

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY
Juneau, Alaska

July 2014

INFLUENT										EFFLUENT													
DAY	DATE	TEMP °F	RAIN/FALL INCHES	J-D I-TL EPT MG/D	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	Ammonia as N mg/l x 1/180	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 x 1/180 days		
SUN	29	60	0.00	0.759							17.3	6.4	5.2										
MON	30	56	0.08	0.749	352.0	2463.0	470.0	3288.7			17.0	6.9	4.6	13.0	91.0	12.00	84.0			120			
TUE	1	57	0.08	0.839	168.0	1356.3	300.0	2421.9			17.8	6.9	4.9	9.2	74.3	13.0	105.0						
WED	2	57	0.03	0.968							17.4	6.9	5.3										
THU	3	59	0.41	0.766							17.3	6.9	5.3										
FRI	4	56	0.18	0.836																			
SAT	5	59	0.32	0.768																			
SUN	6	62	0.03	0.705																			
MON	7	58	0.04	0.944							18.4	6.5	4.5										
TUE	8	55	0.48	1.522	515.0	6537.1	520.0	6600.6			17.6	7.0	4.9	18.0	228.5	18.0	228.5			4			
WED	9	55	1.01	0.959	270.0	2159.5	400.0	3199.2			17.6	7.0	5.4	12.0	96.0	21.0	168.0						
THU	10	58	0.04	0.888							18.2	6.8	5.4										
FRI	11	56	0.00	2.215																			
SAT	12	58	1.74	1.727																			
SUN	13	59	0.64	1.564																			
MON	14	59	0.39	1.531							16.5	6.5	6.0										
TUE	15	60	0.28	1.108	332.0	3067.9	320.0	2957.0			17.0	6.8	5.6	7.6	70.2	5.5	50.8			2			
WED	16	59	0.00	0.910	228.0	1730.4	170.0	1290.2			17.7	6.6	5.7	4.4	33.4	4.6	34.9						
THU	17	56	0.00	0.736							18.0	6.7	5.9										
FRI	18	58	0.09	0.851							17.6	6.5	5.0										
SAT	19	56	0.29	0.780																			
SUN	20	55	0.76	0.760							17.0	6.4	4.8										
MON	21	61	0.18	0.776							16.7	6.2	4.3										
TUE	22	59	0.00	0.831	276.0	1912.8	500.0	3465.3			18.2	6.7	4.7	26.0	180.2	17.00	117.8			25			
WED	23	60	0.01	0.768	276.0	1767.8	380.0	2433.9			18.5	7.0	4.9	12.0	76.9	10.0	64.1						
THU	24	58	0.00	0.816							19.2	6.8	5.4										
FRI	25	54	0.34	0.811							17.9	6.8	5.3										
SAT	26	55	0.32	0.835																			
SUN	27	56	0.37	0.878																			
MON	28	55	0.19	1.226							18.1	6.3	5.3										
TUE	29	55	0.59	1.660	380.0	5260.9	370.0	5122.4			17.9	6.8	5.3	40.0	553.8	33.0	456.9			7			
WED	30	57	0.84	0.910	180.0	1386.1	230.0	1745.6			17.2	6.8	6.0	8.0	60.7	12.0	91.1						
THU	31	58	0.03	0.891							17.5	6.8	5.9										
FRI	1	61	0.00	0.695							18.2	6.8	5.6										
SAT	2	61	0.00	0.770																			
TOTAL			9.76	34.75																			
MAXIMUM		62	1.74	2.22	515.0	6537.1	520.0	6600.6			19.2	7.0	6.0	40.0	553.8	33.0	456.9			120			
MINIMUM		54	0.00	0.70	168.0	1356.3	170.0	1290.2			16.5	6.2	4.3	4.4	33.4	4.6	34.9			2			
AVERAGE		58	0.3	1.0	297.7	2762.2	366.0	3252.5			17.7	6.8	5.2	15.0	146.5	14.6	140.1			11			
Number of Daily tests		35	35	35	35	35	35	35	35	35	25	35	35	35	35	35	35	35	35	35	35	35	

% REMOVAL	
B.O.D.	96.0
S.S.	95.0

Weekly TSS/BOD			Weekly BOD			Weekly TSS			Weekly Coliform				
Aver.	WEEK1	WEEK2	WEEK3	WEEK4	WEEK5	MAX.	Aver.	WEEK1	WEEK2	WEEK3	WEEK4	WEEK5	MAX.
11.1	82.6	12.5	94.5	120	120	120	11.1	82.6	12.5	94.5	120	120	120
15.0	162.2	19.5	198.2	4	4	4	15.0	162.2	19.5	198.2	4	4	4
6.0	51.8	5.1	42.9	2	2	2	6.0	51.8	5.1	42.9	2	2	2
19.0	128.5	13.5	90.9	25	25	25	19.0	128.5	13.5	90.9	25	25	25
24.0	307.2	22.5	274.0	7	7	7	24.0	307.2	22.5	274.0	7	7	7
24.0	307.2	22.5	274.0	7	7	7	24.0	307.2	22.5	274.0	7	7	7

Comments: No Lab results for 7/29-7/30/14 contract lab results came in late. An amended page will be sent when results come in. Last week of Data entered on 8/11/2014

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

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

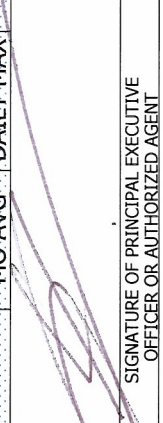
External Outfall
*** NO DISCHARGE

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: Grieko Tempel, WW Utilities Sr. Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2014	6	29	TO
YR	MO	DAY	TO
2014	8	8	2

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	UNITS			
Temperature, water deg. C	*****	*****	*****	****	*****	*****	*****	0		
00010 10 Effluent Gross	*****	*****	*****	*****	*****	*****	deg.C	0		
Oxygen, dissolved (DO)	*****	*****	*****	****	4.3	*****	*****	0	WEEKDAYS	GRAB
00300 10 Effluent Gross	*****	*****	*****	*****	2	*****	*****	0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	DAILY MIN.	*****	*****	0		
00310 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0		
BOD, 5-day, 20 deg. C	*****	*****	*****	****	*****	*****	*****	0	MONTHLY	COMP24
00310 G 0 Raw Sewage Influent	*****	*****	*****	*****	*****	*****	*****	0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****	*****	0		
00310 W 0 See Comments	*****	*****	*****	*****	*****	*****	*****	0	MONTHLY	COMP24
pH	*****	*****	*****	****	*****	*****	*****	0		
00400 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	WEEKDAYS	GRAB
Solids, Total suspended	*****	*****	*****	*****	*****	*****	*****	0		
00530 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	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.									
Grieko Tempel W/W Utilities Sr. Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  TELEPHONE: 907 AREA CODE 586-0393 PHONE NUMBER: 586-0393 DATE: 2014 YEAR 8 DAY 13									

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

The reporting period was from 06/29/2014-08/02/2014.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

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

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: Grieko Tempel, WW Utilities Sr. Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	YEAR
2014	6	29	2014
FROM	TO	DAY	DAY
		29	2

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, Total suspended	*****	*****	*****	297.7	*****	*****	0		
00530 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon MO AVG	*****	mg/L	0	Monthly	COMP24
Solids, Total suspended	307.2	*****	*****	24.0	*****	*****	0		
00530 W 0 See Comments	1035 WKLY AVG	*****	*****	45 WKLY AVG	*****	mg/L	0	Monthly	COMP24
Nitrogen, ammonia total (as N)	NA	*****	*****	NA	*****	*****	0		
00610 1 0 Effluent Gross	Req. Mon. MO AVG	*****	*****	Req. Mon. MO AVG	*****	mg/L	0	Semi-annual	COMP24
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	11.0	*****	*****	0		
31616 1 0 Effluent Gross	*****	*****	*****	400 MO GEO	*****	#100/ml	0	Weekly	GRAB
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	120.0	*****	*****	0		
31616 W 0 See Comments	*****	*****	*****	800 WKLY GEO	*****	#100/ml	0	Weekly	GRAB
Flow, in conduit or through treatment plant	0.99	*****	2.22	*****	*****	*****	0		
50050 1 0 Effluent Gross	2.76 MO AVG	*****	6.0 DAILY MAX	*****	*****	*****	0	Continuous	RCORDR
BOD, 5-day, percent removal	*****	*****	*****	96.0	*****	*****	0		
81010 K 0 Percent Removal	*****	*****	*****	85	*****	Percent	0	Monthly	CALCTD
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel W/W Utilities Sr. Operator</p> <p>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.</p>									
<p>TYPED OR PRINTED</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>									
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS</p> <p>(Reference all attachments here)</p>									
<p>The reporting period was from 06/29/2014-08/02/2014.</p>									
<p>TELEPHONE 907 AREA CODE 586-0393</p> <p>PHONE NUMBER DATE</p> <p>2014 YEAR 8 MO 13 DAY</p>									

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

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

External Outfall
 *** NO DISCHARGE ***

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

NAME: JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Grieko Tempel, WW Utilities Sr. Operator

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD
 YR 2014 MO 6 DAY 29 TO 2014 MO 8 DAY 2

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, Total suspended, percent removal	95.0	*****	*****	*****	*****	*****	0		
81011 K 0 0	85	*****	*****	*****	*****	*****		MONTHLY	CALCTD
Percent Removal	MN % RMV	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Grieko Tempel
 W/W Utilities Sr. Operator

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.

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 AREA CODE 907
 PHONE NUMBER 586-0393

DATE
 YEAR 2014
 MO 8
 DAY 13

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 06/29/2014-08/02/2014.
 (Reference all attachments here)

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
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACTORY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Grieko Tempel, WW Utilities Sr. Operator

AK-002321-3
PERMIT NUMBER

REC-1
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2014	6	29	2014	8	2
FROM			TO		

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	0	0	
31616 10 Effluent Gross	*****	*****	*****	*****		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE
Grieko Tempel W/W Utilities Sr. Operator	907 AREA CODE 586-0393
TYPED OR PRINTED	PHONE NUMBER DATE
COMMENT AND EXPLANATION OF ANY VIOLATIONS	2014 YEAR 8 MO 13 DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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.

(Reference all attachments here)

The reporting period was from 06/29/2014-08/02/2014.

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

CONTACT NAME: Mark Mow
 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: 7/1/2014 TO 7/31/2014
 MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE: X

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Average	Maximum		Minimum	Average				
Biochemical Oxygen Demand (BOD5)	Sample meas.	*****		*****	*****				Grab
	1 - Final Effluent Permit reqmt. 00310 Q	Report monthly average	lbs/day	Report monthly average	Report daily maximum	mg/l		When Discharging	
Total Suspended Solids	Sample meas.	*****		*****	*****				Grab
	1 - Final Effluent Permit reqmt. 00530 Q	Report monthly average	lbs/day	Report monthly average	Report daily maximum	mg/l		When Discharging	
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	*****		*****	*****				Grab
	1 - Final Effluent Permit reqmt. 31616 Q	Report monthly average	cts/100 ml	Report monthly geometric mean	Report daily maximum			When Discharging	
FLOW	Sample meas.	*****		*****	*****				Recorded
	1 - Final Effluent Permit reqmt. 50050 Q	Report daily maximum	MGD	Report daily maximum	Report daily maximum			When Discharging	
Duration of Discharge	Sample meas.	*****		*****	*****				Recorded
	1 - Final Effluent Permit reqmt. 81381 Q	Report daily maximum	min/day	Report daily maximum	Report daily maximum			When Discharging	
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	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.	
MARK J. MOW/SR. SREARDA TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 907-990-2535
	OFFICER OR AUTHORIZED AGENT	AREA NUMBER 08/08/14
		DATE Y M D

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

CONTACT NAME: Mark Mow
 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: 7/1/2014 TO 7/31/2014
 MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type					
			Average	Maximum					Minimum	Maximum			
Biochemical Oxygen Demand (BOD5)	1 - Final Effluent	Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l			When Discharging	Grab
	00310 R	Sample meas.	*****	*****	*****	*****	*****	*****					
Total Suspended Solids	1 - Final Effluent	Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	*****	Report monthly average	Report daily maximum	mg/l			When Discharging	Grab
	00530 R	Sample meas.	*****	*****	*****	*****	*****	*****					
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent	Permit reqmt.	Report monthly average	Report daily maximum	cts/100 ml	*****	Report monthly geometric mean	Report daily maximum				When Discharging	Grab
	31616 R	Sample meas.	*****	*****	*****	*****	*****	*****					
FLOW	1 - Final Effluent	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****	*****				When Discharging	Recorded
	50050 R	Sample meas.	*****	*****	*****	*****	*****	*****					
Duration of Discharge	1 - Final Effluent	Permit reqmt.	Report monthly average	Report daily maximum	min/day	*****	*****	*****				When Discharging	Instantaneous Reading
	81381 R	Sample meas.	*****	*****	*****	*****	*****	*****					
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	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 industry, 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.		TELEPHONE	DATE
MARK T. Mow / Senior OPERATOR			907-790-2525	08/08/14
TYPED OR PRINTED	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: Mark Mow
 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: 7/1/2014 TO 7/31/2014
 MONITORING POINT: 004 (N-15.1) (R) Douglas 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	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
	00310 R	Permit reqmt.			*****	*****						
Total Suspended Solids	1 - Final Effluent	Report monthly average	Report daily maximum	lbs/day	*****	*****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
	00530 R	Permit reqmt.			*****	*****						
Coliform, fecal MF, M-FC broth, 44.5 C	1 - Final Effluent	Sample meas.	*****		*****	*****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
	31616 R	Permit reqmt.			*****	*****						
Flow	1 - Final Effluent	Sample meas.	*****		*****	*****					When Discharging	Recorded
	50050 R	Permit reqmt.	Report monthly average	Report daily maximum	MGD	*****	*****					
Duration of Discharge	1 - Final Effluent	Sample meas.	*****		*****	*****					When Discharging	Instantaneous Reading
	81381 R	Permit reqmt.	*****	report daily maximum	min/day	*****	*****					
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	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.	
MARK J. MOW / SA OPERATIONS	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT	AREA NUMBER
		DATE
		Y M D