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

NAME: Naval Facilities Engineering Systems Command, Hawaii

ADDRESS: 400 Marshall Road
JBPHH, Hawaii 96860-3139

FACILITY LOCATION: Red Hill Shaft GAC Water Treatment Units
JBPHH, Island of Oahu, Hawaii

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

(2-16)	(17-19)
HI21DG544	RHS
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	23	06	01	TO	23	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

☐ Check here if No Discharge

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	1458514	1497600	GPD						Continuous	Estimated
	PERMIT REQUIREMENT	Report	Report							Continuous	Estimated
Total Petroleum Hydrocarbons as Gasoline	SAMPLE MEASUREMENT				0.031 U	0.031 U	0.031 U	mg/L	0	7	Grab
	PERMIT REQUIREMENT				Report	Report	Report			Weekly	Grab
Total Petroleum Hydrocarbons as Diesel	SAMPLE MEASUREMENT				0.090 U	0.092 U	0.094 U	mg/L	0	7	Grab
	PERMIT REQUIREMENT				Report	Report	Report			Weekly	Grab
Benzene	SAMPLE MEASUREMENT				0.00024 U	0.00024 U	0.00024 U	mg/L	0	7	Grab
	PERMIT REQUIREMENT				1.8	1.8	1.8			Weekly	Grab
Toluene	SAMPLE MEASUREMENT				0.00039 U	0.00039 U	0.00039 U	mg/L	0	7	Grab
	PERMIT REQUIREMENT				5.8	5.8	5.8			Weekly	Grab
Xylenes	SAMPLE MEASUREMENT				0.00053 U	0.00053 U	0.00053 U	mg/L	0	7	Grab
	PERMIT REQUIREMENT				Report	Report	Report			Weekly	Grab
Ethylbenzene	SAMPLE MEASUREMENT				0.00050 U	0.00050 U	0.00050 U	mg/L	0	7	Grab
	PERMIT REQUIREMENT				11	11	11			Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Captain Cameron Geertsema
CEC, USN Regional Engineer

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.

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Date: 2023.07.24 08:22:12 -10'00'

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
808	462-6965	2023	07	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

U = Nondetect Value; J = Estimated value

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Lead	SAMPLE MEASUREMENT				0.0027 U	0.00274 J	0.003 J	mg/L	0	7	Grab
	PERMIT REQUIREMENT				0.029	0.029	0.029			Weekly	Grab
Organic Lead	SAMPLE MEASUREMENT				0.00081 U	0.00081 U	0.00081 U	mg/L	0	7	Grab
	PERMIT REQUIREMENT				Report	Report	Report			Weekly	Grab
pH	SAMPLE MEASUREMENT				6.86	7.05	7.24	Standard Units	0	7	Grab
	PERMIT REQUIREMENT				5.5		8.0			Weekly	Grab
Whole Effluent Toxicity	SAMPLE MEASUREMENT				Pass	Pass	Pass	-	0	1	Composite
	PERMIT REQUIREMENT				Pass	Pass	Pass			Monthly	Composite
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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