

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)
 JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY:
JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION:
 JUNEAU, ALASKA 99801
ATT:
 Joe Myers, WW Utilities Superintendent

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				MONITORING PERIOD			FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE		VALUE	VALUE	VALUE	UNITS	YR	MO	DAY			NO. EX
Temperature, water deg. C	*****	*****	****	*****	10.8			2009	3	1	0		
Effluent Gross	*****	*****	*****	*****	REPORT DAILY MAX	deg.C					0	WEEKDAYS	GRAB
Oxygen, dissolved (DO)	*****	*****	*****	*****	5.5						0		
Effluent Gross	*****	*****	*****	*****	17	mg/L					0	WEEKLY	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	DAILY MIN.						0		
Effluent Gross	*****	*****	*****	*****	30	mg/L					0	MONTHLY	COMP24
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	MO AVG						0		
Raw Sewage Influent	*****	*****	*****	*****	123.0						0		
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L					0	MONTHLY	COMP24
See Comments	*****	*****	*****	*****	2.6						0		
pH	*****	*****	*****	*****	*****						0		
Effluent Gross	*****	*****	*****	*****	45	mg/L					0	MONTHLY	COMP24
Solids, Total suspended	*****	*****	*****	*****	WKLY AVG						0		
Effluent Gross	*****	*****	*****	*****	6.8						4	WEEKDAYS	GRAB
Effluent Gross	*****	*****	*****	*****	MINIMUM						4		
Effluent Gross	*****	*****	*****	*****	750						4		
Effluent Gross	*****	*****	*****	*****	MO AVG	mg/L					0	MONTHLY	COMP24
Effluent Gross	*****	*****	*****	*****	30						0		
Effluent Gross	*****	*****	*****	*****	DAILY MAX						0		
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.													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joe Myers W/W Utilities Superintendent SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Catherine E. Carlson</i> in lieu of Joe Myers													
TYPED OR PRINTED YEAR: 2009 MO: 4 DAY: 9 TELEPHONE: 586-0393 AREA CODE: 907 PHONE NUMBER: 586-0393 DATE: 2009													
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 03/01/2009 through 03/28/2009. Please see the attached non-compliance notification letters sent on 3/17/2009 and 3/31/2009.													

PERMIT TYPE: **WATER QUALITY SUPERVISOR 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: Joe Myers, WW Utilities Superintendent

AK-002321-3 PERMIT NUMBER
001 A DISCHARGE NUMBER

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		MONITORING PERIOD		FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	DAY	YEAR		
Solids, Total suspended	*****	*****	*****	*****				
00530 G 0	*****	*****	*****	*****				
Raw Sewage Influent	*****	*****	*****	*****				
Solids, Total suspended	3935.1	*****	*****	*****				COMP24
00530 W 0	1035	lb/d	*****	*****				
See Comments	*****	*****	*****	*****				
Nitrogen, ammonia total (as N)	46.0	*****	*****	*****				COMP24
00610 1 0	*****	*****	*****	*****				
Effluent Gross	*****	*****	*****	*****				
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****				
31616 1 0	*****	*****	*****	*****				
Effluent Gross	*****	*****	*****	*****				
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****				
31616 W 0	*****	*****	*****	*****				
See Comments	*****	*****	*****	*****				
Flow, in conduit or through treatment plant	1.1452	*****	*****	*****				
50050 1 0	2.76	Mgal/d	*****	*****				
Effluent Gross	*****	*****	*****	*****				
BOD, 5-day, percent removal	*****	*****	*****	*****				
81010 K 0	*****	*****	*****	*****				
Percent Removal	*****	*****	*****	*****				

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 Joe Myers
 W/W Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Carlton E. Carlson
 IN LIEU OF JOE MYERS

TELEPHONE: 907 586-0393
 AREA CODE: 907
 PHONE NUMBER: 586-0393
 DATE: 2009
 YEAR: 2009
 MO: 1
 DAY: 3

COMMENT AND EXPLANATION OF ANY VIOLATIONS: Please see the attached non-compliance notification letters sent on 3/17/2009 and 3/31/2009.
The reporting period was from 03/01/2009 through 03/28/2009.

External Outfall
 *** NO DISCHARGE

AK-002321-3
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

NAME: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
 FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
 LOCATION: JUNEAU, ALASKA 99801
 ATT: Joe Myers, WW Utilities Superintendent

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		MONITORING PERIOD			FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	UNITS	VALUE	UNITS	YR	MO	DAY			NO EX
Solids, Total suspended, percent removal	81011 K 0 0	*****	*****	77.7	*****	2009	1	1	1	MONTHLY	CALCTD
Percent Removal		*****	*****	85	*****						
				MIN % RMV	*****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joe Myers W/W 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.	TELEPHONE 907 AREA CODE 586-0393
TYPED OR PRINTED		PHONE NUMBER DATE 2009 YEAR 4 DAY 9 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS The reporting period was from 03/01/2009 through 03/28/2009.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Joe Myers</i> In lieu of Joe Myers
Please see the attached non-compliance notification letters sent on 3/17/2009 and 3/31/2009.		

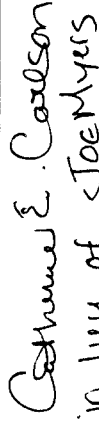
PERMITTEE NAME/ADDRESS (include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT
LOCATION: JUNEAU, ALASKA 99801
ATT: Joe Myers, WW Utilities Superintendent

AK-002321-3
 PERMIT NUMBER

REC 1
 DISCHARGE NUMBER

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			MONITORING PERIOD			FREQ. OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS	YR	MO	DAY			NO
Coliform, fecal MF, broth 44.5 C	*****	*****	*****	*****	*****	*****	2009	1	1	0	Monthly	GRAB
31616 10 Effluent Gross	*****	*****	*****	*****	*****	*****						

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	907	586-0393
Joe Myers W/W Utilities Superintendent	 in lieu of Joe Myers			AREA CODE	907	586-0393
TYPED OR PRINTED				PHONE NUMBER	2009	4
COMMENT AND EXPLANATION OF ANY VIOLATIONS						
The reporting period was from 03/01/2009 through 03/28/2009. Please see the attached non-compliance notification letters sent on 3/17/2009 and 3/31/2009.						

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

FAXED & MAILED
Fax: 1-907-269-1604

March 17, 2009

Attn: Chris Foley, Compliance & Enforcement Program Manager
Alaska Department of Environmental Conservation
Division of Water
555 Cordova Street
Anchorage, AK 99501

Reference: NPDES Permit No. AK-002321-3
CERTIFIED MAIL: 7004 0550 0001 2334 3881

Dear Mr. Foley,

This letter will reiterate our calls made to the noncompliance hotline on 3/13/2009 at approximately 10:30a.m. Alaska Daylight Time regarding the exceedences of our effluent limits, outlined in section I.A.1. of our permit.

On March 12, 2009, our effluent T.S.S was 750 mg/L, our permit limit is 60mg/l/daily max.

On March 12, 2009, the pounds discharged were 15,587 lbs.; our permit limit is 1380lbs/day.

For the week of March 8 - 14th, 2009 we had an average of 192mg/l T.S.S., our permit limit is 45mg/l for a weekly average. Our calculated weekly average effluent lbs. discharged was 3935 lbs/day and our permit limit is 1035 lbs/day.

On March 12, 2009, the total flow was 2,49mgd with peak flows exceeding 9.0MG. The plant experienced a hydraulic overload caused by heavy rainfall and rapid snowmelt that occurred between 5pm on 3/12 and 6am on 3/13/2009. The plants higher than normal SVI, which peaked at 371, compounded the effects of this spiked increase in flow. The event lasted approximately 13 hours. Plant staff took corrective action by securing the aerators and adjusting the return rates. The plant has since returned to producing a quality effluent.

"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."

If you have any questions or concerns, please contact me at (907) 586-5329.

Sincerely,



Catherine E. Carlson, Supervisor
Juneau-Douglas Treatment Plant

cc: Scott Jeffers, CBJ-Deputy Director of Public Works
Joe Myers, CBJ-Wastewater Utility Superintendent
DMR, copy
NPDES Plant File- Permit AK-002321-3

155 So. Seward Street, Juneau, Alaska 99801-1297



Alaska Department of Environmental Conservation
 Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: (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):
Applicant Company:	Juneau-Douglas Wastewater Treatment Plant	Facility Name
City & Borough of Juneau, Alaska	Permit No. AK-002321-3	Facility Location:
Person Reporting:	Jeff Axmann (907) 586-5329	1540 Thane Road, Juneau, Alaska 99801
Date/Time Event was Noticed	03/21/2009	Reported How? (e.g. by phone)
Date/Time Reported	03/27/2009	by phone-03/27/2009 By fax - 04/01/2009
Name of DEC Staff Contacted	Left Message 3/27/2009 @ 11:30am	

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)
INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)
 Estimated Quantity involved (volume or weight) 200lbs.

Cause of the event (be specific)
 The actual event occurred on 03/12/2009 which effected the monthly reporting limits. The details of the event were included in the March 17, 2009 report.

Permit Condition Deviation (Identify each permit condition exceeded during the event)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Eff. Avg. Monthly Limit T.S.S.	Avg. monthly T.S.S. limit of 30mg/l	Avg. monthly T.S.S. = 47 mg/l	03/27/2009 completion of monthly DMR.
Avg. monthly lbs/day discharged	Avg. monthly limit of 690lbs/day	Avg. monthly T.S.S lbs/day = 890lbs/day	
Monthly % T.S.S. Removal	Monthly T.S.S. % removal 85%	Monthly T.S.S. % removal = 78%	

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Corrective measures taken included securing aerators and adjusting return rates during the event. Continued to adjust the solids inventory to adjust the F/M and help reduce the system's SVI.

Environmental Damage: (if yes, provide details below) Yes No Unknown

Actual/Potential Impact on Environment/Public Health (describe in detail)
 Discharged 890lbs of T.S.S. exceeding our permit limit of 690lbs/day by 200lbs.

Actions taken to reduce or eliminate 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)
 Corrective measures taken included securing aerators and adjusting return rates during the event.

COMMENTS We are also in the process of implementing an early warning alarm system for after hours plant upset conditions. enable a quick response by staff. Also, if you have any questions or concerns please do not hesitate to call me at (907) 586-5329
 CERTIFIED MAIL NO. 7004 0560 0001 2334 3874

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: Catherine E. Carlson
Signature: *Catherine E. Carlson*
Date: March 31, 2009

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name, Location if Different)

NAME: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: 5433 SHAUNE DRIVE
 JUNEAU, AK 99801
 FACILITY: JUNEAU, CITY AND BOROUGH OF
 LOCATION: 1540 THANE ROAD
 JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213
 PERMIT NUMBER

001B
 DISCHARGE NUMBER

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

COMBINED SEWER OVERFLOW
 External Outfall

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 03/01/2009 TO 03/31/2009

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	Mgal/d	*****	*****	*****	*****	When Discharging	CALCTD	
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	Mgal/d	*****	*****	*****	*****	When Discharging	CALCTD	
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	Mgal/d	*****	*****	*****	*****	When Discharging	RCORDR	
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	lb/d	*****	*****	*****	*****	When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	lb/d	*****	*****	*****	*****	When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	lb/d	*****	*****	*****	*****	When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	lb/d	*****	*****	*****	*****	When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	lb/d	*****	*****	*****	*****	When Discharging	GRAB	
SAMPLE MEASUREMENT	*****		*****	*****	*****	*****			
PERMIT REQUIREMENT	*****	lb/d	*****	*****	*****	*****	When Discharging	GRAB	

Thomas J. Trebo
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 907-586-0393
 DATE: 4/9/09
 AREA Code: 907 NUMBER: 586-0393

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Thomas J. Trebo w/Joell Suru
 TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: 5433 SHAUNE DRIVE
 JUNEAU, AK 99801

FACILITY: JUNEAU, CITY AND BOROUGH OF
 LOCATION: 1540 THANE ROAD
 JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213
 PERMIT NUMBER

001B
 DISCHARGE NUMBER

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 03/01/2009 TO 03/31/2009

DMR Mailing ZIP CODE: 99801
 MAJOR \$
 (SUBR 01)
 COMBINED SEWER OVERFLOW
 External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
00530 Q 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
00530 R 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
31616 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
31616 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	#100mL	When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
31616 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	#100mL	When Discharging	GRAB
Duration of discharge	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
81381 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	When Discharging	CALCTD
Duration of discharge	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
81381 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Thomas J. Trebo</i> TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Thomas J. Trebo</i>	TELEPHONE NUMBER 907-586-0313	DATE 4/9/09
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 immediately responsible for gathering, analyzing and compiling the data, I am aware that there are significant deficiencies in the collection, compilation, analysis, and reporting of the information and that the information submitted is not 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.		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: 5433 SHAUNE DRIVE
 JUNEAU, AK 99801
 FACILITY: JUNEAU, CITY AND BOROUGH OF
 LOCATION: 1540 THANE ROAD
 JUNEAU, AK 99801

ATTN: JOE BUCK, PUBLIC WORKS DIRECTO

AK0023213	001B
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 99801
 MAJOR \$
 (SUBR 01)
 COMBINED SEWER OVERFLOW
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009
FROM	TO

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Duration of discharge	*****		*****	*****	*****	*****			
81381 R 0	*****	min	*****	*****	*****	*****	When Discharging	CALCTD	
See Comments		Req. Mon. EVNT TOT							

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/TITLE PRINCIPAL EXECUTIVE OFFICER
 Thomas J. Trebo w/w cell s.c.p.u
 TYPED OR PRINTED

Thomas J. Trebo
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 907-586-0383
 AREA Code NUMBER
 DATE
 4/9/09
 MM/DD/YYYY

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

P = N-11Q = N-11, 2R = N-15, 1 RECORD REASONING FOR EACH OPENING