

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

Juneau, Alaska

March, 2013

WEATHER				INFLUENT						EFFLUENT													
DAY	DATE	TEMP °F	RAIN/FALL INCHES	J-D T/L EFFL MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L**	FOG LBS	Ammonia as N, mg/L /180 days	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L**	B.O.D. LBS	FOG mg/L	FOG LBS	FECAL Coliform /100 ml	Ammonia as N, mg/L /180 days	
SUN	24	36	0.04	0.969					33	235		9.3	7.1	6.0									
MON	25	33	0.52	0.769					38	241		9.0	6.9	5.8									87
TUE	26	35	0.00	0.912					40	300		10.3	7.0	5.9									
WED	27	38	0.10	1.107	284	2622			58	531	8	10.3	7.0	5.9	3	28							5
THU	28	39	0.24	1.184					46	449		10.2	7.0	5.6									
FRI	1	40	0.00	0.948					36	281		10.0	6.8	6.0									
SAT	2	40	0.00	0.762					56	356													
SUN	3	39	0.00	0.736					40	242													
MON	4	32	0.00	0.676					47	265		10.2	7.0	5.3									
TUE	5	28	0.00	0.707					49	289		10.6	6.9	5.3									
WED	6	28	0.00	0.671	428	2395			70	392	13	10.7	7.0	4.9	6	34							7
THU	7	35	0.00	0.588					49	238		11.2	7.0	5.4									
FRI	8	32	0.00	0.870					56	403	17	10.7	7.0	6.5									6
SAT	9	21	0.00	0.890					0	0													
SUN	10	29	0.35	0.827					46	317													
MON	11	31	0.17	0.944					44	342		10.2	6.7	5.6									
TUE	12	35	0.16	0.775					53	339		9.1	6.9	5.7									
WED	13	40	0.00	0.767	320	2047	479	3064	45	285	10	9.0	7.1	6.1	5	32	7	45	7	42		5	
THU	14	32	0.00	0.727					42	252		9.8	6.9	5.7									50
FRI	15	32	0.07	0.662					36	196		9.9	7.0	5.6									
SAT	16	20	0.18	0.672					49	275													
SUN	17	26	0.00	0.624					59	304													
MON	18	23	0.00	0.672					64	369		8.9	7.0	5.1									101
TUE	19	27	0.16	0.643					67	359		10.3	7.1	5.0									
WED	20	22	0.07	0.668	428	2384	443	2470	20	111	28	9.1	7.1	4.8	10	56	10	55	5	28		15	
THU	21	22	0.00	0.647					76	410		10.7	7.2	5.4									
FRI	22	24	0.00	0.539					63	281		11.0	7.2	5.4									
SAT	23	33	0.00	0.578					0	0													
SUN	24	38	0.00	0.728					0	0													
MON	25	38	0.32	0.838					0	0	11	10.4	7.0	5.2									9
TUE	26	26	0.31	0.668					146	813		9.4	6.9	5.8									
WED	27	35	0.03	0.650	259	1404	256	1390	50	271	17	9.6	6.8	6.2	7	38	7	38	7	38		6	
THU	28	33	0.00	0.640					52	278		9.0	6.8	5.7									5
FRI	29	36	0.00	0.887					73	540													
SAT	30	37	0.52	0.843					78	548													
TOTAL			3.24	26.69																			
MAXIMUM		40	0.52	1.18	428	2622	479	3064	146	813	28	11.2	7.2	6.5	10	56	10	55	7	46		15	
MINIMUM		20	0.00	0.54	259	1404	256	1390	20	271	8	8.9	6.7	4.8	3	28	7	38	5	28		5	
AVERAGE*		32	0	0.8	344	2171	393	2398	54	300	15	10		6	6	37	8	46	6	39		7	
Number Of Analyses		35	35	35	5	5	3	3	31	35	24	24	5	5	3	3	5	5	5	5	5	11	11

Comments: *Geometric mean is used to calculate the average fecal coliform colonies.

% REMOVAL	
B.O.D.	98
S.S.	98

Weekly TSS BOD	TSS		BOD		Weekly Coliform Geo. Mean
	mg/l	lbs	mg/l	lbs	
Aver.					
WEEK1	3	28			87
WEEK2	6	34			520
WEEK3	5	32			50
WEEK4	10	56			101
WEEK5	7	38			38
MAX.	10	56			55

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: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATTN: Tom Trego, WW Utilities Superintendent

MONITORING PERIOD			
YR	MO	DAY	TO
2013	2	24	2013
YEAR	MO	NO	DAY
2013	3	30	

PARAMETER	SAMPLE	QUANTITY OR LOADING		UNITS	VALUE	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE			VALUE	VALUE	UNITS				
Temperature, water deg. C	MEASUREMENT	*****	*****	****	*****	*****	*****	11.2	deg.C	0	WEEKDAYS	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	REPORT DAILY MAX	deg.C	0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	4.8	*****	*****	6.5	mg/L	0	WEEKDAYS	GRAB
00300 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2	DAILY MIN.	*****	17	mg/L	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46	55	*****	*****	*****	8	10	mg/L	0	WEEKLY	GRAB
00310 10 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	*****	30	60	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	393	*****	mg/L	0	MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55	*****	*****	*****	*****	10	*****	mg/L	0	MONTHLY	COMP24
00310 W 0 See Comments	PERMIT REQUIREMENT	1035	*****	lbs/d	*****	*****	45	*****	mg/L	0	MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	*****	7.2	mg/L	0	MONTHLY	COMP24
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0	MINIMUM	*****	8.5	SU	0	WEEKDAYS	GRAB
Solids, Total suspended	SAMPLE MEASUREMENT	37	56	*****	*****	*****	6	10	SU	0	WEEKDAYS	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	690	1380	lbs/d	*****	*****	30	60	mg/L	0	MONTHLY	COMP24

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
Tom Trego

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
DATE
2013 YEAR
10 DAY
3 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
(Reference all attachments here)
The reporting period was from 02/24/2013 through 02/30/2013.

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)


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

External Outfall
*** NO DISCHARGE ***

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2013	2	24	2013
			2013
			2013

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		
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Monthly	COMP24
Raw Sewage Influent	SAMPLE MEASUREMENT	56	*****	*****	*****	*****	*****	0		
Solids, Total suspended	PERMIT REQUIREMENT	1035	*****	*****	*****	*****	*****	0	Monthly	COMP24
00530 W 0	PERMIT REQUIREMENT	WKL Y AVG	*****	*****	*****	*****	*****	0	Monthly	COMP24
See Comments	SAMPLE MEASUREMENT	NA	*****	*****	*****	*****	*****	0		
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	*****	*****	*****	*****	0	Semi-annual	COMP24
00610 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0		
Coliform, fecal MF, broth 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
31616 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
Coliform, fecal MF, broth 44.5 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
31616 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
See Comments	SAMPLE MEASUREMENT	0.76	*****	*****	*****	*****	*****	0		
Flow, in conduit or through treatment plant	PERMIT REQUIREMENT	2.76	*****	*****	*****	*****	*****	0	Continuous	RCORDR
50050 1 0	SAMPLE MEASUREMENT	MO AVG	*****	*****	*****	*****	*****	0		
Effluent Gross	PERMIT REQUIREMENT	6.0	*****	*****	*****	*****	*****	0		
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0		
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	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 W/W Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	907 AREA CODE 586-0393 TELEPHONE PHONE NUMBER DATE 2013 YEAR 10 MO 3 DAY									

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 02/24/2013 through 02/30/2013.
(Reference all attachments here)

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)

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

001 A
DISCHARGE NUMBER

External Outfall
*** NO DISCHARGE ***

MONITORING PERIOD			
YR	MO	DAY	TO
2013	2	24	
YEAR	MO	DAY	
2013	3	30	

PARAMETER	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 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		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

PHONE NUMBER
2013 10 3

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 02/24/2013 through 02/30/2013.
(Reference all attachments here)

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

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

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

REC-1
DISCHARGE NUMBER

FROM

MONITORING PERIOD			
YR	MO	DAY	TO
2013	2	24	

YEAR	MO	DAY
2013	3	30

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		*****	*****		NA		0	0		
31616 10 Effluent Gross		*****	*****		Req. Mon. #/ DAILY MAX ML100				Monthly GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
W/W Utilities Superintendent

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Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 TELEPHONE
586-0393
AREA CODE PHONE NUMBER
2013 DATE
10 MO
3 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 02/24/2013 through 02/30/2013.

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Tom Trego
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213


MONITORING PERIOD: 3/1/2013
 MONITORING POINT: 002 (N-11) (P) Sta AE

TO 3/31/2013
 NO DISCHARGE: X

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310 P	report	report	lbs/day	*****		report	mg/l			Grab
		monthly average	daily maximum		*****	monthly average					
Total Suspended Solids	1 - Final Effluent 00530 P	report	report	lbs/day	*****		report	mg/l			Grab
		monthly average	daily maximum		*****	monthly average					
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent 31616 P	report	report	cts/100 ml	*****		report				Grab
		monthly average	daily maximum		*****	monthly geometric mean					
Flow	1 - Final Effluent 50050 P	report	report	MGD	*****		report				Recorded
		monthly average	daily maximum		*****	daily maximum					
Duration of Discharge	1 - Final Effluent 81381 P	Sample meas.	Report	min/day	*****		report				Recorded
		Permit reqmt.	daily maximum		*****	daily maximum					

COMMENTS:

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TONY STONICH <i>W/W Collections SUPV.</i>	TELEPHONE 907 790-2525
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.	DATE 4/11/13
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA NUMBER Y M D

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)


CONTACT NAME: Tom Trego
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801
 PERMIT NUMBER: AK0023213

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

MONITORING PERIOD: 3/1/2013 TO 3/31/2013
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE:

Parameter	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average	Maximum				
Biochemical Oxygen Demand (BOD5)	Sample meas.			*****						
	Permit reqmt.	Report monthly average	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas.			*****						
	Permit reqmt.	Report monthly average	lbs/day	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.			*****						
	Permit reqmt.	Report monthly average	cts/100 ml	*****	Report monthly geometric mean	Report daily maximum			When Discharging	Grab
Flow	Sample meas.			*****						
	Permit reqmt.	Report daily maximum	MGD	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	Sample meas.			*****						
	Permit reqmt.	Report daily maximum	min/day	*****	*****	*****			When Discharging	Recorded
COMMENTS:										

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
TONY STRAINICH N/W Collections SUPV.	907 790-2825	4/11/13
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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Y M D
		

Alaska Department of Environmental Conservation Monthly Discharge Monitoring Report (DMR)

CONTACT NAME: Tom Trego
 MAILING ADDRESS: 155 S. Seward Street
 Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY
 LOCATION: 1540 Thane Rd
 Juneau, AK 99801


PERMIT NUMBER: AK0023213

MONITORING PERIOD: 3/1/2013 TO 3/31/2013
 MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

Parameter	Sample meas.	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum		Minimum	Average	Maximum					
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent 00310 R	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	1 - Final Effluent 00530 R	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent 31616 R	*****	*****		*****	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	1 - Final Effluent 50050 R	Report monthly average	Report daily maximum	MGD	*****	*****	*****	*****			When Discharging	Recorded
Duration of Discharge	1 - Final Effluent 81381 R	Sample meas. *****	report daily maximum	min/day	*****	*****	*****	*****			When Discharging	Instantaneous Reading
COMMENTS:												

Mail this report when completed to ADEC, Division of Water, 555 Cordova Street, Anchorage, AK 99501-2617
 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Tom Trego w/w Collections SUPV.	907 790-2525	4/11/13
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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER
		
	OFFICER OR AUTHORIZED AGENT	Y M D