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

JUNEAU, CITY AND BOROUGH OF

JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801

Scott Jeffers WW Utilities Superintendent

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

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

NAME:

ADDRESS:

FACILITY:

ATT:

LOCATION:

MAJOR (SUB 01) Form Approved.
OMB No. 2040-0004

F - FINAL EFFLUENT *** NO DISCHARGE

AK-002321-3 PERMIT NUMBER 001 A DISCHARGE NUMBER MONITORING PERIOD YR 2003 MO 11 DAY 1 то

PARAMETER		QUALITY OR LOADING QUALITY OR CONCENTRATION AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM LINITS			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
TEMPERATURE, WATER	<u> </u>	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DEG, CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.1	(04)	0	5/7	
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	*****	*****	****	****	REPORT DAILY MAX	DEG. C		WEEK DAYS	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	*****	4.5	*****	7.3	(19)	0	1/7	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 Daily Min.	*****	17.0 DAILY MAX	MG/L		ONCE/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	****	*****	*****	164.5	*****	(19)	0	1/30	
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	*****	MG/L	***************************************	ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	29.2	*****	(26)	*****	3.5	*****	(19)	0	1/30	
00310 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	29.2	29.2	(26)	*****	3.5	3.5	(19)	0	1/30	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
рН	SAMPLE MEAGUREMENT	*****	*****	*****	6.6	****	7.1	(12)	0	5//	***************************************
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MIN.	*****	8.5 MAXIMUM	su		WEEK DAYS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	302	*****	(19)	0	1/30	
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	****	****	*****	*****	REPORT MO AVG	*****	MG/L		ONCE/ MONTH	COMP 24
I CERTIFY UNDER PENALTY OF LAW THAT I H. FOR OBTAINING THE INFORMATION. I BELL INCLUDING THE POSSIBILITY OF FINE AND IN	AVE PERSONALLY EXAMIN EVE THE SUBMITTED IN IPRISONMENT, SEE 18 U.S	FORMATION IS TRUE, A S.C. 1001 AND 33 JUSTO	ACCURATE AND COMP & 1319	SUBMITTED HEREIN: / LETE. I AM AWARE THA	ND BASED ON MY INQ T THERE ARE SIGNIFI (Penalties under these s	UIRY OF THOSE INDIVID CANT PENALTIES FOR fatules may include fines	UALC IMMEDIATELY REC SUBMITTING FALSE INF up to \$10,000 and or maxin	PONCIBLE ORMATION, num imprisonment of betw	seen 6 months and 5 w		
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER		1/18	0.0			TELEPHONE	3,000		DATE	
Scott Jeffers Wastewater Utilities Superinter	dent	4	SIGNATURE OF	PRINCIPAL EXECUTIV	E	907 AREA	586-0	309	2003	12	8
TYPED OR PRINTED			OFFICEROR	AUTHORIZED AGENT		CODE	PHONE NUM	IRFR	YEAR	мо	DAY
COMMENT AND EXPLANATION OF AN	IY VIOLATIONS			L ATTACHMENTS H	IERE)		, THORE HOW	The same of	ILAN	ı MO I	DAI

EPA Form 3320-1 (03-99) Previous editions ma Previous editions may be used.

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

FROM

00434/981209 1904

PAGE 1 OF 3

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

MAJOR (SUB 01) F - FINAL Form Approved.
OMB No. 2040-0004

EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different) NAME:

JUNEAU, CITY AND BOROUGH OF ADDRESS:

155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 90801 Scott Jeffers WW Utilities Superintendent

AK-002321-3 PERMIT NUMBER

001 A DISCHARGE NUMBER

	JUNEAU, ALASK						Α	ONITORING PERIO	D.		
FACILITY:	JUNEAU-DOUG		T PLANT		YR	MO	DAY	T	YEAR	МО	DAY
LOCATION:	JUNEAU, ALASI			FROM	2003	11	1	то	2003	11	30
ATT:	Scott Jeffers WW	/ Utilities Superint	endent	J							
PARAMETER			QUANTITY OR LOADIN	VG	QL	JALITY OR CONCENTE	RATION	NO.	FREQUENCY	BAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVED 4 OF			EX	OF ANALYSIS	TYPE
SOLIDS, TOTAL	SAMPLE	314.0	IVIAXIIVIOIVI	(26)	MINIMON	AVERAGE 13.2	MAXIMUM	UNITS			
SUSPENDED	MEAGUREMENT	0.4.0	*****	(20)	*****	13.2	*****	(19)	0	400	
00530 W 0 0	PERMIT	1035				45		l		1/30 ONCE/	00145.04
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L			COMP 24
OLIDS, TOTAL	SAMPLE	137.7	566,3	(26)	 	8.9	20.0	(19)	0	MONTH	
SUSPENDED	MEASUREMENT		000.0	(20)	*****	0.5	20.0	(19)	U	4/00	
0530 1 0 0	PERMIT	690	1380		l	30	60	ł -		1/30	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		ONCE/	COMP 24
ITROCEN, AMMONIA	SAMPLE	N/A	N/A	LDOIDA	_	N/A	N/A	(19)	0	MONTH	
OTAL (AS N)	MEASUREMENT			*****	*****	1000	18/7	(19)	U	4400	
0610 1 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT	l		1/180	
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	*****	*****	MO AVG	DAILY MAX	MG/L		SEMI-	COMP 24
OLIFORM, FECAL MF.	SAMPLE	IIIO / WG	DAIL I WAX		 	574	DAILY MAX	(13)	0	ANNUAL	
-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****	3/4	*****	(13)	U	4.5	1
1616 W 0 0 .	PERMIT					800		ł		1/7	
EE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****	#/100ML		ONE / WEEK	GRAB
OLIFORM, FECAL MF.	SAMPLE				1	166	3000	(13)	1	VVEEN	
-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****	100	3000	(10)	'	4/7	l
1616 1 0 0	PERMIT					400	1200	ļ		1/7 ONE /	
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	#/100ML		WEEK	GRAB
LOW, IN CONDUIT OR	SAMPLE	1.5121	3,6150	(3)		INO OLO	DAIL! WAX	#VIOUVIL	0	VVEEN	
HRU TREATMENT PLANT	MEASUREMENT			(6)	*****	*****	*****	*****	U	7/7	
0050 1 0 0	PERMIT	2.76	6.0		h			-		CONTINUOS	RECORDED
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	*****		CONTINUOS	KECOKDEL
OD, 5-DAY PERCENT	SAMPLE				98			(23)	0	+	
EMOVAL	MEASUREMENT	*****	*****	*****	"	*****	*****	(23)	U .	1/30	
1010 K 0 0	PERMIT				85					ONCE/	CALCTD
ERCENT REMOVAL	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTH	CALCID
CERTIFY UNDER PENALTY OF LAW THAT I	AVE PERSONALLY EXAMIN	ED AND AM FAMILIAR V	VITH THE INFORMATION	SUBMITTED HEREIN:	AND BASED ON MY INO	UIRY OF THOSE INDIVID	UALS IMMEDIATELY RE	PROMICIPI E		WONTH	
OR OBTAINING THE INFORMATION. I BEI CLUDING THE POSSIBILITY OF FINE AND I	MPRISONMENT, SEE 18 U.S	FORMATION IS TRUE, A S.C. 1001 AND 33 U.S.C.	& 1316.	ATE. I AM AWARE TH	AT THERE ARE SIGNIFI (Penalties under these s	CANT PENALTIES FOR tatutes may include fines	Up to \$10,000 and or max	FORMATION, imum imprisonment of betw	een 6 months and 5 ve	ners.	
AME/TITLE PRINCIPAL EXECUTIVE OFFI	CER	<u> </u>	1/1	1000-			TELEPHONE			DATE	
cott Jeffers		(78ce	A //			(907)	586-	0309	2003	12	8
/astewater Utilities Superinte	ndent			PRINCIPAL EXECU		AREA				 	- <u> </u>
TYPED OR PRINTE			OPFICER OR	AUTHORIZED AGE	NT	CODE	PHON	E NUMBER	YEAR	МО	DAY
OMMENT AND EXPLANATION OF ANY			(REFERENCE ALL.	ATTACHMENTS HE	RE)						
PA Form 3320-1 (03-99) Previous editions	ma Previous editions may I	he used	(REDI ACES EDA FOR	M T-40 WHICH MAY N	IOT DE LICEDI		00434/094900 4004				

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PAGE 2 OF 3

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

MAJOR (SUB 01) F - FINAL EFFLUENT *** NO DISCH

Form Approved.

OMB No. 2040-0004

*** NO DISCHARGE

MONITORING PERIOD

то

NOTE: Read instructions before completing this form.

 NAME:
 JUNEAU, CITY AND BOROUGH OF

 ADDRESS:
 155 SOUTH SEWARD,

 JUNEAU, ALASKA 99801
 JUNEAU-DOUGLAS TREATMENT PLANT

 LOCATION:
 JUNEAU, ALASKA 99801

 ATT:
 Scott Jeffers WW Utilities Superintendent

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

AK-002321-3
PERMIT NUMBER

FROM

001 A
DISCHARGE NUMBER

				•							
PARAMETER		QU	IANTITY OR LOA	DING	QUAL	ITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		OI ANALISIS	
SOLIDS, SUSPENDED	SAMPLE				97			(23)	0		
PERCENT REMOVAL	MEASUREMENT	*****	*****	*****		*****	*****	(/	_	1/30	
81011 K 0 0	PERMIT			1	85					ONCE/	CALCTD
PERCENT REMOVAL	REQUIREMENT	. *****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTH	
COPPER	SAMPLE					N/A	N/A	(28)	0	111111111111111111111111111111111111111	COMP 24
TOTAL RECOVERABLE	MEASUREMENT	****	*****	*****	*****			` ′		1/90	
01119 1 0 0	PERMIT		1	ļ	l	REPORT	REPORT			ONCE/	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	ug/L		QUARTER	
TOXICITY,	SAMPLE						N/A	(73)	0		***************************************
M.galloprovincialis	MEASUREMENT	*****	*****	*****	*****	*****		` '		1/90	
TKG3P 1 0 0	PERMIT						REPORT			ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	Start 1/0	2/2004 through 4	30/2005	1		MAXIMUM	TUc		QUARTER	
TOXICITY,	SAMPLE						N/A	(73)	0		,
D.excentricus	MEASUREMENT	*****	*****	*****	*****	*****				1/90	
TKF3N 1 0 0	PERMIT						REPORT	1		ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	Start 1/0	2/2004 through 4	30/2005			MAXIMUM	TUc		QUARTER	
	SAMPLE										
	MEASUREMENT								i		
	PERMIT]							
	REQUIREMENT										
	SAMPLE										
	MEASUREMENT			· ·							
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	SAMPLE										
	MEASUREMENT										
	PERMIT							1			
	REQUIREMENT										
	SAMPLE										
	MEASUREMENT										
	PERMIT										
	REQUIREMENT		l								
I CERTIFY UNDER PENALTY OF LAW THAT I F FOR OBTAINING THE INFORMATION. I BEL	IAVE PERSONALLY EXAMIN	IED AND AM FAMILIAR I	NITH THE INFORMATION	SUBMITTED HEREIN:	AND BASED ON MY INQU	JIRY OF THOSE INDIVID	UALS IMMEDIATELY RE	SPONSIBLE			
INCLUDING THE POSSIBILITY OF FINE AND I	MPRISONMENT. SEE 18 U.S	S.C. 1001 AND 33 U.S.C.	& 1319.	A I I AMI AVVARE ITI	(Penalties under these st	atutes may include fines	up to \$10,000 and or max	ITORINATION, Imum imprisonment of bet	ween 6 months and 5 ve	ers.	
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER	7	1 6 7/	1000			TELEPHONE			DATE	
Scott Jeffers		A	2000/	HOV		(907)	586-	0309	2003	12	8
Wastewater Utilities Superinter				PRINCIPAL EXECU		AREA				1	
TYPED OR PRINTE				AUTHORIZED		CODE	PHON	IE NUMBER	YEAR	MO	DAY
COMMENT AND EXPLANATION OF A	NY VIOLATIONS		(REFERENCE AL	L ATTACHMENTS I	HERE)		·				

EPA Form 3320-1 (03-99) Previous editions ma Previous editions may be used.

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

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PAGE 3 OF 3

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

JUNEAU, ALASKA 99801

Scott Jeffers WW Utilities Superintendent

FACILITY:

ATT:

LOCATION:

EFFLUENT
*** NO DISCHARGE PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NOTE: Read instructions before c NAME: JUNEAU, CITY AND BOROUGH OF AK-002321-3 ADDRESS: PERMIT NUMBER DISCHARGE NUMBER 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT MONITORING PERIOD

FROM

MAJOR

(SUB 01)

F - FINAL

то

Form Approved.

мо 11

YEAR 2003

OMB No. 2040-0004

REC 1

DAY

30

PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. EX OF ANALYSIS SAMPLE TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE N/A MAXIMUM UNITS COLIFORM, FECAL MF, SAMPLE 0 M-FC BROTH, 44.5C 31616 1 0 0 MEASUREMENT ***** ***** ***** ONCE/MONTH GRAB EFFLUENT GROSS VALUE REQUIREMENT **** ***** #/100ML MAY-OCT AND 1/180 2TIMES GRAB NOVE-APRIL 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 MANEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. (Penalties under thace statutes may include fines up to \$13,000 and maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER. SIGNATURE OF PRINCIPAL EXECUTIVE OFFIDER OR AUTHORIZED AGENT (REFERENCE ALL AT ACHMENTS HERE) DATE Scott Jeffers 2003 (907) 586-0309 8 Wastewater Utilities Superintendent AREA CODE PHONE NUMBER TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS YEAR MO DAY EPA Form 3320-1 (03-99) Previous editions ma Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904 PAGE 1 of 1

YR 2003

мо 11

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

EPA R	EPORT	-	-				Junea	au, Alas	ska					N	OVEMB	ER 200)3
		V	VEATHE			- 1	NFLUEN	IT		,			EFI	FLUENT			
DAY	DATE	TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TTL EFFL MGD	S.S. mg/L	S.S. LBS	B.O.D.	B.O.D.	TEMP °C	рН	D.O.	S.S.	S.S.	B.O.D.	B.O.D.	FECAL Coliform
SUN	2		0.00	13.7	0.9250	394	3040	mg/L	LBS	- °C		mg/L	mg/L	LBS	mg/L	LBS	/100 ml
MON	3	34	0.00	14.8	1.0330	402	3463			12.7	6.7	5.2	4 2 5.2	32			
TUE	4	32	0.00	13.2	0.9830	532	4361			17.4	6.9	5.2	6.2	45			
WED	5	32	0.00	13.9	0.9900	972	8025	238	1965	18.1	6.9	5.8	5.6	51 46	3.5	20.0	70
THU	6	33	0.01	14.5	0.9380	442	3458	230	1903	13.0	6.7	5.4	6.2	49	3.5	29.2	70
FRI	7	36	0.01	14.9	1.5610	772	3400			12.2	6.6	5.6	0.2	49			
SAT	8		0.01	17.8	1.3370	-				12.2	0.0	0.0					
SUN	9		0.51	17.8	1.3370	261	2910						5.6	62			
MON	10	39	0.27	17.5	1.3960	162	1889			12.5	6.6	6.1	5.0	75			
TUE	11	40	0.68	17.0	3.3950	329	9315			11.4	6.6	5.4	20.0	566			
WED	12	42	1.59	16.4	3.6150	170	5125	177	5336	10.6	6.6	4.5	18.0	543			3000
THU	13	33	0.53	15.7	2.1810	127	2310		3330	10.6	6.6	7.0	16.0	291			110
FRI	14	39	0.29	14.8	2.2870					10.2	6.9	6.5	10.0	201			110
SAT	15		0.17	13.9	1.6880					10,12	0.0	0.0					
SUN	16		0.10	13.1	1.3920	194	2252						8.2	95			
MON	17	35	0.19	12.9	1.1100	180	1666			11.3	7.0	6.1	7.2	67			
TUE	18	32	0.00	13.9	1.1170	360	3354			11.0	7.1	6.0	8.0	75			
WED	19	26	0.00	15.3	1.0420	240	2086	120	1043	18.0	7.0	5.0	6.0	52			240
THU	20	26	0.00	16.8	1.0160	264	2237			11.0	6.9	6.2	5.4	46			
FRI	21	31	0.01	18.3	1.0990					9.8	6.9	6.0					
SAT	22		0.27	19.5	1.9070												
SUN	23		0.03	20.4	1.5000	170	2127						10.8	135			
MON	24	36	0.83	20.7	2.6830	126	2819			11.0	6.7	6.2	8.2	183			***************************************
TUE	25	34	0.00	20.5	1.5190	235	2977			8.1	6.9	7.3	14.4	182			
WED	26	30	0.16	19.7	1.2430	216	2239	123	1275	10.3	6.9	6.1	10.0	104			23
THU	27	29	0.01	18.4	1.0320	264	2272			9.7	7.0	6.6	6.4	55			
FRI	28	26	0.11	16.9	1.0480					9.7	7.0	6.7					
SAT	29		0.05	15.2	0.9620												
TO:			5.83		42.3380			A CHENNOSO	0.00			4,44,190,190			agin director di son	tie, s	
MAX		42	1.59	20.70	3.6150	972	9315	238	5336	18.1	7.1	7.3	20.0	566	3.5	29.2	3000
MINI		26	0.00	12.90	0.9250	126	1666	120	1043	8.1	6.6	4.5	4.2	32	3.5	29.2	23
AVE	RAGE	33	0.21	16.34	1.5121	302	3396	165	2405	11.9	6.8	5.9	8.9	138	3.5	29.2	166

COMMENTS:

% REM	IOVAL
B.O.D.	97.8
S.S.	97.1

Copper	N/A	ug/L					
NH3	N/A	mg/L					
NH3	N/A	lbs					

Weekly					Weekly	
TSS,BOD	TS	S	ВО	Coliform		
Aver.	mg/l	lbs	mg/l	lbs	Geo. Mean	
WEEK1	5.5	307.4	3.5	29.2	70	
WEEK2	13.2	307.4	3.5		574	
WEEK3	7.0	314.0	3.5		240	
WEEK4	10.0	132.0	3.5		23	
Max	13.2	314.0	3.5	29.2	574	

	 NI/A	-