

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska
JULY 2012

FLOWS										INFLUENT										EFFLUENT														
DAY	DATE	SBR INFLUENT MGD	TEMP °F	precip	Meand River CCS	SBR Ttl Effl MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	TEMP °C	pH	D.O. mg/L	TURBID MAX NTU	S.S. LBS	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FECAL COLIFORM /100 ml								
SUN	1	2.79	51	0.08	3143	2.55	797.23 /1	0.957	12.8	7.5	3.2						14.5	6.9	4.8	15.8							16							
MON	2	2.64	59	0.00	1440	2.43	393.81 /1	0.146	12.8	7.3	2.8	183	3800	213	4423		13.7	6.9	3.9	14.8	14.8	25	461	11	203		36							
TUE	3	2.49	55	0.00	1330	2.21	399.77 /1	0.099	12.0	7.3	2.8	183	3800	213	4423		14.2	6.9	3.5	15.7	22	383	12	208										
WED	4	2.22	56	0.14	1760	2.09	545.00 /1	0.071	12.5	7.5	3.6	181	3351	220	4073		13.8	7.0	4.2	15.9					13	234								
THU	5	2.29	60	0.02	4050	2.16	1215.24 /1	0.053	12.8	7.6	3.0			230	4393		14.8	7.2	5.1	16.2														
FRI	6	2.17	68	0.12	3980	2.05	1255.19 /1	0.017	12.2	7.6	2.9									16.5														
SAT	7	2.28	56	0.36	4000	2.12	1219.87 /1	0.074												18.7														
SUN	8	2.02	59	0.07	3325	1.91	1125.58 /1	0.051												18.7														
MON	9	2.45	52	1.64	1650	2.22	481.14 /1	0.085	13.8	7.6	3.9								18.9															
TUE	10	3.25	50	0.44	3670	3.11	763.32 /1	0.085	11.6	7.3	3.8	200	5421	243	6587		14.0	7.0	3.5	26.1	23	597	8	207										
WED	11	2.87	51	0.02	2690	2.66	654.29 /1	0.098	13.8	7.2	2.1	194	4404	219	5242		15.9	6.9	6.0	18.9	29	643	11	244										
THU	12	2.43	53	0.15	2390	2.33	663.64 /1	0.091	12.8	7.4	3.1	200	4053	341	6911		14.2	7.0	3.5	15.7	32	622	16	311										
FRI	13	2.85	54	0.83	2510	2.56	634.38 /1	0.080	13.0	7.4	2.6								18.0															
SAT	14	3.02	57	0.06	2440	2.65	595.81 /1	0.117												36.8														
SUN	15	2.47	56	0.00	2340	2.21	685.00 /1	0.082												21.8														
MON	16	2.50	56	0.00	2090	2.16	626.06 /1	0.164	12.8	7.3	2.4								14.5	7.1	5.5	15.8												
TUE	17	2.46	57	0.00	1840	2.25	529.28 /1	0.083	13.2	7.3	2.3	196	4021	220	4514		15.8	7.0	5.8	16.7	21	394	9	169										
WED	18	2.36	55	0.00	1680	2.04	526.67 /1	0.089	13.6	7.5	1.8	264	5196	239	4704		15.3	7.0	4.8	17.6	27	459	11	187										
THU	19	2.23	55	0.01	1610	2.10	486.27 /1	0.074	13.6	7.2	1.9	198	3645	258	4798		16.6	7.0	4.9	30.7	22	385	11	193										
FRI	20	2.41	63	0.00	1750	2.03	557.90 /1	0.074	14.4	7.2	2.6								21.8															
SAT	21	2.14	59	0.00	1790	2.46	471.06 /1	0.078												26.0														
SUN	22	2.06	59	0.01	1690	1.92	559.61 /1	0.081																										
MON	23	2.07	59	0.00	2060	1.97	676.51 /1	0.099	13.9	7.5	1.8																							
TUE	24	2.06	57	0.00	2060	1.93	690.51 /1	0.127	13.4	7.5	2.5	204	3505	237	5584		15.2	7.1	5.1	25.5	57	26.5	24	386	12	193								
WED	25	2.06	56	0.00	1690	1.93	566.67 /1	0.126	14.4	8.2	1.4	224	3948	325	6451		15.8	7.0	2.7	24.8	37	28.6	24	386	12	193								
THU	26	2.38	61	0.00	1790	1.82	636.35 /1	0.100	15.2	7.2	2.3																							
FRI	27	2.03	56	0.28	2180	1.97	715.86 /1	0.082	16.2	7.1	5.3																							
SAT	28	2.07	58	0.08	1790	1.95	590.68 /1	0.087																										
TOTAL		87.07		4.29		61.79		3.200																										
MAXIMUM		3.25	68	1.64	4050	3.11	1265.2 /1	0.857	16.2	8.2	5.3	264	5421	341	6911		16.6	7.2	6.0	35.8	32	643	17	311										
MINIMUM		2.02	50	0.00	1330	1.82	383.8 /1	0.017	11.6	7.1	1.4	181	3351	213	4073		13.7	6.9	2.7	8.2	21	383	8	169										
Average		2.40	57	0.15	2311	2.21	680.8 /1	0.114	13.4	7.4	2.8	203	4125	250	5244		15.1	7.0	4.4	21.1	25	478	12	220										
Number of Analyses		28	28	28	28	28	28	28	20	20	20	10	10	11	11	14	19	19	19	19	28	10	10	11	11	6	9							

COMMENTS:
 • GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COUNTS
 • Temperature, pH, and DO data was only collected for 4 days during the week of the 6th
 • FOG samples that are highlighted yellow are composite samples

2012		2012	
7/18/2012	Hrd. mg/L	80	
7/27/2012	Hrd. mg/L	68	
7/18/2012	Alk. mg/L	135	
7/18/2012	DO mg/L	19.0	
7/18/2012	Turb. NTU	8.2	
	Tox. TLU	0.0	
	NH3 mg/L	16.1	
	Zinc		
	Uo/L	16.0	0.32
	Copper	22.0	0.41
	Lead	na	
	Silver	na	
	Zinc	na	

WEEK	WEEKLY AVERAGE			WEEKLY COLIFORM
	BOD mg/L	TSS mg/L	Geo. Mean	
1	12	215	24	422
2	12	254	28	621
3	10	183	23	413
4	15	233	28	419
5				
AVG	12	221	25	469
MAX	15	264	28	621

% REMOVAL	
B.O.D.	95
S.S.	88



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-002295-1
Owner or Operator: CBJ	Facility Name: Mendenhall WWTP	Facility Location: Radcliffe Rd
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 586-0741	Reported How? (e.g. by phone): phone
Date/Time Event was Noticed: 7/23/2012 1100	Date/Time Reported: 7/23/2012 1250	Name of DEC Staff Contacted: Honor Carpenter

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): 7/16 0001	End Date/Time (exact): 7/22 2400
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:

Estimated Quantity involved (volume or weight):

Description of the noncompliance and its cause (be specific):

4 x week pH grab samples were taken instead of 5 x week due to a miscommunication among the lab and operations staff.

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)

Communication protocols are in effect.

Permit Condition Deviation (Identify each permit condition exceeded during the event.)

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
pH	5 x week	4 x week	7/16 - 7/22

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

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

Actual /Potential Impact on Environment/Public Health (describe in detail)

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: Nathan McCombs Title: WWTP Supervisor Signature: *Nathan O. McCombs* Date: 7/24/2012

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

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

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

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

MONITORING PERIOD			
YR	MO	DAY	TO
2012	7	1	2012
YEAR	MO	DAY	YEAR
2012	7	28	2012

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	PERMIT	*****	*****	****	*****	21.1	35.8	(43)	0		
00070 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE	*****	*****	****	2.7	4.4	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L	19	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE	220	311	(26)	*****	12	17	(19)	0		
00310 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	mg/L	19	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE	221	*****	(26)	*****	MO AVG	DAILY MX	(19)	0		
00310 W 0 See Comments	PERMIT	1829	*****	lb/d	*****	45	*****	mg/L	19	Twice Per Month	COMP24
pH	SAMPLE	*****	*****	****	6.9	*****	7.2	(12)	1		
00400 1 0 Effluent Gross	PERMIT	*****	*****	****	6.5	*****	9.0	12		Weekdays	GRAB
Alkalinity, total (asCaCO3)	SAMPLE	*****	*****	****	INST MIN	*****	INST MAX	SU	0		
00410 1 7 Effluent Gross	PERMIT	*****	*****	****	*****	135.2	135.2	(19)	0		
Solids, total suspended	SAMPLE	478	478	(26)	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	19	Quarterly	COMP24
00530 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	mg/L	19	Twice Per Month	COMP24

Tom Trego
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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Victoria O. McNeil
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
8 MONTH DATE
2012 YEAR
10 DAY

* The reporting period was from 7/1/2012 through 7/28/2012.
COMMENT AND EXPLANATION OF ANY VIOLATIONS: On a Thursday 7/19/2012 the lab did not collect a pH sample which is in violation of the permit.
EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
00434/981209 1904
PAGE 1 OF 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTN: Tom Trego WW Utilities Superintendent


AK-002295-1
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MONITORING PERIOD			
YR	MO	DAY	TO
2012	7	1	2012
YEAR	MO	DAY	YEAR
2012	7	28	2012

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
Solids, total suspended	SAMPLE MEASUREMENT	621	(26)	*****	28	(19)	*****	0	Twice Per Month	COMP24
00530 W 0	PERMIT REQUIREMENT	1829	lb/d	*****	45	mg/L	*****	0	Twice Per Month	COMP24
See Comments	SAMPLE MEASUREMENT	296.7	(26)	*****	16.1	(19)	*****	0	Once Per Month	COMP24
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1164	lb/d	*****	28.5	mg/L	*****	0	Once Per Month	COMP24
00610 1 0	SAMPLE MEASUREMENT	1963	lb/d	*****	74	(19)	*****	0	Once Per Month	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	na	mg/L	*****	0	Three Per Year	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	na	(26)	*****	na	(28)	*****	0	Three Per Year	COMP24
00900 1 6	PERMIT REQUIREMENT	*****	****	*****	na	ug/L	*****	0	Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	na	(26)	*****	na	(28)	*****	0	Three Per Year	COMP24
Silver, total recoverable	PERMIT REQUIREMENT	na	lb/d	*****	na	ug/L	*****	0	Three Per Year	COMP24
01079 1 0	SAMPLE MEASUREMENT	na	(26)	*****	na	(28)	*****	0	Three Per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	na	lb/d	*****	na	ug/L	*****	0	Three Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	na	(26)	*****	na	(28)	*****	0	Three Per Year	COMP24
01094 1 0	PERMIT REQUIREMENT	na	lb/d	*****	na	ug/L	*****	0	Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	na	(26)	*****	na	(28)	*****	0	Three Per Year	COMP24
Lead, total recoverable	PERMIT REQUIREMENT	na	lb/d	*****	na	ug/L	*****	0	Three Per Year	COMP24
01114 1 0	SAMPLE MEASUREMENT	na	(26)	*****	na	(28)	*****	0	Three Per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	na	lb/d	*****	na	ug/L	*****	0	Three Per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0.324	(26)	*****	16.0	(28)	*****	0	Once Per Month	COMP24
01119 1 0	PERMIT REQUIREMENT	3.54	lb/d	*****	86.7	ug/L	*****	0	Once Per Month	COMP24
Effluent Gross	SAMPLE MEASUREMENT	7.63	lb/d	*****	187	ug/L	*****	0	Once Per Month	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.									
Tom Trego Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENT AND EXPLANATION OF ANY VIOLATIONS * The reporting period was from 7/1/2012 through 7/28/2012.										

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

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
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FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER


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

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

NOTE: Read instructions before completing this form.

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	7	1	2012
			2012
			7
			28

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	PERMIT	*****	*****		*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT	*****	*****		*****	*****	10	%		Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****		*****	N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	13		Twice Every Week	GRAB
31615 O 0	PERMIT	*****	*****	****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	N/A	N/A	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	800		Twice Every Week	GRAB
31615 P 0	PERMIT	*****	*****	****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	N/A	N/A	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	400		Twice Every Week	GRAB
31615 Q 0	PERMIT	*****	*****	****	*****	N/A	N/A	800		Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	800		Twice Every Week	GRAB
31615 R 0	PERMIT	*****	*****	****	*****	N/A	N/A	800		Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	N/A	N/A	1200		Twice Every Week	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	0		Twice Every Week	GRAB
45613 1 0	PERMIT	*****	*****	****	*****	N/A	N/A	0		Twice Every Week	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	*****	N/A	N/A	Req. Mon. DAILY MX		Once Per Month	VISUAL
Flow, in conduit or thru treatment plan	SAMPLE MEASUREMENT	2.2	3.1	(03)	*****	*****	*****	*****	0	Continuous	RCORDR
50050 1 0	PERMIT	Req. Mon. MO AVG	4.9	3	*****	*****	*****	*****			
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	*****			
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Tom Trego Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENT AND EXPLANATION OF ANY VIOLATIONS * The reporting period was from 7/1/2012 through 7/28/2012. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).											

TELEPHONE: 907-586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393
DATE: 2012-08-10
YEAR: 2012
MO: 8
DAY: 10

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

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YEAR	MO	DAY	YEAR
2012	7	28	2012

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24	
	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l	0			
50060 S 0 See Comments	SAMPLE	*****	*****	*****	*****	680.8	*****	ug/l	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	100	100	ug/l	0			
80093 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	95	*****	IU	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	95	*****	IU	0			
BOD 5-day, percent removal	SAMPLE	*****	*****	*****	*****	88	*****	%	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	88	*****	%	0			
81010 K 0 Percent Removal	SAMPLE	*****	*****	*****	*****	85	*****	%	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****	%	0			
Solids, suspended percent removal	SAMPLE	N/A	*****	(26)	*****	*****	*****	%	0			
	PERMIT REQUIREMENT	N/A	*****	(26)	*****	*****	*****	%	0			
81400 X 0 End of Chlorine Contact Chamber	SAMPLE	*****	*****	*****	*****	*****	*****	lb/d	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	lb/d	0			
Oil and grease visual	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0			
84066 1 0 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0			
Toxicity, Chronic	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0			
TT000 1 8 Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	*****	*****	0			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	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.

Michael S. Melnick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
8 DATE
2012 YEAR
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 7/1/2012 through 7/28/2012.