESENTATIVE
 DUE TO INCOMPLETE
 SAMPLING ROUTINE CAUSED
 BY DEBRIS FOULING
 FLOW SENSOR, NOT
 REPORTED ON DMR.
 ST



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 2
REPORT DATE:	09/08/98	
DATE SAMPLED:	08/16,17/98	DATE RECEIVED: 08/17/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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
DUPLICATE			
SAMPLE ID	SDN1 081698	BATCH	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%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By:

 Steven Lazoff
 Laboratory Director

NOTE: Read instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 6827, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE


Discharge Location
 Lat 47° 26' 13" N
 Long 122° 18' 38" W
NO DISCHARGE

WA0024651 (SDS 1)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 06 01 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A *	N/A *	mg/L	NA	0/90	N/A
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A *	N/A *	mg/L	NA	0/90	N/A
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 98
 DATE
 98 9 23
 YEAR MO DAY

AR 027261

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.

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER
 007 (SDN 2)
 DISCHARGE NO.

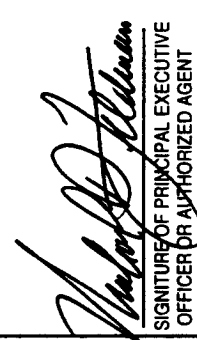
Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 06 01 TO 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A *	N/A *	mg/L	NA	0/90	N/A
	Permit Requirement	.....	.....	.....	REPORT	REPORT				
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	N/A *	N/A *	mg/L	NA	0/90	N/A
	Permit Requirement	.....	.....	.....	REPORT	REPORT				
FLOW	Sample Measurement	.....	YES**	YES/NO	.....	.....	.....	NA	90/90	N/A
	Permit Requirement	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....
	Sample Measurement				
	Permit Requirement				
	Sample Measurement				
	Permit Requirement				

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 9 23
 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 PER NPDES PERMIT

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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR) SEMI-ANNUAL
 WA0024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.

NOTE: Read instructions before completing this form

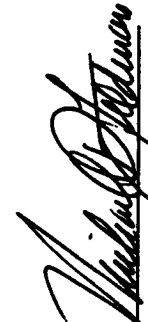
Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 03 01 TO 1998 08 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH	N/A	N/A	mg/L	0/180	N/A	
TPH	N/A	N/A	mg/L	0/180	N/A	
TSS	N/A	N/A	mg/L	0/180	N/A	
TSS	N/A	N/A	mg/L	0/180	N/A	
						
						
						
						
						
						
						
						
						
						

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 98

DATE
 9 23
 YEAR MO DAY
 1998 09 23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *Bypass occurred on 8/16/98. Rainfall intensity exceeded pump station design limit and therefore the bypass was unintentional. Bypass was minor and less than 20 minutes in duration. Due to this short duration of discharge, monitoring instrumentation was unable to respond effectively.
 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

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PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

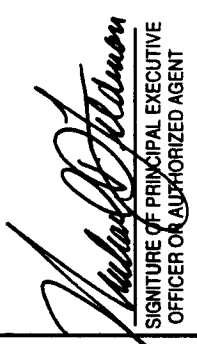
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL
 WA0024651 PERMIT NUMBER
 012 (ENG. YARD) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 03 01 TO 1998 08 31

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 26' 34" N
 Long 122 17' 50" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	0.2 **	0.2 **	mg/L	NA	1/180	GRAB
Permit Requirement	REPORT	REPORT			02 YR	GRAB
TSS	26	26	mg/L	NA	1/180	COMP
Permit Requirement	REPORT	REPORT			02 YR	COMP
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
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Permit Requirement										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 98 9 23
 YEAR 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 quantification range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 0.18.

AR 027267

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".)
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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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Legal Notice

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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL

PERMIT NUMBER: WA0024651
DISCHARGE NO.: 013 (TAXI YARD)

Discharge Location
Lat 47 27 37" N
Long 122 17 43" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 03 01 TO 1998 08 31

FACILITY: SAME AS ABOVE
LOCATION: SAME AS ABOVE

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	1.255 **	1.41 **	mg/L	NA	2/180	COMP
TSS	17.5	20.0	mg/L	NA	2/180	COMP
Sample Measurement
Permit Requirement

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER: (206) 439-7706
AREA CODE

DATE: 98 9 23
YEAR MO DAY

AR 027269

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.
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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.

DMR

**September
1998**

RECEIVED

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before
completing this form.

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT #681
ADDRESS PORT OF SEATTLE OCT 27 1998
P.O. BOX 68727, SEATTLE 98168

WA-002465-1
PERMIT NUMBER

001 (IWS)
DISCHARGE NUMBER

Discharge Location
Lat 47° 24' 7" N
Long 122° 30' 7" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 Sept 01 1998 Sept 30

FACILITY SAME AS ABOVE DEPT. OF ECOLOGY
LOCATION SAME AS ABOVE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW*	*****	2133	GPM	*****	*****	*****	0	6/6	3 Shift
pH	*****	4,800	***	6.47	*****	6.47	0	07/07	CONT.
OIL AND GREASE	*****	*****	***	6.0	*****	9.0	0	01/07	GRAB
TSS	*****	*****	***	*****	≤ 5	≤ 5	0	1/6	GRAB
BOD ₅	*****	*****	***	*****	8	15	0	01/07	GRAB
TOTAL GLYCOLS	*****	*****	***	*****	14	14	0	1/6	Comp
TPH +	*****	*****	***	*****	21	33	0	01/07	COMP.
	*****	*****	***	*****	7	7	0	1/6	Comp
	*****	*****	***	*****	*****	REPORT	0	01/30	COMP.
	*****	*****	***	*****	≤ 5	≤ 5	0	1/6	Comp
	*****	*****	***	*****	*****	REPORT	0	01/30	COMP.
	*****	*****	***	*****	3.6	3.6	0	1/6	GRAB
	*****	*****	***	*****	*****	REPORT	0	1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MICHAEL D. FEUDMAN,
DIRECTOR
AVIATION DEVELOPMENT AND MAINTENANCE
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR VIOLATING

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feudman

TELEPHONE
206 439-7706

DATE
98/10/23

AREA NUMBER
206 439-7706

YEAR MO DAY
98 10 23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET. ACCORDING TO PERMIT CONDITION 53E THE PORT OF SEATTLE IS NOTIFYING THE DEPARTMENT OF ECOLOGY THAT IN SEPTEMBER, MONITORING USING METHODS AND/OR LOCATIONS OTHER THAN THOSE SPECIFIED IN SPECIAL CONDITION 52, WAS PERFORMED.

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

Permit Number: WA-002465-1

Permit Number: 001 (IWS)
Discharge Number: []

Facility Name/Location: SAME AS ABOVE
Location Name: SAME AS ABOVE

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

Monitoring Period: 1998 Sept 01 to 1998 Sept 30

Quantity or Loading: Average, Maximum, Units

Parameter	Quantity or Loading			Quality or Concentration			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FECAL COLIFORM	*****	*****	***	*****	φ	#/100	φ	1/6	Grab
PRIORITY POLLUTANT	*****	*****	***	*****	REPORT	mls	---	01/30	GRAB
SCAN*	*****	*****	---	*****	REPORT	YES/NO	---	1/YR	C/G**

NAME/TITLE: MICHAEL D. FELDMAN, DIRECTOR, AVIATION DEVELOPMENT AND MAINTENANCE

OFFICER: [Signature]

TELEPHONE: (206) 439-7706

DATE: 98/10/23

AREA CODE: [] NUMBER: []

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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

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

AR 027273

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168

FACILITY
SAME AS ABOVE

LOCATION
SAME AS ABOVE

PERMIT NUMBER
WA0024651

DISCHARGE NO.
002 (SDE-4)

MONITORING PERIOD
YEAR MO DAY
1998 09 01 TO 1998 09 30

DISCHARGE LOCATION
Lat 47 26' 13" N
Long 122 17 38" W

NO DISCHARGE

NOTE: Read Instructions before completing this form

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

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TPH**	Sample Measurement	.....	.....	.....	1.19 **	1.19 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	REPORT	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	.....	.....	.....	54	54	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	mg/L	NA	1/30	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	79	79	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	NTU	NA	1/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	> 1600	> 1600	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	REPORT	REPORT	#/100 ml	NA	1/30	GRAB
BOD5***	Sample Measurement	.....	.....	.....	< 4.00 ***	< 4.00 ***	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	mg/L	NA	1/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	< 2.0	< 2.0	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	mg/L	NA	1/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	< 2.0	< 2.0	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	REPORT	REPORT	mg/L	NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206)439-7706

DATE
90 10 23

AREA CODE
YEAR MO DAY
90 10 23

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 method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 1.17.
***Sample exceeded holding time for BOD5.

AR 027274

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.

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
NAME ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR) MONTHLY
WA0024651 PERMIT NUMBER
002 (SDE 4) DISCHARGE NO.
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1998 09 01 1998 09 30

NOTE: Read Instructions before completing this form
Discharge Location
Lat 47 26' 13" N
Long 122 17' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MINIMUM	AVERAGE	MAXIMUM					
TOTAL RECOVERABLE COPPER	0.037	.....	0.037	0.037	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE LEAD	0.029	.....	0.029	0.029	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE ZINC	0.094	.....	0.094	0.094	mg/L	NA	1/30	COMP	
Sample Measurement	
Permit Requirement	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>	TELEPHONE NUMBER (206)435-7706 AREA CODE	DATE 98 10 23 YEAR MO DAY
--	---	--	---------------------------------

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

AR 027276

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.

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
SAME AS ABOVE
SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR) MONTHLY
WA0024651
005 (SDS 3)
PERMIT NUMBER DISCHARGE NO.

Discharge Location
Lat 47 25' 58" N
Long 122 18' 30" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1998 09 01 1998 09 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MINIMUM	MAXIMUM	AVERAGE	MAXIMUM				
TPH**	Sample Measurement	.....	.....	.....	.....	0.21 **	0.21 **	mg/L	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT	REPORT			1/30	COMB
TSS	Sample Measurement	.....	.....	.....	.....	224	224	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT	REPORT			1/30	COMB
TURBIDITY	Sample Measurement	.....	.....	.....	.....	166	166	NTU	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT	REPORT			1/30	COMB
FECAL COLIFORM	Sample Measurement	.....	.....	.....	.....	900	900	#/100 ml	NA	1/30	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT	REPORT			1/30	COMB
BOD5***	Sample Measurement	.....	.....	.....	.....	5.14 ***	5.14 ***	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT	REPORT			1/30	COMB
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	< 2.0	< 2.0	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT	REPORT			1/30	COMB
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	2.2 +	2.2 +	mg/L	NA	1/30	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT	REPORT			1/30	COMB

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206)438-7706
AREA CODE
90
DATE
10 23
YEAR MO DAY
1998 10 23

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 method NWTPH-Dx - Result Fraction for Diesel = <0.05. Motor Oil = 0.19.
***Sample exceeded holding time for BOD5.
+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)

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

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General Instructions

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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.
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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

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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168

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

PERMIT NUMBER WA0024651
DISCHARGE NO. 006 (SDN 1)

NOTE: Read instructions before completing this form

Discharge Location
Lat 47 27 56" N
Long 122 18' 09" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 09 01 TO 1998 09 30

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MINIMUM	MAXIMUM	AVERAGE	MAXIMUM				
TPH**	Sample Measurement	*****	*****	*****	1.82 **	1.82 **	1.82 **	mg/L	NA	1/30	GRAB	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT	mg/L	NA	1/30	GRAB	
TSS	Sample Measurement	*****	*****	*****	See Note ***	See Note ***	See Note ***	mg/L	NA	1/30	COMP	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT	mg/L	NA	1/30	COMP	
TURBIDITY	Sample Measurement	*****	*****	*****	See Note ***	See Note ***	See Note ***	NTU	NA	1/30	COMP	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT	NTU	NA	1/30	COMP	
FECAL COLIFORM	Sample Measurement	*****	*****	*****	80	80	80	#/100 ml	NA	1/30	GRAB	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT	#/100 ml	NA	1/30	GRAB	
BOD5	Sample Measurement	*****	*****	*****	See Note ***	See Note ***	See Note ***	mg/L	NA	1/30	COMP	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	See Note ***	See Note ***	See Note ***	mg/L	NA	1/30	COMP	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	See Note ***	See Note ***	See Note ***	mg/L	NA	1/30	COMP	
	Permit Requirement	*****	*****	*****	REPORT	REPORT	REPORT	mg/L	NA	1/30	COMP	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director Director, Aviation Development and Maintenance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>	TELEPHONE NUMBER (206)439-7706 AREA CODE	DATE
			98 10 23 YEAR MO DAY

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

AR 027282

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".)
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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.

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
SAME AS ABOVE
SAME AS ABOVE

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

PERMIT NUMBER: WA0024651
DISCHARGE NO.: 006 (SDN 1)

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47 27' 56" N
Long 122 18' 09" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 09 01 TO 1998 09 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	
TOTAL RECOVERABLE ZINC	See Note ***	See Note ***	mg/L	NA	1/30 COMP
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206) 439-7706
AREA CODE
98
DATE
10 23
YEAR MO DAY
98 10 23

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

AR 027284

General Instructions

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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.)
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.
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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

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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER

011 (SDN 4)
 DISCHARGE NO.


MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 09 01 TO 1998 09 30

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	*****	*****	*****	< 0.15 **	< 0.15 **	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	*****	*****	*****	76	76	mg/L	NA	1/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	43	43	NTU	NA	1/30	COMP
FECAL COLIFORM***	Sample Measurement	*****	*****	*****	22 ***	22 ***	#/100 ml	NA	1/30	GRAB
BOD5***	Sample Measurement	*****	*****	*****	6.74 ***	6.74 ***	mg/L	NA	1/30	COMP
ETHYLENE GLYCOL *	Sample Measurement	*****	*****	*****	< 2.0	< 2.0	mg/L	NA	1/30	COMP
PROPYLENE GLYCOL *	Sample Measurement	*****	*****	*****	2.2 +	2.2 +	mg/L	NA	1/30	COMP

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 981023

DATE
 YEAR MO DAY
 98 10 23

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 method NWTPH-Dx - Result Fraction for Diesel = < 0.05, Motor Oil = < 0.10.
 ***Sample exceeded holding time for BOD5 and Fecal Coliform.
 + Value reported may be high biased because A/P 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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POS SeaTac Airport IWTP Water Processing Log – SEPTEMBER 1998

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
Total September 1998 Flow (Gallons)		10,128,000



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

CASE FILE NUMBER:	POS002-14,15B	PAGE 1
REPORT DATE:	10/19/98	
DATE SAMPLED:	09/24,25/98	DATE RECEIVED: 09/25,28/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN4 COMP	0.0434	<0.0020	0.016
SDN1 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 ANALYZED FOR REFERENCE ONLY. DATA TO BE REPORTED IN NEXT ANNUAL STORMWATER MONITORING REPORT. NOT REPORTED ON SEPT 98 DMR. ST 10/20/98



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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:	POS002-14,15B	PAGE 2	
REPORT DATE:	10/19/98		
DATE SAMPLED:	09/24,25/98	DATE RECEIVED:	09/25,28/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER			
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER			

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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			
BLANK SPIKE % RECOVERY	<0.0010	<0.0010	<0.005
	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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By:

 Steven Lazoff
 Laboratory Director

DMR

**November
1998**

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

Permittee Name/Address
Include Name/Location (if different)
NAME SEA-TAC AIRPORT #681
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

WA-002465-1
PERMIT NUMBER
001 (IWS)
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY
1998 Nov 01 TO 1998 Nov 30

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW*	*****	4500	GPM	*****	*****	*****	0	25/30	3xShift
	*****	4,800		*****	*****	*****		07/07	CONT.
PH	*****	*****	***	6.43	*****	6.95	0	5/25	Grab
	*****	*****		6.0	*****	9.0		01/07	GRAB
OIL AND GREASE	*****	*****	***	*****	>5	6	0	5/25	Grab
	*****	*****		*****	8	15		01/07	GRAB
TSS	*****	*****	***	*****	13	25	0	5/25	Comp.
	*****	*****		*****	21	33		01/07	COMP.
BOD ₅	*****	*****	***	*****	140	140	0	1/25	Comp.
	*****	*****		*****	REPORT	REPORT		01/30	COMP.
TOTAL GLYCOLS	*****	*****	***	*****	105	105	0	1/25	Comp.
	*****	*****		*****	REPORT	REPORT		01/30	COMP.
TPH	*****	*****	***	*****	6.6	6.6	0	1/25	Grab.
	*****	*****		*****	REPORT	REPORT		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman,
Director, Aviation Development and Maintenance
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE (206) 439-7706
DATE 98/12/28
AREA NUMBER
CODE

RECEIVED

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.

AR 027294

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 municipalities 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 and monthly 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.

General Instructions

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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.)
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 municipalities 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 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.)
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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.

Legal Notice

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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORI OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

PERMIT NUMBER
WA0024651
 DISCHARGE NO.
002 (SDE 4)

Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY
 1988 11 01 TO 1988 11 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TPH**	2.15 **	2.85 **	.....	mg/L	NA	2/30	GRAB	
TSS	66	66	.....	mg/L	NA	1/30	COMP	
TURBIDITY	52	52	.....	NTU	NA	1/30	COMP	
FECAL COLIFORM	920	> 1600	.....	#/100 ml	NA	2/30	GRAB	
BOD5	6.8	6.8	.....	mg/L	NA	1/30	COMP	
ETHYLENE GLYCOL*	< 2.0 *	< 2.0 *	.....	mg/L	NA	1/30	COMP	
PROPYLENE GLYCOL*	< 2.0 *	< 2.0 *	.....	mg/L	NA	1/30	COMP	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director Director, Aviation Development and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE NUMBER (206) 439-7706 AREA CODE 98 12 28	DATE
			YEAR MO DAY 98 12 28

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 method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = 2.13.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WAODE)

AR 027298

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

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PERMITTEE NAME/ADDRESS
 SEATAC INTERNATIONAL AIRPORT #681
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

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

PERMIT NUMBER: WA0024651
 DISCHARGE NO.: 002 (SDE 4)

Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W
NO DISCHARGE


MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 11 01 TO 1998 11 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed areas		
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	.....	0.032	0.032	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	.....	.....	0.031	0.031	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	.....	.....	.....	0.163	0.163	mg/L	NA	1/30	COMP
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 12 28
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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

AR 027300

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

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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168

DISCHARGE MONITORING REPORT (DMR) MONTHLY
WA0024651
PERMIT NUMBER
005 (SDS 3)
DISCHARGE NO.

FACILITY
SAME AS ABOVE
LOCATION
SAME AS ABOVE

MONITORING PERIOD
YEAR 1998 MO 11 DAY 01
TO YEAR 1998 MO 11 DAY 30

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47 25' 58" N
Long 122 18' 30" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	.....	.....	.....	0.35 **	0.35 **	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	.....	.....	.....	167	310	mg/L	NA	2/30	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	57	85	NTU	NA	2/30	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	30	30	#/100 ml	NA	1/30	GRAB
BOD5	Sample Measurement	.....	.....	.....	12.18	17.6	mg/L	NA	2/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	7.6 *	10.5 *	mg/L	NA	2/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	< 2.0 *	< 2.0 *	mg/L	NA	2/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206)439-7706
AREA CODE

DATE
98 12 28
YEAR MO DAY

AR 027302

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.
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NOTE: Read Instructions before completing this form

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT (DMR) MONTHLY

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER

006 (SDN-1)
 DISCHARGE NO.


MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 11 01 1998 11 30

Discharge Location
 Lat 47 27 56" N
 Long 122 18' 09" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	0.66 **	0.96 **	mg/L	NA	2/30	GRAB
TSS	42.5	53.0	mg/L	NA	2/30	COMP
TURBIDITY	31.5	46.0	NTU	NA	2/30	COMP
FECAL COLIFORM	290	500	#/100 ml	NA	2/30	GRAB
BOD5	< 4.0	< 4.0	mg/L	NA	2/30	COMP
TOTAL RECOVERABLE COPPER	0.019	0.024	mg/L	NA	2/30	COMP
TOTAL RECOVERABLE LEAD	0.018	0.025	mg/L	NA	2/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 9812

DATE
 98 12 28
 YEAR MO DAY

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 = < 0.05, Motor Oil = 0.64.

AR 027306

General Instructions

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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*".)
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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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NOTE: Read instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER

006 (SDN 1)
 DISCHARGE NO.

Discharge Location
 Lat 47 27 56" N
 Long 122 18 09" W

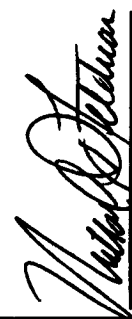
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 11 01 TO 1998 11 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE					
TOTAL RECOVERABLE ZINC	0.307	0.487	.....	0.307	0.487	mg/L	NA	2/30	COMP
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement
Sample Measurement
Permit Requirement

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 9812
 DATE
 98 12 28

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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*".)
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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.

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR) MONTHLY
WA0024651 PERMIT NUMBER
011 (SDN 4) DISCHARGE NO.

NOTE: Read Instructions before completing this form
Discharge Location
Lat 47 28' 00" N
Long 122 18' 38" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1998 11 01 1998 11 30

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		
TPH**	Sample Measurement	*****	*****	*****	*****	< 0.15 **	< 0.15 **	mg/L	2/30	GRAB
TSS	Sample Measurement	*****	*****	*****	*****	20	22	mg/L	2/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	*****	10.3	15.0	NTU	2/30	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	*****	17	17	#/100 ml	2/30	GRAB
BOD5	Sample Measurement	*****	*****	*****	*****	< 4.0	< 4.0	mg/L	2/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	2/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	2/30	COMP

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

TELEPHONE NUMBER
(206)439-7706
AREA CODE
9812
DATE
98 12 28
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 method NWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = < 0.10.

AR 027310

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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".
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.
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Legal Notice

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PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651 PERMIT NUMBER
 011 (SDN 4) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 11 01 1998 11 30


NOTE: Read instructions
 before completing this form

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	AVERAGE	MINIMUM					
TOTAL RECOVERABLE COPPER	0.036	0.047	.....	.....	mg/L	NA	2/30	COMP	
TOTAL RECOVERABLE LEAD	0.001	0.001	.....	.....	mg/L	NA	2/30	COMP	
TOTAL RECOVERABLE ZINC	0.098	0.127	.....	.....	mg/L	NA	2/30	COMP	
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 98 12 28
 YEAR MO DAY

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

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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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.).
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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
 NAME
PORT OF SEATTLE
 ADDRESS
PO BOX 68727, SEATTLE, WA 98168
 FACILITY
SAME AS ABOVE
 LOCATION
SAME AS ABOVE

WA0024651
 PERMIT NUMBER
 003 (SDS 1)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 09 01 1998 11 30

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
NO DISCHARGE

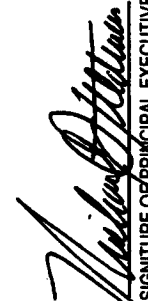
PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	UNITS			
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/90	GRAB		
	Permit Requirement	*****	*****	*****	REPORT	REPORT				GRAB		
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/90	GRAB		
	Permit Requirement	*****	*****	*****	REPORT	REPORT				GRAB		
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
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 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 98 12 28

DATE
 YEAR MO DAY
 98 12 28

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


AR 027314

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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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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NOTE: Read instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER

007 (SDIN 2)
 DISCHARGE NO.

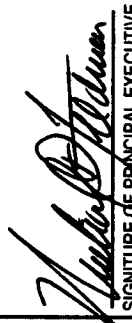
MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 09 01 TO 1998 11 30

Discharge Location
 Lat 47° 28' 00" N
 Long 122° 18' 28" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
ETHYLENE GLYCOL*	Sample Measurement Permit Requirement	*****	*****	*****	< 2.0	< 2.0	mg/L	NA	2/90	GRAB
PROPYLENE GLYCOL*	Sample Measurement Permit Requirement	*****	*****	*****	< 2.0	< 2.0	mg/L	NA	2/90	GRAB
FLOW	Sample Measurement Permit Requirement	*****	YES**	*****	*****	*****	*****	NA	90/90	METER
	Sample Measurement Permit Requirement	*****	*****	*****	*****	*****	*****	NA	90/90	METER
	Sample Measurement Permit Requirement	*****	*****	*****	*****	*****	*****	NA	90/90	METER
	Sample Measurement Permit Requirement	*****	*****	*****	*****	*****	*****	NA	90/90	METER
	Sample Measurement Permit Requirement	*****	*****	*****	*****	*****	*****	NA	90/90	METER
	Sample Measurement Permit Requirement	*****	*****	*****	*****	*****	*****	NA	90/90	METER
	Sample Measurement Permit Requirement	*****	*****	*****	*****	*****	*****	NA	90/90	METER

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 98 12 28
 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 PER NPDES PERMIT
 **Pump Station Bypass on 11/3/98 and 11/25/98, but no aircraft deicing occurred in North Cargo Area.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

AR 027316

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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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 OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (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

AR 027318




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 2
REPORT DATE:	11/27/98	
DATE SAMPLED:	11/04/98	DATE RECEIVED: 11/05/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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)			
TRUE	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 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



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	PAGE 1
REPORT DATE:	12/04/98	
DATE SAMPLED:	11/12,13/98	DATE RECEIVED: 11/13/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS 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

SAMPLE ID	TOTAL RECOVERABLE METALS			DISSOLVED METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDS3111398 COMP	0.0222	0.0040	0.189	0.0135	<0.0020	0.038
SDN1111398 GRAB	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

AR 027320



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	PAGE 2	
REPORT DATE:	12/04/98		
DATE SAMPLED:	11/12,13/98	DATE RECEIVED:	11/13/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER			
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER			

QA/QC DATA

QC PARAMETER	TOTAL RECOVERABLE METALS			DISSOLVED METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	SDS3111398 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	BATCH
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%
QC CHECK (mg/l)						
	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

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

CASE FILE NUMBER:	POS002-22B	PAGE 1
REPORT DATE:	12/07/98	
DATE SAMPLED:	11/19/98	DATE RECEIVED: 11/20/98
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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE4111998 COMP	0.0319	0.0314	0.163
SDS4111998 COMP	0.0290	<0.0020	0.015

AR 027322

DMR

FEBRUARY

1999

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

WA-002465-1
PERMIT NUMBER
001 (IWS)
DISCHARGE NUMBER

#681
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1999 FEB 01 1999 FEB 28

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW*	Sample Measurement	3518	GPM	*****	*****	*****	0	20/28	3xShift
	Permit Requirement	4,800		*****	*****	*****		07/07	CONT.
PH	Sample Measurement	*****	***	6.52	*****	6.90	0	4/20	GRAB
	Permit Requirement	*****	*****	6.0	*****	9.0		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	***	*****	<5/6***	<5/7***	0	4/20	GRAB
	Permit Requirement	*****	*****	*****	8	15		01/07	GRAB
TSS	Sample Measurement	*****	***	*****	12	13	0	4/20	COMP.
	Permit Requirement	*****	*****	*****	2.1	33		01/07	COMP.
BOD ₅	Sample Measurement	*****	***	*****	250	250	0	1/20	COMP.
	Permit Requirement	*****	*****	*****	*****	REPORT		01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	***	*****	108	108	0	1/20	COMP.
	Permit Requirement	*****	*****	*****	*****	REPORT		01/30	COMP.
TPH	Sample Measurement	*****	***	*****	2.5/1.2**	2.5/1.2**	0	1/20	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman,
Director, Aviation Development and Maintenance

TELEPHONE (206) 439-7706
AREA NUMBER 1
CODE

DATE 99/03/30
YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

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 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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.
** 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 1664
According to Permit Condition S3E, the Port is notifying the Department of Ecology that this month, monitoring using methods and/or facilities other than those specified in Special Condition S2 was performed.

APR 01 1999

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

Permittee Name/Address
Include Name/Location (if different)
NAME SEA-TAC AIRPORT #681
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

WA-002465-1
PERMIT NUMBER

001 (IWS)
DISCHARGE NUMBER

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1999 FEB 01 1999 FEB 28

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum	Units				
FECAL COLIFORM	*****	*****	***	*****	0	0	#/100	0	1/20	GRAB	
PRIORITY POLLUTANT	*****	*****	***	*****	*****	REPORT	mls	NA	01/30	GRAB	
SCAN*	*****	*****	***	*****	*****	NA	YES/	NA	1/YR	C/G**	
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman
Director, Aviation Development and Maintenance

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE (206) 439-7706
AREA NUMBER 439-7706
DATE 99, 03, 30
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*ATTACH THE LABORATORY REPORT.
**C/G = COMPOSITE/GRAB.

POS SeaTac Airport IWTP Water Processing Log -- February 1999

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
Total February 1999 Flow (Gallons)		61,770,000

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

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

WA024651 PERMIT NUMBER
002 (SDE 4) DISCHARGE NO.
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1999 02 01 1999 02 28

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47° 26' 13" N
Long 122° 17' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	*****	*****	*****	0.27 **	0.27 **	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	*****	*****	*****	92	131	mg/L	NA	2/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	49	54	NTU	NA	2/30	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	< 2	< 2	#/100 ml	NA	1/30	GRAB
BOD5	Sample Measurement	*****	*****	*****	3.12	4.26	mg/L	NA	2/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	2/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	2/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

TELEPHONE NUMBER
(206) 439-7706
AREA CODE
99 03 30

DATE
YEAR MO DAY
99 03 30

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

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 HWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = 0.25.

AR 027327

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY
SAME AS ABOVE
LOCATION
SAME AS ABOVE

WA0024651
PERMIT NUMBER
002 (SDE 4)
DISCHARGE NO.

Discharge Location
Lat 47 26 13" N
Long 122 17 38" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1999 02 01 TO 1999 02 28

PARAMETER	QUANTITY OR CONCENTRATION				UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceeds	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS								
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	****	*****	0.009	0.015	mg/L	NA	2/30	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	****	*****	0.011	0.022	mg/L	NA	2/30	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	****	*****	0.055	0.108	mg/L	NA	2/30	COMP
	Sample Measurement	*****	*****	*****								
	Sample Measurement	*****	*****	*****								
	Sample Measurement	*****	*****	*****								
	Sample Measurement	*****	*****	*****								
	Sample Measurement	*****	*****	*****								
	Sample Measurement	*****	*****	*****								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>	TELEPHONE NUMBER (206) 439-7706 AREA CODE	DATE
				99 03 30 YEAR MO DAY

AR 027328

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY
 SAME AS ABOVE
 LOCATION
 SAME AS ABOVE

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
NO DISCHARGE

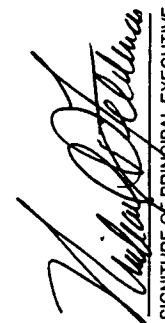
WA0024651
 005 (SDS 3)
 DISCHARGE NO.
 PERMIT NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 02 01 1999 02 28

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	AVERAGE	MAXIMUM			UNITS
TPH**	Sample Measurement	*****	*****	*****	< 0.16 **	< 0.16 **	mg/L	NA	1/30	GRAB	01/30	GRAB
TSS	Sample Measurement	*****	*****	*****	9.2	9.2	mg/L	NA	1/30	COMP	01/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	11	11	NTU	NA	1/30	COMP	01/30	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	2	2	#/100 ml	NA	1/30	GRAB	01/30	GRAB
BOD5	Sample Measurement	*****	*****	*****	6.06	6.06	mg/L	NA	1/30	COMP	01/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/30	COMP	01/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	2.06 *	2.06 *	mg/L	NA	1/30	COMP	01/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99 03 30

DATE
 YEAR MO DAY
 99 03 30

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 HWTPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = < 0.11.

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Discharge Location
Lat 47 25' 58" N
Long 122 18' 30" W
NO DISCHARGE

WA0024651
PERMIT NUMBER
005 (SDS 3)
DISCHARGE NO.
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1999 02 01 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TOTAL RECOVERABLE COPPER	Sample Measurement Permit Requirement	*****	*****	*****	0.016	0.016	< 0.002	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE LEAD	Sample Measurement Permit Requirement	*****	*****	*****	< 0.002	< 0.002	< 0.002	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE ZINC	Sample Measurement Permit Requirement	*****	*****	*****	0.027	0.027	0.027	mg/L	NA	1/30	COMP	
	Sample Measurement Permit Requirement	*****	*****	*****								
	Sample Measurement Permit Requirement	*****	*****	*****								
	Sample Measurement Permit Requirement	*****	*****	*****								
	Sample Measurement Permit Requirement	*****	*****	*****								
	Sample Measurement Permit Requirement	*****	*****	*****								
	Sample Measurement Permit Requirement	*****	*****	*****								

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206) 439-7706
AREA CODE
99
MO
03
DAY
30

DATE

AR 027330

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY
SAME AS ABOVE
LOCATION
SAME AS ABOVE

WA0024651 PERMIT NUMBER
006 (SDN 1) DISCHARGE NO.
MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1999 02 01 1999 02 28

Discharge Location
Lat 47 27' 56" N
Long 122 18' 09" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE ZINC	0.233	0.233	mg/L	NA	1/30	COMP
Sample Measurement	REPORT	REPORT	REPORT	NA	01/2	COMP
Sample Measurement
Sample Measurement
Sample Measurement
Sample Measurement
Sample Measurement
Sample Measurement
Sample Measurement
Sample Measurement

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

TELEPHONE NUMBER
(206) 439-7706
AREA CODE
99 03 30

DATE
YEAR MO DAY
99 03 30

AR 027332

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

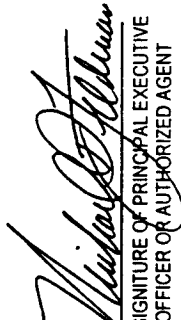
WA0024651
 PERMIT NUMBER
 011 (SDN 4)
 DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY
 1999 02 01 TO 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceed ances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE					
TPH**	Sample Measurement	*****	*****	*****	< 0.16 **	< 0.16 **	< 0.16 **	REPORT	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	*****	*****	*****	3.8	3.8	3.8	REPORT	mg/L	NA	1/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	4.8	4.8	4.8	REPORT	NTU	NA	1/30	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	< 2	< 2	< 2	REPORT	#/100 ml	NA	1/30	GRAB
BOD5	Sample Measurement	*****	*****	*****	< 4.0	< 4.0	< 4.0	REPORT	mg/L	NA	1/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	< 2.0 *	REPORT	mg/L	NA	1/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	< 2.0 *	REPORT	mg/L	NA	1/30	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 99 03 30

DATE
 YEAR MO DAY
 99 03 30

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 NIWTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = <0.11.

AR 027333

PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

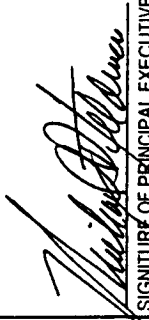
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) MONTHLY
 WA0024651 PERMIT NUMBER
 011 (SDN 4) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 02 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.015	0.015	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	< 0.002	< 0.002	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	0.024	0.024	mg/L	NA	1/30	COMP
	Sample Measurement	*****	*****	*****						
	Sample Measurement	*****	*****	*****						
	Sample Measurement	*****	*****	*****						
	Sample Measurement	*****	*****	*****						
	Sample Measurement	*****	*****	*****						

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 YEAR MO DAY
 99 03 30

AR 027334

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 and monthly 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.

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

NOTE: Read instructions before completing this form.

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

WA-002465-1
PERMIT NUMBER
001 (IWS)
DISCHARGE NUMBER

#681
MONITORING PERIOD
FROM 1999 FEB 01 TO 1999 FEB 28

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum	Units				
FECAL COLIFORM	*****	*****	***	*****	0	0	#/100	0	1/20	GRAB	
	*****	*****	*****	*****	*****	REPORT	mls	NA	01/30	GRAB	
PRIORITY POLLUTANT	*****	*****	***	*****	*****	NA	YES/	NA	NA	NA	
	*****	*****	*****	*****	*****	REPORT	NO	1/YR	1/YR	C/G**	
SCAN*	*****	*****	*****	*****	*****	*****					
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman
Director, Aviation Development and Maintenance

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 OBTAIN AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE (206) 439-7706
AREA NUMBER 99
CODE 03/80
DATE 99 / 03 / 80
YEAR 99 MO 03 DAY 80

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*ATTACH THE LABORATORY REPORT.
**C/G = COMPOSITE/GRAB.

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 and monthly 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.

POS SeaTac Airport IWTP Water Processing Log -- February 1999

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
Total Fevruary 1999 Flow (Gallons)		61,770,000

AR 027339

PERMITTEE NAME/ADDRESS
 A/E SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER
 002 (SDE 4)
 DISCHARGE NO.

NOTE: Read Instructions
 before completing this form

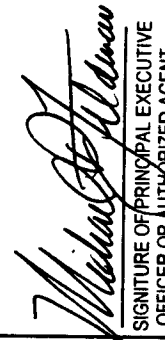
Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY
 1999 02 01 TO 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TPH**	Sample Measurement	*****	*****	*****	0.27 **	0.27 **	*****	mg/L	NA	1/30	GRAB	
TSS	Sample Measurement	*****	*****	*****	92	131	*****	mg/L	NA	2/30	COMP	
TURBIDITY	Sample Measurement	*****	*****	*****	49	54	*****	NTU	NA	2/30	COMP	
FECAL COLIFORM	Sample Measurement	*****	*****	*****	< 2	< 2	*****	#/100 ml	NA	1/30	GRAB	
BOD5	Sample Measurement	*****	*****	*****	3.12	4.26	*****	mg/L	NA	2/30	COMP	
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	*****	mg/L	NA	2/30	COMP	
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	*****	mg/L	NA	2/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706

DATE
 99 03 30
 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

**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.

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.

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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER
 005 (SDS 3)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 02 01 TO 1999 02 28


NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	MAXIMUM	MINIMUM	AVERAGE	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
TPH**	Sample Measurement	*****	*****	*****	< 0.16 **	< 0.16 **	mg/L				NA	1/30	GRAB
TSS	Sample Measurement	*****	*****	*****	9.2	9.2	mg/L				NA	1/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	11	11	NTU				NA	1/30	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	2	2	#/100 ml				NA	1/30	GRAB
BOD5	Sample Measurement	*****	*****	*****	6.06	6.06	mg/L				NA	1/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L				NA	1/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	2.06 *	2.06 *	mg/L				NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 99 03 30

DATE
 YEAR MO DAY
 99 03 30

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 = < 0.11.

Printed 3/17/99

PAGE 5 OF 10

AR 027344

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

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General Instructions

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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.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
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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 municipalities 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.).
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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681

ADDRESS
PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168

FACILITY
SAME AS ABOVE

LOCATION
SAME AS ABOVE

DISCHARGE MONITORING REPORT (DMR) MONTHLY
WA0024651 (SDN 1)
PERMIT NUMBER
DISCHARGE NO.

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1999 02 01 TO 1999 02 28

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47 27' 56" N
Long 122 18' 09" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances				
TPH**	Sample Measurement	*****	*****	*****	1.4 **	1.4 **	mg/L	NA	1/30	GRAB		
TSS	Sample Measurement	*****	*****	*****	45	45	mg/L	NA	1/30	COMP		
TURBIDITY	Sample Measurement	*****	*****	*****	22	22	NTU	NA	1/30	COMP		
FECAL COLIFORM	Sample Measurement	*****	*****	*****	30	30	#/100 ml	NA	1/30	GRAB		
BOD5	Sample Measurement	*****	*****	*****	5.84	5.84	mg/L	NA	1/30	COMP		
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.020	0.020	mg/L	NA	1/30	COMP		
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	0.006	0.006	mg/L	NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206) 439-7706
AREA CODE

DATE
99 03 30
YEAR MO DAY

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 = <0.05, Motor Oil = 1.38.

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 municipalities 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.

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 SEA-IAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE


WA0024651
 PERMIT NUMBER
 006 (SDN 1)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 02 01 TO 1999 02 28

Discharge Location
 Lat 47 27' 56" N
 Long 122 18' 09" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.233	0.233	mg/L	*****	0.233	0.233	NA	1/30	COMP
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Sample Measurement	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99
 MO
 03
 DAY
 30

DATE

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

AR 027350

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 municipalities 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

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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
 AVE
PORT OF SEATTLE
 ADDRESS
PO BOX 68727, SEATTLE, WA 98168
 FACILITY
SAME AS ABOVE
 LOCATION
SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER
 011 (SDN 4)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY
 1999 02 01 TO 1999 02 28

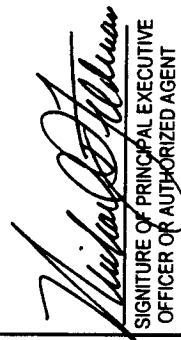
NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	*****	*****	*****	< 0.16 **	< 0.16 **	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	*****	*****	*****	3.8	3.8	mg/L	NA	1/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	4.8	4.8	NTU	NA	1/30	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	< 2	< 2	#/100 ml	NA	1/30	GRAB
BOD5	Sample Measurement	*****	*****	*****	< 4.0	< 4.0	mg/L	NA	1/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/30	COMP

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99
 MO
 03
 DAY
 30

DATE

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 = < 0.11.

General Instructions

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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.).
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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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PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT (DMR) MONTHLY

WA0024651 PERMIT NUMBER
 011 (SDN 4) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 02 01 TO 1999 02 28

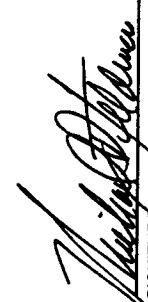
NOTE: Read Instructions before completing this form

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	0.015	0.015	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	< 0.002	< 0.002	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.024	0.024	mg/L	NA	1/30	COMP
Sample Measurement										
Sample Measurement										
Sample Measurement										
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Sample Measurement										
Sample Measurement										
Sample Measurement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER (206) 439-7706
 AREA CODE
 DATE 99 03 20
 YEAR MO DAY

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

AR 027354

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 municipalities 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.

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

NAME SEA-TAC AIRPORT #681
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

WA-002465-1 PERMIT NUMBER
001 (IWS) DISCHARGE NUMBER

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

MONITORING PERIOD
YEAR 1999 MO MARCH DAY 01 TO YEAR 1999 MO 03 DAY 31

NOTE: Read instructions before completing this form.

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW*	Sample Measurement	3457	GPM	*****	*****	*****	0	21/31	3xShift
	Permit Requirement	4,800		*****	*****	*****		07/07	CONT.
PH	Sample Measurement	*****	***	6.37	*****	6.82	0	5/21	GRAB
	Permit Requirement	*****		6.0	*****	9.0		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	***	*****	3.5/<5**	5/<5**	0	5/21	GRAB
	Permit Requirement	*****		*****	8	15		01/07	GRAB
TSS	Sample Measurement	*****	***	*****	10.4	17	0	5/21	COMP.
	Permit Requirement	*****		*****	21	33		01/07	COMP.
BOD ₅	Sample Measurement	*****	***	*****	160	160	0	1/21	COMP.
	Permit Requirement	*****		*****	REPORT	REPORT		01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	***	*****	62.1	62.1	0	1/21	COMP.
	Permit Requirement	*****		*****	REPORT	REPORT		01/30	COMP.
TPH	Sample Measurement	*****	***	*****	2.8/1.2***	2.8/3.2***	0	1/21	GRAB
	Permit Requirement	*****		*****	REPORT	REPORT		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman,
Director, Aviation Development and Maintenance
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE (206) 439-7706
AREA NUMBER R.F.C.
DATE 99, 4, 23
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.
** Oil & grease analysed by EPA method 1664 and EPA method 413.1
*** TPH = #2 Diesel/Motor Oil
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.

General Instructions

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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.)
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 and monthly 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

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Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

NAME SEA-TAC AIRPORT #681
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Discharge Location

Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

WA-002465-1

PERMIT NUMBER

001 (IWS)

DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	DAY
1999	MARCH	01	31
FROM	TO	TO	TO
1999	1999	03	31

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FECAL COLIFORM	*****	*****	***	*****	3	#/100	0	1/21	GRAB
	*****	*****	***	*****	REPORT	mls	-	01/30	GRAB
PRIORITY POLLUTANT	*****	*****	***	*****	*****	YES/	-	-	-
	*****	*****	***	*****	REPORT	NO	-	1/YR	C/G**
SCAN*	*****	*****	***	*****	*****				
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE (206) 439-7706	DATE 99 / 4 / 23
Michael D. Feldman Director, Aviation Development and Maintenance	AREA NUMBER CODE	YEAR MO DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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 OBTAINING 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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*ATTACH THE LABORATORY REPORT.
**C/G = COMPOSITE/GRAB.

AR 027358

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 and monthly 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.

PERMITTEE NAME/ADDRESS
 WA0024651
 DISCHARGE NO.

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

PERMIT NUMBER
 WA0024651
 DISCHARGE NO.

NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
NO DISCHARGE

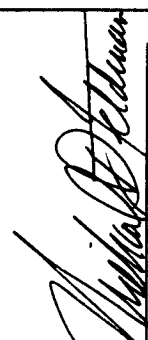
MONITORING PERIOD
 YEAR MO DAY
 1998 03 01 TO 1999 02 28

PERMIT NUMBER
 WA0024651
 DISCHARGE NO.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	MAXIMUM	AVERAGE	MINIMUM	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MAXIMUM							
TPH**	Sample Measurement	*****	*****	*****	0.72 **	0.72 **	*****	mg/L	0.72 **	*****	*****	*****	NA	1/365	GRAB
TSS	Sample Measurement	*****	*****	*****	8.5	8.5	*****	mg/L	11.0	*****	*****	*****	NA	2/365	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	12.5	12.5	*****	NTU	13.0	*****	*****	*****	NA	2/365	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	< 2	< 2	*****	#/100 ml	< 2	*****	*****	*****	NA	1/365	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.025	0.025	*****	mg/L	0.028	*****	*****	*****	NA	2/365	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	0.0035	0.0035	*****	mg/L	0.005	*****	*****	*****	NA	2/365	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	0.0965	0.0965	*****	mg/L	0.118	*****	*****	*****	NA	2/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 4 23
 YEAR 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 = 0.16, Motor Oil = 0.56.

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

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PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

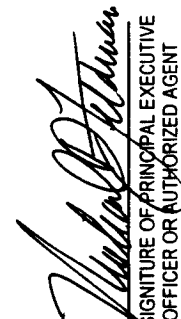
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR) ANNUAL
 WA0024651 PERMIT NUMBER
 004 (SDS 2) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 25' 50" N
 Long 122 18' 42" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	****	*****	< 0.15 **	< 0.15 **	mg/L	NA	1/365	GRAB
TSS	*****	*****	****	*****	20	20	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	****	*****	31	31	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	****	*****	110	110	#/100 ml	NA	1/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	0.009	0.009	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	0.006	0.006	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	0.213	0.213	mg/L	NA	1/365	COMP

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR 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 = <0.11.

AR 027362

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.)
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PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 WA0024651 PERMIT NUMBER
 008 (SDN 3) DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 03 01 TO 1999 02 28


Discharge Location
 Lat 47 27' 59" N
 Long 122 18' 45" W
 NO DISCHARGE

NOTE: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING						QUALITY OR CONCENTRATION						FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MAXIMUM	AVERAGE	MINIMUM	MAXIMUM	UNITS			# of Exceedances
TPH**	*****	*****	*****	*****	< 0.155 **	< 0.16 **	mg/L	*****	*****	*****	*****	NA	2/365	GRAB
TSS	*****	*****	*****	*****	12	12	mg/L	*****	*****	*****	*****	NA	1/365	COMP
TURBIDITY	*****	*****	*****	*****	9	9	NTU	*****	*****	*****	*****	NA	1/365	COMP
FECAL COLIFORM	*****	*****	*****	*****	120	240	#/100 ml	*****	*****	*****	*****	NA	2/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	0.017	0.017	mg/L	*****	*****	*****	*****	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	< 0.002	< 0.002	mg/L	*****	*****	*****	*****	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.089	0.089	mg/L	*****	*****	*****	*****	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99 04 23

DATE
 YEAR MO DAY
 99 04 23

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 = <0.105.

AR 027364

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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR) ANNUAL
 WA0024651
 PERMIT NUMBER 009 (SDS 4)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 25' 33" N
 Long 122 18' 15" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	UNITS	MAXIMUM		
TPH**	*****	*****	****	*****	< 0.15 **	< 0.15 **	mg/L	NA	2/365	GRAB		
TSS	*****	*****	****	*****	2.95	3.8	mg/L	NA	2/365	COMP		
TURBIDITY	*****	*****	****	*****	4.3	5.7	NTU	NA	2/365	COMP		
FECAL COLIFORM	*****	*****	****	*****	150	300	#/100 ml	NA	2/365	GRAB		
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	0.0225	0.029	mg/L	NA	2/365	COMP		
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	< 0.0015	< 0.002	mg/L	NA	2/365	COMP		
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	0.0135	0.015	mg/L	NA	2/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

DATE
 99 04 23
 YEAR MO DAY

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AR 027366

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.

AR 027367

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER
 010 (SDW 3)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY
 1998 03 01 TO 1999 02 28


NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 26' 09" N
 Long 122 18' 53" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	MAXIMUM	AVERAGE	MINIMUM	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS		MAXIMUM	AVERAGE	MINIMUM								
TPH**	Sample Measurement	*****	*****	*****	*****	1.35 **	*****	*****	mg/L	3.79 **	*****	*****	NA	3/365	GRAB
TSS	Sample Measurement	*****	*****	*****	*****	8.6	*****	*****	mg/L	8.6	*****	*****	NA	1/365	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	*****	13	*****	*****	NTU	13	*****	*****	NA	1/365	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	*****	193.7	*****	*****	#/100 ml	500	*****	*****	NA	3/365	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	*****	< 0.002	*****	*****	mg/L	< 0.002	*****	*****	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	*****	< 0.002	*****	*****	mg/L	< 0.002	*****	*****	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	*****	< 0.005	*****	*****	mg/L	< 0.005	*****	*****	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99 04 23

DATE
 YEAR MO DAY
 99 04 23

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.

AR 027368

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 municipalities 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.

PERMITTEE NAME/ADDRESS
 #681
 NAME SEA-TAC INTERNATIONAL AIRPORT
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

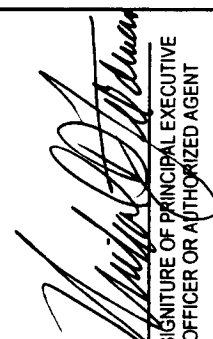
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT(DMR) ANNUAL
 WA0024651 PERMIT NUMBER
 014 (SB B) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 26' 07" N
 Long 122 18' 48" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Excessances		
TPH**	*****	*****	****	*****	0.1125 **	0.15 **	mg/L	NA	2/365	GRAB
TSS	*****	*****	****	*****	29	29	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	****	*****	126	126	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	****	*****	910	> 1600	#/100 ml	NA	2/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	0.013	0.013	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	0.006	0.006	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	0.124	0.124	mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR 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 = <0.09.

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

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PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR) ANNUAL
WA0024651
PERMIT NUMBER
015 (SB D)
DISCHARGE NO.

NOTE: Read instructions before completing this form

Discharge Location
Lat 47 27 07" N
Long 122 18' 47" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY
1998 03 01 TO 1999 02 28

PARAMETER	QUALITY OR CONCENTRATION										FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	UNITS	MAXIMUM		
TPH**	Sample Measurement	*****	*****	*****	< 0.155 **	< 0.16 **	mg/L	NA	2/365	GRAB		
TSS	Sample Measurement	*****	*****	*****	51	51	mg/L	NA	1/365	COMP		
TURBIDITY	Sample Measurement	*****	*****	*****	40	40	NTU	NA	1/365	COMP		
FECAL COLIFORM	Sample Measurement	*****	*****	*****	1050	> 1600	#/100 ml	NA	2/365	GRAB		
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.014	0.014	mg/L	NA	1/365	COMP		
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	0.002	0.002	mg/L	NA	1/365	COMP		
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	0.129	0.129	mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206)439-7706
AREA CODE

DATE
99 04 23
YEAR 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 = <0.105.

AR 027372

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 municipalities 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

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PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 SAME AS ABOVE
 SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL
 WA0024651 (SDN 2)
 PERMIT NUMBER
 DISCHARGE NO.

NOTE: Read Instructions before completing this form


Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 09 01 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exposed areas		
TPH	*****	*****	*****	*****	0.43 **	1.07 **	mg/L	NA	3/180	GRAB
TSS	*****	*****	*****	*****	79.7	2110	mg/L	NA	3/180	COMP
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99
 MO
 04
 DAY
 23

DATE

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 = 0.40.

AR 027374

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 municipalities 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.

PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL

WA0024651 PERMIT NUMBER
 012 (ENG. YARD) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 09 01 TO 1999 02 28

NOTE: Read Instructions before completing this form

Discharge Location
 Lat 47 26' 34" N
 Long 122 17' 50" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	****	*****	1.79 **	1.79 **	mg/L	NA	1/180	GRAB
TSS	*****	*****	****	*****	76	76	mg/L	NA	1/180	COMP
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER (206) 439-7706
 AREA CODE

DATE

YEAR 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 quantification range results from method NWTPH-Dx. Result Fraction for Diesel = <0.06, Motor Oil = 1.76.

AR 027376

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.

PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL

Discharge Location
 Lat 47 27' 37" N
 Long 122 17' 43" W
NO DISCHARGE

WA0024651
 PERMIT NUMBER
 013 (TAXI YARD)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 09 01 TO 1999 02 28

FROM

NOTE: Read Instructions
 before completing this form

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	****	*****	4.34 **	4.34 **	mg/L	NA	1/180	GRAB
TSS	*****	*****	****	*****	28	28	mg/L	NA	1/180	COMP
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 YEAR 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 quantification range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = 4.32.

AR 027378

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 municipalities 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.

PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
NO DISCHARGE

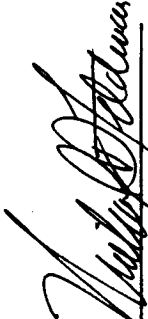
WA0024651
 PERMIT NUMBER
 003 (SDS 1)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 12 01 TO 1999 02 28

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	AVERAGE	MAXIMUM		
ETHYLENE GLYCOL*	*****	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	< 2.0 *	< 2.0 *	1/90	GRAB
PROPYLENE GLYCOL*	*****	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	< 2.0 *	< 2.0 *	1/90	GRAB
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 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 PER NPDES PERMIT

AR 027380

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 municipalities 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.

General Instructions

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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.)
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 municipalities 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

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POS SeaTac Airport IWTP Water Processing Log -- March 1999

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
Total March 1999 Flow (Gallons)		39,050,400

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

WA-002465-1
PERMIT NUMBER

001 (IWS)
DISCHARGE NUMBER

#681
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1999 FEB 01 1999 FEB 28

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

NOTE: Read instructions before completing this form.

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceed-ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
FLOW*	Sample Measurement	3518	GPM	*****	*****	*****	***	0	20/28	3xShift
	Permit Requirement	4,800		*****	*****	*****			07/07	CONT.
PH	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	0	4/20	COMP.
	Permit Requirement	*****		*****	21	33			01/07	COMP.
BOD ₅	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.
TPH	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 EXECUTIVE OFFICER
Michael D. Feldman,
Director, Aviation Development and Maintenance
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR REPEATING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE (206) 439-7706
AREA NUMBER 6046
CITY SEATTLE

DATE 99/03/30
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.
** 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 1664
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.

APR 01 1999
DEPT. OF ECOLOGY

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

NOTE: Read instructions before
completing this form.

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

WA-002465-1
PERMIT NUMBER
001 (IWS)
DISCHARGE NUMBER


#681
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1999 FEB 01 1999 FEB 28

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

FROM 1999 FEB 01 TO 1999 FEB 28

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
FECAL COLIFORM	*****	*****	***	*****	0	0	#/100	0	1/20	GRAB
PRIORITY POLLUTANT	*****	*****	***	*****	REPORT	REPORT	mls	NA	01/30	GRAB
SCAN*	*****	*****	***	*****	*****	*****	YES/	NA	NA	NA
	*****	*****	***	*****	REPORT	REPORT	NO	1/YR	1/YR	C/G**
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										

NAME/TITLE PRINCIPAL, EXECUTIVE OFFICER	TELEPHONE:	DATE:
Michael D. Feldman Director, Aviation Development and Maintenance	(206) 439-7706	99, 03, 20
TYPED OR PRINTED	AREA NUMBER	YEAR MO DAY
	CODE	
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *ATTACH THE LABORATORY REPORT. **C/G = COMPOSITE/GRAB.		

POS SeaTac Airport IWTP Water Processing Log -- February 1999

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
Total February 1999 Flow (Gallons)		61,770,000

AR 027387

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 6827, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER

002 (SDE 4)
 DISCHARGE NO.

Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W

NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 02 01 TO 1999 02 28


PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	*****	*****	*****	0.27 **	0.27 **	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	*****	*****	*****	92	131	mg/L	NA	2/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	49	54	NTU	NA	2/30	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	< 2	< 2	#/100 ml	NA	1/30	GRAB
BOD5	Sample Measurement	*****	*****	*****	3.12	4.26	mg/L	NA	2/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	2/30	COMP
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	2/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

DATE
 99 03 30

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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 = 0.25.

Printed 3/17/99 PAGE 3 OF 10

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 #681
 SEA-TAC INTERNATIONAL AIRPORT
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WA0024651
 PERMIT NUMBER

002 (SDE 4)
 DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 02 01 1999 02 28

Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	Sample Measurement Permit Requirement	***** Permit Requirement	*****	***** Permit Requirement	0.009	0.015	mg/L	NA	2/30 COMP	
TOTAL RECOVERABLE LEAD	Sample Measurement Permit Requirement	***** Permit Requirement	*****	***** Permit Requirement	0.011	0.022	mg/L	NA	2/30 COMP	
TOTAL RECOVERABLE ZINC	Sample Measurement Permit Requirement	***** Permit Requirement	*****	***** Permit Requirement	0.055	0.108	mg/L	NA	2/30 COMP	
	Sample Measurement Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement Permit Requirement									

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99 03 30

DATE
 YEAR MO DAY
 99 03 30

AR 027389

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT(DMR) MONTHLY
 WA0024651
 PERMIT NUMBER
 005 (SDS 3)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 02 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MAXIMUM				
TPH**	Sample Measurement	*****	*****	*****	< 0.16 **	< 0.16 **	mg/L	REPORT	NA	1/30	GRAB	
TSS	Sample Measurement	*****	*****	*****	9.2	9.2	mg/L	REPORT	NA	1/30	COMP	
TURBIDITY	Sample Measurement	*****	*****	*****	11	11	NTU	REPORT	NA	1/30	COMP	
FECAL COLIFORM	Sample Measurement	*****	*****	*****	2	2	#/100 ml	REPORT	NA	1/30	GRAB	
BOD5	Sample Measurement	*****	*****	*****	6.06	6.06	mg/L	REPORT	NA	1/30	COMP	
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	REPORT	NA	1/30	COMP	
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	2.06 *	2.06 *	mg/L	REPORT	NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99 03 30

DATE
 YEAR MO DAY
 99 03 30

AR 027390

PERMITTEE NAME/ADDRESS
 AIME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

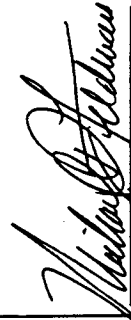
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT(DMR) MONTHLY
 WA0024651 005 (SDS 3)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 02 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TOTAL RECOVERABLE COPPER	Sample Measurement Permit Requirement	*****	*****	*****	0.016	0.016	*****	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE LEAD	Sample Measurement Permit Requirement	*****	*****	*****	< 0.002	< 0.002	*****	mg/L	NA	1/30	COMP	
TOTAL RECOVERABLE ZINC	Sample Measurement Permit Requirement	*****	*****	*****	0.027	0.027	*****	mg/L	NA	1/30	COMP	
	Sample Measurement Permit Requirement	*****	*****	*****			*****					
	Sample Measurement Permit Requirement	*****	*****	*****			*****					
	Sample Measurement Permit Requirement	*****	*****	*****			*****					
	Sample Measurement Permit Requirement	*****	*****	*****			*****					

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99 03 30

DATE
 YEAR MO DAY
 99 03 30

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

NOTE: Read Instructions before completing this form

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMITTEE NAME/ADDRESS
 SEATAC INTERNATIONAL AIRPORT #681
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

DISCHARGE MONITORING REPORT (DMR) MONTHLY
 WA0024651 PERMIT NUMBER
 006 (SDN-1) DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 02 01 TO 1999 02 28

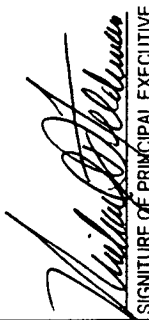
Discharge Location
 Lat 47 27' 56" N
 Long 122 18' 09" W

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	
TPH**	Sample Measurement	*****	*****	*****	1.4 **	1.4 **	mg/L	NA	1/30 GRAB
TSS	Sample Measurement	*****	*****	*****	45	45	mg/L	NA	1/30 COMP
TURBIDITY	Sample Measurement	*****	*****	*****	22	22	NTU	NA	1/30 COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	30	30	#/100 ml	NA	1/30 GRAB
BOD5	Sample Measurement	*****	*****	*****	5.84	5.84	mg/L	NA	1/30 COMP
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.020	0.020	mg/L	NA	1/30 COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	0.006	0.006	mg/L	NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706

AREA CODE
 99

DATE
 03 30

YEAR MO DAY
 99 03 30

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 = < 0.05, Motor Oil = 1.38.

AR 027392

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 27 56" N
 Long 122 18' 09" W
NO DISCHARGE

WA0024651
 006 (SDN 1)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 02 01 1999 02 28

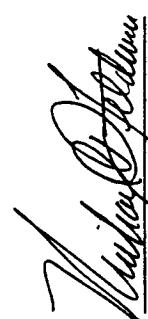
PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.233	0.233	*****	mg/L	NA	1/30	COMP	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	(1/2)	REPORT	REPORT	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	
Sample Measurement	Permit Requirement	Permit Requirement	Permit Requirement	Permit Requirement	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	REPORT	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99 03 30

DATE
 YEAR MO DAY
 99 03 30

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


AR 027393

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS
PORT OF SEATTLE
PO BOX 68727 SEATTLE, WA 98168
FACILITY
SAME AS ABOVE
LOCATION
SAME AS ABOVE

Discharge Location
Lat 47 28' 00" N
Long 122 18' 38" W
NO DISCHARGE

WA0024651 PERMIT NUMBER
011 (SDN 4) DISCHARGE NO.
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1999 02 01 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TPH**	Sample Measurement	*****	*****	*****	< 0.16 **	< 0.16 **	mg/L	NA	1/30	GRAB		
TSS	Sample Measurement	*****	*****	*****	3.8	3.8	mg/L	NA	1/30	COMP		
TURBIDITY	Sample Measurement	*****	*****	*****	4.8	4.8	NTU	NA	1/30	COMP		
FECAL COLIFORM	Sample Measurement	*****	*****	*****	< 2	< 2'	#/100 ml	NA	1/30	GRAB		
BOD5	Sample Measurement	*****	*****	*****	< 4.0	< 4.0	mg/L	NA	1/30	COMP		
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/30	COMP		
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206)439-7706
AREA CODE
99 03 30

DATE
YEAR MO DAY
99 03 30

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 = <0.11.

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

Printed 3/17/99 PAGE 9 OF 10

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
AME SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Discharge Location
Lat 47 28' 00" N
Long 122 18' 38" W
NO DISCHARGE

WA0024651 (SDN 4)
DISCHARGE NO.
PERMIT NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1999 02 01 TO 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.015	0.015	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	< 0.002	< 0.002	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	0.024	0.024	mg/L	NA	1/30	COMP
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206) 439-7706
AREA CODE

DATE
99 03 30
YEAR MO DAY

AR 027395



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 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
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CASE FILE NUMBER:	POS002-39B	PAGE 1
REPORT DATE:	02/21/99	
DATE SAMPLED:	02/03,04/99	DATE RECEIVED: 02/04/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDS3 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

RECEIVED

APR 01 1999

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CASE FILE NUMBER:	POS002-39B	PAGE 2
REPORT DATE:	02/21/99	
DATE SAMPLED:	02/03,04/99	DATE RECEIVED: 02/04/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA - TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	<small>SDH4 020499 COMP</small>	<small>SDH4 020499 COMP</small>	<small>SDH4 020499 COMP</small>
ORIGINAL	0.0147	<0.0020	0.024
DUPLICATE	0.0141	<0.0020	0.021
RPD	4.17%	NC	13.33%
SPIKE SAMPLE			
SAMPLE ID	<small>SDH4 020499 COMP</small>	<small>SDH4 020499 COMP</small>	<small>SDH4 020499 COMP</small>
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 (mg/l)			
TRUE	0.0247	0.0247	0.964
% RECOVERY	0.0250	0.0250	1.00
	98.80%	98.80%	96.40%
PREP BLANK			
	<0.0020	<0.0010	<0.005
BLANK SPIKE % RECOVERY	98.6%	104.0%	112.2%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By:

 Steven Lazoff
 Laboratory Director



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CASE FILE NUMBER:	POS002-45B	PAGE 1	
REPORT DATE:	03/03/99		
DATE SAMPLED:	02/18,19/99	DATE RECEIVED:	02/19/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER			
SAMPLES FROM PORT OF SEATTLE			

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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE4021899 COMP	0.0029	<0.0020	<0.005
SDE4021899 DUP COMP	0.0023	<0.0020	<0.005
W3021899 COMP	<0.0020	<0.0020	<0.005

← OLC SAMPLE NOT ON OMR

ANNUAL SAMPLES



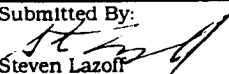
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CASE FILE NUMBER:	POS002-45B	PAGE 2
REPORT DATE:	03/03/99	
DATE SAMPLED:	02/18,19/99	DATE RECEIVED: 02/19/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE		

QA/QC DATA - TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	W0021899 COMP	W0021899 COMP	W0021899 COMP
ORIGINAL	<0.0020	<0.0020	<0.005
DUPLICATE	<0.0020	<0.0020	<0.005
RPD	NC	NC	NC
SPIKE SAMPLE			
SAMPLE ID	W0021899 COMP	W0021899 COMP	W0021899 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%
PREP BLANK			
	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	103.0%	101.0%	97.4%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By:

 Steven Lazoff
 Laboratory Director



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CASE FILE NUMBER:	POS002-46B	PAGE 1
REPORT DATE:	03/12/99	
DATE SAMPLED:	02/23/99	DATE RECEIVED: 02/23/99
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 this sample. Sample data follows while QA/QC data is contained on the subsequent page.

SAMPLE DATA

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE 4022399 COMP	0.0152	0.0222	0.108

AR 027400



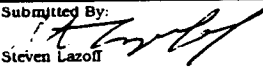
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CASE FILE NUMBER:	POS002-46B	PAGE 2
REPORT DATE:	03/12/99	
DATE SAMPLED:	02/23/99	DATE RECEIVED: 02/23/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE		

QA/QC DATA - TOTAL RECOVERABLE & DISSOLVED METALS

QC PARAMETER	TOTAL METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
CAS NUMBER	7440-50-8	7439-92-1	7440-86-8
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	03/11/99	03/11/99	03/11/99
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	BATCH	BATCH	SDE4022399 COMP
ORIGINAL	0.0155	<0.0020	0.108
DUPLICATE	0.0124	<0.0020	0.101
RPD	22.22%	NC	6.70%
SPIKE SAMPLE			
SAMPLE ID	BATCH	BATCH	SDE4022399 COMP
ORIGINAL	0.0155	<0.0020	0.108
SPIKED SAMPLE	0.0280	0.0131	1.00
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	100.00%	104.80%	98.50%
QC CHECK			
(mg/l)	0.0253	0.0240	0.924
TRUE	0.0250	0.0250	1.00
% RECOVERY	101.20%	96.00%	92.40%
PREP BLANK			
BLANK SPIKE % RECOVERY	<0.0010	<0.0010	<0.005
	107.0%	93.5%	98.9%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By:

Steven Lazoff
Laboratory Director

AR 027401



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BASE FILE NUMBER: POS001-91 **PAGE 1**
REPORT DATE: 03/27/98 **REVISED 04/09/98**
DATE SAMPLED: 03/08, 03/09/98 **DATE RECEIVED:** 03/09/98
ANNUAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER

BASE NARRATIVE

Eight water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. Sample SDS1 030898 contains an unidentified hydrocarbon. It is within the diesel retention time range, but the 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 analyzed. The results of these reanalyses (except for Sample SDS3 030998) are reported here. As these extracts were already less than 10ml volume, the silica gel cleanup step was not performed (all the extract would have been absorbed onto the gel). The duplicate relative percent recovery value for the motor oil fraction was 91% which is larger than the advisory criteria of 50%. No additional action was required for this discrepancy. No other difficulties were encountered in the preparation or analysis of these samples. Sample data follows. The QA/QC data is contained on subsequent pages.

SAMPLE DATA

SAMPLE ID	pH	FECAL COLIFORM (#/100ml)	TSS (mg/l)	TURBIDITY (NTU)	BOD5 (mg/l)
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

- ANNUAL SAMPLE

SAMPLE ID	NWTPH-DX		
	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

SAMPLE ID	TOTAL RECOVERABLE METALS			GLYCOLS		
	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

- ANNUAL SAMPLE

PORT 0066733

AR 027402



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FILE NUMBER:	POS001-91	PAGE 2
REPORT DATE:	03/27/98	
DATE SAMPLED:	03/08, 03/09/98	DATE RECEIVED: 03/09/98
GENERAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
CAS	7440-50-8	7439-92-1	7440-66-6
METHOD	EPA 220.2	EPA 239.2	EPA 200.7
DATE ANALYZED	03/24/98	03/24/98	03/20/98
METHOD DETECTION LIMIT	0.0010	0.0010	0.005
ANALYTICAL QUANTITATION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDS4 030998 COMP	SDS4 030998 COMP	SDS4 030998 COMP
ORIGINAL	0.0163	<0.0010	0.012
DUPLICATE	0.0164	<0.0010	0.011
RPD	0.61%	NC	8.70%
SPIKE SAMPLE			
SAMPLE ID	SDS4 030998 COMP	SDS4 030998 COMP	SDS4 030998 COMP
ORIGINAL	0.0163	<0.0010	0.012
SPIKED SAMPLE	0.0281	0.0095	0.941
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	94.40%	76.00%	92.90%
QC CHECK			
(mg/l)	0.0268	0.0242	0.932
TRUE	0.0250	0.0250	1.00
% RECOVERY	107.20%	96.80%	108.00%
PREP BLANK			
PREP BLANK SPIKE % RECOVERY	<0.0010	<0.0010	0.005
	108.0%	102.0%	96.4%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By:

Steven Lazoff
 Steven Lazoff
 Laboratory Director

PORT 0066738

AR 027403



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PAGE 1

FILE NUMBER: POS001-92
 PORT DATE: 04/10/98
 DATE RECEIVED: 03/09/98
 SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER

TEST NARRATIVE

Water samples were received by the laboratory in good condition. Samples for total recoverable metals analysis were digested according to EPA procedures. After analysis, it was decided that the extracts were to be cleaned up using sulfuric acid/silica gel. As these extracts 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 samples. Sample data follows while QA/QC data is contained on subsequent pages.

SAMPLE DATA

SAMPLE ID	pH	FOG (mg/l)	TPH (mg/l)	FECAL COLIFORM (#/100ml)	TSS (mg/l)	TURBIDITY (NTU)	BOD5 (mg/l)
TY 030998 COMP					15		
TY 030898 GRAB	6.83	<1.0	1.2		3.8	5.7	<4.00
SDS4 030998 COMP							
SDS4 030998 GRAB	7.50	<1.0	<0.25	<2			

SAMPLE ID	NWTPH-DX		AMMONIA (mg/l)	GLYCOLS			SURFACTANTS (mg/l)
	DIESEL (mg/l)	MOTOR OIL (mg/l)		ETHYLENE (mg/l)	PROPYLENE (mg/l)	TOTAL (mg/l)	
TY 030998 GRAB	0.09	1.32	0.039	<2.0	<2.0	<2.0	0.035
SDS4 030998 COMP							

SAMPLE ID	TOTAL RECOVERABLE METALS						
	ANTIMONY (mg/l)	ARSENIC (mg/l)	BERYLLIUM (mg/l)	CADMIUM (mg/l)	CHROMIUM (mg/l)	COPPER (mg/l)	LEAD (mg/l)
SDS4 030998 COMP	<0.0030	<0.0030	<0.002	<0.00050	<0.010	0.0163	<0.0010

SAMPLE ID	TOTAL RECOVERABLE METALS					
	MERCURY (mg/l)	NICKEL (mg/l)	SELENIUM (mg/l)	SILVER (mg/l)	THALLIUM (mg/l)	ZINC (mg/l)
SDS4 030998 COMP	<0.00010	<0.005	<0.0030	<0.0010	<0.0010	0.012

- ANNUAL SAMPLE

PORT 0066722

AR 027404



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SE FILE NUMBER:	POS001-92	PAGE 4
PORT DATE:	04/10/98	
TE SAMPLED:	03/08,09/98	DATE RECEIVED: 03/09/98
AL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	ANTIMONY (mg/l)	ARSENIC (mg/l)	BERYLLIUM (mg/l)	CADMIUM (mg/l)	CHROMIUM (mg/l)	COPPER (mg/l)	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
CRITICAL 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	SDS4 030998	SDS4 030998	SDS4 030998	SDS4 030998	SDS4 030998	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 030998	SDS4 030998	SDS4 030998	SDS4 030998	SDS4 030998	SDS4 030998
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
% RECOVERY	93.20%	95.20%	108.00%	110.40%	94.80%	107.20%	91.60%
PREP BLANK							
BLANK SPIKE % RECOVERY	<0.0030	<0.0030	<0.002	<0.00050	<0.010	<0.0010	<0.0010
	95.9%	86.6%	108.0%	90.9%	96.8%	121.0%	90.6%

* 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.



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CASE FILE NUMBER:	POS002-45B	PAGE 1	
REPORT DATE:	03/03/99		
DATE SAMPLED:	02/18,19/99	DATE RECEIVED:	02/19/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER			
SAMPLES FROM PORT OF SEATTLE			

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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE4021899 COMP	0.0029	<0.0020	<0.005
SDE4021899 DUP COMP	0.0023	<0.0020	<0.005
DW3021899 COMP	<0.0020	<0.0020	<0.005

← OK SAMPLE NOT ON DMR

ANNUAL SAMPLE



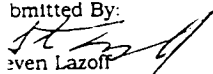
AQUATIC RESEARCH INCORPORATED
LABORATORY & CONSULTING SERVICES
 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
 PHONE: (206) 632-2715 FAX: (206) 632-2417

TEST FILE NUMBER: POS002-45B **PAGE 2**
REPORT DATE: 03/03/99
SAMPLE DATE: 02/18,19/99 **DATE RECEIVED:** 02/19/99
ANAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER
SAMPLES FROM PORT OF SEATTLE

/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	W3021899 COMP	W3021899 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	W3021899 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%
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 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
 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-33B	PAGE 1
REPORT DATE:	01/29/99	
DATE SAMPLED:	01/13,14/99	DATE RECEIVED: 01/14/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / 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.

SAMPLE DATA

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (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 TRACING SAMPLES; NOT REPORTABLE ON DMR



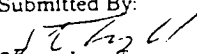
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LABORATORY & CONSULTING SERVICES
 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS002-33B	PAGE 2
REPORT DATE:	01/29/99	
DATE SAMPLED:	01/13,14/99	DATE RECEIVED: 01/14/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA -TOTAL & DISSOLVED METALS

QC PARAMETER	TOTAL METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (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%
PREP BLANK			
BLANK SPIKE % RECOVERY	<0.0010	<0.0010	<0.005
	101.0%	105.0%	101.2%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By:

 Steven Lazoff
 Laboratory Director



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LABORATORY & CONSULTING SERVICES
 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
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CASE FILE NUMBER:	POS002-28B	PAGE 1
REPORT DATE:	01/21/99	
DATE SAMPLED:	12/24,25/98	DATE RECEIVED: 12/26/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE4122498C	0.0048	0.0055	0.151
SDS3122598C	0.0469	0.0024	0.134
SDN1122598C	0.0030	0.0036	0.122
SDN4122598C	0.0229	<0.0020	0.075
SDN3122498C	0.0166	<0.0020	0.089

← ANNUAL SAMPLE

Note:

SAMPLES COINCIDED WITH FIRST STORM EVENT AFTER RUNWAY DECKING EVENT



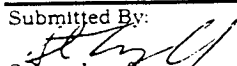
AQUATIC RESEARCH INCORPORATED
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CASE FILE NUMBER:	POS002-28B	PAGE 2	
REPORT DATE:	01/21/99		
DATE SAMPLED:	12/24,25/98	DATE RECEIVED:	12/26/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER			
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER			

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	01/20/99	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			
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)	0.0236	0.0266	1.05
TRUE	0.0250	0.0250	1.00
% RECOVERY	94.40%	106.40%	105.00%
PREP BLANK			
	<0.0020	<0.0010	<0.005
BLANK SPIKE % RECOVERY	98.3%	110.0%	101.2%

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 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
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CASE FILE NUMBER:	POS002-22B	PAGE 1	
REPORT DATE:	12/07/98	DATE RECEIVED:	11/20/98
DATE SAMPLED:	11/19/98		
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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDE4111998 COMP	0.0319	0.0314	0.163
SDS4111998 COMP	0.0290	<0.0020	0.015

← ANNUAL SAMPLE



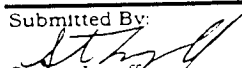
AQUATIC RESEARCH INCORPORATED
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 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
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CASE FILE NUMBER:	POS002-22B	PAGE 2
REPORT DATE:	12/07/98	
DATE SAMPLED:	11/19/98	DATE RECEIVED: 11/20/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA - TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	12/02/98	12/02/98	12/02/98
PRACTICAL QUANTITATION LIMIT	0.0020	0.0020	0.005
DETECTION LIMIT	0.0010	0.0010	0.005
DUPLICATE			
SAMPLE ID	SDS4111998 COMP	SDS4111998 COMP	SDS4111998 COMP
ORIGINAL	0.0290	<0.0020	0.015
DUPLICATE	0.0269	<0.0020	0.012
RPD	7.51%	NC	22.22%
SPIKE SAMPLE			
SAMPLE ID	SDS4111998 COMP	SDS4111998 COMP	SDS4111998 COMP
ORIGINAL	0.0290	<0.0020	0.015
SPIKED SAMPLE	0.0423	0.0149	1.06
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	106.40%	119.20%	104.50%
QC CHECK (mg/l)			
	0.0249	0.0251	1.01
TRUE	0.0250	0.0250	1.00
% RECOVERY	99.60%	100.40%	101.00%
PREP BLANK	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	102.4%	105.6%	122.0%

RPD = RELATIVE PERCENT DIFFERENCE.
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 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



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	PAGE 1
REPORT DATE:	12/04/98	
DATE SAMPLED:	11/12,13/98	DATE RECEIVED: 11/13/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS 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

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

— ANNUAL SAMPLES



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CASE FILE NUMBER:	POS002-21B	PAGE 2
REPORT DATE:	12/04/98	
DATE SAMPLED:	11/12,13/98	DATE RECEIVED: 11/13/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA

QC PARAMETER	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (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			
SAMPLE ID	SDS3111398 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%
QC CHECK			
(mg/l)	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.
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 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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CASE FILE NUMBER:	POS002-17B	PAGE 1
REPORT DATE:	11/13/98	
DATE SAMPLED:	10/27/98	DATE RECEIVED: 10/28/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (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

ANNUAL SAMPLE



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LABORATORY & CONSULTING SERVICES
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CASE FILE NUMBER:	POS002-17B	PAGE 2
REPORT DATE:	11/13/98	
DATE SAMPLED:	10/27/98	DATE RECEIVED: 10/28/98
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER		

QA/QC DATA - TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	11/13/98	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%
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%
QC CHECK			
(mg/l)	0.0248	0.0257	1.08
TRUE	0.0250	0.0250	1.00
% RECOVERY	99.20%	102.80%	108.00%
PREP BLANK			
	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	97.4%	102.0%	110.2%

RPD = RELATIVE PERCENT DIFFERENCE
 NA = NOT APPLICABLE OR NOT AVAILABLE
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 OR = RECOVERY NOT CALCULABLE DUE TO SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By: *[Signature]*
 Steven Lazoff
 Laboratory Director

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

WA-002465-1
PERMIT NUMBER
001 (IWS)
DISCHARGE NUMBER

#681
MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1999 MARCH 01 TO 1999 03 31

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW*	Sample Measurement	3457	GPM	*****	*****	*****	0	21/31	3xShift
	Permit Requirement	4,800		*****	*****	*****		07/07	CONT.
PH	Sample Measurement	6.37		6.37	*****	STD	0	5/21	GRAB
	Permit Requirement	*****		6.0	*****	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****		*****	3.5/<5**	mg/L	0	5/21	GRAB
	Permit Requirement	*****		*****	8			01/07	GRAB
TSS	Sample Measurement	*****		*****	10.4	mg/L	0	5/21	COMP.
	Permit Requirement	*****		*****	21			01/07	COMP.
BOD ₅	Sample Measurement	*****		*****	160	mg/L	0	1/21	COMP.
	Permit Requirement	*****		*****	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****		*****	62.1	mg/L	0	1/21	COMP.
	Permit Requirement	*****		*****	REPORT			01/30	COMP.
TPH	Sample Measurement	*****		*****	2.8/1.2***	mg/L	0	1/21	GRAB
	Permit Requirement	*****		*****	REPORT			1/30	GRAB

NOTE: Read instructions before completing this form.

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

TELEPHONE (206) 439-7706
AREA NUMBER CODE 99, 4, 23
YEAR MO DAY 99, 4, 23

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER WA-002465-1

DISCHARGE NUMBER 001 (IWS)

MONITORING PERIOD FROM 1999 MARCH 01 TO 1999 03 31

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman,
Director, Aviation Development and Maintenance

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.
** Oil & grease analysed by EPA method 1664 and EPA method 413.1
*** TPH = #2 Diesel/Motor Oil
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.

APR 27 1999

AR 027418

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 and monthly 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.

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

WA-002465-1 PERMIT NUMBER
001 (IWS) DISCHARGE NUMBER
MONITORING PERIOD
FROM 1999 MARCH 01 TO 1999 03 31

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NOTE: Read instructions before completing this form.

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				No. of Exceed-ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units		Minimum	Average	Maximum	Units			
FECAL COLIFORM	Sample Measurement	*****	*****	***	*****	3	3	#/100	0	1/21	GRAB
	Permit Requirement	*****	*****		*****	REPORT	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT	Sample Measurement	*****	*****	***	*****			YES/	-	-	-
	Permit Requirement	*****	*****		*****	REPORT	REPORT	NO		1/YR	C/G**
SCAN*	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman Director, Aviation Development and Maintenance	TELEPHONE (206) 439-7706 AREA NUMBER CODE	DATE 99 / 4 / 23 YEAR MO DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *ATTACH THE LABORATORY REPORT. **C/G = COMPOSITE/GRAB.		
TYPED OR PRINTED		

AR 027420

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 and monthly 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.

PERMITTEE NAME/ADDRESS
 AWE SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 WA0024651
 PERMIT NUMBER
 003 (SDS 1)
 DISCHARGE NO.

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY
 1998 03 01 TO 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	*****	*****	0.72 **	0.72 **	mg/L	NA	1/365	GRAB
TSS	*****	*****	*****	*****	8.5	11.0	mg/L	NA	2/365	COMP
TURBIDITY	*****	*****	*****	*****	12.5	13.0	NTU	NA	2/365	COMP
FECAL COLIFORM	*****	*****	*****	*****	< 2	< 2	#/100 ml	NA	1/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	0.025	0.028	mg/L	NA	2/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	0.0035	0.005	mg/L	NA	2/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.0965	0.118	mg/L	NA	2/365	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, 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.

Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER (206) 439-7706
 AREA CODE
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 DATE 99 4 23
 YEAR 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 = 0.16, Motor Oil = 0.56.
 Substituted for EPA Form 3320-1 (Rev. 8-96 by WADOE)
 Printed 4/2999
 PAG 1 OF 7

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 municipalities 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.

PERMITTEE NAME/ADDRESS
 SEACIAC INTERNATIONAL AIRPORT #681
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 SAME AS ABOVE
 SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 WA0024651
 PERMIT NUMBER
 004 (SDS 2)
 DISCHARGE NO.

NOTE: Read instructions before completing this form

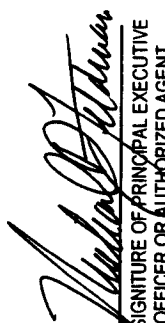
Discharge Location
 Lat 47 25' 50" N
 Long 122 18' 42" W
 NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY
 1998 03 01 TO 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	****	*****	< 0.15 **	< 0.15 **	mg/L	NA	1/365	GRAB
TSS	*****	*****	****	*****	20	20	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	****	*****	31	31	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	****	*****	110	110	#/100 ml	NA	1/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	0.009	0.009	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	0.006	0.006	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	0.213	0.213	mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 99 04 23
 YEAR 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 = <0.11.

AR 027424

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.

PERMITTEE NAME/ADDRESS
 A ME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 WA0024651 (SDN 3)
 PERMIT NUMBER DISCHARGE NO.


Discharge Location
 Lat 47 27 59" N
 Long 122 18 45" W
NO DISCHARGE

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	*****	*****	< 0.155 **	< 0.16 **	mg/L	NA	2/365	GRAB
TSS	*****	*****	*****	*****	12	12	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	*****	*****	9	9	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	*****	*****	120	240	#/100 ml	NA	2/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	0.017	0.017	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	< 0.002	< 0.002	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.089	0.089	mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR 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 quantization range results from method NWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.105.

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

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PERMITTEE NAME/ADDRESS
 SEACAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

Discharge Location
 Lat 47 25' 33" N
 Long 122 18' 15" W
NO DISCHARGE

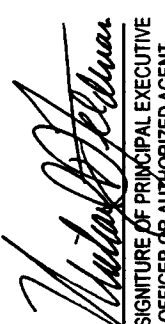
WA0024651
 PERMIT NUMBER
 009 (SDS 4)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 1999 02 28

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				UNITS	MAXIMUM	AVERAGE	MINIMUM	UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	AVERAGE	MINIMUM	UNITS								
TPH**	Sample Measurement	*****	*****	*****	*****	< 0.15 **	< 0.15 **	mg/L	< 0.15 **	NA	2/365	GRAB				
TSS	Sample Measurement	*****	*****	*****	*****	2.95	3.8	mg/L	NA	2/365	COMP					
TURBIDITY	Sample Measurement	*****	*****	*****	*****	4.3	5.7	NTU	NA	2/365	COMP					
FECAL COLIFORM	Sample Measurement	*****	*****	*****	*****	150	300	#/100 ml	NA	2/365	GRAB					
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	*****	0.0225	0.029	mg/L	NA	2/365	COMP					
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	*****	< 0.0015	< 0.002	mg/L	NA	2/365	COMP					
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	*****	0.0135	0.015	mg/L	NA	2/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 99 04 23
 YEAR 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 = <0.10.

AR 027428

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.

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT(DMR) ANNUAL
 WA0024651 PERMIT NUMBER
 010 (SDW 3) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 26' 09" N
 Long 122 18' 53" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	*****	*****	1.35 **	3.79 **	mg/L	NA	3/365	GRAB
TSS	*****	*****	*****	*****	8.6	8.6	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	*****	*****	13	13	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	*****	*****	193.7	500	#/100 ml	NA	3/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	< 0.002	< 0.002	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	< 0.002	< 0.002	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	< 0.005	< 0.005	mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR MO DAY

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.

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR) ANNUAL
 WA0024651 PERMIT NUMBER
 014 (SB B) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 26' 07" N
 Long 122 18' 48" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	****	*****	0.1125 **	0.15 **	mg/L	NA	2/365	GRAB
TSS	*****	*****	****	*****	29	29	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	****	*****	126	126	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	****	*****	910	> 1600	#/100 ml	NA	2/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	0.013	0.013	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	0.006	0.006	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	0.124	0.124	mg/L	NA	1/365	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, 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.

Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER (206)439-7706
 AREA CODE
 DATE 99 04 23
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AR 027432

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.

PERMITTEE NAME/ADDRESS
 #681
 SEA-TAC INTERNATIONAL AIRPORT
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT(DMR) ANNUAL
 WA0024651
 PERMIT NUMBER
 015 (SB D)
 DISCHARGE NO.

YEAR	MO	DAY	YEAR	MO	DAY
1998	03	01	1999	02	28

Discharge Location
 Lat 47 27' 07" N
 Long 122 18' 47" W
NO DISCHARGE

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM				
TPH**	Sample Measurement	*****	*****	< 0.155 **	< 0.16 **	*****	mg/L	NA	2/365	GRAB
TSS	Sample Measurement	*****	*****	51	51	*****	mg/L	NA	1/365	COMP
TURBIDITY	Sample Measurement	*****	*****	40	40	*****	NTU	NA	1/365	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	1050	> 1600	*****	#/100 ml	NA	2/365	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	0.014	0.014	*****	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	0.002	0.002	*****	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	0.129	0.129	*****	mg/L	NA	1/365	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, 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.

Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AR 027434

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

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PERMITTEE NAME/ADDRESS
 AWE SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL

Discharge Location
 Lat 47 28' 00" N
 Long 122 16' 28" W
NO DISCHARGE

WAO024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 09 01 TO 1999 02 28

NOTE: Read Instructions before completing this form

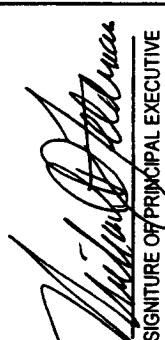
PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	MAXIMUM	AVERAGE	MINIMUM	UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	AVERAGE	MINIMUM	UNITS								
TPH	Sample Measurement	*****	*****	*****	*****	0.43 **	*****	*****	mg/L	1.07 **	0.43 **	*****	*****	NA	3/180	GRAB
TSS	Sample Measurement	*****	*****	*****	*****	79.7	*****	*****	mg/L	211.0	79.7	*****	*****	NA	3/180	COMP
	Sample Measurement															
	Sample Measurement															
	Sample Measurement															
	Sample Measurement															
	Sample Measurement															
	Sample Measurement															

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 99
 MO
 04
 DAY
 23

DATE
 YEAR MO DAY
 99 04 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


AR 027436

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 municipalities 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

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General Instructions

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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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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.

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL
 WAC024651
 PERMIT NUMBER 013 (TAXI YARD)
 DISCHARGE NO. 1998 09 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 27' 37" N
 Long 122 17' 43" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TPH**	*****	*****	*****	****	4.34 **	4.34 **	*****	mg/L	NA	1/180	GRAB	
TSS	*****	*****	*****	****	28	28	*****	mg/L	NA	1/180	COMP	
Sample Measurement	*****	*****	*****	*****								
Sample Measurement	*****	*****	*****	*****								
Sample Measurement	*****	*****	*****	*****								
Sample Measurement	*****	*****	*****	*****								
Sample Measurement	*****	*****	*****	*****								
Sample Measurement	*****	*****	*****	*****								
Sample Measurement	*****	*****	*****	*****								

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 YEAR MO DAY

AR 027440

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.

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
NO DISCHARGE

WAD024651
 PERMIT NUMBER
 003 (SDS 1)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY
 1998 12 01 TO 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
ETHYLENE GLYCOL*	*****	*****	****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/90	GRAB
PROPYLENE GLYCOL*	*****	*****	****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/90	GRAB
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

AM/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AR 027441

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.

PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

DISCHARGE MONITORING REPORT (DMR) QUARTERLY
 WA0024651
 PERMIT NUMBER
 007 (SDN 2)
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE LOCATION
 Lat 47 28' 00" N
 Long 122 18' 28" W
NO DISCHARGE

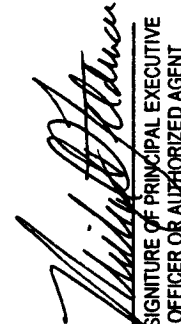
NOTE: Read Instructions before completing this form

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 12 01 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
ETHYLENE GLYCOL*	*****	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/90	GRAB		
PROPYLENE GLYCOL*	*****	*****	*****	*****	< 2.0 *	< 2.0 *	mg/L	NA	1/90	GRAB		
FLOW	*****	YES**	YES/NO	*****	*****	*****	*****	NA	90/90	METER		
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 99
 MO
 04
 DAY
 23

DATE

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
 **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)

AR 027443

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.
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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.

Legal Notice

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POS SeaTac Airport IWTP Water Processing Log -- March 1999

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
Total March 1999 Flow (Gallons)		39,050,400

AR 027445

DMR

MARCH

1999

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT #681
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

WA-002465-1
PERMIT NUMBER
001 (IWS)
DISCHARGE NUMBER

MONITORING PERIOD
FROM 1999 MARCH 01 TO 1999 03 31

NOTE: Read instructions before
completing this form.

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceed-ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW*	*****	3457	GPM	*****	*****	*****	0	21/31	3xShift
	*****	4,800		*****	*****	*****		07/07	CONT.
PH	*****	*****	***	6.37	*****	6.82	0	5/21	GRAB
	*****	*****		6.0	*****	9.0		01/07	GRAB
OIL AND GREASE	*****	*****	***	*****	3.5/<5**	5/<5**	0	5/21	GRAB
	*****	*****		*****	8	15		01/07	GRAB
TSS	*****	*****	***	*****	10.4	17	0	5/21	COMP.
	*****	*****		*****	21	33		01/07	COMP.
BOD ₅	*****	*****	***	*****	160	160	0	1/21	COMP.
	*****	*****		*****	*****	REPORT		01/30	COMP.
TOTAL GLYCOLS	*****	*****	***	*****	62.1	62.1	0	1/21	COMP.
	*****	*****		*****	*****	REPORT		01/30	COMP.
TPH	*****	*****	***	*****	2.8/1.2***	2.8/3.2***	0	1/21	GRAB
	*****	*****		*****	*****	REPORT		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director, Aviation Development and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE DATE
TYPED OR PRINTED		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*DAILY FLOW REPORTING SHOULD BE SUBMITTED ON A SEPARATE SHEET.

** Oil & grease analysed by EPA method 1664 and EPA method 413.1
*** TPH = #2 Diesel/Motor Oil
According to Permit Condition S3E, the Port is notifying the Department of Ecology that this month, monitoring using methods and /or local monitoring technology than those specified -in Special Condition S2 was performed.
Substitute for EPA Form 3120-1 (Rev. 8-96 by WADOF)

APR 27 1999

DEPT. OF ECOLOGY

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 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

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Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT #681

ADDRESS PORT OF SEATTLE

P.O. BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

WA-002465-1 PERMIT NUMBER
001 (IWS) DISCHARGE NUMBER

MONITORING PERIOD
FROM 1999 MARCH 01 TO 1999 MARCH 03 DAY 31

NOTE: Read instructions before completing this form.

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum	Units				
FECAL COLIFORM	*****	*****	***	*****	3	3	#/100	0	1/21	GRAB	
PRIORITY POLLUTANT	*****	*****	***	*****	*****	REPORT	mLs	-	01/30	GRAB	
SCAN*	*****	*****	***	*****	*****	REPORT	YES/NO	-	1/YR	C/G**	
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											
Sample Measurement											
Permit Requirement											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman Director, Aviation Development and Maintenance	TELEPHONE (206) 439-7706 AREA NUMBER CODE	DATE 99 / 4 / 23 YEAR MO DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.		
TYPED OR PRINTED		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *ATTACH THE LABORATORY REPORT. **C/G = COMPOSITE/GRAB.		

AR 027449

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
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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 and monthly average as appropriate) permit requirement for each parameter. If none, enter "0."
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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.)
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PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS P.O. OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 WA0024651 003 (SDS 1)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47° 26' 13" N
 Long 122° 18' 38" W
 NO DISCHARGE


PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLING TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TPH**	*****	*****	*****	*****	0.72 **	0.72 **	*****	*****	mg/L	NA	1/365	GRAB
TSS	*****	*****	*****	*****	8.5	11.0	*****	*****	mg/L	NA	2/365	COMP
TURBIDITY	*****	*****	*****	*****	12.5	13.0	*****	*****	NTU	NA	2/365	COMP
FECAL COLIFORM	*****	*****	*****	*****	< 2	< 2	*****	*****	#/100 ml	NA	1/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	0.025	0.028	*****	*****	mg/L	NA	2/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	0.0035	0.005	*****	*****	mg/L	NA	2/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.0965	0.118	*****	*****	mg/L	NA	2/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 4 23
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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 = 0.16, Motor Oil = 0.56.

Printed 4/2/99

PAG 1 OF 7

AR 027451

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.

PERMITTEE NAME/ADDRESS
 #681
 SEA-TAC INTERNATIONAL AIRPORT
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WAC024651
 PERMIT NUMBER
 004 (SDS 2)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY
 1998 03 01 TO 1999 02 28

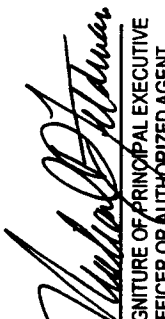
NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 25' 50" N
 Long 122 18' 42" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TPH**	*****	*****	*****	*****	< 0.15 **	< 0.15 **	*****	*****	mg/L	NA	1/365	GRAB
TSS	*****	*****	*****	*****	20	20	*****	*****	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	*****	*****	31	31	*****	*****	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	*****	*****	110	110	*****	*****	#/100 ml	NA	1/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	0.009	0.009	*****	*****	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	0.006	0.006	*****	*****	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.213	0.213	*****	*****	mg/L	NA	1/365	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR MO DAY

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.

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Discharge Location
Lat 47 27 59" N
Long 122 18' 45" W
NO DISCHARGE

WAO024651 (SDN 3)
PERMIT NUMBER DISCHARGE NO.

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1998 03 01 TO 1999 02 28

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	*****	*****	< 0.155 **	< 0.16 **	mg/L	NA	2/365	GRAB
TSS	*****	*****	*****	*****	12	12	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	*****	*****	9	9	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	*****	*****	120	240	#/100 ml	NA	2/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	0.017	0.017	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	< 0.002	< 0.002	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.089	0.089	mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

TELEPHONE NUMBER
(206) 439-7706
AREA CODE
99 04 23

DATE
YEAR MO DAY
99 04 23

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 municipalities 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

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PERMITTEE NAME/ADDRESS
 AWE SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 WA024651 PERMIT NUMBER
 009 (SDS 4) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1998 02 28

Discharge Location
 Lat 47 25' 33" N
 Long 122 18' 15" W
NO DISCHARGE

NOTE: Read Instructions
 before completing this form


PARAMETER	QUANTITY OR LOADING						QUALITY OR CONCENTRATION						FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MAXIMUM	AVERAGE	MINIMUM	UNITS	MAXIMUM		
TPH**	*****	*****	****	*****	< 0.15 **	< 0.15 **	mg/L	< 0.15 **	*****	*****	*****	NA	2/365	GRAB
TSS	*****	*****	****	*****	2.95	3.8	mg/L	*****	*****	*****	*****	NA	2/365	COMP
TURBIDITY	*****	*****	****	*****	4.3	5.7	NTU	*****	*****	*****	*****	NA	2/365	COMP
FECAL COLIFORM	*****	*****	****	*****	150	300	#/100 ml	*****	*****	*****	*****	NA	2/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	0.0225	0.029	mg/L	*****	*****	*****	*****	NA	2/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	< 0.0015	< 0.002	mg/L	*****	*****	*****	*****	NA	2/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	0.0135	0.015	mg/L	*****	*****	*****	*****	NA	2/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

DATE
 99 04 23
 YEAR MO DAY

TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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 municipalities 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

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PERMITTEE NAME/ADDRESS
 SEA-IAC INTERNATIONAL AIRPORT #881
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 WA0024651
 PERMIT NUMBER
 010 (SDW 3)
 DISCHARGE NO.

Discharge Location
 Lat 47° 26' 09" N
 Long 122° 18' 53" W
NO DISCHARGE

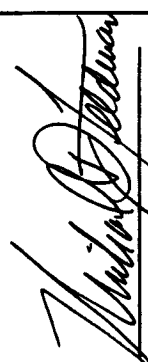
MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1999 02 28

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed ances		
TPH**	*****	*****	****	*****	1.35 **	3.79 **	mg/L	NA	3/365	GRAB
TSS	*****	*****	****	*****	8.6	8.6	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	****	*****	13	13	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	****	*****	193.7	500	#/100 ml	NA	3/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	< 0.002	< 0.002	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	< 0.002	< 0.002	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	< 0.005	< 0.005	mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 99 04 23
 YEAR MO DAY

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.)
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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".
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.
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PERMITTEE NAME/ADDRESS
 SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

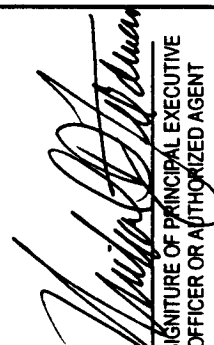
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 WA0024651 014 (SB B)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 03 01 TO 1999 02 28

NOTE: Read instructions before completing this form
 Discharge Location
 Lat 47 26 07" N
 Long 122 18' 48" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceed areas		
TPH**	*****	*****	*****	*****	0.1125 **	0.15 **	mg/L	NA	2/365	GRAB
TSS	*****	*****	*****	*****	29	29	mg/L	NA	1/365	COMP
TURBIDITY	*****	*****	*****	*****	126	126	NTU	NA	1/365	COMP
FECAL COLIFORM	*****	*****	*****	*****	910	> 1600	#/100 ml	NA	2/365	GRAB
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	0.013	0.013	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	0.006	0.006	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	0.124	0.124	mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR MO DAY

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.

PERMITTEE NAME/ADDRESS: SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS: PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY: SAME AS ABOVE
 LOCATION: SAME AS ABOVE

WA0024651 PERMIT NUMBER
 015 (SB D) DISCHARGE NO.
 MONITORING PERIOD: 1998 03 01 TO 1999 02 28

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) ANNUAL
 Discharge Location: Lat 47 27' 07" N Long 122 18' 47" W
NO DISCHARGE

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE					
TPH**	*****	*****	*****	< 0.155 **	< 0.16 **	*****	*****	mg/L	NA	2/365	GRAB	
TSS	*****	*****	*****	51	51	*****	*****	mg/L	NA	1/365	COMP	
TURBIDITY	*****	*****	*****	40	40	*****	*****	NTU	NA	1/365	COMP	
FECAL COLIFORM	*****	*****	*****	1050	> 1600	*****	*****	#/100 ml	NA	2/365	GRAB	
TOTAL RECOVERABLE COPPER	*****	*****	*****	0.014	0.014	*****	*****	mg/L	NA	1/365	COMP	
TOTAL RECOVERABLE LEAD	*****	*****	*****	0.002	0.002	*****	*****	mg/L	NA	1/365	COMP	
TOTAL RECOVERABLE ZINC	*****	*****	*****	0.129	0.129	*****	*****	mg/L	NA	1/365	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, 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.

Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

TELEPHONE NUMBER: (206)439-7706
 AREA CODE: 99
 DATE: 04 23
 YEAR: 99 MO: 04 DAY: 23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 ** The TPH value reported is the sum of the diesel and motor oil quantification 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)

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.

PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT(DMR) SEMI-ANNUAL

WA0024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1998 09 01 TO 1999 02 28

NOTE: Read Instructions before completing this form

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
 NO DISCHARGE

QUALITY OR CONCENTRATION

PARAMETER	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TPH	*****	*****	****	*****	0.43 **	1.07 **	mg/L	NA	3/180	GRAB
TSS	*****	*****	****	*****	79.7	211.0	mg/L	NA	3/180	COMP
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

AR 027465

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>	TELEPHONE NUMBER (206)439-7706	DATE
		AREA CODE	YEAR MO DAY 99 04 23

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

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

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PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR) SEMI-ANNUAL

WA0024651
 PERMIT NUMBER
 012 (ENG. YARD)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1998 09 01 TO 1999 02 28

NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 26' 34" N
 Long 122 17' 50" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM				
TPH**	*****	*****	*****	1.79 **	1.79 **	*****	1.79 **	1.79 **	mg/L	NA	1/180	GRAB
TSS	*****	*****	*****	76	76	*****	76	76	mg/L	NA	1/180	COMP
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												

AR 027467

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman, Director TYPED OR PRINTED Director, Aviation Development and Maintenance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NUMBER (206)439-7706 AREA CODE	DATE
			YEAR MO DAY

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.)
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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.
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Legal Notice

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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.
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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.).
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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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PERMITTEE NAME/ADDRESS: SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS: PORT OF SEATTLE
 PO BOX 66727, SEATTLE, WA 98168
 FACILITY: SAME AS ABOVE
 LOCATION: SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) QUARTERLY
 WA0024651 PERMIT NUMBER
 003 (SDS 1) DISCHARGE NO.
 MONITORING PERIOD: 1998 12 01 TO 1999 02 28

NOTE: Read Instructions before completing this form
 Discharge Location: Lat 47 26' 13" N Long 122 18' 38" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MAXIMUM				
ETHYLENE GLYCOL*	*****	*****	****	*****	< 2.0 *	< 2.0 *	mg/L	< 2.0 *	NA	1/90	GRAB	
PROPYLENE GLYCOL*	*****	*****	****	*****	< 2.0 *	< 2.0 *	mg/L	< 2.0 *	NA	1/90	GRAB	
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												
Sample Measurement												

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Michael D. Feldman, Director
 TYPED OR PRINTED: Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Michael D. Feldman*

TELEPHONE NUMBER: (206) 439-7706
 AREA CODE: 99
 DATE: 04 23

YEAR: 99 MO: 04 DAY: 23

AR 027471

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

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PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT (DMR) QUARTERLY
 WA0024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.

MONITORING PERIOD
 FROM 1998 12 01 TO 1999 02 28

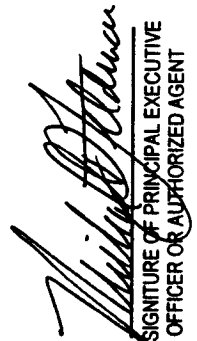
NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
ETHYLENE GLYCOL*	*****	*****	*****	*****	< 2.0	< 2.0	mg/L	NA	1/90	GRAB
PROPYLENE GLYCOL*	*****	*****	*****	*****	< 2.0	< 2.0	mg/L	NA	1/90	GRAB
FLOW	*****	YES**	YES/NO	*****	*****	*****	*****	NA	90/90	METER
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

AR 027473

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 04 23
 YEAR MO DAY

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.

POS SeaTac Airport IWTP Water Processing Log -- March 1999

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

Total March 1999 Flow (Gallons)

39,050,400

AR 027475

DMR

JULY

1999

July '99

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

outfall name	outfall #	primary mon sched	secondary mon sched	DMRs to be submitted to Ecology by the 30th of these months for the previous reporting period			DMRs to be submitted to Ecology by the 30th of these months for the previous reporting period					
				March	April	May	Sept	Oct	Nov	Nov	X	
SDE4	002	QTRLY*		X	X	X	X	X	X	X	X	X
SDS1	003	ANN	QTRLY**	X		X**						X**
SDS2	004	ANN		X								
SDS3	005	QTRLY*		X	X	X	X	X	X	X	X	X
SDN1	006	QTRLY*		X	X	X	X	X	X	X	X	X
SDN2***	007	SEMI-ANN	QTRLY**	X		X**						X**
SDN3	008	ANN		X								
SDS4	009	ANN		X								
SDW3	010	ANN		X								
SDN4	011	QTRLY*		X	X	X	X	X	X	X	X	X
EY	012	SEMI-ANN		X					X			
TY	013	SEMI-ANN		X					X			
B	014	ANN		X								
D	015	ANN		X								

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

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

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

Total (month) 1997 Flow (Gallons) 17,632,500

146000

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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.

Legal Notice

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Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE

P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

#681

WA-002465-1
PERMIT NUMBER

001 (IWS)
DISCHARGE NUMBER

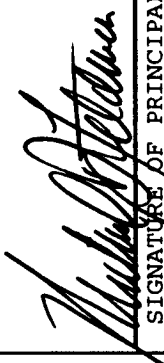
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1999 July 01 1999 July 31

NOTE: Read instructions before completing this form.

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMRA)

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FECAL COLIFORM	Sample Measurement	*****	***	*****	1	#/100	0	1/16	Grab
	Permit Requirement	*****	*****	*****	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT	Sample Measurement	*****	***	*****	-No-	YES/	-	-	-
	Permit Requirement	*****	*****	*****	REPORT	NO		1/YR	C/G**
SCAN*	Sample Measurement								
	Permit Requirement								
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman Director, Aviation Development and Maintenance	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (206) 439-7706	DATE 79 / 08 / 24
TYPED OR PRINTED		AREA NUMBER 7706	YEAR MO DAY 79 08 24

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*ATTACH THE LABORATORY REPORT.
**C/G = COMPOSITE/GRAB.

AR 027481



RECEIVED

SEP 07 1999

DEPT. OF ECOLOGY

September 1, 1999

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.

Sincerely,


Michael Feldman, Director
Aviation Development & Maintenance

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

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

A:\hubbard\disk4\fit35Jul99dmr.doc



AR 027482

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS #681
 SEA-TAC INTERNATIONAL AIRPORT
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE


Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

WAO024651
 PERMIT NUMBER
 011 (SDN 4)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 07 01 1999 07 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	*****	0.052	mg/L	NA	0/30	N/A
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	*****	0.004	mg/L	NA	0/30	N/A
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	*****	0.017	mg/L	NA	0/30	N/A
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 99 09 24
 YEAR MO DAY

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

Printed 8/4/99

PAGE 10 OF 10

General Instructions

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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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NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 27 56" N
 Long 122 18' 09" W
NO DISCHARGE

WA0024651
 PERMIT NUMBER
 006 (SDN 1)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 07 01 TO 1999 07 31


PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	*****	0.238	mg/L	NA	1/30	COMP
Sample Measurement	*****	*****	****	*****	*****					
Sample Measurement	*****	*****		*****	*****					
Sample Measurement	*****	*****		*****	*****					
Sample Measurement	*****	*****		*****	*****					
Sample Measurement	*****	*****		*****	*****					
Sample Measurement	*****	*****		*****	*****					
Sample Measurement	*****	*****		*****	*****					
Sample Measurement	*****	*****		*****	*****					
Sample Measurement	*****	*****		*****	*****					

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

DATE
 99 07 24

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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

AR 027485

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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.).
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PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

Discharge Location
 Lat 47 27 56" N
 Long 122 18' 09" W
NO DISCHARGE

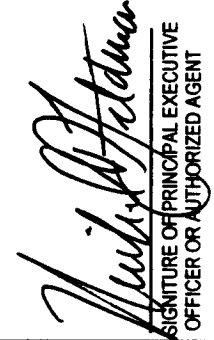
WA0024651 PERMIT NUMBER
 006 (SDN 1) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 07 01 TO 1999 07 31

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	0.6	mg/L	NA	1/30	GRAB
TSS	69	mg/L	NA	1/30	COMP
TURBIDITY	25	NTU	NA	1/30	COMP
FECAL COLIFORM	50	#/100 ml	NA	1/30	GRAB
BOD5	4.28	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE COPPER	0.0376	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	0.0086	mg/L	NA	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 08 24
 YEAR MO DAY

Printed 8/4/99
 PAGE 7 OF 10
 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 = .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 & 011 shall be submitted monthly until 2000. Thereafter they shall be submitted quarterly.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

AR 027487

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.

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS #681
 AME SEATAC INTERNATIONAL AIRPORT
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

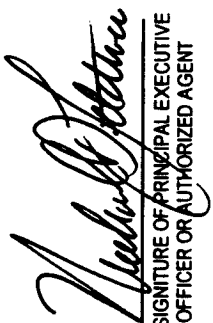
Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
NO DISCHARGE

WA0024651
 PERMIT NUMBER
 005 (SDS 3)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 07 01 TO 1999 07 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	*****	0.0251	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	< 0.002		mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	0.028		mg/L	NA	1/30	COMP
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 99 08 24
 YEAR MO DAY

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

AR 027489

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.

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681
P.O. BOX 68177, SEATTLE, WA 98168
FACILITY NAME AS ABOVE
LOCATION NAME AS ABOVE

Discharge Location
Lat 47 25' 58" N
Long 122 18' 30" W
NO DISCHARGE

WA0024651
PERMIT NUMBER
005 (SDS 3)
DISCHARGE NO.
MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
1999 07 01 TO 1999 07 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	*****	*****	*****	*****	< 0.15 **	mg/L	NA	1/30	GRAB
TSS	Sample Measurement	*****	*****	*****	*****	11	mg/L	NA	1/30	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	*****	14	NTU	NA	1/30	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	*****	23	#/100 ml	NA	1/30	GRAB
BOD5	Sample Measurement	*****	*****	*****	*****	4.7	mg/L	NA	1/30	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	*****	N/A *	mg/L	NA	0/30	N/A
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	*****	N/A *	mg/L	NA	0/30	N/A

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER
(206)439-7706
AREA CODE
99
MO DAY
08 24

DATE
YEAR MO DAY
99 08 24

Printed 8/4/99
PAGE 5 OF 10
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 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 2000. Thereafter they shall be submitted quarterly.
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.

NOTE: Read Instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 AM: SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

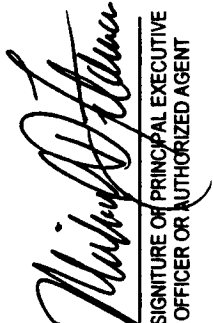
Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W
NO DISCHARGE

WA0024651
 PERMIT NUMBER
 002 (SDE 4)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 07 01 TO 1999 07 31

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	*****	*****	****	*****	*****	0.0257	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE LEAD	*****	*****	****	*****	*****	0.0129	mg/L	NA	1/30	COMP
TOTAL RECOVERABLE ZINC	*****	*****	****	*****	*****	0.141	mg/L	NA	1/30	COMP
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 08 24
 YEAR MO DAY

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

Printed 8/4/99

PAGE 4 OF 10

AR 027493

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

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PERMITTEE NAME/ADDRESS
 AME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER

002 (SDE 4)
 DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 07 01 TO 1999 07 31

NOTE: Read Instructions
 before completing this form

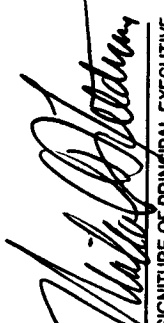
Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			UNITS
TPH**	*****	*****	*****	*****	*****	1.5 **	mg/L	1/30	GRAB
TSS	*****	*****	*****	*****	*****	45	mg/L	1/30	COMP
TURBIDITY	*****	*****	*****	*****	*****	39	NTU	1/30	COMP
FECAL COLIFORM	*****	*****	*****	*****	*****	900	#/100 ml	1/30	GRAB
BOD5	*****	*****	*****	*****	*****	6.84	mg/L	1/30	COMP
ETHYLENE GLYCOL*	*****	*****	*****	*****	*****	N/A *	mg/L	0/30	N/A
PROPYLENE GLYCOL*	*****	*****	*****	*****	*****	N/A *	mg/L	0/30	N/A

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

DATE
 99 08 24
 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. **The TPH value reported is sum of diesel & motor oil quantitation range results from method NMTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 1.47. ***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 & 011 shall be submitted monthly until 2000. Thereafter they shall be submitted quarterly.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Printed: 8/4/99
 PAGE 3 OF 10

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.
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PERMITTEE NAME/ADDRESS
 ANIE SEA-TAC INTERNATIONAL AIRPORT #681

ADDRESS
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

FACILITY
 SAME AS ABOVE

LOCATION
 SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER

011 (SDN 4)
 DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 07 01 TO 1999 07 31

NOTE: Read Instructions
 before completing this form

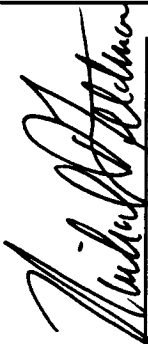
Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Excess Analyses		
TPH**	*****	*****	*****	*****	*****	0.29 **	mg/L	NA	0/30	N/A
TSS	*****	*****	*****	*****	*****	18.8	mg/L	NA	0/30	N/A
TURBIDITY	*****	*****	*****	*****	*****	320	NTU	NA	0/30	N/A
FECAL COLIFORM	*****	*****	*****	*****	*****	8	#/100 ml	NA	0/30	N/A
BOD5	*****	*****	*****	*****	*****	12.5	mg/L	NA	0/30	N/A
ETHYLENE GLYCOL*	*****	*****	*****	*****	*****	N/A *	mg/L	NA	0/30	N/A
PROPYLENE GLYCOL*	*****	*****	*****	*****	*****	N/A *	mg/L	NA	0/30	N/A

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Development and Maintenance

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 99 08 24

DATE
 YEAR MO DAY
 99 08 24

Printed 8/4/99
 PAGE 9 OF 10
 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 NWTPH-Dx = 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 outfalls 002, 005, 006 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADEE)

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.



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

CASE FILE NUMBER:	POS002-68B	PAGE 1
REPORT DATE:	07/23/99	
DATE SAMPLED:	07/02/99	DATE RECEIVED: 07/03/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE		

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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	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



AQUATIC RESEARCH INCORPORATED

LABORATORY & CONSULTING SERVICES

3927 AURORA AVENUE NORTH, SEATTLE, WA 98103

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

CASE FILE NUMBER:	POS002-71B	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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN4 071799 COMP	0.0517	0.0042	0.017

AR 027500

DMR

NOVEMBER

1999

November '99

RECEIVED

Port of Seattle DMR submittal schedule for Sea-Tac International Airport Stormwater Discharges

DEC 23 1999

see NPDES permit # WA-002465-1, dated January 25, 1999, sections S2.B and S3.B

DEPT OF ECOLOGY

This table valid for period March 1, 1999 through February 28, 2000

outfall name	outfall #	primary mon sched	secondary mon sched	DMRs to be submitted to Ecology by the 30th of these months for the previous reporting period												
				March	April	May	Sept	Oct	Nov	Dec	Jan	Feb	Mar			
SDS1	002	QTRLY*		X	X	X	X	X	X	X	X	X	X	X	X	X
SDS2	003	ANN	QTRLY**	X					X**							
SDS3	004	ANN		X												
SDN1	005	QTRLY*		X	X	X	X	X	X	X	X	X	X	X	X	X
SDN2***	006	QTRLY*		X	X	X	X	X	X	X	X	X	X	X	X	X
SDN3	007	SEMI-ANN	QTRLY**	X					X**							
SDS4	008	ANN		X												
SDW3	009	ANN		X												
SDN4	010	ANN		X												
EY	011	QTRLY*		X	X	X	X	X	X	X	X	X	X	X	X	X
TY	012	SEMI-ANN		X												
B	013	SEMI-ANN		X												
D	014	ANN		X												
	015	ANN		X												

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

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT #681
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

WA-002465-1 001 (IWS)
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
1999 NOV 01 TO 1999 NOV 30

NOTE: Read instructions before
completing this form.

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW*	Sample Measurement	4200	GPM	*****	*****	*****	0	25/30	3xshift
	Permit Requirement	4,800		*****	*****	*****		07/07	CONT.
PH	Sample Measurement	*****	***	6.54	*****	7.25	0	5/25	GRAB
	Permit Requirement	*****		6.0	*****	9.0		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	***	*****	3.8	9	0	5/25	GRAB
	Permit Requirement	*****		*****	8	15		01/07	GRAB
TSS	Sample Measurement	*****	***	*****	10.6	19	0	5/25	COMP.
	Permit Requirement	*****		*****	21	33		01/07	COMP.
BOD ₅	Sample Measurement	*****	***	*****	48	48	0	1/25	COMP.
	Permit Requirement	*****		*****	*****	REPORT		01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	***	*****	27.8	27.8	0	1/25	COMP.
	Permit Requirement	*****		*****	*****	REPORT		01/30	COMP.
TPH	Sample Measurement	*****	***	*****	2.2/2.3+	2.2/2.3+	0	1/25	GRAB
	Permit Requirement	*****		*****	*****	REPORT		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Michael D. Feldman Director, Aviation Development and Maintenance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>	TELEPHONE (206) 439-7706	DATE / /
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 NWRPH-Dx and reported as #2 Diesel/Motor Oil		AREA NUMBER CODE	YEAR MO DAY

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

NOTE: Read instructions before completing this form.

#681

WA-002465-1

001 (IWS)

DISCHARGE NUMBER

Discharge Location

Lat 47° 24' 7" N

Long 122° 20' 7" W

NO DISCHARGE

PERMIT NUMBER

MONITORING PERIOD

YEAR MO DAY

1999 NOV 01

TO YEAR MO DAY

1999 NOV 30

FROM

TO

PERMIT NUMBER

DISCHARGE NUMBER

Discharge Location

Lat 47° 24' 7" N

Long 122° 20' 7" W

NO DISCHARGE

FACILITY

SAME AS ABOVE

LOCATION

SAME AS ABOVE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FECAL COLIFORM	*****	*****	***	*****	860	#/100	0	1/25	GRAB
	*****	*****		*****	REPORT	mls		01/30	GRAB
PRIORITY POLLUTANT	*****	*****	***	*****	NO	YES/	NO	NO	NO
	*****	*****		*****	REPORT	NO		1/YR	C/G**
SCAN*	*****	*****		*****					
	*****	*****		*****					
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									

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 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.	TELEPHONE	DATE
		(206) 439-7706	YEAR MO DAY
Michael D. Feldman Director, Aviation Development and Maintenance	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	
TYPED OR PRINTED		CODE	

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

*ATTACH THE LABORATORY REPORT.

**C/G = COMPOSITE/GRAB.

AR 027504

Permittee Name/Address
Include Name/Location (if different)

681

NAME SEA-TAC AIRPORT

ADDRESS PORT OF SEATTLE

PO BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

WA-0024651

002 (SDE4)

PERMIT NUMBER

DISCHARGE LOCATION

Lat 47° 26' 13" N

Long 122° 17' 38" W

NO DISCHARGE

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	99	11	30

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceed-ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
TPH	*****	*****	***	*****	*****	mg/L	NA	2/30	GRAB
TSS	*****	*****	***	*****	*****	mg/L	NA	2/30	GRAB
TURBIDITY	*****	*****	***	*****	*****	NTU	NA	2/30	COMP
FECAL COLIFORM	*****	*****	***	*****	*****	#/100	NA	2/30	GRAB
BOD5	*****	*****	***	*****	*****	mg/L	NA	2/30	GRAB
ETHYLENE GLYCOL*	*****	*****	***	*****	*****	mg/L	NA	2/30	COMP
PROPYLENE GLYCOL*	*****	*****	***	*****	*****	mg/L	NA	2/30	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MICHAEL D. FELDMAN 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 INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE	DATE
		(206) 439-7706	YEAR MO DAY / /
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>		AREA NUMBER	YEAR MO DAY
TYPED OR PRINTED		CODE	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.

**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.

TPH = 1.68 MOTOR OIL RANKS + < 0.10 DIESEL RANKS

Permittee Name/Address
Include Name/Location (if different)

681

NAME SEA-TAC AIRPORT

ADDRESS PORT OF SEATTLE

PO BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

WA-0024651

PERMIT NUMBER

002 (SDE4)

DISCHARGE NUMBER

MONITORING PERIOD

FROM 99 11 01 TO 99 11 30

NOTE: Read instructions before
completing this form.

Discharge Location

Lat 47° 26' 13" N

Long 122° 17' 38" W

NO DISCHARGE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
TOTAL RECOVERABLE COPPER	*****	*****	***	*****	*****	0.012	mg/L	NA	2/30	Comp
TOTAL RECOVERABLE LEAD	*****	*****	***	*****	*****	0.008	mg/L	NA	2/30	Comp
TOTAL RECOVERABLE ZINC	*****	*****	***	*****	*****	0.082	mg/L	NA	2/30	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, 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.

NAME/TITLE: MICHAEL D. FELDMAN, DIRECTOR, AVIATION FACILITIES
OFFICER

SIGNATURE: *Michael D. Feldman*
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (206) 439-7766
AREA NUMBER: / /
CODE: / /

DATE: / /

TYPED OR PRINTED

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.

AR 027506

Permittee Name/Address
Include Name/Location (if different)

681

NAME SEA-TAC AIRPORT

ADDRESS PORT OF SEATTLE

PO BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

WA-0024651

PERMIT NUMBER

005 (SDS3)

DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	99	11	30

NOTE: Read instructions before completing this form.

Discharge Location	
Lat	47° 26' 13" N
Long	122° 17' 38" W
NO DISCHARGE	

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceed-ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
TPH	*****	*****	***	*****	*****	mg/L	NA	2/30	GRAB
TSS	*****	*****	***	*****	*****	mg/L	NA	2/30	COMP
TURBIDITY	*****	*****	***	*****	*****	NTU	NA	2/30	COMP
FECAL COLIFORM	*****	*****	***	*****	*****	#/100	NA	2/30	GRAB
BOD5	*****	*****	***	*****	*****	mg/L	NA	2/30	COMP
ETHYLENE GLYCOL*	*****	*****	***	*****	*****	mg/L	NA	2/30	COMP
PROPYLENE GLYCOL*	*****	*****	***	*****	*****	mg/L	NA	2/30	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MICHAEL D. FELDMAN DIRECTOR, AVIATION FACILITIES	TELEPHONE 206 439-7706	DATE / /
TYPED OR PRINTED	AREA NUMBER 706439-7706	YEAR MO DAY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>	

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

*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. DMSR FOR OUTFALLS 002,005,006 AND 011 SHALL BE SUBMITTED MONTHLY UNTIL 2/00. THEREAFTER THEY SHALL BE SUBMITTED QUARTERLY. * TPA = <0.10 MOTOR OIL RANGE + <0.05 DISSOLVED RANGE

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT

ADDRESS PORT OF SEATTLE

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

WA-0024651

PERMIT NUMBER

006 (SDN1)

DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
99 11 01 TO 99 11 30

Discharge Location

Lat 47° 26' 13" N

Long 122° 17' 38" W

NO DISCHARGE

NOTE: Read instructions before completing this form.

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceed-ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
TPH	Sample Measurement	*****	***	*****	*****	mg/L	NA	2/30	GRAB
	Permit Requirement	*****	*****	*****	*****	1.2	NA	2/30	GRAB
TSS	Sample Measurement	*****	***	*****	*****	mg/L	NA	2/30	Comp
	Permit Requirement	*****	*****	*****	*****	39	NA	2/30	Comp
TURBIDITY	Sample Measurement	*****	***	*****	*****	NTU	NA	2/30	Comp
	Permit Requirement	*****	*****	*****	*****	41	NA	2/30	Comp
FECAL COLIFORM	Sample Measurement	*****	***	*****	*****	#/100	NA	2/30	GRAB
	Permit Requirement	*****	*****	*****	*****	71600	NA	2/30	GRAB
BOD5	Sample Measurement	*****	***	*****	*****	mg/L	NA	2/30	Comp
	Permit Requirement	*****	*****	*****	*****	5.0	NA	2/30	Comp
	Sample Measurement	*****	***	*****	*****	***		*****	*****
	Permit Requirement	*****	*****	*****	*****	*****		*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MICHAEL D. FELDMAN
DIRECTOR, AVIATION FACILITIES

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Gheavitt

TELEPHONE (206) 438-7706

DATE / /

AREA NUMBER CODE

YEAR MO DAY

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

**EIGHT SAMPLES PER YEAR 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. TPA = 1.15 METAL OIL RANGE + 2.0, 0.05 DIESEL RANGE

AR 027510

Permittee Name/Address
 Include Name/Location (if different)
 NAME SEA-TAC AIRPORT
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

681

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

WA-0024651
 PERMIT NUMBER
 006 (SDN1)
 DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 99 11 01 TO 99 11 30

NOTE: Read instructions before
 completing this form.

Discharge Location
 Lat 47° 26' 13" N
 Long 122° 17' 38" W
NO DISCHARGE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
TOTAL RECOVERABLE COPPER	*****	*****	***	*****	*****	0.011	mg/L	NA	2/30	Comp
TOTAL RECOVERABLE LEAD	*****	*****	***	*****	*****	0.009	mg/L	NA	2/30	Comp
TOTAL RECOVERABLE ZINC	*****	*****	***	*****	*****	0.120	mg/L	NA	2/30	Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 MICHAEL D. FELDMAN
 DIRE COR, AVIATION FACILITIES

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR EMPLOYEES VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE _____ DATE _____

AREA NUMBER (206) 49-7706
 CODE _____

YEAR MO DAY
 / /

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.

AR 027511

Permittee Name/Address
Include Name/Location (if different)

681

NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE

PO BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

WA-0024651
PERMIT NUMBER

007 (SDN2)

DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	09	01	99	11	30

Discharge Location	
Lat	47° 28' 00" N
Long	122° 18' 28" W
NO DISCHARGE <input checked="" type="checkbox"/>	

NOTE: Read instructions before completing this form.

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
ETHYLENE GLYCOL*	*****	*****	***	*****	*****	NA	mg/L	NA	0/90	NA
PROPYLENE GLYCOL*	*****	*****	***	*****	*****	NA	mg/L	NA	0/90	NA
FLOW	*****	NO	YES/NO	*****	*****	*****	***	NA	NA	NA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MICHAEL D. FELDMAN DIRECTOR, AVIATION FACILITIES	TELEPHONE (206) 439-7706	DATE / /
TYPED OR PRINTED	AREA NUMBER 706	YEAR MO DAY / /
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Michael D. Feldman</i>		

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 UNQUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*ETHYLENE AND PROPYLENE GLYCOL MONITORING NOT REQUIRED IN JUNE, JULY AND AUGUST.

NO BYPASS DISCHARGES TO SDN2 SEPT 1 - NOV 30, 1999

AR 027512

Permittee Name/Address
Include Name/Location (if different)

NAME SEA-TAC AIRPORT 681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

WA-0024651 011 (SDN4)
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
99 11 01 99 11 30

NOTE: Read instructions before completing this form.

Discharge Location
Lat 47° 28' 00" N
Long 122° 18' 38" W
NO DISCHARGE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceed-ances	Frequency of analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
TPH	*****	*****	***	*****	*****	2.6 ***	mg/L	NA	2/30	GRAB
TSS	*****	*****	***	*****	*****	12	mg/L	NA	2/30	Comp
TURBIDITY	*****	*****	***	*****	*****	17	NTU	NA	2/30	Comp
FECAL COLIFORM	*****	*****	***	*****	*****	300	#/100	NA	2/30	GRAB
BOD5	*****	*****	***	*****	*****	6.9	mls	NA	2/30	Comp
ETHYLENE GLYCOL*	*****	*****	***	*****	*****	< 2	mg/L	NA	2/30	Comp
PROPYLENE GLYCOL*	*****	*****	***	*****	*****	< 2	mg/L	NA	2/30	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MICHAEL D. FELDMAN
DIRECTOR, AVIATION FACILITIES

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE _____ DATE _____
AREA NUMBER (206) 439-7706
CODE _____ YEAR MO DAY / /

TYPED OR PRINTED

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

*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 002,005,006 AND 011 SHALL BE SUBMITTED MONTHLY UNTIL 2/00. THEREAFTER THEY SHALL BE SUBMITTED QUARTERLY. *TPH = 2.57 MOTOR OIL RANGE + < 0.05 DIESEL RANGE

AR 027513

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

Date	Average Flow Rate (gpm)	Volume (Gallons)
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
Total (month) 1997 Flow (Gallons)		82,128,000



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

CASE FILE NUMBER:	POS002-75B	PAGE 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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (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

AR 027516



AQUATIC RESEARCH INCORPORATED
LABORATORY & CONSULTING SERVICES

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

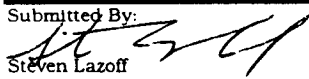
CASE FILE NUMBER:	POS002-75B	PAGE 2
REPORT DATE:	12/09/99	
DATE SAMPLED:	11/16,17/99	DATE RECEIVED: 11/17/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE		

QA/QC DATA -TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	SDE4111899 COMP	SDE4111899 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	SDE4111899 COMP	SDE4111899 COMP	SDE4111899 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)			
TRUE	0.0269	0.0265	0.969
% RECOVERY	107.60%	106.00%	96.90%
PREP BLANK			
BLANK SPIKE % RECOVERY	<0.0010	<0.0010	<0.005
	99.2%	101.6%	97.2%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION.

Submitted By:


Steven Lazoff
Laboratory Director

AR 027517



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

CASE FILE NUMBER:	POS002-74B	PAGE 1
REPORT DATE:	12/02/99	
DATE SAMPLED:	11/05/99	DATE RECEIVED: 11/06/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE / 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.

SAMPLE DATA SOURCE TRAINING

DMR: ONLY THESE RESULTS REPORTABLE

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN1 DOWN 110599 C	0.0108	0.0086	0.120
SDN1 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
SDS3110599 COMP2	0.0208	<0.0020	0.025
SDN4110599 COMP2	0.0198	<0.0020	0.024

DUPLICATES

BATCH/QRPT BLANKS




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

CASE FILE NUMBER: POS002-74B **PAGE 2**
REPORT DATE: 12/02/99
DATE SAMPLED: 11/05/99 **DATE RECEIVED:** 11/06/99
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER
SAMPLES FROM PORT OF SEATTLE / NPDES STORMWATER

QA/QC DATA -TOTAL & DISSOLVED METALS

QC PARAMETER	TOTAL METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	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			
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/l)	0.0269	0.0265	0.981
TRUE	0.0250	0.0250	1.00
% RECOVERY	107.60%	106.00%	98.10%
PREP BLANK			
BLANK SPIKE % RECOVERY	<0.0010	<0.0010	<0.005
	98.4%	106.4%	97.2%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By:

 Steven Lazoff
 Laboratory Director

DMR

FEBRUARY

2000

AR 027520

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

WA-002465-1
PERMIT NUMBER
001 (TWS)
DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY
2000 FEB 01 TO 2000 FEB 29

#681

Permittee Name/Address:
Include Name/Location (if different)
NAME SEA-TAC AIRPORT
ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
FLOW*	Sample Measurement	*****	3000	GPM	*****	*****	***	0	15/29	3xshift
	Permit Requirement	*****	4,800		*****	*****			07/07	CONT.
PH	Sample Measurement	*****	*****	***	6.46	*****	STD	0	5/15	GRAB
	Permit Requirement	*****	*****		6.0	*****	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	*****	***	3.2	6	mg/L	0	5/15	GRAB
	Permit Requirement	*****	*****		8	15			01/07	GRAB
TSS	Sample Measurement	*****	*****	***	10.4	17	mg/L	0	5/15	COMP.
	Permit Requirement	*****	*****		21	33			01/07	COMP.
BOD ₅	Sample Measurement	*****	*****	***	225	240	mg/L	0	1/15	COMP.
	Permit Requirement	*****	*****		REPORT	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	*****	***	214.6	214.6	mg/L	0	1/15	COMP.
	Permit Requirement	*****	*****		REPORT	REPORT			01/30	COMP.
TPH	Sample Measurement	*****	*****	***	1.8/1.1+	1.8/1.1+	mg/L	0	1/15	GRAB
	Permit Requirement	*****	*****		REPORT	REPORT			1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman
Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE (206) 439-7706
DATE 00, 03, 31

AREA NUMBER 00, 03, 31
YEAR MO DAY

RECEIVED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*DAILY FLOW REPORTING SUBMITTED ON SEPARATE ATTACHED SHEET.
According to Permit Condition S1E, the Port is notifying the Department of Ecology that this month, monitoring using methods used for local...
than those specified in Special Condition S2 was performed.
* TPH analyzed by NWTPH-DX and reported as #2 Diesel/Motor Oil

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMA)

Discharge Location
 Lat 47° 24' 7" N
 Long 122° 20' 7" W
NO DISCHARGE

WA-002465-1
 PERMIT NUMBER
 001 (IWS)
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 2000 FEB 01 TO 2000 FEB 29

#681

Permittee Name/Address
 Include Name/Location (if different)
 NAME SEA-TAC AIRPORT
 ADDRESS PORT OF SEATTLE
 P.O. BOX 68727, SEATTLE 98168


FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				No. of Exceedances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum	Units				
FECAL COLIFORM	Sample Measurement	*****	***	*****	0	#/100	0	1\15	0	1\15	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT	REPORT	01/30	NO	01/30	GRAB
PRIORITY POLLUTANT	Sample Measurement	*****	***	*****	*****	YES/	NO	NO	NO	NO	NO
	Permit Requirement	*****	*****	*****	*****	REPORT	REPORT	1/YR	1/YR	1/YR	C/G**
SCAN*	Sample Measurement	*****		*****							
	Permit Requirement	*****		*****							
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 Director, Aviation Facilities

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: (206) 439-7706
 AREA NUMBER 00, 03, 31
 CODE YEAR MO DAY

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

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

POS SeaTac Airport IWTP Water Processing Log -- February 2000

Date	Average Flow Rate (gpm)	Volume (Gallons)
1-Feb-00	3000	4,320,000
2-Feb-00	3000	4,320,000
3-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 Flow (Gallons)		46,470,000

NOTE: Read Instructions before completing this form

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

Discharge Location
Lat 47° 26' 13" N
Long 122° 17' 38" W
NO DISCHARGE

WA0024651
PERMIT NUMBER
002 (SDE 4)
DISCHARGE NO.

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
2000 02 01 TO 2000 02 29

PERMITTEE NAME/ADDRESS
AME SEA-TAC INTERNATIONAL AIRPORT #681
ADDRESS PORT OF SEATTLE
PO BOX 68727, SEATTLE, WA 98168
FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	Sample Measurement	*****	*****	*****	*****	mg/L	NA	0/30	N/A	
TSS	Sample Measurement	*****	*****	*****	*****	mg/L	NA	0/30	N/A	
TURBIDITY	Sample Measurement	*****	*****	*****	*****	NTU	NA	0/30	N/A	
FECAL COLIFORM	Sample Measurement	*****	*****	*****	*****	#/100 ml	NA	0/30	N/A	
BOD5	Sample Measurement	*****	*****	*****	*****	mg/L	NA	0/30	N/A	
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	*****	mg/L	NA	0/30	N/A	
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	*****	mg/L	NA	0/30	N/A	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Facilities

TELEPHONE NUMBER
(206) 439-7706
AREA CODE
00 03 31

DATE
YEAR MO DAY
00 03 31

Printed 3/10/00
PAGE 3 OF 10
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, Motor Oil = 0.
***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.
Substitute for EPA Form 3320-1 (Rev. 8-96 by WA00E)

NOT SAMPLED THIS MONTH

AR 027524

PERMITTEE NAME/ADDRESS
 SEATAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER
 002 (SDE 4)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 2000 02 01 TO 2000 02 29

NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	*****	mg/L	NA	0/30	N/A	
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	*****	mg/L	NA	0/30	N/A	
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	*****	mg/L	NA	0/30	N/A	
	Sample Measurement	*****	*****	*****	*****					
	Sample Measurement	*****	*****	*****	*****					
	Sample Measurement	*****	*****	*****	*****					
	Sample Measurement	*****	*****	*****	*****					

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE

DATE
 00 03 31
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Printed 3/10/00
 PAGE 4 OF 10

NOT SAMPLED THIS MONTH

NOTE: Read instructions before completing this form

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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
PO BOX 60727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
NO DISCHARGE

PERMIT NUMBER
WA0024651
 DISCHARGE NO.
005 (SDS 3)

MONITORING PERIOD
 FROM YEAR 2000 MO 02 DAY 01 TO YEAR 2000 MO 02 DAY 29

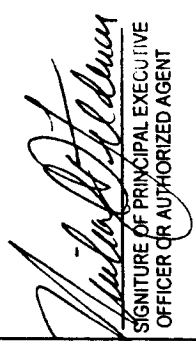
PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances	AVERAGE	MAXIMUM			UNITS
TPH**	*****	*****	*****	*****	*****	N/A **	mg/L	NA	0/30	N/A	N/A	
TSS	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A	N/A	
TURBIDITY	*****	*****	*****	*****	*****	N/A	NTU	NA	0/30	N/A	N/A	
FECAL COLIFORM	*****	*****	*****	*****	*****	N/A	#/100 ml	NA	0/30	N/A	N/A	
BOD5	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A	N/A	
ETHYLENE GLYCOL*	*****	*****	*****	*****	*****	N/A *	mg/L	NA	0/30	N/A	N/A	
PROPYLENE GLYCOL*	*****	*****	*****	*****	*****	N/A *	mg/L	NA	0/30	N/A	N/A	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Facilities

DATE
 00 03 31

TELEPHONE NUMBER
 (206)439-7706
 AREA CODE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


YEAR MO DAY
 00 03 31

Printed 3/10/00 PAGE 5 OF 10
 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; Motor Oil = 0.
 ***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 & 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)

NOT SAMPLED THIS MONTH

PERMITTEE NAME/ADDRESS
 AWE SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 60727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER
 005 (SDS 3)
 DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 2000 02 01 TO 2000 02 29

NOTE: Read instructions
 before completing this form

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	FREQUENCY OF ANALYSIS	
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	*****	N/A	mg/L	0/30	N/A
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	*****	N/A	mg/L	0/30	N/A
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	*****	N/A	mg/L	0/30	N/A
	Sample Measurement	*****	*****	*****	*****				
	Sample Measurement	*****	*****	*****	*****				
	Sample Measurement	*****	*****	*****	*****				
	Sample Measurement	*****	*****	*****	*****				

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 00 03 31

DATE
 YEAR MO DAY
 00 03 31

AR 027527

PERMITTEE NAME/ADDRESS
SEA-TAC INTERNATIONAL AIRPORT #681

DISCHARGE MONITORING REPORT (DMR) MONTHLY

WA0024651
PERMIT NUMBER

006 (SDN 1)
DISCHARGE NO.

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
2000 02 01 TO 2000 02 29

FROM

FACILITY
SAME AS ABOVE

LOCATION
SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

NOTE: Read Instructions before completing this form

Discharge Location
Lat 47 27 56" N
Long 122 18' 09" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	*****	*****	*****	*****	*****	N/A **	mg/L	NA	0/30	N/A
TSS	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A
TURBIDITY	*****	*****	*****	*****	*****	N/A	NTU	NA	0/30	N/A
FECAL COLIFORM	*****	*****	*****	*****	*****	N/A	#/100 ml	NA	0/30	N/A
BOD5	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman, Director
TYPED OR PRINTED
Director, Aviation Facilities

TELEPHONE NUMBER
(206)439-7706
AREA CODE
00 03 31

DATE
YEAR MO DAY
00 03 31

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 NMTPH-Dx - Average Result Fraction for Diesel = 0, Motor Oil = 0. ***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.
Substitute for EPA Form 3320-1 (Rev. 8-96 by WAODE)

Printed 3/10/00
PAGE 7 OF 10
NOT SAMPLED THIS MONTH

AR 027528

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER
 006 (SDN 1)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 2000 02 01 TO 2000 02 29

NOTE: Read instructions before completing this form

Discharge Location
 Lat 47 27 56" N
 Long 122 18' 09" W
 NO DISCHARGE


PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	# of Exceedances	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS				
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/L	NA	030	N/A	
	Sample Measurement	*****	*****	*****	*****	*****	*****					
	Sample Measurement	*****	*****	*****	*****	*****	*****					
	Sample Measurement	*****	*****	*****	*****	*****	*****					
	Sample Measurement	*****	*****	*****	*****	*****	*****					
	Sample Measurement	*****	*****	*****	*****	*****	*****					
	Sample Measurement	*****	*****	*****	*****	*****	*****					

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 00

DATE
 YEAR MO DAY
 00 03 31

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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

Printed 3/10/00

PAGE 8 OF 10

NOT SAMPLED THIS MONTH

PERMITTEE NAME/ADDRESS
 A/E SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA024651 PERMIT NUMBER
 011 (SDN-4) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 2000 02 01 TO 2000 02 29


NOTE: Read instructions before completing this form

Discharge Location
 Lat 47 28' 00" N
 Long 122 16' 38" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Exceedances		
TPH**	mg/L	NA	0/30	N/A
TSS	mg/L	NA	0/30	N/A
TURBIDITY	NTU	NA	0/30	N/A
FECAL COLIFORM	#/100 ml	NA	0/30	N/A
BOD5	mg/L	NA	0/30	N/A
ETHYLENE GLYCOL*	mg/L	NA	0/30	N/A
PROPYLENE GLYCOL*	mg/L	NA	0/30	N/A

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706
 AREA CODE
 00 03 31

DATE
 YEAR MO DAY
 00 03 31

Printed: 3/10/00
 PAGE 9 OF 10
 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, Motor Oil = 0.
 ***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WA DOE)

NOT SAMPLED THIS MONTH

PERMITTEE NAME/ADDRESS
 AWE SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

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

WA0024651
 PERMIT NUMBER
 011 (SDN 4)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 2000 02 01 TO 2000 02 29

NOTE: Read Instructions
 before completing this form

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# of Closed pipes		
TOTAL RECOVERABLE COPPER	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A
TOTAL RECOVERABLE LEAD	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A
TOTAL RECOVERABLE ZINC	*****	*****	*****	*****	*****	N/A	mg/L	NA	0/30	N/A
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					
Sample Measurement	*****	*****	*****	*****	*****					

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman, Director
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206) 439-7706
 AREA CODE
 00 03 31

DATE
 YEAR MO DAY
 00 03 31

AR 027531

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Qtrly

WA0024651
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 1999 12 01 TO 2000 02 29
 003 (SDS 1)
 DISCHARGE NO

NOTE: Read Instructions
 before completing this form.

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
 NO DISCHARGE


PARAMETER	QUANTITY OR LOADING			QUANTITY OR LOADING			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
ETHYLENE GLYCOL*	*****	*****	****	*****	*****	2.1 *	mg/L	NA	2/90	GRAB
PROPYLENE GLYCOL*	*****	*****	****	*****	*****	799 *	mg/L	NA	2/90	GRAB
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

DATE
 00 03 31
 YEAR MO DAY

TELEPHONE NUMBER
 (206)439-7706

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Qtrly
 WA0024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 12 01 2000 02 29

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			UNITS	QUANTITY OR LOADING			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM				
ETHYLENE GLYCOL*	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/L	NA	1/90	GRAB
PROPYLENE GLYCOL*	Sample Measurement	*****	*****	*****	*****	*****	*****	mg/L	NA	1/90	GRAB
FLOW	Sample Measurement	*****	*****	YES/NO	*****	*****	*****	****	NA	90/90	METER
	Sample Measurement	*****	*****		*****	*****	*****				
	Sample Measurement	*****	*****		*****	*****	*****				
	Sample Measurement	*****	*****		*****	*****	*****				
	Sample Measurement	*****	*****		*****	*****	*****				

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED Director, Aviation Facilities
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE NUMBER (206) 439-7706
 DATE 00 03 31
 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 PER NPDES PERMIT
 * * SAMPLE TAKEN DURING PUMP STATION BYPASS OF 12/15/99. NO OTHER PUMP STATION BYPASSES OCCURRED IN THIS MONITORING PERIOD (12/1/99 - 2/29/00)

AR 027533

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Semi-Annual
 WA0024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 1999 09 01 TO 2000 02 29

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUANTITY OR LOADING			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TPH**	*****	*****	*****	*****	*****	< 0.15 **	mg/L	NA	1/180	GRAB
TSS	*****	*****	*****	*****	*****	8	mg/L	NA	1/180	GRAB
Sample Measurement										COMP
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										
Sample Measurement										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706

DATE
 00 03 31
 YEAR MO DAY

Printed: 03/15/00
 Page 1 of 3
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 ** The TPH value reported is the sum of the diesel and motor oil quantification range results from method MWTPH-Dx - Result Fraction for Diesel = <0.05, Motor Oil = <0.10.
 *** SAMPLE TAKEN DURING PUMP STATION BYPASS OF 12/15/99. NO OTHER PUMP STATION BYPASSES OCCURRED IN THIS MONITORING PERIOD (9/1/99-2/29/00)

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Semi-Annual
 WA0024651
 PERMIT NUMBER
 DISCHARGE NO. 012 (ENG. YARD)
 MONITORING PERIOD
 YEAR MO DAY TO
 1999 09 01 2000 02 29

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 26' 34" N
 Long 122 17' 50" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUANTITY OR LOADING				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	*****	****	*****	*****	1.34 **	mg/L	NA	1/180	GRA-B
TSS	Sample Measurement	*****	****	*****	*****	96	mg/L	NA	1/180	Comp
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

DATE 00 03 31
 YEAR MO DAY

TELEPHONE NUMBER (206)439-7706

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PERMITTEE NAME/ADDRESS

NAME SEA-TAC INTERNATIONAL AIRPORT #681

ADDRESS PORT OF SEATTLE

PO BOX 68727, SEATTLE, WA 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORTING (DMR) Semi-Annual

WA0024651

PERMIT NUMBER 013 (TAXI YARD)

DISCHARGE NO

MONITORING PERIOD

YEAR MO DAY

1999 09 01

TO

2000 02 29

NOTE: Read Instructions before completing this form.

Discharge Location
Lat 47 27' 37" N
Long 122 17' 43" W

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				UNITS	MAXIMUM	AVERAGE	QUANTITY OR LOADING			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM				AVERAGE	MAXIMUM					
TPH**	Sample Measurement	*****	*****	*****	*****	2.9	*****	*****	*****	mg/L	NA	2/180	GRAB	
TSS	Sample Measurement	*****	*****	*****	*****	17	*****	*****	*****	mg/L	NA	1/180	COMP	
	Sample Measurement													
	Sample Measurement													
	Sample Measurement													
	Sample Measurement													
	Sample Measurement													
	Sample Measurement													

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman
TYPED OR PRINTED Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE NUMBER (206) 439-7706

DATE 00 03 31
YEAR MO DAY

AR 027536

PERMITTEE NAME/ADDRESS

NAME SEA-TAC INTERNATIONAL AIRPORT #681

ADDRESS PORT OF SEATTLE

PO BOX 68727, SEATTLE, WA 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORTING (DMR) Annual

WA0024651 003 (SDS 1)

PERMIT NUMBER DISCHARGE NO.

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 1999 03 01 TO 2000 02 29

NOTE: Read Instructions before completing this form.

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUANTITY OR LOADING			FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			UNITS
TPH**	Sample Measurement	*****	****	*****	1.6	**	mg/L	NA 2/365	GRAB
TSS	Sample Measurement	*****	****	*****	13		mg/L	NA 1/365	Comp
TURBIDITY	Sample Measurement	*****	****	*****	13		NTU	NA 1/365	Comp
FECAL COLIFORM	Sample Measurement	*****	****	*****	> 1600		#/100 ml	NA 2/365	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	****	*****	0.366		mg/L	NA 1/365	Comp
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	****	*****	0.009		mg/L	NA 1/365	Comp
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	****	*****	0.206		mg/L	NA 1/365	Comp

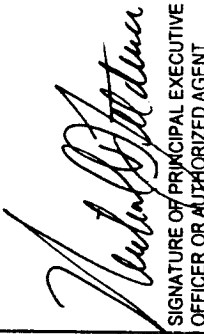
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER

(206)439-7706



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

00 03 31
 YEAR 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 = 1.15.

Printed: 03/15/00

Page 1 of 7

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Annual
 WA0024651 PERMIT NUMBER
 008 (SDN 3) DISCHARGE NO.
 FROM 1999 03 01 TO 2000 02 29
 MONITORING PERIOD

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 27' 59" N
 Long 122 18' 45" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUANTITY OR LOADING			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM				
TPH**	Sample Measurement	*****	*****	*****	0.2	0.2	mg/L	NA	3/365	GRAB
TSS	Sample Measurement	*****	*****	*****	2.8	2.8	mg/L	NA	1/365	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	4.9	4.9	NTU	NA	1/365	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	240	240	#/100 ml	NA	3/365	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	0.008	0.008	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	< 0.002	< 0.002	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	0.02	0.02	mg/L	NA	1/365	COMP

CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706

DATE
 00 13 01
 YEAR MO DAY

PERMITTEE NAME/ADDRESS

NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Annual

WA0024651
 PERMIT NUMBER
 009 (SDS 4)
 DISCHARGE NO.
 MONITORING PERIOD
 FROM 1999 03 01 TO 2000 02 29


NOTE: Read Instructions
 before completing this form.

Discharge Location
 Lat 47 25' 33" N
 Long 122 18' 15" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUANTITY OR LOADING				UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM				
TPH**	Sample Measurement	*****	*****	*****	*****	*****	*****	0.11	NA	1/365	GLAB	
TSS	Sample Measurement	*****	*****	*****	*****	*****	*****	36	NA	1/365	Comp	
TURBIDITY	Sample Measurement	*****	*****	*****	*****	*****	*****	12	NA	1/365	Comp	
FECAL COLIFORM	Sample Measurement	*****	*****	*****	*****	*****	*****	900	NA	1/365	GLAB	
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	*****	*****	*****	0.023	NA	1/365	Comp	
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	*****	*****	*****	< 0.002	NA	1/365	Comp	
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	*****	*****	*****	0.008	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706

DATE
 00 03 31
 YEAR 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 = 0.06, Motor Oil = <0.10.

PERMITTEE NAME/ADDRESS

NAME SEA-TAC INTERNATIONAL AIRPORT #681

ADDRESS PORT OF SEATTLE

PO BOX 68727, SEATTLE, WA 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORTING (DMR) Annual

WA0024651 010 (SDW 3)

PERMIT NUMBER DISCHARGE NO

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

1999 03 01 TO 2000 02 29

NOTE: Read Instructions before completing this form.

Discharge Location
Lat 47 26' 09" N
Long 122 18' 53" W

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				UNITS	QUANTITY OR LOADING			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE		MAXIMUM	MINIMUM	AVERAGE					
TPH**	Sample Measurement	*****	*****	*****	****	*****	*****	*****	0.14 **	mg/L	NA	2/365	GLASS
TSS	Sample Measurement	*****	*****	*****	****	*****	*****	*****	12	mg/L	NA	1/365	COMP
TURBIDITY	Sample Measurement	*****	*****	*****	****	*****	*****	*****	7.3	NTU	NA	1/365	COMP
FECAL COLIFORM	Sample Measurement	*****	*****	*****	****	*****	*****	*****	2	#/100 ml	NA	2/365	GLASS
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	****	*****	*****	*****	0.005	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	****	*****	*****	*****	< 0.002	mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	****	*****	*****	*****	0.01	mg/L	NA	1/365	COMP

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman

TYPED OR PRINTED

Director, Aviation Facilities

Michael D. Feldman
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER

(206)439-7706

DATE

00 03 31

YEAR MO DAY

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

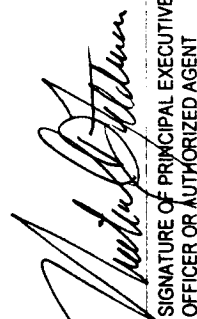
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Annual
 WA0024651
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 1999 03 01 TO 2000 02 29

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 26' 07" N
 Long 122 18' 48" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				UNITS	QUANTITY OR LOADING		UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE		MAXIMUM					
TPH**	Sample Measurement	*****	*****	*****	****	0.19	**	mg/L	NA	1/365	GAS
TSS	Sample Measurement	*****	*****	*****	****	8.8		mg/L	NA	1/365	Comp
TURBIDITY	Sample Measurement	*****	*****	*****	****	14		NTU	NA	1/365	Comp
FECAL COLIFORM	Sample Measurement	*****	*****	*****	****	> 1800		#/100 ml	NA	1/365	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	****	0.006		mg/L	NA	1/365	Comp
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	****	< 0.002		mg/L	NA	1/365	Comp
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	****	0.006		mg/L	NA	1/365	Comp

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706

DATE
 00 03 31
 YEAR MO DAY

Printed: 03/15/00
 Page 6 of 7
 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 = 0.17.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WAD0E)

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Annual
 WA0024651 PERMIT NUMBER
 015 (SB D) DISCHARGE NO.

NOTE: Read Instructions
 before completing this form.

Discharge Location
 at 47° 27' 07" N
 Long 122° 18' 47" W
 NO DISCHARGE

MONITORING PERIOD
 FROM 1999 03 01 TO 2000 02 29

PARAMETER	QUANTITY OR LOADING				UNITS	QUANTITY OR LOADING			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE		MAXIMUM	MINIMUM	AVERAGE				
TPH**	Sample Measurement	*****	*****	*****	****	*****	*****	*****	< 0.15	mg/L	NA 1/365	GRAB
TSS	Sample Measurement	*****	*****	*****	****	*****	*****	*****	58	mg/L	NA 1/365	COM
TURBIDITY	Sample Measurement	*****	*****	*****	****	*****	*****	*****	14	NTU	NA 1/365	COM
FECAL COLIFORM	Sample Measurement	*****	*****	*****	****	*****	*****	*****	500	#/100 ml	NA 1/365	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	*****	*****	****	*****	*****	*****	0.005	mg/L	NA 1/365	COM
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	*****	*****	****	*****	*****	*****	< 0.002	mg/L	NA 1/365	Comp
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	*****	*****	****	*****	*****	*****	0.008	mg/L	NA 1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706

DATE
 00 03 31
 YEAR 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 = < 0.005, Motor Oil = < 0.10

Printed: 03/15/00

Page 7 of 7

DMR

MAY

2000

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

Permittee Name/Address
Include Name/Location (if different)
NAME SEA-TAC AIRPORT #681

WA-002465-1
PERMIT NUMBER

001 (IWS)
DISCHARGE NUMBER

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W
NO DISCHARGE

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
2000 May 01 2000 May 31

ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE
LOCATION SAME AS ABOVE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceed-ance	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
FLOW*	Sample Measurement	*****	2000	*****	*****	*****	***	0	24/31	3xshift
	Permit Requirement	*****	4,800	*****	*****	*****			07/07	CONT.
PH	Sample Measurement	*****	*****	6.81	*****	7.34	STD	0	4/24	GRAB
	Permit Requirement	*****	*****	*****	6.0	9.0	UNITS		01/07	GRAB
OIL AND GREASE	Sample Measurement	*****	*****	*****	*****	<5	mg/l,	0	4/24	GRAB
	Permit Requirement	*****	*****	*****	*****	15			01/07	GRAB
TSS	Sample Measurement	*****	*****	*****	*****	7.8	mg/l,	0	4/24	COMP.
	Permit Requirement	*****	*****	*****	*****	33			01/07	COMP.
BOD ₅	Sample Measurement	*****	*****	*****	*****	26	mg/L,	0	1/24	COMP.
	Permit Requirement	*****	*****	*****	*****	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	*****	*****	*****	9.75	mg/L,	0	1/24	COMP.
	Permit Requirement	*****	*****	*****	*****	REPORT			01/30	COMP.
TPH +	Sample Measurement	*****	*****	*****	*****	2.5/1.8	mg/L,	0	1/24	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT			1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman,
Director, Aviation Development and Maintenance

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Michael D. Feldman

TELEPHONE (206) 439-7706
DATE 00, 06, 29

AREA NUMBER (206) 439-7706
YEAR MO DAY 00 06 29

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*DAILY FLOW REPORTING INCLUDED ON A SEPARATE SHEET.
According to Permit Condition S3E, the Port is notifying the Department of Ecology that this month, JUL 03 2000 monitoring methods and /or locations other than those specified in Special Condition S2 was performed.
+ TPH reported as #2 Diesel/Motor Oil using NMTPHDX test in method

AR 027545

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 municipalities 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 and monthly 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.

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 and monthly 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.
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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.

Legal Notice

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NOTE: Read Instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

Discharge Location
 Lat 47° 26' 13" N
 Long 122° 17' 38" W

002 (SDE 4)
 DISCHARGE NO.
 PERMIT NUMBER
 WA0024651

MONITORING PERIOD
 YEAR MO DAY
 FROM 2000 03 01 TO 2000 05 31

FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
TPH**	1.86	**	mg/L	NA	2/90	GRAB
TSS	76		mg/L	NA	2/90	COMP
TURBIDITY	14		NTU	NA	2/90	COMP
FECAL COLIFORM	170		#/100 ml	NA	2/90	GRAB
BOD5	8.88		mg/L	NA	2/90	COMP
ETHYLENE GLYCOL*	< 2	*	mg/L	NA	2/90	COMP
PROPYLENE GLYCOL*	< 2	*	mg/L	NA	2/90	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 (206) 439-7706

DATE
 00 | 06 | 29
 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. **The TPH value reported is sum of diesel & motor oil quantization range results from method NWTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 1.84. ***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 & 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)

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 municipalities 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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WA0024651
 PERMIT NUMBER DISCHARGE NO. 002 (SDE 4)
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 2000 03 01 TO 2000 05 31

Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W

NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM				
TOTAL RECOVERABLE COPPER	Sample Measurement Permit Requirement	.....	.....	.....	0.018	.....	mg/l	NA	2/90	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement Permit Requirement	.....	.....	.....	< 0.002	.....	mg/L	NA	2/90	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement Permit Requirement	.....	.....	.....	0.139	.....	mg/L	NA	2/90	COMP
	Sample Measurement Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement Permit Requirement									
	Sample Measurement Permit Requirement									

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman

TYPED OR PRINTED

Director, Aviation Facilities

TELEPHONE NUMBER

(206) 439-7706

DATE

00 06 29
 YEAR MO DAY

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 NWT/PH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 1.84. ***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 & 011 shall be submitted monthly until 2/00 thereafter they shall be submitted annually.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

Printed: 06/13/00

Page 3 of 11

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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Quarterly

PERMIT NUMBER WA0024851
 DISCHARGE NO. 003 (SDS 1)
 MONITORING PERIOD
 FROM 2000 03 01 TO 2000 05 31

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
 NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	< 2	mg/L	NA	1/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	GRAB
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	< 2	mg/L	NA	1/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	GRAB
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Sample Measurement	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	.....	.....

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM OF SIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206) 439-7706

DATE

00 06 29
 YEAR MO DAY

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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PERMITTEE NAME/ADDRESS: SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS: PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

FACILITY: SAME AS ABOVE
 LOCATION: SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Quarterly

Permit Number: WA0024651
 Discharge No.: 005 (SDS 3)

Monitoring Period: FROM 2000 03 01 TO 2000 05 31

Discharge Location: Lat 47 25' 58" N Long 122 18' 30" W
 NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	.....	.....	.....	.....	< 0.15 **	mg/L	NA	2/90	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			BYR	GRAB
TSS	Sample Measurement	.....	.....	.....	.....	15	mg/L	NA	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			BYR	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	.....	7.2	NTU	NA	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			BYR	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	.....	8	#/100 ml	NA	2/90	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			BYR	GRAB
BOD5	Sample Measurement	.....	.....	.....	.....	18.1	mg/L	NA	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			BYR	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	< 2 *	mg/L	NA	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			BYR	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	9.05 *	mg/L	NA	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			BYR	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, 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.

NAME/TITLE: Michael D. Feldman
 EXECUTIVE OFFICER
 TYPED OR PRINTED: Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Michael D. Feldman*

TELEPHONE NUMBER: (206) 439-7706

DATE: 00 06 29
 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. **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 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.

Printed: 06/13/00
 Page 5 of 11
 Substituted 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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Quarterly

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
 NO DISCHARGE

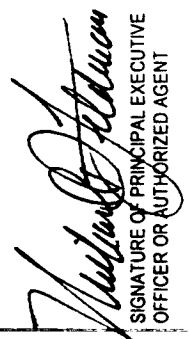
WA0024651
 PERMIT NUMBER
 MONITORING PERIOD
 YEAR 2000 MO 03 DAY 01
 TO YEAR 2000 MO 05 DAY 31

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			# OF EXCEEDANCES
TOTAL RECOVERABLE COPPER	Sample Measurement	*****	****	*****	*****	0.024	mg/L	NA	2/90	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	*****	****	*****	*****	< 0.002	mg/L	NA	2/90	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	*****	****	*****	*****	0.029	mg/L	NA	2/90	COMP
	Sample Measurement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER (206) 439-7706
 DATE 00 06 29
 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. **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 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.
 Printed: 06/13/00
 Page 6 of 11
 Substituted for EPA Form 3320-1 (Rev 8-96 by WAODE)

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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WAO024651
 PERMIT NUMBER
 YEAR 2000 MO 03 DAY 01
 TO YEAR 2000 MO 05 DAY 31
 DISCHARGE NO. 006 (SDN 1)
 MONITORING PERIOD
 YEAR 2000 MO 05 DAY 31

Discharge Location
 Lat 47 27' 56" N
 Long 122 18' 09" W
NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
TPH**	Sample Measurement	.....	.....	....	.....	.....	0.31 **	mg/L	NA	3/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	REPORT			3/90	GRAB
TSS	Sample Measurement	.....	.....	....	.....	.....	46	mg/L	NA	3/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	REPORT			3/90	COMP
TURBIDITY	Sample Measurement	.....	.....	....	.....	.....	15	NTU	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT			3/90	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	....	.....	.....	< 2	#/100 ml	NA	3/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	REPORT			3/90	GRAB
BOD5	Sample Measurement	.....	.....	....	.....	.....	6.54	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT			3/90	COMP
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	....	.....	.....	0.035	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT			3/90	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	.....	....	.....	.....	< 0.002	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT			3/90	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 PERSONS 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman

TYPED OR PRINTED

Director, Aviation Facilities

TELEPHONE NUMBER

(206) 439-7706

DATE

00 06 29
 YEAR MO DAY

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 = 0.29. ***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.

Printed: 06/13/00

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AR 027559

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.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #881
 ADDRESS PORT OF SEATTLE
 PO BOX 88727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WA0024651 PERMIT NUMBER
 006 (SDN 1) DISCHARGE NO.
 MONITORING PERIOD
 FROM YEAR 2000 MO 03 DAY 01 TO YEAR 2000 MO 05 DAY 31

Discharge Location
 Lat 47 27' 56" N
 Long 122 18' 09" W
NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			# OF EXCEEDANCES
TOTAL RECOVERABLE ZINC	mg/l	NA	3/90	COMP
Sample Measurement				
Permit Requirement				COMP
Sample Measurement				
Permit Requirement				
Sample Measurement				
Permit Requirement				
Sample Measurement				
Permit Requirement				
Sample Measurement				
Permit Requirement				
Sample Measurement				
Permit Requirement				

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman

TYPED OR PRINTED

Director, Aviation Facilities

TELEPHONE NUMBER

(206)439-7706

DATE

00/06/29
 YEAR MO DAY

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 NW TPH-Dx - Average Result Fraction for Diesel = < 0.05, Motor Oil = 0.29 ***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted annually.

Printed: 06/13/00

Page 8 of 11

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

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PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

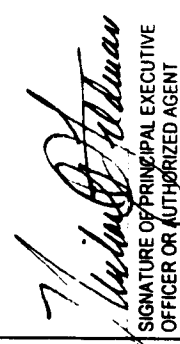
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WA0024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 2000 03 01 TO 2000 05 31

NOTE: Read Instructions before completing this form
 Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			UNITS	# OF EXCEEDANCES
ETHYLENE GLYCOL*	Sample Measurement	*****	****	*****	N/A	mg/L	0/90	GRAB
	Permit Requirement	*****	****	*****	N/A	mg/L	0/90	GRAB
PROPYLENE GLYCOL*	Sample Measurement	*****	****	*****	N/A	mg/L	0/90	GRAB
	Permit Requirement	*****	****	*****	N/A	mg/L	0/90	GRAB
FLOW	Sample Measurement	*****	YES**	*****	****	****	90/90	METER
	Permit Requirement	*****	YES**	*****	****	****	90/90	METER
	Sample Measurement	*****		*****				
	Permit Requirement	*****		*****				
	Sample Measurement	*****		*****				
	Permit Requirement	*****		*****				
	Sample Measurement	*****		*****				
	Permit Requirement	*****		*****				

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

DATE
 00 06 29
 YEAR MO DAY
 TELEPHONE NUMBER
 (206) 39-7706
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


Printed: 06/13/00
 Page 9 of 11
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *Glycol not sampled this period. See following footnote. ***There was only one discharge from SDN2 in this period. This discharge was on 5/10/2000 from 20:00 to 20:30 hours and resulted from rainfall that exceeded the pumpstation design capacity. This discharge was not sampled.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WA0024651 011 (SDN 4)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 2000 03 01 TO 2000 05 31

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
 NO DISCHARGE

NOTE: Read Instructions
 before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		
TPH**	Sample Measurement	.....	.....	****	.....	.....	0.52 **	mg/L	2/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	REPORT	.....	8/YR***	GRAB
TSS	Sample Measurement	.....	.....	.....	.....	.....	14	mg/L	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT	.....	8/YR***	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	.....	.....	6	NTU	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT	.....	8/YR***	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	.....	.....	33	#/100 ml	2/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	REPORT	.....	8/YR***	GRAB
BOD5	Sample Measurement	.....	.....	.....	.....	.....	5.62	mg/L	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT	.....	8/YR***	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	.....	< 2 *	mg/L	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT	.....	8/YR***	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	.....	.....	.....	.....	< 2 *	mg/L	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	REPORT	.....	8/YR***	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman

TYPED OR PRINTED

Director, Aviation Facilities

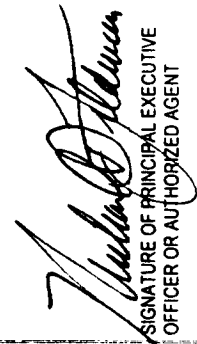
TELEPHONE NUMBER

(206) 439-7706

DATE

00 06 27
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



Printed: 06/13/00

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 = 0.17, Motor Oil = 0.35. ***Eight Samples per year 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 annually.

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

AR 027564

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.

PERMITTEE NAME/ADDRESS: SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS: PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY: SAME AS ABOVE
 LOCATION: SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly

WA0024651 PERMIT NUMBER
 011 (SDN 4) DISCHARGE NO.

MONITORING PERIOD
 FROM 2000 03 01 TO 2000 05 31

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W

NOTE: Read Instructions before completing this form.

NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		FREQUENCY OF ANALYSIS
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	....	.....	.....	0.044	mg/L	NA	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			8/YR	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	....	.....	.....	< 0.002	mg/L	NA	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			8/YR	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	.....	....	.....	.....	0.016	mg/L	NA	2/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			8/YR	COMP
	Sample Measurement	.....							
	Permit Requirement	.....							
	Sample Measurement	.....							
	Permit Requirement	.....							
	Sample Measurement	.....							
	Permit Requirement	.....							
	Sample Measurement	.....							
	Permit Requirement	.....							

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER: (206) 439-7706
 DATE: 00 06 29
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Michael D. Feldman*

Printed: 06/13/00

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 = 0.17, Motor Oil = 0.35. ***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be substituted annually.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

General Instructions

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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 municipalities 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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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.)
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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.

POS SeaTac Airport IWTP Water Processing Log -- May 2000

Date	Average Flow Rate (gpm)	Volume (Gallons)
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	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
13-May-00	1083	1,560,000
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	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
31-May-00	0	0
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	PAGE 1
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		

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 these samples. Sample data follows while QA/QC data is contained on the subsequent page.

SAMPLE DATA

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN1031300COMP	0.0338	<0.0020	0.613
SDE4031300COMP	0.0030	<0.0020	0.015
SDS3031300COMP	0.0086	<0.0020	0.008
SDN4031300COMP	0.0287	<0.0020	<0.005
SDN4031300 DUP COMP	0.0119	<0.0020	<0.005



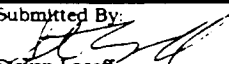
AQUATIC RESEARCH INCORPORATED
LABORATORY & CONSULTING SERVICES
 3927 AURORA AVENUE NORTH, SEATTLE, WA 98103
 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS005-24B	PAGE 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		

QA/QC DATA - TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	SDW1031300CCMP	SDW1031300CCMP	SDW1031300CCMP
ORIGINAL	0.0338	<0.0020	0.613
DUPLICATE	0.0349	<0.0020	0.604
RPD	3.20%	NC	1.48%
SPIKE SAMPLE			
SAMPLE ID	SDW1031300CCMP	SDW1031300CCMP	SDW1031300CCMP
ORIGINAL	0.0338	<0.0020	0.613
SPIKED SAMPLE	0.0474	0.0118	1.81
SPIKE ADDED	0.0125	0.0125	1.00
% RECOVERY	108.80%	94.40%	119.70%
QC CHECK			
(mg/l)	0.0272	0.0260	0.968
TRUE	0.0250	0.0250	1.00
% RECOVERY	108.80%	104.00%	96.80%
PREP BLANK			
	<0.0010	<0.0010	<0.005
BLANK SPIKE % RECOVERY	100.0%	106.0%	103.7%

RPD - RELATIVE PERCENT DIFFERENCE.
 NA - NOT APPLICABLE OR NOT AVAILABLE.
 NC - NOT CALCULABLE DUE TO ONE OR MORE VALUES BEING BELOW THE DETECTION LIMIT.
 CR - 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
 PHONE: (206) 632-2715 FAX: (206) 632-2417

CASE FILE NUMBER:	POS005-28B	PAGE 2
REPORT DATE:	05/11/00	
DATE SAMPLED:	04/13,14/00	DATE RECEIVED: 04/14/00
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE		

QA/QC DATA -TOTAL & DISSOLVED METALS

QC PARAMETER	TOTAL METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	05/09/00	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	SDH4041300 CCMP	SDH4041300 CCMP	SDH4041300 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	SDH4041300 CCMP	SDH4041300 CCMP	SDH4041300 CCMP
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%
PREP BLANK			
BLANK SPIKE % RECOVERY	<0.0010	<0.0010	<0.005
	98.3%	101.0%	103.0%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By:

Steven Lazoff

Laboratory Director

AR 027573



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	PAGE 1
REPORT DATE:	04/19/00	
DATE SAMPLED:	03/22/00	DATE RECEIVED: 03/22/00
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

SAMPLE ID	TOTAL RECOVERABLE METALS		
	COPPER (mg/l)	LEAD (mg/l)	ZINC (mg/l)
SDN1032200 COMP	0.0280	<0.0020	0.203

AR 027574



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

CASE FILE NUMBER:	POS005-25B	PAGE 2
REPORT DATE:	04/19/00	
DATE SAMPLED:	03/22/00	DATE RECEIVED: 03/22/00
FINAL REPORT, LABORATORY ANALYSIS OF SELECTED PARAMETERS ON WATER		
SAMPLES FROM PORT OF SEATTLE		

QA/QC DATA - TOTAL RECOVERABLE METALS

QC PARAMETER	COPPER (mg/l)	LEAD (mg/l)	ZINC (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	SDN1032200 COMP	SDN1032200 COMP	SDN1032200 COMP
ORIGINAL	0.0280	<0.0020	0.203
DUPLICATE	0.0294	<0.0020	0.212
RPD	4.91%	NC	4.34%
SPIKE SAMPLE			
SAMPLE ID	SDN1032200 COMP	SDN1032200 COMP	SDN1032200 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%
QC CHECK			
(mg/l)	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%

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 SPIKE SAMPLE OUT OF RANGE OR SPIKE TOO LOW RELATIVE TO SAMPLE CONCENTRATION

Submitted By:

Steven Lazoff
 Laboratory Director

AR 027575

DMR

FEBRUARY

2001

AR 027576

Permittee Name/Address
Include Name/Location (if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT(DMR)

NOTE: Read instructions before completing this form.

WA-002465-1
PERMIT NUMBER

001 (IWS)
DISCHARGE NUMBER

Discharge Location
Lat 47° 24' 7" N
Long 122° 20' 7" W

NO DISCHARGE

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
2001	Feb	01	2001	Feb	28

FROM TO

#681

ADDRESS PORT OF SEATTLE
P.O. BOX 68727, SEATTLE 98168

FACILITY SAME AS ABOVE

LOCATION SAME AS ABOVE

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			Units	No. of Exceed-ances	Frequency of Analysis	Sample Type
	Average	Maximum	Units	Minimum	Average	Maximum				
FLOW*	Sample Measurement	*****	1369	GPM	*****	*****	***	0	22/28	3xShift
	Permit Requirement	*****	4,800		*****	*****			07/07	CONT.
PH	Sample Measurement	*****	*****	***	6.12	7.55	STD	0	4/22	Grab
	Permit Requirement	*****	*****		6.0	9.0	UNITS		01/07	GP/B
OIL AND GREASE	Sample Measurement	*****	*****	***	*****	6	mg/L	0	4/22	GP/B
	Permit Requirement	*****	*****		*****	8			01/07	GLAB
TSS	Sample Measurement	*****	*****	***	*****	14.8	mg/L	0	4/22	Comp.
	Permit Requirement	*****	*****		*****	21			01/07	COMP.
BOD ₅	Sample Measurement	*****	*****	***	*****	110	mg/L	0	1/22	Comp.
	Permit Requirement	*****	*****		*****	REPORT			01/30	COMP.
TOTAL GLYCOLS	Sample Measurement	*****	*****	***	*****	90.2	mg/L	0	1/22	Comp.
	Permit Requirement	*****	*****		*****	REPORT			01/30	COMP.
TPH	Sample Measurement	*****	*****	***	*****	2.0/1.2	mg/L	0	1/22	Grab
	Permit Requirement	*****	*****		*****	REPORT			1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael D. Feldman,
Director, Aviation Facilities

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (206) 439-7706

AREA NUMBER CODE

DATE 01 MAR 2003

YEAR MO DAY

RECEIVED

MAR 28 2000

DEPT OF ECOLOGY

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 reported as #2 Diesel and Motor Oil

AR 027577

NOTE: Read instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT (DMR)

Permittee Name/Address
 Include Name/Location (if different)
 NAME SEA-TAC AIRPORT #681
 ADDRESS PORT OF SEATTLE
 P.O. BOX 68727, SEATTLE 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

Discharge Location
 Lat 47° 24' 7" N
 Long 122° 20' 7" W
NO DISCHARGE

WA-002465-1
 PERMIT NUMBER
 001 (IWS)
 DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 2001 FEB 01 TO 2001 FEB 28

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			No. of Exceedances	Frequency of Analysis	Sampling Type
	Average	Maximum	Units	Minimum	Average	Maximum				Units
FECAL COLIFORM	*****	*****	***	*****	4	4	0	1/22	Grab
PRIORITY POLLUTANT	*****	*****	***	*****	*****	REPORT	-	01/30	GRAB
SCAN*	*****	*****	***	*****	*****	REPORT	-	-	-
	*****	*****	***	*****	*****	REPORT	-	1/YR	C/G**
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 Director, Aviation Facilities

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (206) 439-7706
 AREA NUMBER
 CODE

DATE 01 / 03 / 21
 YEAR MO DA

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

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

AR 027578

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly

WA0024651 PERMIT NUMBER
 002 (SDE 4) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 FROM 2000 12 01 TO 2001 02 28

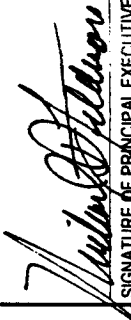
NOTE: Read Instructions before completing this form.

Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			UNITS	# OF EXCEEDANCES
TPH**	Sample Measurement	.....	....	.....	3.82 **	mg/L	2/90	GRAB
	Permit Requirement	.....	.....	.....	REPORT		8/YR***	GRAB
TSS	Sample Measurement	.....	....	.....	86	mg/L	2/90	COMP
	Permit Requirement	.....	.....	.....	REPORT		8/YR***	COMP
TURBIDITY	Sample Measurement	.....	....	.....	46	NTU	2/90	COMP
	Permit Requirement	.....	.....	.....	REPORT		8/YR***	COMP
FECAL COLIFORM	Sample Measurement	.....	....	.....	110	#/100 ml	2/90	GRAB
	Permit Requirement	.....	.....	.....	REPORT		8/YR***	GRAB
BOD5	Sample Measurement	.....	....	.....	131	mg/L	4/90	COMP
	Permit Requirement	.....	.....	.....	REPORT		9/YR***	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	....	.....	5.2 *	mg/L	4/90	COMP
	Permit Requirement	.....	.....	.....	REPORT		8/YR***	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	....	.....	41.4 *	mg/L	4/90	COMP
	Permit Requirement	.....	.....	.....	REPORT		8/YR***	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706

DATE
 01 03 26
 YEAR MO DAY

Printed: 03/20/01
 *Ethylene and Propylene Glycol monitoring not required in June, July, 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 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 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.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WADOE)

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727 SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly

PERMIT NUMBER WA0024651
 DISCHARGE NO. 002 (SDE 4)

Discharge Location
 Lat 47 26' 13" N
 Long 122 17' 38" W
NO DISCHARGE

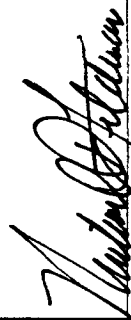
MONITORING PERIOD
 YEAR MO DAY
 FROM 2000 12 01 TO 2001 02 28

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TOTAL RECOVERABLE COPPER	Sample Measurement Permit Requirement	.....	....	.....	0.022	REPORT	mg/L	NA	2/90	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement Permit Requirement	.....	....	.....	0.013	REPORT	mg/L	NA	2/90	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement Permit Requirement	.....	....	.....	0.197	REPORT	mg/L	NA	2/90	COMP
	Sample Measurement Permit Requirement	.....		.....					2/90	COMP
	Sample Measurement Permit Requirement	.....		.....					2/90	COMP
	Sample Measurement Permit Requirement	.....		.....					2/90	COMP
	Sample Measurement Permit Requirement	.....		.....					2/90	COMP
	Sample Measurement Permit Requirement	.....		.....					2/90	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER (206)439-7706

DATE 01 03 26
 YEAR MO DAY

Printed: 03/20/01
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *Ethyene and Propylene Glycol monitoring not required in June, July, and August. BOD5 and Glycol samples were from 2/8/01 runway deicing (snow event / lime-composite sample). **The TPH value reported is sum of diesel & motor oil quantitation range results from method NW/TPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 3.8. ***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 & 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)

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

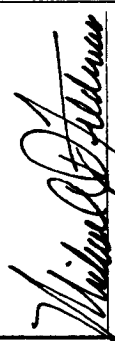
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WA0024651 003 (SDS 1)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 2000 12 01 TO 2001 02 28

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
ETHYLENE GLYCOL*	Sample Measurement	*****	****	*****	*****	4.8 *	mg/L	NA	3/90	GRAB
	Permit Requirement	*****	****	*****	*****	REPORT			04/YR	GRAB
PROPYLENE GLYCOL*	Sample Measurement	*****	****	*****	*****	43.9 *	mg/L	NA	3/90	GRAB
	Permit Requirement	*****	****	*****	*****	REPORT			04/YR	GRAB
	Sample Measurement	*****		*****	*****					
	Permit Requirement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Permit Requirement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Permit Requirement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Permit Requirement	*****		*****	*****					
	Sample Measurement	*****		*****	*****					
	Permit Requirement	*****		*****	*****					

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706

DATE
 YEAR MO DAY
 01 03 20

AR 027581

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727 SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WAD0024651
 PERMIT NUMBER
 MONITORING PERIOD
 YEAR MO DAY
 2000 12 01
 FROM TO
 YEAR MO DAY
 2001 02 28
 DISCHARGE NO.
 005 (SDS 3)

Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
 NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			# OF EXCEEDANCES
TPH**	Sample Measurement	*****	****		*****	< 0.15 **		mg/L	NA	3/90	GRAB
	Permit Requirement	*****			*****	REPORT			8/YR***	8/YR***	GRAB
TSS	Sample Measurement	*****	****		*****	7.2		mg/L	NA	3/90	COMP
	Permit Requirement	*****			*****	REPORT			8/YR***	8/YR***	COMP
TURBIDITY	Sample Measurement	*****	****		*****	5.8		NTU	NA	3/90	COMP
	Permit Requirement	*****			*****	REPORT			8/YR***	8/YR***	COMP
FECAL COLIFORM	Sample Measurement	*****	****		*****	28		#/100 ml	NA	3/90	GRAB
	Permit Requirement	*****			*****	REPORT			8/YR***	8/YR***	GRAB
BOD5	Sample Measurement	*****	****		*****	7.56		mg/L	NA	5/90	COMP
	Permit Requirement	*****			*****	REPORT			8/YR***	8/YR***	COMP
ETHYLENE GLYCOL*	Sample Measurement	*****	****		*****	18.7 *		mg/L	NA	5/90	COMP
	Permit Requirement	*****			*****	REPORT			8/YR***	8/YR***	COMP
PROPYLENE GLYCOL*	Sample Measurement	*****	****		*****	407 *		mg/L	NA	5/90	COMP
	Permit Requirement	*****			*****	REPORT			8/YR***	8/YR***	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED Director, Aviation Facilities

DATE
 01 03 26
 YEAR MO DAY

TELEPHONE NUMBER
 (206) 439-7706

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Printed: 03/20/01
 Page 5 of 11
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *Ethylene and Propylene Glycol monitoring not required in June, July, and August. BOD5 and Glycol samples were from 2/8/01 runway deicing (snow event) / (lime-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 = <0.10. ***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WAD0E)

AR 027582

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727 SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Quarterly

PERMIT NUMBER WAO024651
 DISCHARGE NO. 005 (SDS 3)
 MONITORING PERIOD
 FROM 2000 12 01 TO 2001 02 28

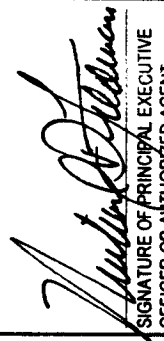
Discharge Location
 Lat 47 25' 58" N
 Long 122 18' 30" W
 NO DISCHARGE

NOTE: Read Instructions
 before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	****	.....	0.032	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	REPORT		NA	8/YR***	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	.....	.....	< 0.002	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	REPORT		NA	8/YR***	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	.....	.....	.....	0.057	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	REPORT		NA	8/YR***	COMP
	Sample Measurement	.....	.....	.....			
	Permit Requirement	.....	.....	.....			
	Sample Measurement	.....	.....	.....			
	Permit Requirement	.....	.....	.....			
	Sample Measurement	.....	.....	.....			
	Permit Requirement	.....	.....	.....			

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 INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER (206) 439-7706

DATE 01 03 2001
 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. BOD5 and Glycol samples were from 2/9/01 runway deicing (snow event / lime-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 = <0.10. ***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.
 Substitute for EPA Form 3320-1 (Rev. 8-98 by WADOE)

Printed: 03/20/01
 Page 6 of 11

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

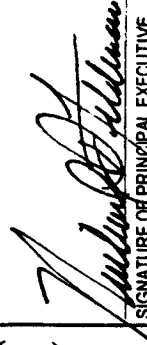
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WA0024651 PERMIT NUMBER
 DISCHARGE NO. 006 (SDN 1)
 MONITORING PERIOD
 FROM 2000 12 01 TO 2001 02 28

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 27' 56" N
 Long 122 18' 09" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	# OF EXCEEDANCES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TPH**	Sample Measurement	.....	....	.....	.....	2.95 **	mg/L	NA	3/90	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT		8/YR***		GRAB
TSS	Sample Measurement	.....	....	.....	.....	331	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT		8/YR***		COMP
TURBIDITY	Sample Measurement	.....	....	.....	.....	170	NTU	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT		8/YR***		COMP
FECAL COLIFORM	Sample Measurement	.....	....	.....	.....	130	#/100 ml	NA	3/90	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT		8/YR***		GRAB
BOD5	Sample Measurement	.....	....	.....	.....	10.4	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT		8/YR***		COMP
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	....	.....	.....	0.042	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT		8/YR***		COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	....	.....	.....	0.035	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT		8/YR***		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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706

DATE
 01 03 26
 YEAR MO DAY

Printed: 03/2001
 Page 7 of 11
 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. *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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WA0024651 PERMIT NUMBER
 006 (SDN 1) DISCHARGE NO.
 MONITORING PERIOD
 FROM 2000 12 01 TO 2001 02 28


NOTE: Read Instructions before completing this form.

Discharge Location
 Lat 47 27' 58" N
 Long 122 18' 09" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			# OF EXCEEDANCES
TOTAL RECOVERABLE ZINC	.....	.....	....	.....	.....	0.33	mg/L	NA	390	COMP
	Sample Measurement	.....		.....		REPORT			8/YR***	COMP
	Permit Requirement	.....		.....			
	Sample Measurement	.....		.....			
	Permit Requirement	.....		.....			
	Sample Measurement	.....		.....			
	Permit Requirement	.....		.....			
	Sample Measurement	.....		.....			
	Permit Requirement	.....		.....			
	Sample Measurement	.....		.....			
	Permit Requirement	.....		.....			
	Sample Measurement	.....		.....			
	Permit Requirement	.....		.....			

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206) 439-7706

DATE
 01 03 2001
 YEAR MO DAY

Printed: 03/20/01
 Page 8 of 11
 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. *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 & 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)

PERMITTEE NAME/ADDRESS

NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORTING (DMR) Quarterly

WA0024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.
 MONITORING PERIOD
 FROM 2000 12 01 TO 2001 02 28

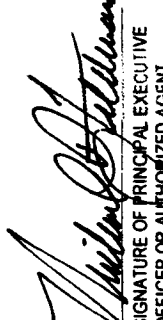
NOTE: Read Instructions before completing this form.

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
ETHYLENE GLYCOL*	Sample Measurement	*****	****	*****	N/A *	mg/L	NA	0/90	GRAB	
	Permit Requirement	*****	****	*****	REPORT			04/YR	GRAB	
PROPYLENE GLYCOL*	Sample Measurement	*****	****	*****	N/A *	mg/L	NA	0/90	GRAB	
	Permit Requirement	*****	****	*****	REPORT			04/YR	GRAB	
FLOW	Sample Measurement	*****	YES**	*****	*****	****	NA	90/90	METER	
	Permit Requirement	*****	REPORT	*****	*****			07/07	METER	
	Sample Measurement	*****		*****						
	Permit Requirement	*****		*****						
	Sample Measurement	*****		*****						
	Permit Requirement	*****		*****						
	Sample Measurement	*****		*****						
	Permit Requirement	*****		*****						

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER (206) 439-7708

DATE 01/03/2001
 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. **During the monitoring period there was a single pump station bypass that occurred on 1/4/01. Sampling ceased at this outfall according to the Port's request submitted to Ecology in a letter of May 16, 2000. 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.

Printed: 03/20/01

Page 9 of 11

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Quarterly
 WAO024651 PERMIT NUMBER
 DISCHARGE NO. 011 (SDN 4)
 MONITORING PERIOD
 YEAR MO DAY
 2000 12 01 TO 2001 02 28

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	.....	....	.....	0.13 **	REPORT	mg/L	NA	1/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	8/YR***	GRAB
TSS	Sample Measurement	.....	....	.....	3.6	REPORT	mg/L	NA	1/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	8/YR***	COMP
TURBIDITY	Sample Measurement	.....	....	.....	6.1	REPORT	NTU	NA	1/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	8/YR***	COMP
FECAL COLIFORM	Sample Measurement	.....	....	.....	< 2	REPORT	#/100 ml	NA	1/90	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	8/YR***	GRAB
BOD5	Sample Measurement	.....	....	.....	211	REPORT	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	8/YR***	COMP
ETHYLENE GLYCOL*	Sample Measurement	.....	....	.....	27.5 *	REPORT	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	8/YR***	COMP
PROPYLENE GLYCOL*	Sample Measurement	.....	....	.....	116 *	REPORT	mg/L	NA	3/90	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	8/YR***	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER (206)439-7708

DATE 01/03/26
 YEAR MO DAY

Printed: 03/20/01
 Page 10 of 11
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *Ethylene and Propylene Glycol monitoring not required in June, July, 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 quantitation range results from method NW/TPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 0.11. ***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 & 011 shall be submitted monthly until 2/00. Thereafter they shall be submitted quarterly.
 Substitute for EPA Form 3320-1 (Rev. 8-96 by WAOOE)

PERMITTEE NAME/ADDRESS

NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORTING (DMR) Quarterly

W/A0024651 PERMIT NUMBER
 011 (SDN 4) DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY
 2000 12 01 TO 2001 02 28

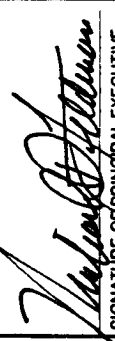
NOTE: Read Instructions before completing this form.

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 38" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TOTAL RECOVERABLE COPPER	Sample Measurement Permit Requirement	.....	....	.....	.....	0.021 REPORT	mg/L	NA 8YR***	1/90 8YR***	COMP COMP
TOTAL RECOVERABLE LEAD	Sample Measurement Permit Requirement	.....	....	.....	.....	0.006 REPORT	mg/L	NA 8YR***	1/90 8YR***	COMP COMP
TOTAL RECOVERABLE ZINC	Sample Measurement Permit Requirement	.....	....	.....	.....	0.019 REPORT	mg/L	NA 8YR***	1/90 8YR***	COMP COMP
	Sample Measurement Permit Requirement	.....		.....	.....	
	Sample Measurement Permit Requirement	.....		.....	.....	
	Sample Measurement Permit Requirement	.....		.....	.....	
	Sample Measurement Permit Requirement	.....		.....	.....	
	Sample Measurement Permit Requirement	.....		.....	.....	
	Sample Measurement Permit Requirement	.....		.....	.....	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206)439-7706
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


DATE
 01 03 2001
 YEAR MO DAY

Printed: 03/20/01
 Page 11 of 11
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *Ethylene and Propylene Glycol monitoring not required in June, July, 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 quantitation range results from method NWTPH-Dx - Average Result Fraction for Diesel = <0.05, Motor Oil = 0.11. ***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 & 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)

PERMITTEE NAME/ADDRESS

NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168

FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORTING (DMR) Semi-Annual

WA0024651 PERMIT NUMBER
 007 (SDN 2) DISCHARGE NO.
 MONITORING PERIOD
 YEAR 2000 MO 08 DAY 01 TO YEAR 2001 MO 02 DAY 28

NOTE: Read Instructions before completing this form.

Discharge Location
 Lat 47 28' 00" N
 Long 122 18' 28" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	*****	****	*****	0.29	****	mg/L	NA	1/180	GRAB
	Permit Requirement	*****	****	*****	REPORT	****			02/YR	GRAB
TSS	Sample Measurement	*****	****	*****	48	****	mg/L	NA	1/180	COMP
	Permit Requirement	*****	****	*****	REPORT	****			02/YR	COMP
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER (206) 39-7706
 DATE 01/03/26
 YEAR 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 = 0.27. Sample from pump station surcharge during storm of 10/9/00.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Semi-Annual
 WAO024651
 PERMIT NUMBER
 012 (Eng. Yard)
 DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY
 2000 09 01 TO 2001 02 28

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 26' 34" N
 Long 122 17' 50" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	.....	.....	.....	.....	1.23 **	mg/L	NA	1/180	GRAB
	Permit Requirement	.....	.....	....	.....	REPORT			02/YR	GRAB
TSS	Sample Measurement	.....	.....	....	.....	19	mg/L	NA	1/180	COMP
	Permit Requirement	.....	.....	....	.....	REPORT			02/YR	COMP
	Sample Measurement	.....	.....		.....	
	Permit Requirement	.....	.....		.....	
	Sample Measurement	.....	.....		.....	
	Permit Requirement	.....	.....		.....	
	Sample Measurement	.....	.....		.....	
	Permit Requirement	.....	.....		.....	
	Sample Measurement	.....	.....		.....	
	Permit Requirement	.....	.....		.....	

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER

(206)439-7706

DATE

01 03 26
 YEAR MO DAY

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 = 1.21.

Printed: 03/20/01

Page 2 of 3

PERMITTEE NAME/ADDRESS

SEA-TAC INTERNATIONAL AIRPORT #681
 PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 SAME AS ABOVE
 SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR)

Semi-Annual

WA0024651
 PERMIT NUMBER
 013 (TaxiYard)
 DISCHARGE NO.
 MONITORING PERIOD
 FROM 2000 09 01 TO 2001 02 28

NOTE: Read instructions before completing this form.

Discharge Location
 Lat 47° 27' 37" N
 Long 122° 17' 43" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	*****	****	*****	8.28	mg/L	NA	1/180	GRAB	
	Permit Requirement	*****	*****	*****	REPORT			02YR	GRAB	
TSS	Sample Measurement	*****	****	*****	660	mg/L	NA	1/180	COMP	
	Permit Requirement	*****	*****	*****	REPORT			02YR	COMP	
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206) 439-7706

DATE
 01 03 26
 YEAR MO DAY

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 = 8.24.

Printed: 03/20/01

Page 3 of 3

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Annual

PERMIT NUMBER WA0024651
 DISCHARGE NO. 003 (SDS 1)
 MONITORING PERIOD FROM 2000 03 01 TO 2001 02 28

Discharge Location
 Lat 47 26' 13" N
 Long 122 18' 38" W
 NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement Permit Requirement	.....	....	.....	0.72	..	mg/L	NA	1/365	GRAB
TSS	Sample Measurement Permit Requirement	.....	....	.....	93		mg/L	NA	1/365	COMP
TURBIDITY	Sample Measurement Permit Requirement	.....	....	.....	34		NTU	NA	1/365	COMP
FECAL COLIFORM	Sample Measurement Permit Requirement	.....	....	.....	< 2		#/100 ml	NA	1/365	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement Permit Requirement	.....	....	.....	0.022		mg/L	NA	1/365	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement Permit Requirement	.....	....	.....	0.005		mg/L	NA	1/365	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement Permit Requirement	.....	....	.....	0.1		mg/L	NA	1/365	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206)439-7706

DATE

01 03 26
 YEAR MO DAY

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Printed: 03/20/01
 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 = 0.70.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

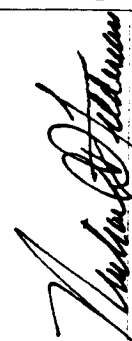
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Annual
 WA0024651 (SDS 2)
 PERMIT NUMBER DISCHARGE NO.
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 2000 03 01 TO 2001 02 28

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 25' 50" N
 Long 122 18' 42" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF ANALYSES		
TPH**	Sample Measurement	.....	....	.....	.....	< 0.3	mg/L	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	GRAB
TSS	Sample Measurement	.....	....	.....	.....	20	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TURBIDITY	Sample Measurement	.....	....	.....	.....	7.3	NTU	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
FECAL COLIFORM	Sample Measurement	.....	....	.....	.....	17	#/100 ml	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	....	.....	.....	0.01	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	....	.....	.....	< 0.002	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	.....	....	.....	.....	0.006	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER (206)439-7700

DATE 01/03/26
 YEAR 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 quantification range results from method NWTPH-Dx - Result Fraction for Diesel = <0.10, Motor Oil = <0.20.

Printed: 03/20/01
 Page 2 of 2

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

AR 027593

NOTE: Read Instructions before completing this form.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Annual

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

WAO024651
 PERMIT NUMBER
 YEAR 2000 MO 03 DAY 01
 FROM

008 (SDN 3)
 DISCHARGE NO.
 YEAR 2001 MO 02 DAY 28
 TO


Discharge Location
 Lat 47 27' 59" N
 Long 122 18' 45" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	.....	....	.....	< 0.15	..	mg/L	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	REPORT	..			01/YR	GRAB
TSS	Sample Measurement	.....	....	.....	8		mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	REPORT	..			01/YR	COMP
TURBIDITY	Sample Measurement	.....	....	.....	11		NTU	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	REPORT	..			01/YR	COMP
FECAL COLIFORM	Sample Measurement	.....	....	.....	2		#/100 ml	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	REPORT	..			01/YR	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	....	.....	0.01		mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	REPORT	..			01/YR	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	....	.....	< 0.002		mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	REPORT	..			01/YR	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	.....	....	.....	0.032		mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	REPORT	..			01/YR	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

TELEPHONE NUMBER
 (206) 439-7706

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


DATE
 01 03 26
 YEAR 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 = <0.10.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Annual
 WAO024651
 PERMIT NUMBER
 DISCHARGE NO. 009 (SDS 4)
 MONITORING PERIOD
 YEAR MO DAY
 2000 03 01 TO 2001 02 28

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 25' 33" N
 Long 122 18' 15" W
 NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	.....	....	.....	0.17 **	REPORT	mg/L	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	01/YR	GRAB
TSS	Sample Measurement	.....	....	.....	2.2	REPORT	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	01/YR	COMP
TURBIDITY	Sample Measurement	.....	....	.....	1.9	REPORT	NTU	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	01/YR	COMP
FECAL COLIFORM	Sample Measurement	.....	....	.....	4	REPORT	#/100 ml	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	01/YR	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	....	.....	0.017	REPORT	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	01/YR	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	....	.....	< 0.002	REPORT	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	01/YR	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	.....	....	.....	0.011	REPORT	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	.....	.....	.....	01/YR	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

Michael D. Feldman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 (208)439-7706

DATE

01 03 26
 YEAR 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 = 0.15.

Printed: 03/20/01

Page 4 of 7

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

PERMIT NUMBER
 WA0024651
 MONITORING PERIOD
 YEAR MO DAY
 2000 03 01

DISCHARGE NO.
 010 (SDS 7)
 DISCHARGE NO.
 YEAR MO DAY
 2001 02 28

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Annual

NOTE: Read Instructions before completing this form.

Discharge Location
 Lat 47 26' 09" N
 Long 122 18' 53" W
 NO DISCHARGE

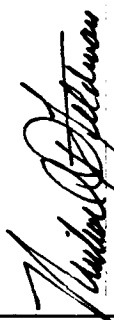
PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EXCEEDANCES		
TPH**	Sample Measurement	.....	.....	.....	.....	0.14 **	mg/L	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	GRAB
TSS	Sample Measurement	.....	.....	.....	.....	2.8	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	.....	4.1	NTU	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	.....	< 2	#/100 ml	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	.....	.....	0.004	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	.....	.....	.....	< 0.002	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	0.006	mg/L	NA	1/365	COMP
	Permit Requirement	REPORT			01/YR	COMP

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

DATE
 YEAR MO DAY
 01 03 26

TELEPHONE NUMBER
 (206)439-7706

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

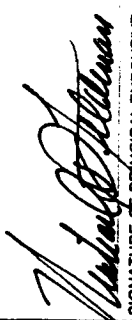
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTING (DMR) Annual
 WA0024651
 PERMIT NUMBER
 014 (SDS 6)
 DISCHARGE NO
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 2000 03 01 2001 02 28

NOTE: Read Instructions before completing this form.
 Discharge Location
 Lat 47 26' 07" N
 Long 122 18' 48" W
NO DISCHARGE

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	.....	.....	.....	.....	< 0.3 **	mg/L	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	GRAB
TSS	Sample Measurement	.....	.....	.....	.....	7.1	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	.....	16	NTU	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	.....	30	#/100 ml	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	.....	.....	0.006	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TOTAL RECOVERABLE LEAD	Sample Measurement	.....	.....	.....	.....	< 0.002	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	.....	.....	.....	.....	0.029	mg/L	NA	1/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	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, 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 (206)439-7706

DATE
 YEAR MO DAY
 01 03 26

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 = <0.10, Motor Oil = <0.20.

PERMITTEE NAME/ADDRESS
 NAME SEA-TAC INTERNATIONAL AIRPORT #681
 ADDRESS PORT OF SEATTLE
 PO BOX 68727, SEATTLE, WA 98168
 FACILITY SAME AS ABOVE
 LOCATION SAME AS ABOVE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORTING (DMR) Annual

WAO024651
 PERMIT NUMBER
 YEAR 2000 MO 03 DAY 01
 TO
 YEAR 2001 MO 02 DAY 28

015 (SDS 5)
 DISCHARGE NO.
 YEAR 2001 MO 02 DAY 28

Discharge Location
 Lat 47 27' 07" N
 Long 122 18' 47" W

NO DISCHARGE

NOTE: Read Instructions before completing this form.


PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	# OF EXCEEDANCES		
TPH**	Sample Measurement	.....	.....	.....	.....	< 0.15 **	mg/L	NA	2/365	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	GRAB
TSS	Sample Measurement	.....	.....	.....	.....	7.2	mg/L	NA	2/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TURBIDITY	Sample Measurement	.....	.....	.....	.....	11	NTU	NA	2/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
FECAL COLIFORM	Sample Measurement	.....	.....	.....	.....	< 2	#/100 ml	NA	1/365	GRAB
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	GRAB
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	.....	.....	0.013	mg/L	NA	2/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TOTAL RECOVERABLE COPPER	Sample Measurement	.....	.....	.....	.....	< 0.002	mg/L	NA	2/365	COMP
	Permit Requirement	.....	.....	.....	.....	REPORT			01/YR	COMP
TOTAL RECOVERABLE ZINC	Sample Measurement	0.02	mg/L	NA	2/365	COMP
	Permit Requirement	REPORT			01/YR	COMP

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 Michael D. Feldman
 TYPED OR PRINTED
 Director, Aviation Facilities

DATE
 01 03 26
 YEAR MO DAY

TELEPHONE NUMBER
 (206)439-7706

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


Printed: 03/20/01
 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 = <0.15, Motor Oil = <0.10.

AR 027598

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	0	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

AR 027599