NWR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME Intel
ADDRESS 3585 SW 198th
ALOHA OR 97007

FACILITY
LOCATION Washington

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

(2-16)	(17-19)
OR-003092-9	001
PERMIT NUMBER	DISCHARGE NUMBER

EJ2 WA Co 100917 INP E ✓ 9/8 File WQ-WASH

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94
~~3520-J~~
41940 ID#

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
95	12	1	95	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Flow	SAMPLE MEASUREMENT				0.091	0.123	0.151	mgd		daily	
	PERMIT REQUIREMENT										
pH	SAMPLE MEASUREMENT				7.5	7.7	7.9			weekly	grab
	PERMIT REQUIREMENT				6.0		9.0				
Fluoride (influent)	SAMPLE MEASUREMENT				0.21	0.66	0.90	mg/l		weekly	grab
	PERMIT REQUIREMENT										
Fluoride (effluent)	SAMPLE MEASUREMENT	1.94	3.34	lb/day	0.64	2.01	2.70	mg/l		weekly	grab
	PERMIT REQUIREMENT		6.7				9.0				
Total dissolved solids (influent)	SAMPLE MEASUREMENT				18	45	58	mg/l		weekly	grab
	PERMIT REQUIREMENT										
Total dissolved solids (effluent)	SAMPLE MEASUREMENT	135	158	lb/day	71	150	202	mg/l		weekly	grab
	PERMIT REQUIREMENT		200				180				
Total chlorine residual	SAMPLE MEASUREMENT				0.03	0.04	0.05	mg/l		weekly	grab
	PERMIT REQUIREMENT										

DEPT OF ENVIRONMENTAL QUALITY RECEIVED JAN 12 1996 NORTHWEST REGION

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Secola
Aloha Campus Manager
TYPED OR PRINTED

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

J. Secola
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
503	642-8469	1	9	96
AREA CODE	NUMBER	YEAR	MO	DAY

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