MENDENHALL WASTEWATER TREATMENT FACILITY

EPA REPORT

Buneau, Alaska

December 200

		WEA:	THER			FLOW	Similar			, in X	vayy)	INFLUE	NT							EFFL	UENT				MISC
DAY	DATE	TEMP:	RAIN FALL INCHES	SBR INFLUENT MGD	Mend: River CFS	SBR TTL EFFL MGD	Receiving. Water Dilution	SBR WASTE MGD	TEMP °C	рH	D:O mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP: °C	рH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/l ₋ .	.S.S LBS	B.O.D. mg/L	. 8.O.D. LB\$	FEGAL COLIFORM 7100 ml	POWER: METER READING
SUN	3	35	0.25	2.19	1258	1.89	431.0 /1	0.0603									***************************************								85
MON	4	35	0.22	2.17	1307	1.83	462.4 /1	0.0588	12.0	7.1						12.0	6.5		7.8						84
TUE	5	35	0.22	2.16	1358	1.89	465.2 /1	0.0553	10.0	6.8		146	2301	318	5013	12.0	6.5		7.9	12.0	189.2	29.9	471.3	2.0	90
WED	6	39	0.79	2.76	1410	2.35	388.6 /1	0.0648	9.0	6.8		ļ .				12.0	6.6	3.2	8.6					16.0	92
THU	7	38	0.62	2.98	1562	2.47	409.5 /1	0.0593	9.0	.6.8						11.0	6.6		7.3						91
FRI	8	39	0.07	2.66	2000	2.58	501.8 /1	0.0682	10.0	7,1						12.0	6.6		6.5			·			86
SAT	9	32	0.21	2.47	1800	2.30	506.6 /1	0.0580																	85
SUN	10	34	0.02	2.47	1640	2.11	503.1 /1	0.0494		•				.,											82
MON	11	35	0.16	2.35	1490	2.14	450.8 /1	0.0528	11.0	6.9						11.0	6.5		8.6						88
TUE	12	. 34	0.01	2.24	1390	2.17	414.8 /1	0.0580	9.0	6.9		140	2534	311	5628	10.0	6.5		8.1	15.0	271.5	16.1	291.4	2.0	82
WED	13	32	0.00	2.41	1580	2.05	498.9 /1	0.0586	8.0	6.7		·				10.0	6.5		8.0					2,0	92
THU	14	34	0.07	2.37	1520	2.10	468.6 /1	0.0716	9.0	6.8						11.0	6.5		8.5						88
FRI	15	27	0.04	2.10	1420	1.93	476.3 /1	0.0731	10.0	6.9						12.0	6.5		8.5						88
SAT	16	29	0.03	2.23	1340	2.05	423.3 /1	0.0578				1													86
SUN	17	35	0.26	2.28	1590	1.98	519.8 /1	0.0566																	88
MON	18	37	0.20	2.46	1640	2,25	471.9 /1	0.0626	10.0	7.0						11.0	6.5		8.4		············				89
TUE	19	38	0.46	2.01	1200	2.32	335.1 /1	0.0576	10.0	6.9	•					11.0	6.5		8.4					2.0	89
WED	20	37	0.72	3.20	1380	3.15	284.0 /1	0.0577	9.0	6.9					****	10.0	6.5		9.2					2.0	89
THU	21	35	0.45	2.59	1340	2.21	392.7· /1	0.0621	10.0	6.8						11.0	6.5		9.4						90
FRI	22	35	0.10	2.42	1360	2,23	395.0 /1	0.0817	10.0	6.8	` .					12.0	6.5		9.1						87·
SAT	23	35	0.26	2.47	1420	2.22	414.2 /1	0.0688														<u>:</u>			- 90
SUN	24	37	0.00	2.42	1360	2.39	368.6 /1	0.0574																	86
MON	25	37	0.73	2.62	1260	2.45	333.2 /1	0.0493	9.0	6.9						11.0	6.5		8.2						92
TUE	26	. 34	0.04	2.63	1390	2.63	342.4 /1	0.0515	9.0	6.9						10.0	6.6	·	8.5					2.0	90
WED	. 27	33	0.00	2.38	1340	2.38	364.7 /1	0.0434	9.0	6.8		·				10.0	6.5		8.1					2.0	84
THU	28	35	0.47	2.42	1290	2.20	379.8 /1	0.0405	9.0	6.8						10.0	6.5		7.4						89
FRI	29	39	0.61	3.00	1350	2.90	301.7 /1	0.0618	9.0	7.1	·					11.0	6.6		7.9						95
SAT	30	37	0.43	2.85	1490	2.85	338.7 /1	0.0449				TVK TEH WEZHAN		olovero sustana esta es	ozarranjarazouskana	reistenski altoniona	res versus sur oraș			carteer reason (Cather	n and the state of the state of	argo for experience and or	TESTATION PROGRAM		88
TO	TAL		7.44	69,31		64.02		1.6419	1 05 1														ter egypt trace it gast upon		2465
MAXI	MUM	39	0.79	3.20	2000	3,15	519.8 /1	0.0817	12.0	7.1		146	2534	318	5628	12.0	6,6	3.2	9.4	15.0	271.5		471.3	16.0	95
MINI	MUM	27	0.00	2.01	1200	1.83	284.0 /1	0.0405	8.0	6.7		140	2301	311	5013	10.0	6.5	3.2	6.5	12.0	189.2	16.1	291.4	2.0	82
AVEF	RAGE	35.1	0.3	2.48	1445,9	2.29	415.8 /1	0.0586	9.6	6.9		143.0	2417.5	314.5	5320.5	11.0	6.5	3.2	8.2	13.5	230,3	23.0	381.3	2.6	88.0

COMMENTS:

* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

Decemi	oer 2006
Hrd. mg/l	128.0
Alk. mg/l	60.0
D.O.mg/l	3.2
Turb.אדט	9.4

Tox The	NI/Δ

Б	ecember 20	ibė i i i i
	ug/L	LBS
Copper	34.50	0.544
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	15.00	236.44

		WEEKLY	AVERAGE		WEEKLY
WEEK	В	COLIFORM			
	mg/t	ilbs i	mg/I	: lbs	Geo Mear
1	29.9	471.3	12.0	189.2	5.7
2	16.1	291.4	15.0	271.5	2.0
3					2.0
4					2.0
AVG	23.0	381.3	13.5	230.3	2.9
MAX	29.9	471.3	: 15.0	271.5	5.7

% REMOVAL						
B.O.D.	93					
S.S.	91					

POWER USA	GEIN:
KILOWATT:	IOURS
TOTAL	394400

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

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

NAME:

JUNEAU, CTY AND BOROUGH OF

MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

FACILITY:
MENDENHALL VALLEY SERVICE AREA
LOCATION:
JUNEAU, ALASKA 99801

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

DAY

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

*** NO DISCHARGE ***

MONITORING PERIOD

NOTE: Read instructions before completing this form.

AK-002295-1 PERMIT NUMBER

MO

YR

001 A
DISCHARGE NUMBER

DAY

МО

ATT:	Scott Jeffers WW L	Jtilities Superintend	dent	FROM	2006	12	1	то	2006	.12	31
PARAMETER		QUANTITY OF	R LOADING		QUA	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1 -	OF AWALTSIS	life
Turbidity	SAMPLE MEASUREMENT	*****	*****	****	*****	8.2	9.4	(43)	0		
00070 1 0	PERMIT					Reg. Mon.	Reg. Mon.			Continuous	RCORDR
Effluent Gross	REQUIREMENT	*****	*****	****	*****	MO:AVG	DAILY MX	NTU			
Oxygen, dissolved (DO)	SAMPLE				3.2	3.2		(19)	0	100,000	
	MEASUREMENT	*****	*****	****			*****				
00300 1 0	PERMIT				:: Req. Mon:	Reg. Mon.		19		Once Per	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	DAILY MN	MO AVG	*****	mg/L		Month	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	381.3	471.3	(26)	****	23.0	29.9	(19)	0		
00310 1 0	PERMIT:	1226	2452			30	60	19		Twice Per	COMP24
Effluent Gross	REQUIREMENT	. MO AVG	DAILÝ MX	lb/d	*****	MO AVG	DAILY MX	mg/L		Month	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	471.3	*****	(26)	*****	29.9	*****	(19)	0		
00310 W 0	PERMIT	1829				45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	*****	WKLY AVG	*****	mg/L		Month	
pH	SAMPLE				6.5		6.6	(12)	0	I	
	MEASUREMENT	*****	*****	****		*****					
00400 1 0 .	PERMIT				6.5		9.0	12		Weekdays	GRAB
Effluent Gross	REQUIREMENT	*******	*****	****	:: INST MIN ::	. *****	INST MAX	SU			
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	*****	60.0	60.0	(19)	0		
00410 1 7	PERMIT					Reg. Mon.	Reg. Mon.	19		Quarterly	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE MEASUREMENT	230.3	271.5	(26)	*****	13.5	15.0	(19)	0		
00530 1 0	PERMIT	1226	2452			30	60:	19		Twice Per	COMP24
Effluent Gross	REQUIREMENT:	MO AVG	DAILY MX	lb/d	*****	M@ AVG	DAILY MX	mg/L		Month:	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	law that this document	and all attachments w	/ere			paradalamanana enakat ena	5,	eminim ne mayor communicação del	TELEPHONE	BBPARTERBUILDS, Tees Labbourg 110
Scott Jeffers Wastewater Utilities Superintendent	prepared under my direction or supervision in accordance with the system of to assure that the qualified personnel properly gather and evaluate the inform submitted. Based on my inquiry of the person or persons who manage the syor those persons directly responsible for gathering the information, the information the information of the person or persons who manage the syor those persons directly responsible for gathering the information.				ned n				907 586-0393 AREA CODE PHONE NUMBER DATE		
	submitted is, to the best of I am aware that there are s	t my knowledge and be	lief, true, accurate, and	d complete.	STONE	TIDE OF PRINCIPLE	AL EVECUTENCE		2007		
TYPED OR PRINTED	including the possibility of	f fine and imprisonmen	it for knowing violation	ns.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				2007 YEAR	MO I	9 DAY
MMENT AND EXPLANATION OF ANY VIOLATIONS											

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

JUNEAU, CITY AND BOROUGH OF

MENDENHALL TREATMENT PLANT

155 SOUTH SEWARD,

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

NAME:

ADDRESS:

MAJOR (SUB 01) F - FINAL EEEI LIENT

Form Approved. OMB No. 2040-0004 Approval Expires 05-31-98

*** NO DISCHARGE		***
NOTE: Read instruction	ons before com	pleting this form.

AK-002295-1	
PERMIT NUMBER	

001 A DISCHARGE NUMBER

JUNEAU, ALASKA 99801 MONITORING PERIOD MENDENHALL VALLEY SERVICE AREA FACILITY: DAY MO МО YEAR DAY YR LOCATION: JUNEAU, ALASKA 99801 31 12 TO 2006 12 2006 FROM Scott Jeffers WW Utilities Superintendent ATT: NO. FREQUENCY SAMPLE QUALITY OR CONCENTRATION QUANTITY OR LOADING PARAMETER OF ANALYSIS TYPE ΕX VALUE VALUE UNITS VALUE VALUE VALUE UNITS O 15.0 (19)(26)271.5 Solids, total suspended SAMPLE ***** ***** **** MEASUREMENT Twice Per COMP24 45 19 00530 W 0 PERMIT 1829 ***** Month ***** mg/L ***** WKLY AVG WKLY AVG lb/d See Comments REQUIREMENT 0 (19)15.0 15.0 Nitrogen, ammonia total (as N) 236.4 236.4 (26)SAMPLE ***** MEASUREMENT COMP24 28.5 48 19 Once Per 1963 PERMIT 1164 00610 1 0 Month. ***** MO AVG DAILY MX mg/L lb/d REQUIREMENT MO AVG DAILY MX **Effluent Gross** 128.0 (19)0 128.0 Hardness, total (as CaCO3) SAMPLE **** **** ***** ***** MEASUREMENT GRAB Rea. Mon. Once Per Rea. Mon. 19 00900 1 6 PERMIT Month ***** DAILY MX ***** *** MO AVG ma/L Effluent Gross REQUIREMENT NO TEST NO TEST (28)0 Silver, total recoverable SAMPLE NO TEST NO TEST (26)***** MEASUREMENT COMP24 Three Per Req. Mon. 28 Rea. Mon. 01079 1 0 Rea. Mon. Rea. Mon. PERMIT ***** Year MO AVG DAILY MX uq/L MO AVG DAILY MX lb/d Effluent Gross REQUIREMENT (28)NO TEST NO TEST 0 NO TEST NO TEST (26)SAMPLE Zinc. total recoverable ***** MEASUREMENT COMP24 Three Per Rea. Mon. Rea. Mon. 28 Rea. Mon. Rea. Mon. 01094 1 0 PERMIT ***** MO AVG DAILY MX uq/l Year 🐇 REQUIREMENT MO AVG DAILY MX lb/d Effluent Gross (28)0 NO TEST NO TEST NO TEST (26)Lead, total recoverable NO TEST SAMPLE ***** MEASUREMENT Three Per COMP24 Rea. Mon. Rea. Mon. 28 01114 1 0 PERMIT Rea. Mon. Reg. Mon. Year ***** MO AVG DAILY MX ug/L REQUIREMENT MO AVG DAILY MX lb/d Effluent Gross (28)0 34.5 34.5 0.544 0.544 (26)Copper, total recoverable SAMPLE ***** MEASUREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

01119 1 0

Effluent Gross

Scott Jeffers Wastewater Utilities Superintendent

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 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.

7.63

DAILY MX

3.54

MO AVG

PERMIT

REQUIREMENT

86.7

MO AVG

187

DAILY MX

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 907 586-0393 AREA PHONE NUMBER CODE DATE 2007 DAY YEAR MO

Once Per

Month

COMMENT AND EXPLANATION OF ANY VIOLATIONS

28

ua/L

COMP24

lb/d

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

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

CIVITAL LEGISTICS CONTRACTOR CONT	
NAME:	JUNEAU, CITY AND BOROUGH OF
ADDRESS:	MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD,
FACILITY: LOCATION:	JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 Scott Jeffers WW Utilities Superintendent

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MAJOR (SUB 01) F - FINAL

AK-002295-1

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

DISCHARGE NUMBER

00434/981209 1904

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form. 001 A

PERMIT	NUMBER	J				
		MONI	ORING F	ERIOD		·
\	MO	DAY		YEAR	MO	DAY
YR	12	1	то	2006	12	31
2006	12	1	. لن	2000		

ATT:	Scott Jeffers WW Otlittles Superintendent				QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER	QUANTITY OR LOADING							EX	OF ANALYSIS	TYPE	
·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds	SAMPLE	*****	*****	****	*****	*****	0.0	(23)	0		COMP.
limit	MEASUREMENT PERMIT				E.,		10			Twice Every	GRAB
30500 O 0		*****	*****	**** ‹	*****	*****	DAILY MX	%		Week	
See Comments	REQUIREMENT					N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5		*****	*****	****	*****						GRAB
·	MEASUREMENT					161	Req. Mon.	13		Twice Every	GKAB
31615 O 0	PERMIT	*****	*****	****	*****	MO GEO	DAILY MX	#/100ml		Week	
See Comments	REQUIREMENT				N/A	N/A	N/A	(13)	0		,
Fecal coliform, MPN, EC med, 44.5	SAMPLE	*****	*****	****	7.,		<u>.</u>]			
	MEASUREMENT				400	200	800			Twice Every	GRAB-
31615 P 0	PERMIT	*****	*****	****	WKLY GEO	MO GEO	DAILY MX	#/100ml		Week	
See Comments	REQUIREMENT	200000			N/A	N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5	SAMPLE	*****	*****	****	14,77		•				a militario en la missa de militario (12.11
·	MEASUREMENT	*****			400	200	800	# #		Twice Every	GRAB
31615 Q 0	PERMIT		*****	****	WKLY GEO	MO GEO	DAILY MX	#/100ml	L	Week	
See Comments	REQUIREMENT	*****			2.9	2.6	16	(13)	0		
Fecal coliform, MPN, EC med, 44.5	SAMPLE		*****	****	2.5						
	MEASUREMENT	*****	*****	,,	800	400	1200			Twice Every	GRAB
31615 R 0	PERMIT		*****	****	WKLY GEO	MO GEO	DAILY MX	#/100m	Ĺ	Week	
See Comments	REQUIREMENT	*****	,xxxxx	-	MASHULO I		0		0		
Floating solids or visible foam-visual	SAMPLE			****	*****	*****	•				
	MEASUREMENT	*****	****	****			Reg. Mon.	Ţ		Once Per	VISUAL
45613 1 0	PERMIT			****	*****	*****	DAILY MX	/=1 : N=	:0	Month	
Effluent Gross	REQUIREMENT	*****	******						0		
Flow, in conuit or thru treatment plan	SAMPLE	2.29	3.15	(03)	*****	*****	*****	****			
	MEASUREMENT			_	******					Continuous	RCORDR
50050 1 0	PERMIT	Req. Mon.	4.9	3	*****	*****	******	****			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d					Gar Eger C. Communication	TELEPHONE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of					\sim 11			907 AREA	586-0393	
Scott Jeffers	prepared under my direction of super-land and evaluate the information			information	XH WILDIA				CODE	PHONE NU	IMBER
Wastewater Utilities Superintendent	submitted. Based on my	submitted. Based on my inquiry of the person of persons who manage the information				2900 Of 1000				DATE_	
or those persons directly responsible to Radieling the Insubmitted is, to the best of my knowledge and belief, tru I am aware that there are significant penalties for submit					SIGNATURE OF PRINCIPAL EXECUTIVE				2007 YEAR	1 MO	9 DAY
TYPED OR PRINTED	I am aware that there ar including the possibility	e significant penalties i of fine and imprisonm	ent for knowing violat	ions.	O	FICER OR AUTHO	RIZED AGENT		I I EAK	, 110	
TYPED OR PRINTED	THICHUME THE POLICE										•

FROM

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

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

MAJOR (SUB 01) F - FINAL **EFFLUENT**

Form Approved. OMB No. 2040-0004 Approval Expires 05-31-98

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

AK-002295-1

PERMIT NUMBER

001 A DISCHARGE NUMBER

FACILITY: LOCATION:

ATT:

ADDRESS:

NAME:

JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA

JUNEAU, ALASKA 99801

155 SOUTH SEWARD,

Scott Jeffers WW Utilities Superintendent

JUNEAU, CITY AND BOROUGH OF

MENDENHALL TREATMENT PLANT

MONITORING PERIOD									
YR	MO	DAY		YEAR	МО	DAY			
2006	12	1	то [2006	12	31			

Alli	Scott Jeners www o	unues supermient	TELLIT		2000				2000		
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			_
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	· N/A	N/A	(28)	0		
50060 S 0	PERMIT	4.09	4.09 -			100 - 2	100			QUARTERLY	COMP24
See Comments	REQUIREMENT	: MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l			
Dilution factor	SAMPLE	•			284.0	415.8		ug/L	0		
,	MEASUREMENT	*****	*****	****			*****				
80093 1 0	PERMIT				Req. Mon.	Req. Mon.				DAILY	MEASRD
Effluent Gross	REQUIREMENT	*****	*****	****	DAILY MN	MO AVG	*****	1U			
BOD,5-day, percent removal	SAMPLE				93			(23)	0		
	MEASUREMENT	*****	*****	****		*****	*****				
81010 K 0	PERMIT				85			23		Once Per	CALCTD
Percent Removal	REQUIREMENT	******	*****	****	MN % RMV	*****	*****	%		Month	
Solids, suspended percent removal	SAMPLE				91			(23)	0		
	MEASUREMENT	*****	*****	****		*****	*****]			
81011 K 0 0	PERMIT				85			23		Once Per	CALCTD
Percent Removal	REQUIREMENT	*****	*****	****	MN % RMV	*****	******	%		Month	
Chlorine usage	SAMPLE	N/A		(26)					0		
	MEASUREMENT	•	*****	j	*****	*****	*****				
81400 X 0	PERMIT	Req. Mon.			X					DAILY	MEASRD
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	*****	lb/d	*****	*****	*****				
Oil and grease visual	SAMPLE						0	(93)	0		į
	MEASUREMENT	*****	*****	****	*****	*****					
84066 1 0	PERMIT						Reg. Mon.			Once Per	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	****	*******	*****	DAILY MX	occur/mo		Month	
Toxicity, Chronic	SAMPLE						N/A	(2G)	0		
	MEASUREMENT	*****	*****	****	*****	*****					
TT000 1 8	PERMIT						Req. Mon.			Semiannual	COMP24
Effluent Gross	REQUIREMENT	*****	******	****	*****	*****	DAILY MX	ox chronic			
Wastewater 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.			Son Alfra				7ELEPHONE 907 586-0393 AREA CODE PHONE NUMBER DATE			
TYPED OR PRINTED	I am aware that there are s including the possibility of			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				2007 YEAR	MO	9 DAY	
COMMENT AND EXPLANATION OF ANY		,									

FROM

COMMENT AND EXPLANATION OF ANY VIOLATIONS