

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

September 2016

Juneau, Alaska

WEATHER		FLOWS		INFLUENT								Effluent									
DAY	DATE	TEMP °F	RAIN FALL INCHES	J-D TTL EFFL MGD	TEMP °C	pH	D.O. mg/L	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	TEMP °C	pH	D.O. mg/L	T.S.S. mg/L	T.S.S. LBS	BOD mg/L	BOD LBS	FECAL Coliform /100 ml	Channel Fecal /100 ml	Enterro Fecal /100 ml
Thur	1	57.70	0.00	0.707	16.3	7.5	2.1					17.8	7.2	3.5							
Fri	2	58.60	0.00	0.442	15.8	7.6	1.3					18.1	7.0	4.7							
Sat	3	58.00	0.00	0.717																	
Sun	4	56.20	0.00	0.573																	
MON	5	52.40	T	2.272	16.6	7.0	3.7					17.2	6.7	4.4							
TUE	6	54.40	2.40	1.698	14.1	7.1	8.5	60	850	160	2266	15.6	6.7	5.0	8	119	7	95	11		
WED	7	53.60	0.50	1.081	15.5	7.0	5.8	34	307	95	856	15.4	6.7	4.7	6	50	5	41			
THU	8	53.60	0.09	1.183	15.2	5.9	4.8					16.6	6.9	3.9							
FRI	9	52.30	0.92	3.512	14.6	7.5	7.0					17.2	6.9	5.2							
SAT	10	52.50	1.45	1.092																	
SUN	11	49.10	0.03	0.906																	
MON	12	51.90	0.00	1.430	16.4	8.1	2.5					16.6	6.8	5.7							
TUE	13	55.70	0.85	1.054	14.3	3.7	7.1	212	1864	120	1055	15.8	6.8	4.5	1	9	4	35			
WED	14	54.60	0.10	1.937	14.7	5.6	3.0	57	921	430	6946	16.3	7.0	4.0	7	116	6	92	1		
THU	15	55.00	1.20	3.465	14.2	7.5	5.6					15.5	7.1	4.2							
FRI	16	52.80	1.72	1.490	12.9	7.4	7.5					14.1	7.0	7.1							
SAT	17	51.10	0.23	1.356																	
SUN	18	51.10	0.48	0.985																	
MON	19	50.80	0.04	0.819	13.8	7.7	2.2					14.8	6.9	4.7							
TUE	20	47.20	0.00	0.722	14.4	7.4	3.6	84	506	110	662	15.0	6.7	4.8	1	6	3	16	2	10	1
WED	21	51.30	0.00	0.778	14.4	7.4	3.1	204	1324	190	1233	15.4	6.7	5.0	1	6	3	18			
THU	22	50.70	0.00	1.212	14.9	7.4	4.4					16.0	6.7	5.0							
FRI	23	49.30	0.87	0.860	14.0	7.5	4.3					15.6	6.7	6.1							
SAT	24	48.70	0.14	1.322																	
SUN	25	48.50	0.82	0.821																	
MON	26	48.20	0.02	0.794	14.1	7.3	3.7					14.6	6.8	4.8							
TUE	27	47.60	0.18	0.834	14.1	7.4	3.7	33	230	110	765	14.8	6.7	5.1	1	7	2	15	2		
WED	28	46.90	0.01	0.656	13.8	7.3	4.3	56	306	98	536	14.5	6.5	5.6	1	5	3	14			
THU	29	47.10	0.00	0.626	13.3	7.4	1.7					15.2	6.3	4.9							
FRI	30	51.90	0.00	0.575	13.5	7.7	1.3					15.5	6.5	4.9							
SAT	1	44.90	0.00	0.555																	
TOTAL			12.05	35.92																	
MAXIMUM		58.60	2.40	3.51	16.6	8.1	8.5	212	1864	430	6946	18.1	7.2	7.1	8	119	7	95	11	10	1
MINIMUM		46.90	0.00	0.44	12.9	3.7	1.3	33	230	95	536	14.1	6.3	3.5	1	5	2	14	1	10	1
AVERAGE		51.96	0.42	1.20	14.6	7.4	4.1	93	788	164	1790	15.8	6.9	4.9	3	40	4	41	3	10	1
Number Of Analyses		31	30	31	22	22	22	8	8	8	8	22	22	22	8	8	8	8	4	1	1

September 4 Through October 1 used in calculating weekly averages only. September 1 through September 30 used in all daily and monthly calculations.

Nh3 Comp	mg/L	Copper	ug/L	Toxicity
9/20/16	0.40	NA	NA	NA

Removal 85%	
B.O.D.	98
S.S.	96

Weekly Tss,BOD	Weekly Coliform			
	TSS	BOD	Geo. Mean	
Aver	mg/l	lbs	mg/l	lbs
WEEK1	7	85	6	68
WEEK2	4	63	5	64
WEEK3	1	6	3	17
WEEK4	1	6	2	14
Average	7	85	6	68

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

CONTACT NAME: Samantha Stoughtenger
 MAILING ADDRESS: 2009 Radcliffe Road
 Juneau, AK 99801

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

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 9/1/2016

TO 9/30/2016

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Temperature (C) 1 - Final Effluent 00010	Sample meas.	*****	*****		*****	*****	18.1		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	DEG.C		5X Weekly	Grab
Dissolved Oxygen 1 - Final Effluent 00300	Sample meas.	*****	*****		3.5	*****	7.1		0		
	Permit reqmt.	*****	*****		2.0 daily minimum	*****	17 daily maximum	mg/l		5X Weekly	Grab
Biochemical Oxygen Demand (BOD5) 1 - Final Effluent 00310	Sample meas.	41	95		*****	4	7		0		
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) G - Influent 00310	Sample meas.	1790	*****		*****	164	*****		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Biochemical Oxygen Demand (BOD5) W - See Comments 00310	Sample meas.	*****	68		*****	6	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GRIEBO TEMPEL 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.	TELEPHONE 907-506-0393 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE 9/16/10/2016
		AREA NUMBER Y M D	

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PERMIT NUMBER: AK0023213

MONITORING PERIOD: 9/1/2016

TO 9/30/2016

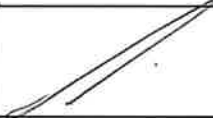
OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
pH 1 - Final Effluent 00400	Sample meas.	*****	*****		6.3	*****	7.2		1		
	Permit reqmt.	*****	*****		6.5 minimum	*****	8.5 maximum	S.U.		5X Weekly	Grab
Total Suspended Solids 1 - Final Effluent 00530	Sample meas.	40	119		*****	3	8		0		
	Permit reqmt.	690 monthly average	1,380 daily maximum	lbs/day	*****	30 monthly average	60 daily maximum	mg/l		Monthly	24-Hr Composite
Total Suspended Solids G - Influent 00530	Sample meas.	788	*****		*****	93	*****		0		
	Permit reqmt.	report monthly average	*****	lbs/day	*****	report monthly average	*****	mg/l		Monthly	24-Hr Composite
Total Suspended Solids W - See Comments 00530	Sample meas.	*****	85		*****	7	*****		0		
	Permit reqmt.	*****	1,035 weekly average	lbs/day	*****	45 weekly average	*****	mg/l		Monthly	24-Hr Composite
Ammonia Nitrogen (as N) 1 - Final Effluent 00610	Sample meas.	*****	*****		*****	0.4	0.4		0		
	Permit reqmt.	*****	*****		*****	14 monthly average	30 daily maximum	mg/l		Monthly	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GRIEKO TEMPEL
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

TELEPHONE	DATE
907.586.0393	9/16/16
AREA NUMBER	Y M D

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 LOCATION: 1540 Thane Rd
 Juneau, AK 99801

PERMIT NUMBER: AK0023213

MONITORING PERIOD: 9/1/2016

TO 9/30/2016

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Ammonia Nitrogen (as N) W - See Comments 00610	Sample meas.	*****	*****		*****	0.4	*****		0		
	Permit reqmt.	*****	*****		*****	21 weekly average	*****	mg/l		Monthly	24-Hr Composite
Copper Total Recoverable 1 - Final Effluent 01119	Sample meas.	*****	*****		*****	*****	NA		NA		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	ug/l		Quarterly	24-Hr Composite
Flow 1 - Final Effluent 50050	Sample meas.	1.20	3.51		*****	*****	*****		0		
	Permit reqmt.	2.76 monthly average	6.0 daily maximum	MGD	*****	*****	*****			Continuous	Recorded
Enterococci 1 - Final Effluent 61211	Sample meas.	*****	*****		*****	*****	1		0		
	Permit reqmt.	*****	*****		*****	*****	Report daily maximum	cts/100 ml		See Permit Requirements	Grab
Fecal Coliform 1 - Final Effluent 74055	Sample meas.	*****	*****		*****	3	11		0		
	Permit reqmt.	*****	*****		*****	200 monthly geometric mean	800 daily maximum	cts/100 ml		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GRIBKO TEMPEL 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.	TELEPHONE DATE 907.506.0399 9/16/10/07 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA NUMBER Y M D
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PERMIT NUMBER: AK0023213

MONITORING PERIOD: 9/1/2016

TO 9/30/2016

OUTFALL / MONITORING POINT: 001

NO DISCHARGE:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum		Minimum	Average	Maximum				
Fecal Coliform W - See Comments 74055	Sample meas.	*****	*****		*****	11	*****		0		
	Permit reqmt.	*****	*****		*****	400 weekly average	*****	cts/100 ml		Weekly	Grab
BOD5 Minimum % Removal K - Percent Removal 81010	Sample meas.	*****	*****		98	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation
Total Suspended Solids Minimum % Removal K - Percent Removal 81011	Sample meas.	*****	*****		96	*****	*****		0		
	Permit reqmt.	*****	*****		85 minimum percent removal	*****	*****	%		Monthly	Calculation

COMMENTS:
 W = weekly average;

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>GRIEVO KEMPEL</i> <i>SX OPERATOR</i>	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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	DATE AREA NUMBER Y M D
TYPED OR PRINTED		907.506.0398 9/1/16	36/10/07

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: 9/1/2016 TO 9/30/2016
 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)	Sample meas. 1 - Final Effluent 00310 R Permit reqmt.	Report monthly average	Report daily maximum	lbs/day	***** *****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas. 1 - Final Effluent 00530 R 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	Sample meas. 1 - Final Effluent 31616 R Permit reqmt.	***** *****	***** *****		***** *****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas. 1 - Final Effluent 50050 R Permit reqmt.	Report monthly average	Report daily maximum	MGD	***** *****	***** *****	***** *****			When Discharging	Recorded
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 R Permit reqmt.	***** *****	report daily maximum	min/day	***** *****	***** *****	***** *****			When Discharging	Instantaneous Reading

COMMENTS:

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 TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	907-790-2525 AREA NUMBER	10/3/16 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: 9/1/2016 TO 9/30/2016
 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. 1 - Final Effluent 00310 Q	Report monthly average	Report daily maximum	lbs/day	***** *****	Report monthly average	Report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas. 1 - Final Effluent 00530 Q	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	Sample meas. 1 - Final Effluent 31616 Q	***** *****	***** *****		***** *****	Report monthly geometric mean	Report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas. 1 - Final Effluent 50050 Q	***** *****	Report daily maximum	MGD	***** *****	***** *****	***** *****			When Discharging	Recorded
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 Q	***** *****	report daily maximum	min/day	***** *****	***** *****	***** *****			When Discharging	Recorded

COMMENTS:

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 Attach an explanation of any violations. Reference all attachments below.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>MARK J. MOW</i>	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 907-790-2525	DATE 10/3/16
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Mark J. Mow</i>	AREA NUMBER	Y M D

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

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 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: 9/1/2016 TO 9/30/2016
 MONITORING POINT: 002 (N-11) (P) Sta AE 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. 1 - Final Effluent 00310 P Permit reqmt.	report monthly average	report daily maximum	lbs/day	***** *****	report monthly average	report daily maximum	mg/l		When Discharging	Grab
Total Suspended Solids	Sample meas. 1 - Final Effluent 00530 P 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	Sample meas. 1 - Final Effluent 31616 P Permit reqmt.	***** *****	***** *****		***** *****	report monthly geometric mean	report daily maximum	cts/100 ml		When Discharging	Grab
Flow	Sample meas. 1 - Final Effluent 50050 P Permit reqmt.	***** *****	report daily maximum	MGD	***** *****	***** *****	***** *****			When Discharging	Recorded
Duration of Discharge	Sample meas. 1 - Final Effluent 81381 P Permit reqmt.	***** *****	Report daily maximum	min/day	***** *****	***** *****	***** *****			When Discharging	Recorded

COMMENTS:

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TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUMBER	Y M D

Mark J. Mow
 907-790-2525 10/3/16



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov.

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-0023213	
Owner or Operator: City and Borough of Juneau	Facility Name: Juneau Douglas WWTP	Facility Location: 1540 Thane Road. Juneau, AK 99801	
Person Reporting: Grieko Tempel	Phone Numbers of Person Reporting: 907-586-0393/907-723-7806	Reported How? (e.g. by phone): Noncompliance hot-line 907-269-4114	
Date/Time Event was Noticed: 29 September 2016 at 0934 AM	Date/Time Reported: 29 September 2016 at 1420 hrs.	Name of DEC Staff Contacted: Noncompliance hot-line 907-269-4114	
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)			
Period of Noncompliance	Start Date/Time (exact): 29 September 2016 at 0934 AM	End Date/Time (exact): 29 September 2016 at 0934 AM	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: N/A			
Estimated Quantity involved (volume or weight): 500 ml (sample volume)			
Description of the noncompliance and its cause (be specific): Effluent pH is 6.3 (below permit limit). Pounds of bio solids in the process is too high, causing the process to go into nitrification.			
Actions taken to reduce, eliminate, and prevent reoccurrence 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) We operated two aeration basins this summer due to the extra loading from cruise ship discharges. The 2016 cruise ship season is over, lowering the BOD loading to the facility. We took one aeration basin off-line this afternoon, and anticipate an increase of the pH soon.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
pH	6.5	6.3	29 September 2016
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) We took one aeration basin off-line this afternoon, and anticipate an increase of the pH soon.			
Environmental Damage: (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) Unknown			
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: Grieko Tempel	Title: Senior Operator	Signature:	Date: 09/29/16
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			