

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)

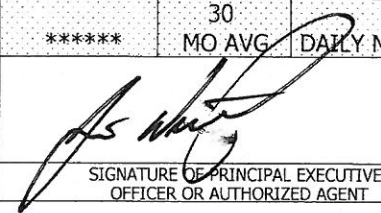
External Outfall
*** NO DISCHARGE ***

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
PERMIT NUMBER

001 A
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YR | MO | DAY | TO | YEAR | MO | DAY |
| 2015 | 3 | 29 | | 2015 | 5 | 2 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|---|---|---------------------|----------------|-------|--------------------------|------------------|------------------|--|--------|-----------------------|-------------|--------|--|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | | | |
| Temperature, water deg. C | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | 13.20 | | 0 | | | | |
| 00010 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | REPORT DAILY MAX | deg.C | | WEEKDAYS | GRAB | | |
| Oxygen, dissolved (DO) | SAMPLE MEASUREMENT | ***** | ***** | **** | 3.97 | ***** | 7.03 | | 0 | | | | |
| 00300 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 2 DAILY MIN. | ***** | 17 DAILY MAX | mg/L | | WEEKLY | GRAB | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 61.35 | 326.93 | | ***** | 7.62 | 28.00 | | 0 | | | | |
| 00310 10 Effluent Gross | PERMIT REQUIREMENT | 690 MO AVG | 1380 DAILY MAX | lbs/d | ***** | 30 MO AVG | 60 DAILY MAX | mg/L | | MONTHLY | COMP24 | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | 178.00 | ***** | | 0 | | | | |
| 00310 G 0 Raw Sewage Influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | mg/L | | MONTHLY | COMP24 | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 254.58 | ***** | | ***** | 26.50 | ***** | | 0 | | | | |
| 00310 W 0 See Comments | PERMIT REQUIREMENT | 1035 WKLY AVG | ***** | lbs/d | ***** | 45 WKLY AVG | ***** | mg/L | | MONTHLY | COMP24 | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | **** | 6.49 | ***** | 7.07 | | 0 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 8.5 MAXIMUM | SU | | WEEKDAYS | GRAB | | |
| Solids, Total suspended | SAMPLE MEASUREMENT | 38.02 | 153.07 | | ***** | 5.06 | 21.00 | | 0 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 690 MO AVG | 1380 DAILY MAX | lbs/d | ***** | 30 MO AVG | 60 DAILY MAX | mg/L | | MONTHLY | COMP24 | | |
| 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. | | | | | | | TELEPHONE | | | | | |
| Jim Westcott W/W Utilities Senior Operator |  | | | | | | | 907 AREA CODE | | 586-0393 | | | |
| | | | | | | | | 2015 YEAR | | 5 DATE | | 10 DAY | |
| | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | |

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

The reporting period was from 03/29/2015-05/02/2015.

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)

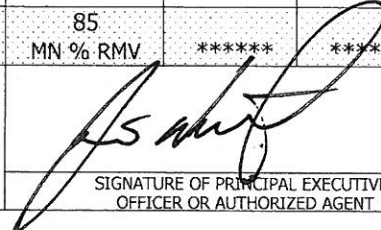
External Outfall
 *** NO DISCHARGE [] ***

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YR | MO | DAY | TO | YEAR | MO | DAY |
| 2015 | 3 | 29 | | 2015 | 5 | 2 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|---------------------|--------|--------------------------|------------------|---------------------|--------------|-----------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, Total suspended 00530 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 163.10 | ***** | | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon MO AVG | ***** | mg/L | | Monthly | COMP24 |
| Solids, Total suspended 00530 W 0 See Comments | SAMPLE MEASUREMENT | 140.75 | ***** | ***** | ***** | 16.00 | ***** | | 0 | | |
| | PERMIT REQUIREMENT | 1035 WKLY AVG | ***** | lb/d | ***** | 45 WKLY AVG | ***** | mg/L | | Monthly | COMP24 |
| Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross | SAMPLE MEASUREMENT | NA | NA | ***** | ***** | NA | NA | | 0 | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MAX | lb/d | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MAX | mg/L | | Semi-annual | COMP24 |
| Coliform, fecal MF, broth 44.5 C 31616 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.94 | 570.00 | | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 400 MO GEO | 1200 DAILY MAX | #100/ml | | Weekly | GRAB |
| Coliform, fecal MF, broth 44.5 C 31616 W 0 See Comments | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 570.00 | ***** | | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 800 WKLY GEO | ***** | #100/ml | | Weekly | GRAB |
| Flow, in conduit or through treatment plant 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 0.86 | 1.65 | ***** | ***** | ***** | ***** | **** | 0 | | |
| | PERMIT REQUIREMENT | 2.76 MO AVG | 6.0 DAILY MAX | Mgal/d | ***** | ***** | ***** | | | Continuous | RCORDR |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 95.72 | ***** | **** | 0 | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 85 MN % RMV | ***** | Percent | | Monthly | CALCTD |
| 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. | | | | | | | | TELEPHONE | | |
| Jim Westcott W/W Utilities Senior Operator |  | | | | | | | | 907 | | |
| | | | | | | | | | 586-0393 | | |
| TYPED OR PRINTED | | | | | | | | PHONE NUMBER | | | |
| | | | | | | | | DATE | | | |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The reporting period was from 03/29/2015-05/02/2015. | | | | | | | | 2015 | | | |
| | | | | | | | | 5 10 | | | |
| | | | | | | | | YEAR | | | |
| | | | | | | | | MO DAY | | | |

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: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

External Outfall
 *** NO DISCHARGE

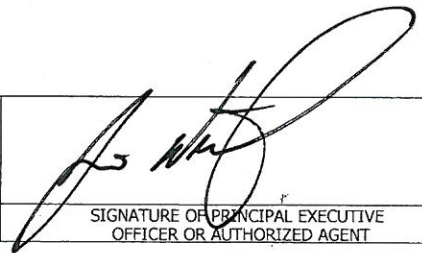
FROM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YR | MO | DAY | TO | YEAR | MO | DAY |
| 2015 | 3 | 29 | | 2015 | 5 | 2 |

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------|-------|--------------------------|-------|-------|---------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, Total suspended, percent removal | | ***** | ***** | ***** | 96.90 | ***** | ***** | | 0 | | |
| 81011 K 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 85 | ***** | ***** | % | | MONTHLY | CALCTD |
| Percent Removal | | | | | MN % RMV | ***** | ***** | PERCENT | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Jim Westcott
 W/W Utilities Senior 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.



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| | |
|-----------|--------------|
| TELEPHONE | |
| 907 | 586-0393 |
| AREA CODE | PHONE NUMBER |
| DATE | |
| 2015 | 5 10 |
| YEAR | MO DAY |

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

The reporting period was from 03/29/2015-05/02/2015.

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: Jim Westcott, WW Utilities Senior Operator

AK-002321-3
 PERMIT NUMBER

REC-1
 DISCHARGE NUMBER

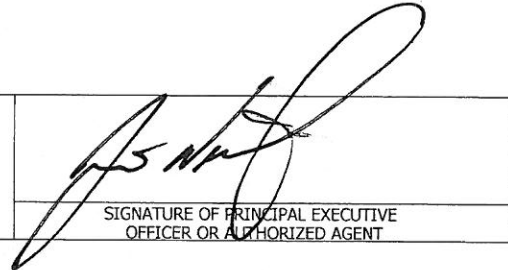
FROM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YR | MO | DAY | TO | YEAR | MO | DAY |
| 2015 | 3 | 29 | | 2015 | 5 | 2 |

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|---------------------|----------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Coliform, fecal MF, broth 44.5 C | | ***** | ***** | | ***** | ***** | 1 | | 0 | 1 | |
| 31616 10 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | Req. Mon. DAILY MAX | #/ ML100 | | Monthly | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Jim Westcott
 W/W Utilities Senior Operator

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TELEPHONE
907 **586-0393**
 AREA CODE PHONE NUMBER
 DATE
 2015 5 10
 YEAR MO DAY

TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
The reporting period was from 03/29/2015-05/02/2015.

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: 4/1/2015 TO 4/30/2015
 MONITORING POINT: 004 (N-15.1) (R) Douglas NO DISCHARGE: **X**

| 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) 1 - Final Effluent 00310 R | Sample meas. | | | | ***** | | | | | | |
| | Permit reqmt. | 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 | Sample meas. | | | | ***** | | | | | | |
| | Permit reqmt. | 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 | Sample meas. | ***** | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | ***** | | ***** | Report monthly geometric mean | Report daily maximum | cts/100 ml | | When Discharging | Grab |
| Flow 1 - Final Effluent 50050 R | Sample meas. | | | | ***** | ***** | ***** | | | | |
| | Permit reqmt. | Report monthly average | Report daily maximum | MGD | ***** | ***** | ***** | | | When Discharging | Recorded |
| Duration of Discharge 1 - Final Effluent 81381 R | Sample meas. | ***** | | | ***** | ***** | ***** | | | | |
| | Permit reqmt. | ***** | 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 MARK I. MOW / SR. OPERATOR 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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Mark I. Mow | TELEPHONE 907-790-2535 | DATE 05/01/15 |
| | | 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
 PERMIT NUMBER: AK0023213

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

MONITORING PERIOD: 4/1/2015 TO 4/30/2015
 MONITORING POINT: 002 (N-11) (P) Sta AE NO DISCHARGE: **X**

| 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) 1 - Final Effluent 00310 P | Sample meas. | | | | ***** | | | | | | |
| | Permit reqmt. | 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 P | Sample meas. | | | | ***** | | | | | | |
| | Permit reqmt. | report monthly average | report daily maximum | lbs/day | ***** | report monthly average | report maximum monthly average | mg/l | | When Discharging | Grab |
| Coliform, fecal MF, M-FC broth, 44.5 C 1 - Final Effluent 31616 P | Sample meas. | ***** | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | ***** | | ***** | report monthly geometric mean | report daily maximum | cts/100 ml | | When Discharging | Grab |
| Flow 1 - Final Effluent 50050 P | Sample meas. | ***** | | | ***** | ***** | ***** | | | | |
| | Permit reqmt. | ***** | report daily maximum | MGD | ***** | ***** | ***** | | | When Discharging | Recorded |
| Duration of Discharge 1 - Final Effluent 81381 P | 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 <i>MARK J. MOW / SR. OPERATOR</i> 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. | TELEPHONE <i>907-790-2525</i> AREA NUMBER | DATE <i>05/01/15</i> Y M D |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Mark J. Mow</i> | | | |

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: 4/1/2015 TO 4/30/2015
 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 | Maximum | | | | |
| Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310 Q | Sample meas. | | | | ***** | | | | | | |
| | Permit reqmt. | 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 Q | Sample meas. | | | | ***** | | | | | | |
| | Permit reqmt. | 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 Q | Sample meas. | ***** | ***** | | ***** | | | | | | |
| | Permit reqmt. | ***** | ***** | | ***** | Report monthly geometric mean | Report daily maximum | cts/100 ml | | When Discharging | Grab |
| Flow 1 - Final Effluent 50050 Q | Sample meas. | ***** | | | ***** | ***** | ***** | | | | |
| | Permit reqmt. | ***** | Report daily maximum | MGD | ***** | ***** | ***** | | | When Discharging | Recorded |
| Duration of Discharge 1 - Final Effluent 81381 Q | 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 <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;"> MARK J. MOW/SR. OPERATOR </div> 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. | TELEPHONE <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;"> 907-790-2525 </div> AREA NUMBER | DATE <div style="font-family: cursive; font-size: 1.2em; margin-top: 10px;"> 05/01/15 </div> Y M D |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <div style="font-family: cursive; font-size: 1.5em; margin-top: 10px;"> Mark J. Mow </div> | | | |