

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska
November 2012

FLOWS										INFLUENT										EFFLUENT																	
DAY	DATE	SBR INFLUENT	TEMP °F	precip	Wind	SBR Ttl Effl	Receiving Water	SBR WASTE	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	FOG LBS	Ammonia as N mg/L	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	FECAL COLIFORM /100 ml	Ammonia as N mg/L							
SUN	28	2.00	27	0.00	61	1.77	23.26	MGD	1/ 0.1752	7.6	3.6					37			13.6	6.9	4.1	22.7	17.5							25							
MON	29	2.10	25	0.00	237	1.91	81.16	MGD	1/ 0.1101	12.2	3.6					37			13.6	6.9	4.1	22.7	17.5							25							
TUE	30	2.09	31	0.00	46	1.91	16.56	MGD	1/ 0.0958	11.8	3.3					35			13.0	6.8	3.9	27.5	21							335	15	239	7	104	10		
WED	31	2.07	35	0.01	53	1.82	19.81	MGD	1/ 0.0754	12.0	7.1					42			12.8	6.8	3.0	30.8	33							501	16	243	8	121	14		
THU	1	2.00	25	0.00	42	1.78	16.24	MGD	1/ 0.0867	12.0	7.0					41			13.4	6.8	3.3	18.9	39							579	19	282	9	134			
FRI	2	1.95	34	0.30	49	1.81	18.49	MGD	1/ 0.0623	11.8	7.2					40			13.6	6.9	3.6	41.2	22.6									7					
SAT	3	1.86	37	0.38	85	1.64	34.48	MGD	1/ 0.0589													22.6															
SUN	4	1.89	39	0.33	55	1.74	21.42	MGD	1/ 0.0728													25.8															
MON	5	2.22	41	0.51	95	2.02	31.38	MGD	1/ 0.0945	12.2	7.5					31			14.2	6.8	4.0	27.5															
TUE	6	2.04	38	0.22	91	1.95	31.15	MGD	1/ 0.0857	11.4	7.4					36			13.8	6.9	3.9	32.6	28														
WED	7	2.14	31	0.10	77	1.91	27.04	MGD	1/ 0.0874	11.8	7.3					34			12.8	6.9	4.1	33.0	39														
THU	8	2.09	28	0.00	67	1.92	23.54	MGD	1/ 0.0920	11.6	7.2					34			13.2	6.8	4.0	26.1	40														
FRI	9	1.92	25	0.00	66	1.82	24.43	MGD	1/ 0.0587	11.2	7.4					33			12.5	6.8	4.3	26.5															
SAT	10	1.86	30	0.04	79	1.73	30.50	MGD	1/ 0.0723													19.5															
SUN	11	2.01	33	0.61	76	1.73	29.38	MGD	1/ 0.0487													17.0															
MON	12	2.04	34	0.22	34	1.85	12.81	MGD	1/ 0.0806	11.2	7.6					29			12.8	6.9	4.1	31.3															
TUE	13	2.07	32	0.62	37	1.84	13.99	MGD	1/ 0.0784	11.2	7.6					41			13.0	7.1	4.5	43.2	24														
WED	14	2.30	36	0.88	34	2.08	11.51	MGD	1/ 0.1089	12.2	7.2					48			13.0	6.8	3.9	41.4	28														
THU	15	2.53	38	0.06	39	2.37	11.63	MGD	1/ 0.1014	10.6	7.0					38			12.8	6.9	4.4	41.5	32														
FRI	16	2.13	35	0.13	37	2.10	12.38	MGD	1/ 0.0811	13.4	7.2					32			12.5	6.8	4.0	21.5															
SAT	17	2.00	27	0.01	36	1.89	13.30	MGD	1/ 0.0822													20.3															
SUN	18	1.72	24	0.00	37	1.82	13.99	MGD	1/ 0.0570													18.4															
MON	19	2.16	25	0.00	35	1.98	12.42	MGD	1/ 0.0723	11.0	7.6					32			11.6	6.9	3.5	13.2															
TUE	20	2.13	00	0.00	40	1.93	14.39	MGD	1/ 0.0819	10.4	7.0					38			12.2	6.9	4.4	20.9	17														
WED	21	2.02	23	0.00	37	1.93	13.38	MGD	1/ 0.0869	11.0	7.4					39			11.8	6.9	3.9	18.2	25														
THU	22	2.01	31	0.00	37	1.93	13.38	MGD	1/ 0.0742	9.8	7.3					46			12.4	6.9	3.0	20.2	23														
FRI	23	1.84	34	0.00	25	1.72	10.39	MGD	1/ 0.0795	10.2	7.6					52			11.7	6.8	2.9	18.1															
SAT	24	1.79	32	0.00	35	1.72	14.07	MGD	1/ 0.0502													15.3															
TOTAL		56.98		4.42		52.64		2.3121																													
MAXIMUM		2.53	35	0.88	237	2.37	81.2	MGD	1/ 0.1752	13.4	7.6					52			14.2	7.1	4.5	43.2	40														
MINIMUM		1.72	25	0.00	25	1.84	10.4	MGD	1/ 0.0487	9.8	7.0					29			11.6	6.8	2.9	13.2	17														
AVERAGE		2.04	29	0.16	59	1.88	21.3	MGD	1/ 0.0826	11.5	7.3					38			12.8	6.9	3.8	25.5	29														
Number of Analyses		28	28	28	28	28	28	28	28	20	20	12	12	12	12	20	12	7	19	20	20	28	12	12	12	12	12	12	12	12	12	12	12	12	12	8	

COMMENTS:
* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECDAL COLIFORM COLUMNS
Samples that are highlighted yellow are composite samples

2012	71	11/18/2012	Copper	20	0.32	11/18/2012	Copper	NA	NA
			Copper	NA	NA		Copper	NA	NA
			Lead	NA	NA		Lead	NA	NA
			Silver	NA	NA		Silver	NA	NA
			Zinc	NA	NA		Zinc	NA	NA
			NH3 mg/L	12	190				
			Tox TUs	NA					

WEEK	WEEKLY AVERAGE			WEEKLY			% REMOVAL	
	BOD mg/L	TSS lbs	Geo Mean	BOD mg/L	TSS lbs	Geo Mean	BOD S.S.	FECAL COLIFORM S.S.
1	17	255	31	471	16		94	86
2	20	326	36	572	12			
3	19	328	28	486	10			
4	20	317	22	349	6			
5								
MAX	20	328	36	572	16			

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	10	28	2012
			2012
			2012

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS	UNITS			
Turbidity	PERMIT	*****	*****	****	*****	25	43	(43)	0	Continuous	RCORDR
00070 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	2.9	3.8	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	306	395	(26)	*****	19	24	(19)	0		
00310 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	19	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	328	*****	(26)	*****	MO AVG	DAILY MX	mg/L	0		
00310 W 0 See Comments	PERMIT	1829	*****	lb/d	*****	45	*****	19	0	Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.1	(12)	0		
00400 1 0 Effluent Gross	PERMIT	*****	*****	****	6.5	*****	9.0	12		Weekdays	GRAB
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	****	INST MIN	*****	INST MAX	SU	0		
00410 1 7 Effluent Gross	PERMIT	*****	*****	****	*****	NA	NA	(19)	0		
Solids, total suspended	SAMPLE MEASUREMENT	472	641	(26)	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Quarterly	COMP24
00530 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	19		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Matthew D. McEwen
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
2012 YEAR
12 MO
10 DAY

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.

TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 10/28/2012 through 11/24/2012. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). EPA Form 3320-1 (03-99) Previous editions may be used. 00434/981209 1904 PAGE 1 OF 4

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
ATTI: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2012	10	28		2012	11	24

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

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	572	(26)	*****	36	(19)	*****	0	Once Per Month	COMP24
00530 W 0	PERMIT REQUIREMENT	1829	Wkly Avg	*****	45	Wkly Avg	*****	0	Twice Per Month	COMP24
See Comments	SAMPLE MEASUREMENT	190	(26)	*****	12	(19)	*****	0	Once Per Month	COMP24
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1164	MO Avg	*****	28.5	MO Avg	*****	0	Once Per Month	COMP24
00610 1 0	SAMPLE MEASUREMENT	1963	DAILY MX	*****	71	DAILY MX	*****	0	Once Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	71	DAILY MX	*****	0	Once Per Month	GRAB
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	NA	(26)	*****	NA	(28)	*****	0	Three Per Year	COMP24
00900 1 6	PERMIT REQUIREMENT	NA	(26)	*****	NA	(28)	*****	0	Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	NA	(26)	*****	NA	(28)	*****	0	Three Per Year	COMP24
Silver, total recoverable	PERMIT REQUIREMENT	NA	(26)	*****	NA	(28)	*****	0	Three Per Year	COMP24
01079 1 0	SAMPLE MEASUREMENT	NA	(26)	*****	NA	(28)	*****	0	Three Per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	NA	(26)	*****	NA	(28)	*****	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	(26)	*****	NA	(28)	*****	0	Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	NA	(26)	*****	NA	(28)	*****	0	Three Per Year	COMP24
Lead, total recoverable	PERMIT REQUIREMENT	NA	(26)	*****	NA	(28)	*****	0	Three Per Year	COMP24
01114 1 0	SAMPLE MEASUREMENT	0.32	(26)	*****	20	(28)	*****	0	Once Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	3.54	MO Avg	*****	86.7	MO Avg	*****	0	Once Per Month	COMP24
01119 1 0	SAMPLE MEASUREMENT	7.63	DAILY MX	*****	187	DAILY MX	*****	0	Once Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	187	DAILY MX	*****	0	Once Per Month	COMP24

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John D. McLeod
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
DATE
2012 12 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 10/28/2012 through 11/24/2012.
EPA Form 3520-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
00434/981209 1904
PAGE 2 OF 4

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 LOCATION: MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTY: 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	10	28	2012
			2012
			11
			24

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	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	%	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	****	*****	161	Req. Mon.	13	0	Twice Every Week	GRAB
31615 O 0	PERMIT	*****	*****	****	*****	MO GEO	DAILY MX	#/100ml	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	****	*****	200	800	#/100ml	0	Twice Every Week	GRAB
31615 P 0	PERMIT	*****	*****	****	*****	MO GEO	DAILY MX	#/100ml	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	*****	16	25	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	****	*****	800	1200	#/100ml	0	Twice Every Week	GRAB
31615 Q 0	PERMIT	*****	*****	****	*****	MO GEO	DAILY MX	#/100ml	0	Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT	*****	*****	****	*****	*****	*****	*****	0	Twice Every Week	GRAB
45613 1 0	PERMIT	*****	*****	****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Effluent Gross	PERMIT	*****	*****	****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Flow, in conduit or thru treatment plan	SAMPLE	1.88	2.37	(03)	*****	*****	*****	*****	0	Once Per Month	VISUAL
50050 1 0	PERMIT	*****	*****	****	*****	*****	*****	*****	0	Once Per Month	VISUAL
Effluent Gross	PERMIT	*****	*****	****	*****	*****	*****	*****	0	Once Per Month	VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	Req. Mon.	4.9	Mgal/d	*****	*****	*****	*****	0	Continuous	RCORDR
Tom Trego Wastewater Utilities Superintendent	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	0	Continuous	RCORDR

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
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
PHONE NUMBER
2012
YEAR
12
MO
10
DAY

* The reporting period was from 10/28/2012 through 11/24/2012.
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 3 OF 4

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


MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
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OMB No. 2040-0004
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AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	10	28	
2012			24

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	N/A	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0	PERMIT MO AVG	4.09	DAILY MX	lb/d	*****	100	100	ug/l	0	QUARTERLY	COMP24
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	*****	ug/l	0		
Dilution factor	PERMIT MO AVG	*****	*****	*****	Req. Mon, DAILY MN	Req. Mon, MO AVG	*****	1U	0	DAILY	MEASRD
80093 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(23)	0		
BOD,5-day, percent removal	PERMIT MO AVG	*****	*****	*****	*****	*****	*****	23	0	Once Per Month	CALCTD
81010 K 0	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****	(23)	0	Once Per Month	CALCTD
Percent Removal	PERMIT MO AVG	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD
Percent Removal	PERMIT MO AVG	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD
Chlorine usage	PERMIT MO AVG	N/A	*****	(26)	*****	*****	*****	0	0	DAILY	MEASRD
81400 X 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(93)	0		
End of Chlorine Contact Chamber	PERMIT MO AVG	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
84066 1 0	PERMIT MO AVG	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
Toxicity, Chronic	PERMIT MO AVG	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
TT000 1 8	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
Effluent Gross	PERMIT MO AVG	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
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										
907	586-0393	TELEPHONE									
AREA CODE	PHONE NUMBER										
DATE	DATE										
2011	12	10									
YEAR	MO	DAY									

* The reporting period was from 10/28/2012 through 11/24/2012.

COMMENT AND EXPLANATION OF ANY VIOLATIONS