

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

DMR Mailing ZIP CODE: 99801
MAJOR (SUB 01) \$

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

External Outfall
*** NO DISCHARGE ***

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 135 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

001A
DISCHARGE NUMBER

PARAMETER

FROM

MONITORING PERIOD			YEAR		
YR	MO	DAY	YR	MO	DAY
2011	3	27	2011	4	30

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE			
Temperature, water deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	14.6	0		
00010 10	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MAX		WEEKDAYS	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	4.3	*****	9.1	0		
Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	*****	2	*****	DAILY MIN.			
00300 10	SAMPLE MEASUREMENT	*****	*****	*****	44	*****	DAILY MAX	17	WEEKLY	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30	*****	DAILY MAX	60		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	675	3205	*****	176	*****	DAILY MAX	60	MONTHLY	COMP24
00310 10	PERMIT REQUIREMENT	690	1380	lbs/d	*****	*****	DAILY MAX	60	MONTHLY	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0		
BOD, 5-day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0		
00310 G 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0		
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3205	*****	*****	178	*****	*****	0	MONTHLY	COMP24
00310 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0		
See Comments	PERMIT REQUIREMENT	1035	*****	lbs/d	45	*****	*****	0	MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	7.4	0	MONTHLY	COMP24
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	WEEKDAYS	GRAB
Effluent Gross	SAMPLE MEASUREMENT	933	4538	*****	60	*****	MAXIMUM	252		
Solids, Total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0		
00530 1 0	PERMIT REQUIREMENT	690	1380	lbs/d	30	*****	DAILY MAX	60	MONTHLY	COMP24
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	0		
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 the system designed to assure that the 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.									
Tom Trego WW Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
907	TELEPHONE									
586-0393	PHONE NUMBER									
2011	YEAR									
5	MO									
10	DAY									

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

The reporting period was from 03/27/2011 through 04/30/2011.

EPA Form 3320-1 (Rev 01/09) Previous editions may be used.

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

DMR Mailing ZIP CODE: 99801
MADOR (SUB 01)

External Outfall
*** NO DISCHARGE ***

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS/Include Facility name/Location if different)
JUNEAU, CITY AND BOROUGH OF
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY:
LOCATION:
ATTI: Tom Trego, WW Utilities Superintendent

MONITORING PERIOD		
YR	MO	DAY
2011	3	27
TO		
YEAR	MO	DAY
2011	4	30

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, Total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00630 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Solids, Total suspended	SAMPLE MEASUREMENT	4538	*****	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00630 W 0 See Comments	SAMPLE MEASUREMENT	1035	*****	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	*****	*****	*****	*****	0	Monthly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
31616 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
31616 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
Flow, in conduit or through treatment plant	SAMPLE MEASUREMENT	1.03	2.16	*****	*****	*****	*****	0	Weekly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.76	6.0	Mgal/d	*****	*****	*****	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
BOD, 5-day/percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Tom Trego WW Utilities Superintendent										
I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the 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>Tom Trego</i>										
TELEPHONE AREA CODE PHONE NUMBER DATE										
907 586-0393 2011 5 10										

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

The reporting period was from 03/27/2011 through 04/30/2011.

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

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)

External Outfall
*** NO DISCHARGE ***

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS/Include Facility name/location if different)
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Tom Trego, WW Utilities Superintendent

MONITORING PERIOD			YEAR	MO	DAY
YR	MO	DAY	2011	3	27
TO	YEAR	MO	DAY	2011	4 30

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, Total suspended, percent removal	81011 K 0 0	*****	*****	*****	*****	*****	0			
Percent Removal		*****	*****	*****	*****	*****		MONTHLY	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
WW Utilities Superintendent

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego

TELEPHONE
907 586-0393
AREA CODE
PHONE NUMBER
2011 5 10
YEAR MO DAY

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

The reporting period was from 03/27/2011 through 04/30/2011.

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

DMR Mailing ZIP CODE: 99801 \$
MAJOR (SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
*** NO DISCHARGE ***

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego, WW Utilities Superintendent

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD			YEAR	MO	DAY
FROM	2011	3	27	TO	2011

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C		*****	*****		1.0		0			
31616 1 0 Effluent Gross		*****	*****		Req. Mon. DAILY MAX	#/ML100			Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
WW Utilities Superintendent

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Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393
AREA CODE
2011
PHONE NUMBER
5 MO 10 DAY

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

The reporting period was from 03/27/2011 through 04/30/2011.

EPA REPORT

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

April 2011

DAY	DATE	WEATHER			INFLUENT			EFFLUENT										
		TEMP °F	RAIN INCHES	HIGH TIDE FEET	J-D FALL MGD	S.S. mg/L	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL Coliform /100 ml	Ammonia 35 N mg/l /1/180 days	Ammonia 35 N lbs/day /1/180 days
SUN	27	39	0.00		0.57			10.3	7.4	5.9								
MON	28	42	0.01		0.70			12.0	6.9	5.0								
TUE	29	40	0.19		1.10			11.7	7.1	4.9	4.0	792	36.00	640				
WED	30	39	0.79		2.13	418	7429	225	7.5	7.2	7.9	252.0	4538	178.00	3205	18.0		
THU	31	38	0.71		2.16	210	3781	156	6.7	7.0	9.1	36.0	467	19.00	247			
FRI	1	38	0.30		1.56	116	1505	108	6.7	7.0	5.1	58.0	478	62.00	511			
SAT	2	38	0.02		0.99	148	1220	110										
SUN	3	38	0.20		1.27													
MON	4	37	0.19		1.03			10.4	6.6	5.6								4.0
TUE	5	36	0.01		0.92			9.8	6.6	6.1								
WED	6	37	0.00		0.85			7.5	6.6	6.4								
THU	7	39	0.14		1.11	296	2789	175	11.0	6.5	6.1	16.0	149	7.00	65			
FRI	8	37	0.56		1.98			11.0	6.7	6.1								
SAT	9	37	0.28		1.01			11.0	6.7	6.1								
SUN	10	36	0.11		0.83													
MON	11	36	0.40		1.06			11.3	6.5	5.3								
TUE	12	39	0.11		0.98			10.4	6.9	5.7								
WED	13	42	0.09		0.96	268	2141	234	11.2	7.0	5.7	3.0	24	3.00	24	8		
THU	14	40	0.00		0.83			11.4	7.0	5.4								
FRI	15	41	0.00		0.95			12.6	7.1	5.0								
SAT	16	39	0.00		0.83													
SUN	17	41	0.00		1.07			14.6	6.6	4.3								
MON	18	38	0.00		0.59			11.8	6.7	6.1								
TUE	19	38	0.00		0.88			12.2	6.8	5.7								
WED	20	38	0.10		0.88			10.0	6.9	6.4	12.0	92	4.00	31				
THU	21	38	0.14		0.92	229	1749	227	10.0	6.9	6.4	12.0	92	4.00	31			
FRI	22	39	0.20		1.00			12.1	6.8	4.4								
SAT	23	43	0.00		1.00													
SUN	24	43	0.01		0.73			16.3	7.0	6.6								
MON	25	45	0.02		0.66			9.9	6.9	5.8								
TUE	26	43	0.07		0.87			10.2	7.1	5.2	7.0	40	6.0	34				
WED	27	42	0.00		0.86	216	1225	276	9.7	7.1	5.4							
THU	28	44	0.00		0.85			10.4	6.9	5.3								
FRI	29	41	0.00		0.73													
SAT	30	40	0.00		0.88													
TOTAL					28.9													
MAXIMUM			0.79		2.1560	418	7429	234	14.6	7.4	9.1	252.0	4538	178	3205	24	N/A	N/A
MINIMUM			0.00		0.0873	116	1220	108	6.7	6.5	4.3	3.0	24	3	24	4	N/A	N/A
AVERAGE			0.163		1.0314	241	2942	176	10.8	6.8	5.9	60.1	933	44	675	9	N/A	N/A

% REMOVAL	
B.O.D.	75
S.S.	75

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

Weekly TSS, BOD				Weekly Coliform			
Aver.	mg/l	lbs	mg/l	Coliform	Geo. Mean	Coliform	Geo. Mean
WEEK1	98	1586	74	1151	18		
WEEK2	16	149	7	65	4		
WEEK3	3	24	3	24	8		
WEEK4	12	92	4	31	4		
WEEK5	7	40	6	34	24		


VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

PERMIT# (if any):		
Owner or Operator:	CBI	
Person Reporting:	Nathan McCombs	
Date/Time Event was Noticed:	5/3/2011 1415	
Facility Name:	JDTP	Date/Time Reported:
Facility Location:	Thane Rd., Juneau, AK	3/3/2011 1415
Reported How? (e.g. by phone):	Phone Numbers of Person Reporting:	Name of DEC Staff Contacted:
	586-0393	Chris Foley
Period of Noncompliance	Start Date/Time (exact): 3/27/2011	End Date/Time (exact): 4/30/2011
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:		
Estimated Quantity involved (volume or weight):		
Description of the noncompliance and its cause (be specific):		
Percent removal of 75%. Loss of MLSS caused the effluent solids content to be higher, resulting in the % Removal to be lower.		
Actions taken to reduce, eliminate, and prevent recurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)		
Permit Condition Deviation (Identify each permit condition exceeded during the event.)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)
% Removal	85%	75%
Sample Date	3/27/2011 - 4/30/2011	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)		
Working on a Solids Handling plan to remove the solids from the JDTP.		
Environmental Damages: (if yes, provide details below)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Actual/Potential Impact on Environment/Public Health (describe in detail)		
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: Nathan D. McCombs Title: QA Manager Signature: <i>Nathan D. McCombs</i> Date: 5/9/11		

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

Alaska Department of Environmental Conservation
 Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-3487 E-mail address: dec-wqreporting@alaska.gov.



NONCOMPLIANCE NOTIFICATION

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

Name: Nathan D. McCombs Title: QA Manager Signature: <i>Nathan D. McCombs</i> Date: 4/14/2011	
Based on information and belief formed after reasonable inquiry, I certify and sign in accordance with 18 AAC 83.385 that the statements and information in and attached in this document are true, accurate, and complete.	
Actual/Potential Impact on Environment/Public Health (describe in detail)	
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) The Waste Rates were increased and solids are being pumped to #2 Aerator to reduce blanket levels and prevent solids from washing out.	
Parameter (e.g. BOD pH)	Permit Limit
Effluent BOD	30/45/60 mg/l
Exceedance (sample result)	62 mg/l
Sample Date	4/2/2011
Permit Condition Deviation (Identify each permit condition exceeded during the event.)	
Actions taken to reduce, eliminate, and prevent recurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice) The clarifier blankets were high, so Wasting was increased and more solids were pumped to the #2 Aeration basin to prevent the clarifier blankets from overflowing to the effluent.	
Description of the noncompliance and its cause (be specific): The JD WWTP has a solids buildup due to the Incinerator failure. The sludge is disposed of at the landfill, but has a load limit which restricts the # of loads that can be dumped. Catching up, but still overloaded with solids.	
Estimated Quantity involved (volume or weight): 511 lbs	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: Period of Noncompliance Start Date/Time (exact): 4/1/11 0855 End Date/Time (exact): 4/2/11 0855	
INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE	
Owner or Operator: CBI	Facility Name: Juncau-Douglas WWTP
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 586-0393
Date/Time Event was Noticed: 4/12/11 1009	Date/Time Reported: 4/12/11 1009
Name of DEC Staff Contacted: Chris Foley	Name of DEC Staff Contacted: Chris Foley
Facility Location: Thane Rd, Juneau	Facility Location: Thane Rd, Juneau
Reported Flow? (e.g. by phone): Phone	Reported Flow? (e.g. by phone): Phone
PERMIT# (if any):	PERMIT# (if any):

NONCOMPLIANCE NOTIFICATION

Alaska Department of Environmental Conservation
 Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-4114 E-mail address: wqreporting@alaska.gov

