							Number Ul Analyses	AVEKAGE*	MUMINIM	MAXIMUM	TOTAL	SAT	FRI	H	WED	TUE	MON	NUS	SAT	FRI	UHT	WED	TUE	MON	NUS	SAT	FRI	THU	WED	JUE	MON	NUS	SAT	E	WED	TUE	MON	NUS	SAT	FRI	표	WED	TUE	NOM	2	DAY	
							naly ses.					30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9 0	7	6	5	4	ω	2		28	27	26	25	24	PATE	
	fecal col	Commer					25	32	20	40		37	36	33	35	26	38	38	33	24	22	22	27	23	26	20	32	32	40	35	31	29	21	3 35	28	28	32	39	40	40	39	38	35	23 8	2	TEMP OF	
	fecal coliform colonies.	nts: *Geo						C	0.00	0.52	3.24	0.52	0.00	0.00	0.03	0.31	0.32	0.00	0.00	0.00	0.00	0.07	0.16	0.00	0.00	0.18	0.07	0.00	0.00	0.16	0.17	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.24	0.10	0.00	0.50	INCHES	TEMP OF RAIN FALL	AAL STITLE
	nies.	Comments: *Geometric mean is used to calculate the average		S.S.	B.O.D.	0. D	26	0.8	0.54	1.18	26.69	0.843	0.887	0.640	0.650	0.668	0.838	0.728	0.578	0.539	0.647	0.668	0.643	0.672	0.624	0.672	0.662	0.727	0.767	0.775	0.944	0.827	0.890	0.588	0.671	0.707	0.676	0.736	0.762	0.948	1.184	1.107	0.912	0.769	EPFL MGD	757	,
		ean is use		98	O.D. 98	TANONA.	å	344	259	428					259							428							320						428							284			D. mg/L	::::	
		ed to calc	ı				5	2171	1404	2622					1404							2384							2047						2395						4	2622			LBS	5.5	
		ulate the					·			479		the standard of the factor of the standard of			256							443							479																mg/t	B.O.C	
		average					ŭ	2308	1390	3064		-			1390							2470					_		3064																San		1000
							122			ans		78	73	52		146				63	76	i g	67	2	59	49	36	42		53	44	46	90	49	70	49	47	40	SS	8	46	58	40	2 6	3	1111	
							25	300	0	813		548	540	278	271	813	0	0	0	281	410	111	359	359	304	275	196	252	285	339	342	317	0	238	392	289	265	242	356	281	449	531	300	244	1000		
WEEK5	WEEK4	WEEK3	WEEK2	WEEK1	Aver	AAAAAAA	Wast I	15	00	28					17		11					28							10				17		13							8				Ammonia as	
						T Sugar				0000										_	_		_	_							_			_		_	_			_					days		-
		Ch.			mo/l	100	24	10				-		9.0	9.6		10.4			11.0	10.7	9.1	10.3	8.9			9.9	9.8			10.2		7.07	H	10.7		10.2		+	+		+	90		•	8	-
38	56	32	34		DS.		cn		6.7					-	6.8	6.9	7.0			7.2	7.2	7.1	7.1	7.0			7.0				6.7		7.0	-			7.0				+		1	7,	1		
7	6	7		t	mo/l	200	en	o	4.8	6.5				5.7	6.2	5.8	5.2			5.4	5.4	4.8	5.0	5.1			5.6	5.7	6.1	5.7	5.6		0.0	5.4	4.9	5.3	5.3			6.0	5.6	פת	Ch C	5	mg/L		
38	55	45		- 1	lbs · · · ·		£.3	o	ω	10					7							10							Ch						6							ω	-		mg/L		
7	101	50	520	87	Coliform Geo Mean	VVERNIY	3	37	28	56					38							56							32						34						20	28			0,0 EB0		
							cn	8	7	10					7							10							7																mg/L **	B.O.D.	LI LOCIA
							5	46	38	55					38							55							45																LBS	8.O.D.	-
							61	o	ch	7					7							თ							7						7						c	On .			mg/L	FOG	-
							07	39	28	46					38							28							42						39						đ	45			LBS		
							. 0	46	cn	520				Çī.			9							101				50							520								0	07	/100 ml		
								7	Ċn	15					6							16							ch				o		7						(On .			1/180 days	Ammonia as	

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01)

External Outfall

Tom Treao W/W Utilities Superintendent The reporting period was from 02/24/2013 through 02/30/2013. COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Eflfuent Gross Eflfuent Gross See Comments BOD, 5-day, 20 deg. C 00530 10 Solids, Total suspended 00400 10 00310 W 0 Raw Sewage Influent 00310 G 0 BOD, 5-day, 20 deg. C BOD, 5-day, 20 deg. C Effluent Gross 00310 10 Effluent Gross PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 00300 10 Oxygen, dissolved (DO) Effluent Gross 00010 10 Temperature, water deg. C ATT: LOCATION FACILITY: ADDRESS: YPED OR PRINTED PARAMETER prepared under my direction or supervision in accordance with the system designed to assure that the qualified bersonnel properly eather and evaluate the information submitted. Based on my inquiry of the person or presons who manage the system, or those persons directly responsible for rathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. including the possibility of fine and imprisonment for knowing violations. I certify under penalty of law that this document and all attachments were JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT am aware that there are significant penalties for submitting false information, JUNEAU, ALASKA 99801 Tom Trego, WW Utilities Superintendent 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT PERMIT SAMPLE PERMIT PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE WKLY AVG MO AVG MO AVG ***** ***** ***** ***** ***** **** 1035 ***** **** VALUE QUANTITY OR LOADING 690 690 37 55 46 (Reference all attachments here) DAILY MAX DAILY MAX ***** ***** ***** **** ***** **** ***** ***** ***** **** 1380 1380 VALUE 55 56 FROM ***** ***** **** ***** *** lbs/d SLINO *** bs/d lbs/d *** **** DAILY MIN MINIMUM ***** ***** ***** ***** ***** ***** ***** ***** **** 6.0 6.7 4.8 VALUE 2013 ¥ AK-002321-3 PERMIT NUMBER SNATUBA OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG Req. Mon. MO AVG MO AVG MO AVG Molour ***** ***** **** **** **** **** VALUE 393 30 8 5 10 3 0 00 DAILY MAX DAILY MAX DAILY MAX DAILY MAX *** NO DISCHARGE MAXIMUM REPORT ***** ***** ***** 11.2 **** DAY YE 24 TO 20 7.2 6.5 VALUE 8.5 10 60 10 17 deg.C mg/L SLINO mg/L mg/L mg/L mg/L S 2013 AREA CODE YEAR E S 0 0 0 0 0 0 0 OF ANALYSIS ** WEEKDAYS WEEKDAYS MONTHLY MONTHLY MONTHLY MONTHLY 586-0393 WEEKLY ELEPHONE PHONE NUMBER DATE 10 MO DISCHARGE NUMBER 001 A COMP24 COMP24 COMP24 COMP24 SAMPLE TYPE GRAB GRAB GRAB DAY DAY 30

무

DMR Mailing ZIP CODE: 99801 (SUB 01)

External Outfall *** NO DISCHARGE

DISCHARGE NUMBER 001 A

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) FACILITY: ADDRESS: JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF AK-002321-3 PERMIT NUMBER MONITORING PERIOD
DAY

Tom Treao W/W Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Percent Removal 81010 K 0 BOD, 5-day, percent removal **Effluent Gross** treatment plant Flow, in conduit or through See Comments 31616 W 0 Coliform, fecal MF, broth 44.5 C Effluent Gross 31616 10 Coliform, fecal MF, broth 44.5 C Effluent Gross 00610 10 Nitrogen, ammonia total (as N) 00530 W 0 Solids, Total suspended Solids, Total suspended See Comments Raw Sewage Influent 00530 G 0 AT: 50050 1 0 LOCATION TYPED OR PRINTED PARAMETER 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. prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. REQUIREMENT JUNEAU, ALASKA 99801 submitted. Based on my inquiry of the person or persons who manage the system. certify under penalty of law that this document and all attachments were Tom Trego, WW Utilities Superintendent MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT PERMIT SAMPLE PERMIT SAMPLE Req. Mon. MO AVG WKLY AVG MO AVG ***** ***** ***** ***** **** **** ***** ***** 0.76 2.76 1035 VALUE **OUANTITY OR LOADING** 56 DAILY MAX DAILY MAX Req. Mon. ***** ***** ***** ***** ***** ***** ***** **** ***** ***** 1.18 VALUE 6.0 Z FROM ***** ***** Mgal/d ***** ***** ***** ***** ***** ***** **** ***** ***** SLINA lb/d lb/d MN % RMV ***** ***** ***** ***** ***** ***** ***** **** **** **** ***** VALUE 2013 98 85 ¥ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION Req. Mon, MO AVG WKLY GEO WKLY AVG Req. Mon MO AVG MO GEO **** ***** **** 800 520 VALUE ***** 400 344 45 46 Z 10 3 Melante Req. Mon, DAILY MAX DAILY MAX ***** ***** ***** **** ***** ***** ***** ***** ***** 1200 **** 520 VALUE NA 24 Percent #100/ml mg/L SLIND **** #100/ml *** mg/L mg/L % 5 2013 AREA CODE YEAR E S 0 0 0 0 0 0 0 FREQUENCY OF ANALYSIS Semi-annual Continuous 586-0393 Monthly Monthly Weekly Weekly Monthly PHONE NUMBER DATE MO 10 8 W RCORDR COMP24 COMP24 COMP24 SAMPLE CALCID GRAB TYPE 30 AY B

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 02/24/2013 through 02/30/2013

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

DMR Mailing ZIP CODE: 99801 MAJOR (SUB 01) External Outfall
*** NO DISCHARGE ***

Percent Removal REQUIREMENT	Solids, Total suspended, percent SAMPLE removal MEASUREMENT		PARAMETER	ATT: Tom Trego, WW Utilities Superintendent	LOCATION: JUNEAU, ALASKA 99801	FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT	ADDRESS: 155 SOUTH SEWARD,	NAME: JUNEAU, CITY AND BOROUGH OF	PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)
* * * * *	****	VALUE	QUANTITY OR LOADING	Utilities Superinte	99801	S TREATMENT P	D, D,	BOROUGH OF	if different)
* * * * *	* * * * *	VALUE	R LOADING	endent		LANT			
* * * * *	* * * *	UNITS		FROM					
85 MN % RMV	98	VALUE	QUA	2013	YR		PERMIT NUMBER	AK-002	
* * * *	* * * * *	VALUE	QUALITY OR CONCENTRATION	2	MO		NUMBER	02321-3	
* * * *	* * * *	VALUE	RATION	24	DAY	MONITORING PERIOD			*** NO DISCHARGE
% PERCENT		SLIND		70		RING PE			ARGE
	0		E Ņ	2013	YEAR	RIOD			
MONTHLY			FREQUENCY OF ANALYSIS	ω	МО		DISCHARGE NUMBER	001 A	* * *
CALCTD			SAMPLE	30	DAY		E NUMBER	1 A	

The reporting period was from 02/24/2013 through 02/30/2013	COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TYPED OR PRINTED lincluding the possibility of fine and imprisonment for knowing violations.	I am aware that there are significant penalties for submitting false information,		or those persons directly responsible for gathering the information. the information	W/W Utilities Superintendent submitted. Based on my inquiry of the person or persons who manage the system,	to assure that the qualified personnel properly gather and evaluate the information	prepared under my direction or supervision in accordance with the system designed	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were
		OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	1. May (1) 1. Km.		4			
		YEAR	2013			CODE	AREA	907	
		MO DAY	10		DATE	PHONE NUMBER		586-0393	TELEPHONE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) Effluent Gross PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 31616 10 Coliform, fecal MF, broth 44.5 C ATT: ADDRESS: LOCATION: FACILITY: PARAMETER 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF Tom Trego, WW Utilities Superintendent MEASUREMENT REQUIREMENT PERMIT SAMPLE ***** ***** VALUE QUANTITY OR LOADING ***** ***** VALUE FROM SLINO ***** ***** VALUE 2013 ¥ AK-002321-3 PERMIT NUMBER QUALITY OR CONCENTRATION ***** ***** VALUE MO DMR Mailing ZIP CODE: 99801
MAIOR
(SUB 01)
UPSTREAM RECEIVING WATER
External Outfall
**** NO DISCHARGE DAILY MAX ML100 Req. Mon. VALUE DAY YE 24 TO 20 Z #/ SLIND YEAR 2013 E S 0 FREQUENCY OF ANALYSIS ** Monthly ω ₹ 0 DISCHARGE NUMBER SAMPLE GRAB 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS	TYPED OR PRINTED II		55		Superintendent	Tom Trego		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TOLATIONS (Reference all attachments here)	lincluding the possibility of fine and imprisonment for knowing violations.	I am aware that there are significant penalties for submitting false information,	submitted is, to the best of my knowledge and belief, true, accurate, and complete.	or those persons directly responsible for gathering the information, the information	submitted. Based on my inquiry of the person or persons who manage the system,	to assure that the qualified personnel properly gather and evaluate the information	prepared under my direction or supervision in accordance with the system designed	I certify under penalty of law that this document and all attachments were
	/ OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	Made Village					
	YEA	2013			CODE	AREA	907	
	R	~						

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

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Tom Trego

PERMIT NUMBER: AK0023213 Juneau, AK 99801

MONITORING PERIOD: 3/1/2013

LOCATION: 1540 Thane Rd

Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

TO 3/31/2013

MONITORING POINT: 002 (N-11) (P) Sta AE

NO DISCHARGE:

							- 1 1 1 1 1 1			T	The same of the sa
Parameter		Quantity or Loading	r Loading	Units	Qual	Quality or Concentration	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
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	**	***		*****	report monthly	report daily maximum	cts/100 ml		When Discharging	Grab
	1					· ·			L		
Flow	Sample meas.	* * * * * * * * * * * * * * * * * * *			* * * * * *	* * * *	* * * *				
1 - Final Effluent Permit 50050 P reqmt.	Permit reqmt.	****	report daily maximum	MGD	* * * * *	****	***			When Discharging	Recorded
Duration of Discharge	Sample meas.	* * * * *			* * * * *	* * * * *	* * * * *				
1 - Final Effluent Permit 81381 P reqmt.	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.

TYPED OR PRINTED	W/W Collections SUPU	LONA STOINICH
are s	> J.	prepu designment

tify under penalty of law that this document and all attachments were pared under my direction or supervision in accordance with a system igned to assure that qualified personnel properly gather and evaluate ering the information, the information submitted is, to the best of my wiedge and belief, true, accurate, and complete. I am aware that thei manage the system, or those persons directly responsible for nformation submitted. Based on my inquiry of the person or person ibility of fine and imprisonment for knowing violations.

OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE	R	60
GENT	CUTIVE	j	TEL

AGENT AREA NUMBER Y	790.2525 W	TELEPHONE
\ 	9/11/13	DATE

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

MAILING ADDRESS: 155 S. Seward Street CONTACT NAME: Tom Trego

PERMIT NUMBER: AK0023213 Juneau, AK 99801

> LOCATION: 1540 Thane Rd Juneau, AK 99801

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

MONITORING PERIOD: 3/1/2013

TO 3/31/2013

MONITORING POINT: 003 (N11.2) (Q) Sta C NO DISCHARGE:

											The second secon
Parameter		Quantity or Loading	r Loading	Units	Quality	ity or Concentration	ition	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand	Sample				* * * * *						
(BOD5)	meas.										
1 - Final Effluent 00310 Q	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.				* * * * * *						
2		0000	Donort	lhe /day	****	Donort	Dosost	ma/1		Whon Discharging	Orah
I - Final Effluent 00530 Q	Permit reqmt.	monthly average	daily maximum	ibs/day		monthly average	daily maximum	mg/i		wnen Discharging	Grap
Coliform, fecal MF, M-FC broth, 44.5 C	Sample meas.	* * * * *	* * * * *		* * * * *						
1 - Final Effluent		***	***		***	Report	Report	cts/100 ml		When Discharging	Grab
31616 Q	Permit reqmt.					monthly geometric mean	daily maximum				
Flow	Sample meas.	* * * *			* * * * *	* * * *	* * * * *				
1 - Final Effluent 50050 Q	Permit reqmt.	***	Report daily maximum	MGD	*****	***	***			When Discharging	Recorded
Duration of Discharge	Sample meas.	* * * * *			* * * * * *	* * * * * * *	* * * * * *				
1 - Final Effluent 81381 Q	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.

TYPED OR PRINTED are signiful possibility	W/W G/10CTIONS SUPU who man gathering	TONY STEINING designed	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Pased on my including the person or persons.	certify under penalty of law that this document and all attachments were
OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE		
AREA NUMBER	790-2525	907	TELEPHONE

OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE)
AREA NUMBER	790-2525	TELEPHONE
AIWID	8/11/13	DATE

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

CONTACT NAME: Tom Trego

MAILING ADDRESS: 155 S. Seward Street Juneau, AK 99801

PERMIT NUMBER: AK0023213

LOCATION: 1540 Thane Rd

FACILITY: JUNEAU DOUGLAS WW TREATMENT FACILITY

Juneau, AK 99801

MONITORING PERIOD: 3/1/2013

TO 3/31/2013

MONITORING POINT: 004 (N-15.1) (R) Douglas

NO DISCHARGE:

					MONI	MONITORING POINT: 004 (N-15.1) (R) Douglas	004 (N-15.1) (R)	Douglas	'7	NO DISCHARGE:	×
Parameter		Quantity or Loading	r Loading	Units	Quality or	ity or Concentration	tion	Units	No.	Frequency of	Sample Type
		Average	Maximum		Minimum	Average	Maximum		Ex.	Analysis	
Biochemical Oxygen Demand	Sample				* * * * *						
(BOD5)	meas.				2						
1 - Final Effluent 00310 R	Permit reamt.	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	Permit	Report	Report	lbs/day	****	Report	Report daily maximum	mg/l		When Discharging	Grab
00530 R	reqmt.	monthly average	daily maximum			monthly average	daily maximum				
Coliform, fecal MF, M-FC broth,	Sample	* * * * *	* * * * *		* * * * *						
44.5 C	meas.										
1 - Final Effluent		***	****		****	Report	Report	cts/100 ml		When Discharging	Grab
31616 R	Permit reqmt.					monthly geometric mean	daily maximum				
Flow	Sample meas.				* * * * *	****	* * * * *				
1 - Final Effluent	Dommit	Report	Report	MGD	***	****	****			When Discharging	Recorded
50050 R	regmt.	monthly average	daily maximum								
Duration of Discharge	Sample	* * * * * * * * * * * * * * * * * * *			* * * * *	****	* * * * *				
1 Cipo Cff 105+	3380000	*****	report	min/day	****	****	*****			When Discharging	Instantaneous
1 - Final Effluent 81381 R	Permit reqmt.	茶糖素素	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.

ng the information, the information submitted is, to the best of my mation submitted. Based on my inquiry of the person or persons ed to assure that qualified personnel properly gather and evaluate d under my direction or supervision in accordance with a system under penalty of law that this document and all attachments were ge and belief, true, accurate, and complete. I am aware that there ficant penalties for submitting false information, including the SIGNAT

OFFICER OR AUTHORIZED AGENT	IGNATURE OF PRINCIPAL EXECUTIVE	
AREA NUMBER	790. 2525	TELEPHONE
Y M D	HILL.	DATE