StarKist Samoa, Inc.

A Division of Star-Kist Foods, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-4231
Facsimile: 684 644-2440

To: Carl Goldstein
US EPA Region 9
Pacific Insular Area Programs {CMD-5}
75 Hawthorne St.
San Francisco CA. 94105

From: StarKist Samoa

Sir this letter is to inform you that on November 13, 2001 the normal captain of the Sludge vessel Tasman Sea informed Starkist Samoa that while he was on vacation, The alternate Captain of the vessel had on several occasions during the months of September and October, exceeded the maximum permitted discharge rate of 140 gallons/minute/knot.

We are sending this report to you as per requirements of section 4.4.1.2 of our ocean dumping permit.

Regards
Utilities Dept. Head
Joe Carney
Starkist Samoa

StarKist Samoa, Inc.

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July 26, 2002

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Togipa Tausaga,
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of April, May and June of 2002, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of April, May and June of 2002.

Star Kist Samoa met all Effluent limits except for.

The Temperature exceeded 95°F on May 01 and 04, 2002.
The Temperatures were corrected immediately upon detection.

Also the Total Phosphorus exceeded the thirty day average pounds per day limits for the month of April and the Total Nitrogen exceeded the thirty day average pounds per day limits for the month of May.

The Operators were issued with disiplinary action and received additional training.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Peter Peshut
Mr. Alan Ota
Mr. John Brown
Mr. Phil Thirkell

Wastewater Summary Report for the month of April 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	566.0830	1.584488	275.2	4.9	88	6.8	7.2										
2	527.0480	1.725744	339.7	3.2	90	6.7	7.2										
3	563.3065	1.726041	395.6	9.1	90	6.7	7.3	18.7	268.4	84.0	1205.7	13.0	186.6	70.0	1004.8	40.0	
4	522.9385	1.676928	395.6	11.3	90	6.8	7.0					12.9	179.9	80.0	1115.6		
5	541.6025	1.830330	421.4	9.5	89	6.7	7.0										
6	509.5805	1.544597	326.8	7.2	90	6.7	7.0										
7		1.216778	266.6	5.9	82	6.7	7.0										
8	544.5640	1.319294	292.4	5.8	87	6.8	7.0										
9	555.6160	1.792725	374.1	8.1	86	6.8	7.1										
10	567.2115	1.895838	417.1	14.6	87	6.9	7.0	22.9	361.0	59.3	934.9	12.8	201.8	80.0	1261.3	50.0	573.8
11	545.9655	1.766353	442.9	14.1	88	6.8	7.0					12.7	186.6	70.0	1028.2		
12	555.5700	1.527840	430.0	10.3	89	6.8	7.0										
13	SHUT DOWN	0.780172	90.3	3.5	87	6.9	7.0										
14	SHUT DOWN	0.277879	30.1	1.1	79	7.0	7.0										
15	SHUT DOWN	0.171738	0.0	0.0	0	0.0	0.0										
16	SHUT DOWN	0.058445	0.0	0.0	0	0.0	0.0										
17	SHUT DOWN	0.334069	64.5	2.4	78	7.2	7.4										
18	SHUT DOWN	0.300453	0.0	0.0	0	0.0	0.0										
19	SHUT DOWN	0.797551	103.2	1.7	76	7.0	7.3										
20	SHUT DOWN	0.766352	111.8	2.3	82	6.9	7.4										
21		1.286898	253.7	5.8	78	6.8	7.2										
22	557.7600	1.716716	275.2	8.2	83	6.7	6.9										
23	562.5410	1.670485	288.1	11.9	87	6.7	6.8										
24	567.6495	1.846464	516.0	14.3	88	6.6	7.0	37.2	571.2	234.7	3603.9	14.9	228.8	80.0	1228.4	23.0	
25	577.1360	1.796690	468.7	13.1	81	6.8	7.0					13.3	198.7	90.0	1344.7		
26	592.5860	1.912846	404.2	12.5	88	6.8	7.0										
27	525.5915	1.687627	417.1	11.1	79	6.7	7.1										
28		1.267744	378.4	9.6	80	6.9	7.0										
29	587.6590	1.660340	507.4	13.2	79	6.9	7.1										
30	604.3845	1.329645	326.8	8.8	88	6.8	7.0										
TOT	10574.7935	39.269070	8612.9	223.5					1200.6		5744.5		1182.4		6983.0		
AVG	556.5681	1.308969	319.0	8.3	85			26.3	400.2	126.0	1914.8	13.3	197.1	78.3	1163.8	37.3	573.8

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	04	01	TO	2002	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.308969	1.912846						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				573.8	573.8	573.8		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1914.8	3603.9		59.3	126.0	234.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	400.2	571.2		18.7	26.3	37.2		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	197.1	228.8		12.7	13.3	14.9		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1163.8	1344.7		70.0	78.3	90.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				23.0	37.3	50.0		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY:

LOCATION:

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
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	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					85	90		0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	°F		"	"
pH	SAMPLE MEASUREMENT				6.6		7.4		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					280.0	280.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of May 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	591.0820	1.597481	576.2	14.9	100	6.7	7.1	12.4	164.7	95.3	1266.0	14.4	191.3	110.0	1461.3	37.4	699.0
2	586.2240	1.498545	490.2	12.4	91	6.9	7.1					15.4	191.9	110.0	1370.8		
3	557.1590	1.436897	391.3	8.2	80	6.8	7.0										
4	551.5040	1.261423	305.3	8.3	96	6.7	7.0										
5		1.046974	232.2	6.7	80	6.7	7.2										
6	552.4415	1.439828	301	8.8	84	6.6	7.2										
7	587.1590	1.782432	412.8	12.7	82	6.8	7.3										
8	584.6235	1.805849	528.9	14	90	6.8	7.1	9.8	147.2	98.7	1482.2	10.6	159.2	70.0	1051.2	27.2	
9	525.6545	1.816678	395.6	14.7	85	6.8	7.4					10.1	152.6	80.0	1208.6		
10	569.6620	1.802698	399.9	11.9	80	6.7	7.2										
11		0.645146	154.8	2.8	80	6.7	7.1										
12		1.055000	262.3	8.8	81	6.8	7.3										
13	576.3485	1.333600	236.5	7.8	87	6.8	7.4										
14	564.0010	1.622304	331.1	10	86	6.7	7.1										
15	534.2825	1.673865	421.4	13.4	85	6.6	6.9	25.1	349.4	234.0	3257.2	18.0	250.6	110.0	1531.2	40.5	
16	535.9655	1.740071	567.6	13.9	90	6.6	7.2					16.2	234.4	70.0	1012.9		
17	556.7205	1.622658	365.5	8.6	86	6.7	6.8										
18	531.6450	1.537185	210.7	5.8	83	6.8	6.9										
19		1.062393	189.2	6.2	80	6.8	6.9										
20	565.3750	1.426787	258	8.8	82	6.7	7.0										
21	517.1705	1.463859	455.8	13.7	83	6.7	7.0	55.3	673.2	202.7	2467.6	13.0	158.3	120.0	1460.8	34.0	
22	551.5340	1.631015	541.8	13.8	82	6.8	6.9					13.8	187.2	110.0	1492.0		
23	563.8150	1.412491	322.5	11.1	84	6.8	6.9										
24	522.3790	1.172203	197.8	6.4	78	6.8	6.9										
25	573.9665	0.677958	77.4	1.8	78	6.8	6.8										
26		0.280291	38.7	0.8	79	6.7	6.7										
27		0.659617	133.3	4.5	82	6.7	6.8										
28		1.219064	283.8	8.7	80	6.8	6.8										
29	514.6385	1.440164	442.9	12.4	85	6.8	6.9	31.6	378.5	230.0	2754.6	12.4	148.5	130.0	1556.9	28.3	
30	565.2560	1.431771	473.0	14.7	80	6.8	7.0					13.6	161.9	80.0	952.5		
31	491.0115	1.332754	374.1	9.8	82	6.8	7.0										
TOT	13269.6185	41.929001	10371.6	296.4					1713.0		11227.6		1835.9		13098.2		
AVG	552.9007	1.352548	334.6	9.6	84			26.8	342.6	172.1	2245.5	13.8	183.6	99.0	1309.8	33.5	699.0

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

FACILITY

LOCATION

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	05	01	TO	2002	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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FLOW	SAMPLE MEASUREMENT	1.352548	1.816678						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				699.0	699.0	699.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	2245.5	3257.2		95.3	172.1	234.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	342.6	673.2		9.8	26.8	55.3		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	183.6	250.6		10.1	13.8	18.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1309.8	1556.9		70.0	99.0	130.0		0	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				27.2	33.5	40.5		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

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LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

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TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

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TEMPERATURE	SAMPLE MEASUREMENT					84	100		1	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	°F		"	"
pH	SAMPLE MEASUREMENT				6.6		7.4		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					290.0	290.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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AREA CODE	NUMBER	YEAR	MO	DAY

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The Temperature exceeded 95°F on May 01 and May 04, 2002. The Temperatures were corrected immediately upon detection.
The Operators were issued with disciplinary action as well as retraining them.

Wastewater Summary Report for the month of June 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	538.3270	1.266203	288.0	8.5	82	6.9	7.0										
2		0.721996	176.3	5.6	79	6.9	6.9										
3	574.2860	1.372190	369.8	12.1	93	6.8	7.0										
4	555.2950	1.419759	494.5	13.9	92	6.9	7.0	20.6	243.2	132.0	1558.5	19.5	230.2	110.0	1298.7	28.1	
5	560.9655	1.385544	430.0	14.3	87	6.9	7.0					11.4	131.4	80.0	921.8		
6	561.1150	1.523917	365.5	11.0	84	6.9	7.0										
7	518.1310	1.180020	240.8	7.6	83	6.9	7.1										
8		0.589201	81.7	2.7	80	6.9	7.0										
9		0.965116	223.6	6.2	80	6.8	7.0										
10	581.3595	1.480339	206.4	11.2	82	6.7	6.9										
11	564.4205	1.611571	266.6	15.3	84	6.9	7.0										
12	552.5980	1.565980	494.5	14.3	82	7.0	7.0	5.2	67.7	18.7	243.5	9.8	127.6	70.0	911.6	34.1	
13	571.2285	1.602299	335.4	13.0	81	6.9	7.0					14.6	194.5	90.0	1199.2		443.0
14	530.3255	1.541614	270.9	10.1	83	6.9	7.0										
15	524.2490	1.169469	81.7	4.8	81	7.0	7.0										
16		1.001039	98.9	4.2	80	6.8	7.1										
17	570.2080	1.181674	77.4	4.3	80	6.7	6.9										
18	557.8775	1.362470	184.9	8.7	84	6.8	6.9										
19	544.0290	1.353964	438.6	13.1	82	6.9	7.0	32.0	360.3	189.0	2128.1	16.2	182.4	80.0	900.8	43.1	
20	568.1620	1.398818	391.3	13.1	80	6.7	7.0					19.6	228.0	100.0	1163.3		
21	544.1190	1.253287	180.6	5.4	79	6.8	7.0										
22		0.534161	51.6	1.9	80	6.7	6.9										
23		0.649746	86.0	3.9	80	6.7	6.8										
24	559.6860	1.215358	275.2	9.6	81	6.7	6.8										
25	544.3825	1.495887	365.5	12.6	79	6.7	6.9	5.4	67.2	132.7	1650.8	14.7	182.9	50.0	622.0	23.0	
26	571.4830	1.631992	344.0	11.8	79	6.7	6.8					14.0	190.0	30.0	407.1		
27	560.7220	1.699489	344.0	11.7	79	6.7	6.8										
28	554.4450	1.387395	219.3	8.0	79	6.7	6.8										
29		0.603050	17.2	0.8	78	6.7	6.7										
30		0.710099	129.0	3.6	83	6.7	7.0										
TOT	12207.4145	36.873647	7529.2	263.3					738.4		5580.9		1467.0		7424.5		
AVG	554.8825	1.229122	251.0	8.8	82			15.8	184.6	118.1	1395.2	15.0	183.4	76.3	928.1	32.1	443.0

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY

LOCATION

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	06	01	TO	2002	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)		(4 Card Only) QUALITY OR CONCENTRATION (38-45)	(46-53)	(54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	30-DAY AVERAGE	DAILY MAXIMUM	UNITS			
TEMPERATURE	SAMPLE MEASUREMENT					82	93		0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.7		7.1		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					4.0	4.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					170.0	170.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	06	01	TO	2002	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.229122	1.699489							Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				443.0	443.0	443.0			Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1395.2	2128.1		18.7	118.1	189.0			Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	184.6	360.3		5.2	15.8	32.0			Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	183.4	230.2		9.8	15.0	19.6			One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	928.1	1298.7		30.0	76.3	110.0			One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				23.0	32.1	43.1			Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFCER

LANCE IMAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

TAUESE P.F. SUNIA
Governor

TOGIOLA T.A. TULAFONO
Lt. Governor

AMERICAN SAMOA ENVIRONMENTAL PROTECTION AGENCY
P.O. Box PPA
Pago Pago, American Samoa 96799

TOGIPA TAUSAGA
Director

Phone: (684) 633-2304/2305
Fax: (684) 633-5715

September 06, 2002

Lance E. Ihaka, Manager
Maintenance & Engineering
Starkist Samoa
P.O. Box 368
Pago Pago, American Samoa 96799

Re: NPDES Compliance Inspection

Dear Mr. Ihaka:

Our agency will perform compliance inspections for all National Pollutant Discharge Elimination System (NPDES) permitted facilities for American Samoa. This will include a facility-wide inspection of your operations, including your laboratory, and a review of your NPDES records and record-keeping procedures.

The compliance inspection for Starkist Samoa is scheduled for 0900-1300 on 10/23 & 10/24, 2002. We propose the facility walk-through for 10/23, and the laboratory inspection and records review for 10/24. Please make this time available and have necessary personnel assigned to assist us.

We appreciate your continued efforts and cooperation for permit compliance and the protection of our island resources. Should you have any questions or comments, please feel free to call me at (684) 633-2304, or at my direct line (684) 633-4432.

Very truly yours,

Peter Peshut, Manager
Technical Services Program

cc: Carl Goldstein, USEPA

StarKist Samoa, Inc.

A Division of Star-Kist Foods, Inc.
P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799
Telephone: 684 644-4231
Facsimile: 684 644-2440

August 28, 2002

Carl L. Goldstein
EPA Region 9
Pacific Insular Area Programs (CMD-5)
75 Hawthorne Street
San Francisco, Ca 94105

Subject: **NPDES Permit No. AS0000019**
Quarterly Reporting of NPDES Discharge Monitoring Report

Dear Mr. Carl:

This is a letter of confirmation that the reporting periods for submittal of NPDES DMR's that you presented is acceptable to us.

As per our agreement to your letter of request to us last February 28, 2001, we are already been submitting our DMR reports in accordance to the Calendar Year Quarterly Basis as follows:

	Months	**Submittal**
1st Quarter:	October –December	January
2nd Quarter:	January-March	April
3rd Quarter:	April-June	July
4th Quarter:	July-September	October

Thank you for your immediate response in our request.

Sincerely,

Lance Ihaka
Manager, Engineering and Maintenance

cc: ASEPA
Mr. Phil Thirkell
file

StarKist Samoa, Inc.

A Division of Star-Kist Foods, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-4231
Facsimile: 684 644-2440

January 13, 2003

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Togipa Tausaga,
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of October, November and December of 2002, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of October, November and December of 2002.

Star Kist Samoa met all Effluent limits except for,

The Total Nitrogen exceeded the 30-Day Average of pounds per day limits for the months of November and December of 2002.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Peter Peshut
Mr. Alan Ota
Mr. Steven L. Erickson
Mr. Phil Thirkell

Wastewater Summary Report for the month of October 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	572.9875	1.689399	395.6	15.5	84	6.8	7.0	32.2	452.4	59.3	833.1	13.9	195.3	80.0	1123.9	36.8	608.0
2	576.2980	1.791614	365.5	14.9	86	6.8	7.1					10.7	159.4	50.0	745.0		
3	526.2715	1.597894	266.6	10.8	86	6.8	7.0										
4	535.7165	1.380497	150.5	8.5	86	6.9	7.0										
5		0.719959	47.3	1.5	80	6.9	7.0										
6		0.926622	215.0	7.9	80	6.8	7.0										
7	554.7420	1.711575	382.7	12.6	81	6.8	7.0										
8	547.2300	1.911254	412.8	15.4	82	6.7	7.0										
9	571.7970	1.837101	417.1	14.7	80	6.8	7.0	33.7	514.8	88.0	1344.4	11.6	177.2	50.0	763.9	33.9	
10	547.2315	1.711156	430.0	14.7	79	6.8	7.0					11.7	166.5	40.0	569.2		
11	551.7535	1.531985	258.0	10.6	78	6.8	6.9										
12		0.689925	34.4	1.5	79	6.9	6.9										
13		0.365723	55.9	1.8	80	6.7	6.8										
14		0.367994	64.5	2.3	78	6.7	6.7										
15		0.303085	34.4	1.7	79	6.8	7.0										
16		0.349628	38.7	1.6	78	6.8	7.0										
17		0.346955	17.2	0.5	77	6.9	6.9										
18		0.391586	47.3	0.4	77	7.0	7.0										
19		0.501616	21.5	1.1	88	6.9	7.0										
20		0.739624	223.6	7.7	82	6.8	7.0										
21	560.9470	1.178969	296.7	10.4	84	6.8	7.0										
22	562.4280	1.524362	399.9	12.9	86	6.8	7.1	12.3	155.9	147.3	1867.3	12.3	155.9	100.0	1267.7	23.5	
23	559.5075	1.618973	481.6	13.8	87	6.7	7.0					12.1	162.9	100.0	1346.3		
24	553.5585	1.631917	516.0	14.7	86	6.7	6.9										
25	550.5690	1.313438	326.8	11.2	82	6.8	7.1										
26		0.704553	98.9	3.3	80	6.8	6.9										
27		0.817275	240.8	7.5	85	6.7	6.8										
28	549.1465	1.349725	395.6	13.9	85	6.8	7.1										
29	537.2835	1.440083	322.5	11.4	86	6.8	7.1	9.2	110.2	72.7	870.6	15.6	186.8	110.0	1317.3	33.4	
30	551.2695	1.536347	356.9	13.8	88	6.7	7.0					16.1	205.7	130.0	1660.9		
31	556.3330	1.542549	365.5	13.0	86	6.8	6.9										
TOT	9965.0700	35.523383	7679.8	271.6					1233.3		4915.4		1409.7		8794.2		
AVG	553.6150	1.145916	247.7	8.8	82			21.9	308.3	91.8	1228.9	13.0	176.2	82.5	1099.3	31.9	608

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	10	01	TO	2002	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.145916	1.911254						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				608.0	608.0	608.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1228.9	1867.3		59.3	91.8	147.3		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	308.3	514.8		9.2	21.9	33.7		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	176.2	205.1		10.7	13.0	16.1		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1099.3	1660.9		40.0	82.5	130.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				23.5	31.9	36.8		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY:

LOCATION:

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	10	01	TO	2002	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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TEMPERATURE	SAMPLE MEASUREMENT					82	88	°F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.7		7.1		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					190.0	190.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of November 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	559.1880	1.355531	219.3	8.5	85	6.8	6.9										
2		0.560452	47.3	1.6	81	6.8	6.9										
3		0.880556	141.9	4.0	81	6.8	6.9										
4	568.8745	1.385478	270.9	10.6	91	6.7	6.9										
5	572.0985	1.473001	537.5	14.2	84	6.7	6.9	33.6	411.6	100.0	1224.9	14.6	178.8	90.0	1102.5	33.2	
6	563.1185	1.511300	425.7	14.2	87	6.7	6.9					15.1	189.8	100.0	1256.8		
7	558.9290	1.482303	270.9	10.3	88	6.7	6.9										
8	523.2920	1.284836	223.6	7.2	88	6.5	6.8										
9		0.852459	94.6	3.9	81	6.8	6.8										
10		0.918607	124.7	4.9	81	6.7	6.8										
11	571.2060	1.350229	412.8	13.3	88	6.8	7.1										
12	512.5045	1.519225	434.3	14.1	90	6.9	7.1	38.1	481.4	80.7	1019.6	9.4	118.8	60.0	758.0	23.4	455.0
13	560.6515	1.580258	352.6	12.2	88	6.6	7.1					11.9	156.4	80.0	1051.3		
14	562.9585	1.495635	240.8	10.7	89	6.7	6.9										
15	564.4955	1.566666	348.3	11.6	83	6.7	6.9										
16	463.1210	1.369763	253.7	8.2	86	6.6	6.9										
17		0.961754	197.8	5.8	90	6.7	7.1										
18	567.1460	1.410310	292.4	9.6	89	6.7	7.0										
19	565.3910	1.717635	348.3	13.1	90	6.7	7.0										
20	566.9565	1.701859	356.9	13.5	93	6.7	6.8	3.8	53.8	30.0	424.6	17.5	247.7	130.0	1839.8	63.7	
21	545.9940	1.606800	313.9	12.9	84	6.7	6.9					15.0	200.4	130.0	1737.1		
22	594.1595	1.736549	258.0	9.8	80	6.6	6.8										
23	453.0570	1.278321	197.8	9.1	81	6.7	6.9										
24		1.171955	223.6	9.7	87	6.8	7.0										
25	582.2535	1.555120	245.1	10.6	87	6.7	7.1										
26	586.8445	1.728018	361.2	13.9	81	6.8	6.9	20.3	291.7	53.3	765.9	12.4	178.2	90.0	1293.3	46.6	
27	606.5495	1.338203	266.6	9.5	82	6.8	7.1					9.9	110.2	90.0	1001.6		
28		0.815513	107.5	4.5	80	6.9	7.3										
29		0.505941	68.8	0.7	78	6.9	6.9										
30		0.490739	77.4	3.3	79	7.2	8.2										
TOT	11648.7890	38.605016	7714.2	275.5					1238.5		3435.0		1380.3		10040.4		
AVG	554.7042	1.286834	257.1	9.2	85			24.0	309.6	66.0	858.8	13.2	172.5	96.3	1255.1	41.7	455.0

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	11	01	TO	2002	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.286834	1.736549						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				455.0	455.0	455.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	858.8	1224.9		30.0	66.0	100.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	309.6	481.4		3.8	24.0	38.1		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	172.5	247.7		9.4	13.2	17.5		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1255.1	1839.8		60.0	96.3	130.0		0	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				23.4	41.7	63.7		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
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FROM	2002	11	01	TO	2002	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					85	93	° F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95				
pH	SAMPLE MEASUREMENT				6.5		8.2		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6				
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108				
TOTAL ZINC	SAMPLE MEASUREMENT					210.0	210.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

The Total Nitrogen exceeded the 30-Day Average of pounds per day for the month of November.

Wastewater Summary Report for the month of December 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1		1.031064	219.3	8.3	85	6.6	7.5										
2	584.4775	1.475841	339.7	12.0	87	6.6	6.8										
3	584.4755	1.778543	374.1	13.4	86	6.6	6.8	6.4	94.7	42.0	621.2	12.0	177.5	90.0	1331.1	25.6	
4	587.7025	1.694453	387.0	.11.8	90	6.6	6.8					11.9	167.7	120.0	1690.9		
5	571.6390	1.606586	391.3	12.1	94	6.6	7.0										
6	572.1550	1.667311	356.9	11.7	86	6.6	6.6										
7	550.6490	1.403266	163.4	6.7	85	6.7	6.9										
8		1.172425	154.8	7.0	83	6.5	7.0										
9	579.5215	1.589797	391.3	11.0	89	6.6	6.9										
10	577.5175	1.764015	387.0	12.0	87	6.7	6.9	38.3	561.8	112.0	1643.0	11.2	164.3	90.0	1320.3	33.0	551.0
11	560.4005	1.639210	361.2	12.9	87	6.7	6.8					12.7	173.1	90.0	1226.9		
12	564.7305	1.673500	352.6	10.7	86	6.6	6.8										
13	506.9670	1.737499	442.9	13.0	85	6.5	6.8										
14	527.9550	1.409491	227.9	7.2	81	6.7	6.8										
15		1.407313	232.2	6.1	81	6.8	6.9										
16	573.9915	1.751003	391.3	12.6	84	6.7	7.0										
17	580.0760	1.955930	305.3	13.2	85	6.6	6.8										
18	577.3855	1.950524	288.1	13.3	93	6.7	6.8	6.9	111.9	42.0	681.3	11.3	183.3	70.0	1135.4	30.6	
19	562.6915	1.916727	305.3	13.3	89	6.7	6.9					13.3	212.0	80.0	1275.2		
20	523.4070	1.535759	172.0	7.5	82	6.7	6.8										
21		0.531402	38.7	1.3	87	6.6	6.7										
22		0.686611	43.0	1.1	80	6.7	6.7										
23		0.340803	30.1	0.7	77	6.7	6.7										
24		0.304866	34.4	1.5	88	6.6	6.7										
25		0.142965	8.6	0.6	84	6.8	6.9										
26		0.645303	43.0	0.9	83	6.7	6.8										
27		0.471848	55.9	1.2	79	6.8	7.9										
28		0.356732	38.7	0.2	80	7.7	7.7										
29		0.255573	25.8	0.7	79	7.6	7.6										
30		0.079910	25.8	0.3	88	8.0	8.0										
31		0.412069	55.9	1.2	82	6.9	7.5										
TOT	9585.7420	36.388339	6643.5	225.5					768.4		2945.5		1077.9		7979.8		
AVG	563.8672	1.173817	214.3	7.3	85			17.2	256.1	65.3	981.8	12.1	179.7	90.0	1330.0	29.7	551.0

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	12	01	TO	2002	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.173817	1.955930						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				551.0	551.0	551.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	981.8	1643.0		42.0	65.3	112.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	256.1	561.8		6.4	17.2	38.3		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	179.7	212.0		11.2	12.1	13.3		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1330.0	1690.9		70.0	90.0	120.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				25.6	29.7	33.0		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368
PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

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(2-16)	(17-19)
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MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	12	01	TO	2002	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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TEMPERATURE	SAMPLE MEASUREMENT					85	94	°F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.5		8.0		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					190.0	190.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

The Total Nitrogen exceeded the 30-Day Average of pounds per day for the month of December 2002.

StarKist Samoa, Inc.

A Division of Star-Kist Foods, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-4231
Facsimile: 684 644-2440

October 23, 2002

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Togipa Tausaga,
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of July, August and September of 2002, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of July, August and September of 2002.

Star Kist Samoa met all Effluent limits except for,

The Total Nitrogen exceeded the Daily Maximum pounds per day limits on August 01, 2002. Also the Oil and Grease exceeded the Daily Maximum pounds per day limit and the 30-Day Average limit for the month of September 2002.

The Operators adjusted the chemical dosages immediately upon detection.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Peter Peshut
Mr. Alan Ota
Mr. John Brown
Mr. Phil Thirkell

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY:

LOCATION:

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

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TEMPERATURE	SAMPLE MEASUREMENT					81	92		0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	°F		"	"
pH	SAMPLE MEASUREMENT				6.7		7.4		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					10.0	10.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					230.0	230.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				-	1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance

TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	07	01	TO	2002	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.253889	2.093942						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				680.7	680.7	680.7		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	775.2	1173.6		27.3	73.8	147.3		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	183.4	321.1		5.0	18.0	40.3		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	183.9	304.7		9.8	13.9	17.5		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	887.1	1287.6		40.0	66.3	100.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				24.9	36.2	44.4		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

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Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	08	01	TO	2002	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.312214	1.852272						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				429.8	429.8	429.8		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1499.6	3324.5		42.7	111.7	242.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	429.5	876.5		7.1	32.1	63.8		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	171.5	246.9		9.0	12.8	19.6		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1200.6	2141.6		50.0	90.0	170.0		1	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				22.4	31.9	39.4		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

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TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
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MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	08	01	TO	2002	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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TEMPERATURE	SAMPLE MEASUREMENT					80	83		0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	°F		"	"
pH	SAMPLE MEASUREMENT				6.7		7.4		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10.0	<10.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					180.0	180.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

On August 01, 2002 the Total Nitrogen exceeded the Daily Maximum pounds per day limit. The Operator adjusted the Chemical dosages immediately upon detection.

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2002	09	01	TO	2002	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.304090	1.949889						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				767.5	767.5	767.5		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	2245.0	4659.0		58.7	168.6	372.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	840.7	2077.6		14.1	64.5	166.2		2	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	151.8	227.1		7.8	11.0	15.2		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1105.6	1375.1		30.0	82.5	110.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				27.1	32.6	39.0		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

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(2-16)	(17-19)
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MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2002	09	01	TO	2002	09	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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TEMPERATURE	SAMPLE MEASUREMENT					82	90	°F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.8		7.2		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10.0	<10.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					180.0	180.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE		DATE		
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COMMENT AND EXPLANATION OF ANY VIOLATIONS(Reference all attachments here)

The Oil and Grease exceeded the Daily Maximum pounds per day limit on September 10, 2002. Also the Thirty Day Average limit exceeded for the month of September.
The Operator adjusted the Chemical dosages immediately upon detection.

Wastewater Summary Report for the month of July 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	571.5715	1.257067	279.5	9.5	92	6.8	6.9										
2	570.0895	0.958069	378.4	14.2	79	6.9	6.9	40.3	321.1	147.3	1173.6	16.3	129.9	40.0	318.7	24.9	
3	567.4140	2.093942	352.6	12.4	79	6.8	6.9					17.5	304.7	70.0	1218.9		
4	536.9950	1.229781	236.5	8.3	79	6.8	7.0										
5		0.676653	55.9	2.0	78	6.7	6.8										
6		0.318989	17.2	1.3	79	6.7	6.7										
7		0.708700	129.0	4.8	80	6.8	6.9										
8	571.3300	1.333247	215.0	10.4	81	6.7	7.2										
9	542.1690	1.616851	288.1	13.3	82	6.7	6.9										
10	529.3265	1.574301	288.1	14.4	81	6.7	7.1	10.5	137.5	66.7	873.2	13.7	179.4	80.0	1047.4	41.9	680.7
11	580.5265	1.699701	283.8	13.0	84	6.7	7.1					14.6	206.4	40.0	565.4		
12	534.7535	1.303981	94.6	7.4	82	6.7	6.9										
13		0.654536	43.0	3.8	80	6.7	6.8										
14		0.871716	73.1	5.7	80	6.7	6.8										
15	551.0755	1.534587	55.9	11.3	82	6.7	7.1										
16	571.7915	1.584764	189.2	11.7	80	6.7	7.1										
17	574.9705	1.563978	528.9	12.7	80	6.7	7.0	5.0	65.0	54.0	702.3	13.7	178.2	50.0	650.3	44.4	
18	520.5310	1.603597	344.0	12.6	80	6.7	7.4					15.4	205.4	60.0	800.1		
19	551.7655	1.344113	236.5	5.1	82	6.7	6.9										
20		0.591507	73.1	2.4	81	6.7	6.8										
21		0.881280	141.9	5.5	79	6.7	6.9										
22	563.9690	1.390486	331.1	12.2	80	6.6	6.9										
23	552.4960	1.548350	468.7	14.1	86	6.8	7.1	16.3	209.9	27.3	351.5	9.8	126.2	100.0	1287.6	33.6	
24	558.7755	1.614160	417.1	12.2	81	6.8	6.9					10.5	140.9	90.0	1208.1		
25	551.7095	1.666682	391.3	11.2	80	6.8	6.9										
26	543.0145	1.368102	262.3	7.4	84	6.8	6.9										
27		0.585319	94.6	4.4	79	6.8	6.8										
28		0.811159	193.5	5.1	79	6.7	6.8										
29	569.1465	1.359534	305.3	10.9	86	6.8	7.2										
30	564.8060	1.530928	412.8	12.5	81	6.8	6.9										
31	567.6755	1.594480	382.7	11.4	79	6.8	7.0										
TOT	12245.9020	38.870560	7563.7	283.2					733.5		3100.6		1471.1		7096.5		
AVG	556.6319	1.253889	244.0	9.1	81			18.0	183.4	73.8	775.2	13.9	183.9	66.3	887.1	36.2	680.7

Wastewater Summary Report for the month of August 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	567.9680	1.514897	189.2	10.5	78	6.7	7.2	50.9	641.2	146.7	1848.1	19.6	246.9	170.0	2141.6	30.5	
2	527.0495	1.264584	305.3	8.1	79	6.7	7.4					10.8	113.6	90.0	946.5		
3		0.678137	137.6	2.8	78	6.8	6.9										
4		0.802920	245.1	5.3	78	6.7	6.9										
5	527.1115	1.309202	382.7	8.2	82	6.8	7.0										
6	532.4875	1.615908	425.7	10.9	81	6.7	7.0										
7	539.8950	1.651971	451.5	13.4	82	6.8	7.0	63.8	876.5	242.0	3324.5	13.3	182.7	100.0	1373.8	30.6	
8	516.4245	1.652133	430.0	13.2	82	6.8	7.0					13.3	182.7	60.0	824.3		
9	536.9060	1.374899	279.5	8.0	82	6.8	6.9										
10		0.635453	51.6	2.2	79	6.8	6.9										
11		0.776086	266.6	5.4	78	6.8	7.2										
12	529.0310	1.526942	412.8	10.9	78	6.8	6.9										
13	516.7025	1.554172	412.8	12.1	80	6.8	6.9										
14	547.4540	1.664037	455.8	13.0	80	6.8	7.0	29.7	411.0	42.7	590.9	10.1	139.8	80.0	1107.1	39.4	
15	542.9505	1.611316	434.3	12.5	80	6.8	7.0					12.6	168.8	60.0	804.0		
16	533.6385	1.460433	301.0	9.2	83	6.8	6.9										
17		0.603542	77.4	2.1	79	6.8	6.8										
18		0.843489	189.2	7.1	79	6.8	6.9										
19	536.4205	1.404022	404.2	11.8	82	6.8	6.9										
20	546.1195	1.679450	387.0	11.2	82	6.8	7.2										
21	547.5765	1.788567	442.9	13.4	80	6.8	7.1	8.8	130.9	64.0	951.9	9.0	133.9	50.0	743.7	22.4	429.8
22	583.4840	1.852272	455.8	12.5	78	6.7	7.6					9.3	143.3	80.0	1232.3		
23	557.2125	1.556817	296.7	8.6	78	6.8	7.0										
24		0.664643	38.7	2.2	78	6.8	6.9										
25		0.892994	137.6	6.2	79	6.7	6.9										
26	557.5325	1.412296	309.6	9.0	82	6.8	6.9										
27	483.9825	1.636835	404.2	11.2	83	6.8	6.9										
28	569.2580	1.486518	425.7	12.3	82	6.8	7.5	7.1	87.8	63.3	782.5	14.2	175.5	90.0	1112.6	36.6	
29	526.0025	1.723334	395.6	12.3	83	6.8	6.9					15.9	227.9	120.0	1719.7		
30	539.9910	1.440824	206.4	6.6	82	6.8	6.9										
31		0.599951	43.0	1.9	78	6.8	6.9										
TOT	11865.1980	40.678644	9395.5	274.1					2147.4		7497.9		1715.1		12005.6		
AVG	539.3272	1.312214	303.1	8.8	80			32.1	429.5	111.7	1499.6	12.8	171.5	90.0	1200.6	31.9	429.8

Wastewater Summary Report for the month of September 2002

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1		0.208785	34.4	0.6	77	6.8	6.8										
2		0.736578	86.0	3.7	79	6.8	6.9										
3	560.8115	1.453168	292.4	10.5	83	6.8	6.9										
4	569.3030	1.796860	404.2	14.6	83	6.8	7.2	48.4	723.2	179.8	2686.7	15.2	227.1	90.0	1344.8	33.4	
5	551.8875	1.601600	361.2	12.7	86	6.8	7.2					13.6	181.1	100.0	1331.9		
6	556.7800	1.679103	335.4	11.8	80	6.8	7.0										
7	533.0525	1.377633	249.4	9.8	82	6.8	6.9										
8		1.098329	193.5	7.5	80	6.8	6.9										
9	548.0785	1.267805	305.3	10.4	82	6.8	7.0										
10	545.3390	1.503199	408.5	12.0	82	6.9	7.0	166.2	2077.6	372.7	4659.0	11.3	141.3	110.0	1375.1	31.0	767.5
11	579.9470	1.638136	301.0	11.4	82	6.9	7.0					9.8	133.5	100.0	1362.3		
12	559.7060	1.471516	313.9	10.2	82	6.8	7.0										
13	544.6235	1.281901	184.9	5.5	82	6.8	7.0										
14		0.723501	73.1	2.4	80	6.8	6.9										
15		0.742167	137.6	4.3	79	6.8	7.0										
16	548.2470	1.432148	313.9	10.2	80	6.8	7.1										
17	524.4440	1.416231	442.9	14.0	82	6.9	7.1	29.6	348.6	63.3	745.5	8.9	104.8	80.0	942.2	27.1	
18	544.0955	1.497068	473.0	15.4	86	6.8	7.0					10.6	132.0	100.0	1245.0		
19	491.7025	1.482280	288.1	2.8	85	6.8	7.0										
20	530.6980	1.365664	163.4	2.4	84	6.8	7.0										
21		0.672290	77.4	2.1	80	6.8	7.0										
22		0.911063	172.0	7.0	82	6.8	6.9										
23	557.4970	1.520403	296.7	9.7	84	6.8	7.1										
24	562.5340	1.743205	223.6	11.2	90	6.8	7.0										
25	544.1140	1.820631	395.6	13.7	84	6.8	7.0	14.1	213.5	58.7	888.7	11.1	168.1	50.0	757.0	39.0	
26	551.5965	1.949889	365.5	12.3	82	6.9	7.1					7.8	126.5	30.0	486.5		
27	551.9400	1.665222	305.3	9.8	80	6.8	7.0										
28		0.655045	68.8	2.8	80	6.8	6.9										
29		0.870577	154.8	5.7	80	6.8	7.0										
30	559.4695	1.540698	288.1	10.2	82	6.8	7.0										
TOT	11515.8665	39.122695	7709.9	256.7					3362.9		8979.9		1214.4		8844.8		
AVG	548.3746	1.304090	257.0	8.6	82			64.5	840.7	168.6	2245.0	11.0	151.8	82.5	1105.6	32.6	767.5

StarKist Samoa, Inc.

A Division of Star-Kist Foods, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-4231
Facsimile: 684 644-2440

April 8 2003

Mr. Carl L. Goldstein
USEPA Region 9
Pacific Insular Area Programs {CMD-5}
75 Hawthorne St.
San Francisco Ca. 94105

Mr. Goldstein

This letter is a follow up to the meeting held on 3-21-03 at Star-Kist Samoa. It is in reference to the improvements of the tank farm containment area. As discussed we propose to build a new south-facing wall and pour a concrete bottom in the containment area. At the time we felt we would have to remove the existing wall and pour the new concrete wall in its place leaving us exposed if we were to have an oil release.

After further review of the site we can construct the new concrete wall and bottom without removing any of the existing containment structure. The concrete block wall will be left in place the new wall will be poured directly behind the existing one and tied into the new concrete bottom. By performing the improvements in this manner the integrity of the existing containment will not be jeopardized we will have full containment throughout the process.

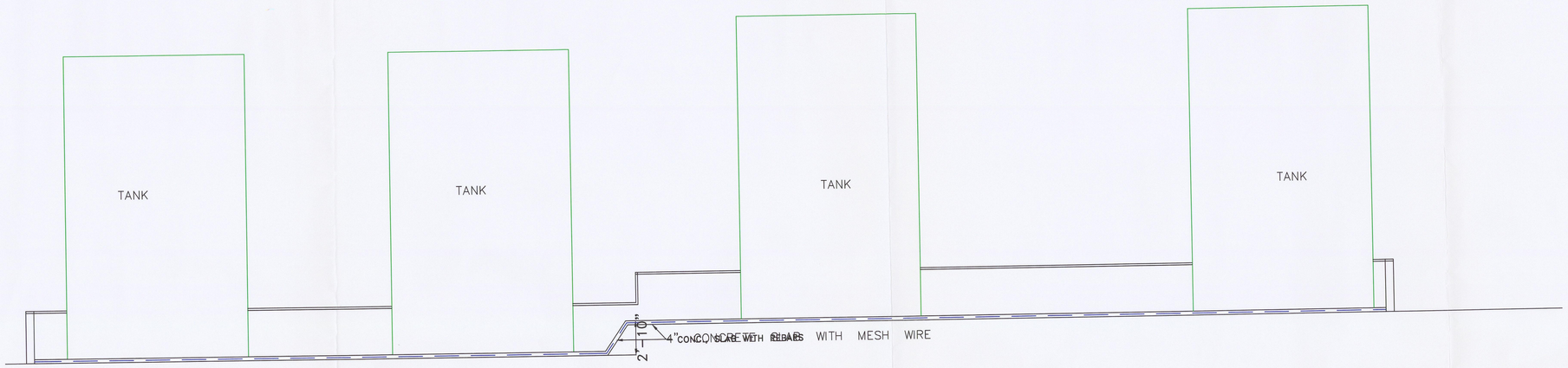
The containment area after improvements will still hold over 110% of the largest tanks capacity keeping us within the SPCC requirements. Please see attached drawing.

We are seeking your approval to continue with this project. If you have any further questions please feel free to contact me at 011-684-258-6964.

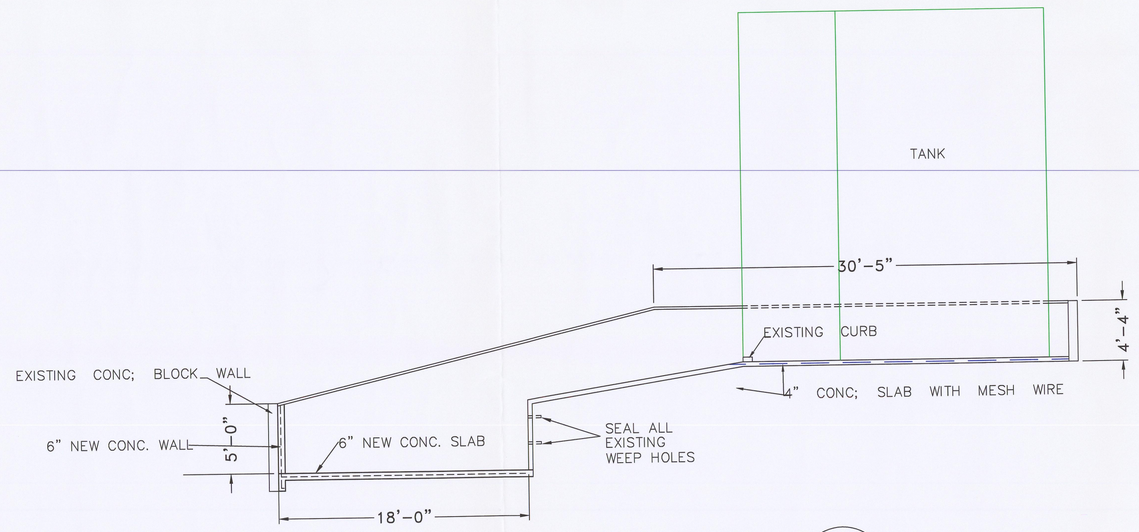
Thank you in advance for your consideration of this project.

Sincerely
Joe Carney
Utilities Department Head
Star-Kist Samoa.

Cc: ASEPA
File



SECTION S 1 / 2



SECTION S 2 / 2

NO	DATE	REVISIONS	BY	CH'D	APP'D

SCALE
3/16" =1' 0"
OR AS SHOWN

DRAWN U. TAGOAI
CHECKED
DATE 4/03
APRVD.
APRVD.

STARKIST SAMOA

TANKS FARM CROSS SECTION

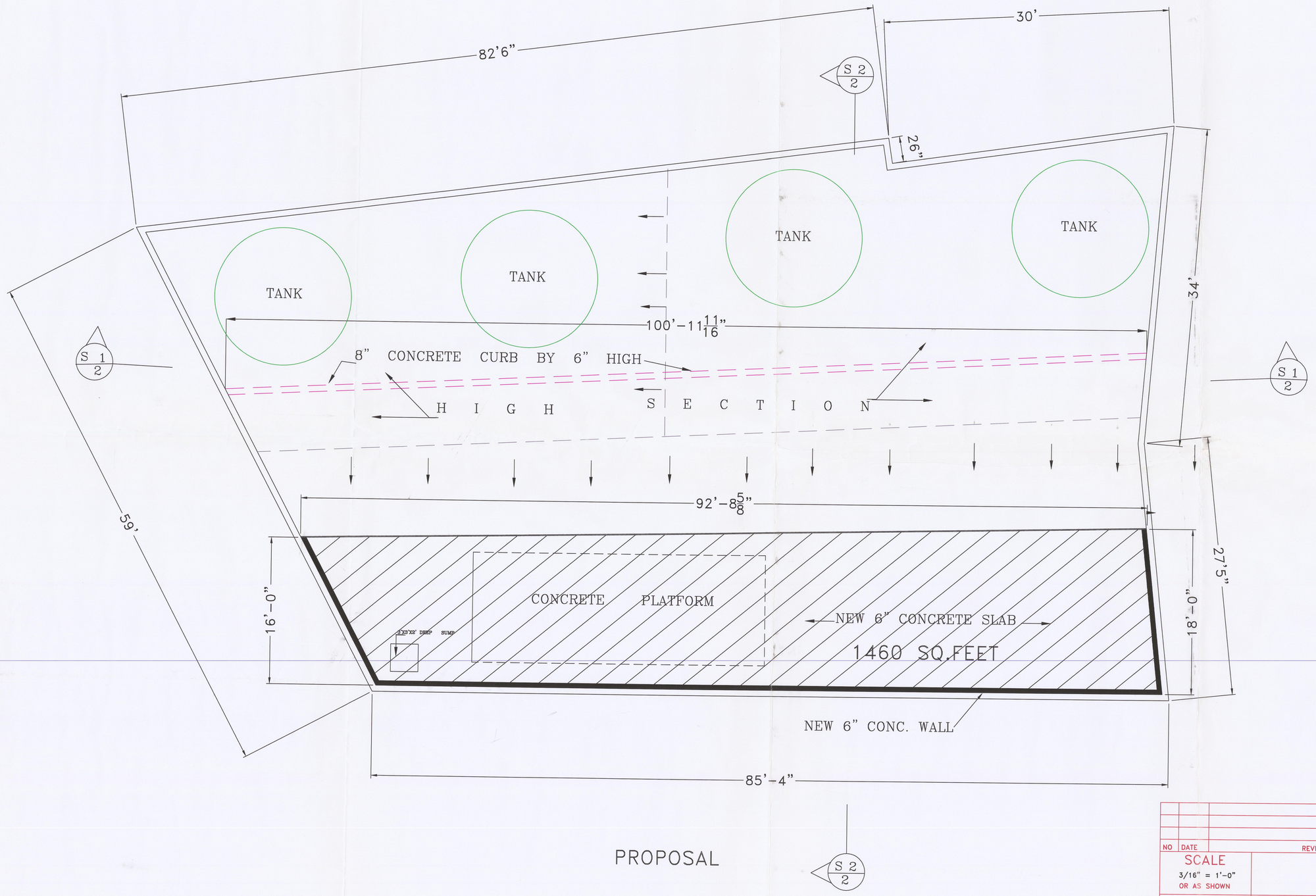
PROPOSAL

JOB:

SHEET 2 OF 2

DRAWING: #

3-16_12.DWG



PROPOSAL

NO	DATE	REVISIONS	BY	CH'D	APP'D

SCALE
3/16" = 1'-0"
OR AS SHOWN

DRAWN U. TAGOAI
CHECKED
DATE 4/03
APRVD.
APRVD.

STARKIST SAMOA
PROPOSED NEW 6" CONC. WALL
FOR THE EXISTING TANK FARM WALL

JOB:

SHEET 1 OF 2

DRAWING: #

3-16_12.DWG

StarKist Samoa, Inc.

A Division of Star-Kist Foods, Inc.
Pago Pago, Tutuila Island
American Samoa 96799
Telephone: 684 644-2331
Facsimile: 684 644-2440

April 8 2003

Mr. Carl L. Goldstein
USEPA Insular Area Programs {CMD-5}
75 Hawthorne St.
San Francisco CA. 94105

Mr. Goldstein

This letter is in reference to the email sent to you by Peter Peshut of ASEPA in regards to Star-Kist Samoa Ocean Dumping unprocessed smashed fish, fish parts and other fish scrap.

During a meeting with ASEPA on April 3 2003 Star-Kist Samoa discussed with Peter Peshut our desire to dump clean sorted unprocessed fish scrap, partial fish and whole smashed fish.

The fish scrap is a by-product of unloading the purse seiners and other vessels at our dock. Star-Kist processes as much of this scrap as possible 16 to 20 tons daily through our fishmeal plant. However with the volume of fish we are unloading we have not been able to process as much as we receive on a daily basis. Star-Kist can not process this scrap by itself it has to be blended with the normal scrap from plant production. As a result of this over time we have built up a backlog of scrap in our freezer's approximately 500 tons of fish scrap.

Star-Kist Samoa is investigating the possibility of disposing of the scrap at sea. The scrap will be inspected and free from any foreign objects such as Plastic, Paper, Metal, Wood etc.

What we would ask of you is

One- Determine if this is possible?

Two- if it is possible how far out to sea would we need to transport the scrap to properly dispose of it?

Three- If this is possible as a routine process we would like to dispose of the excess scrap in smaller quantities The Tasman Sea will hold app. 50 tons of scrap in one load.

Thank you in advance for your consideration of our request.

Sincerely
Joe Carney
Utilities Department Head
Star-Kist Samoa

Cc:file

StarKist Seafood, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-1835
Facsimile: 684 644-2440

April 29, 2003

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Togipa Tausaga,
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of January, February and March of 2003, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of January, February and March of 2003.

Star Kist Samoa met all Effluent limits except for,

The Total Nitrogen Daily Maximum pounds per day limit exceeded on March 19, 2003
Also the 30-Day Average of pounds per day limits for the month of March 2003.

The Total Phosphorus Daily Maximum pounds per day limit exceeded on March 19, 2003.

The Temperature exceeded the 95°F limit on February 18, 2003.
The Temperature was corrected immediately upon detection.

The Operator was issued with disciplinary action. Also received additional training.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Peter Peshut
Mr. Alan Ota
Mr. Steven L. Erickson
Mr. Phil Thirkell

Wastewater Summary Report for the month of January 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	SHUT DOWN	0.307415	30.1	0.6	82	7.1	7.1										
2	SHUT DOWN	0.390980	17.2	0.9	81	7.0	7.0										
3	SHUT DOWN	0.314227	0.0	0.0	82												
4	SHUT DOWN	0.334938	0.0	0.0	80												
5		0.994126	326.8	6.0	86	6.6	6.8										
6	563.7565	1.474058	288.1	9.3	86	6.6	7.0										
7	482.8610	1.556429	387.0	8.9	94	6.6	6.8										
8	542.9025	1.626256	434.3	11.7	88	6.7	7.1	55.1	745.2	74.7	1010.2	7.6	102.8	90.0	1217.2	23.4	394.3
9	576.1325	1.766467	425.7	10.9	95	6.6	7.1					8.2	120.5	40.0	587.6		
10	589.0583	1.396438	245.1	7.6	82	6.7	6.9										
11		0.750337	111.8	3.3	88	6.7	6.8										
12		0.959332	184.9	4.3	83	6.7	6.8										
13	575.6558	1.547532	339.7	8.1	88	6.8	8.0										
14	644.0570	1.713040	339.7	11.3	95	6.7	6.9										
15	599.3728	1.670356	382.7	11.2	92	6.7	7.0	13.8	191.7	52.7	732.0	12.8	177.8	70.0	972.3	23.1	
16	643.2135	1.743204	425.7	10.8	83	6.7	6.9					11.5	166.7	70.0	1014.8		
17	597.8560	1.428756	313.9	7.8	83	6.7	6.9										
18		0.580918	68.8	2.5	90	6.7	6.7										
19		1.026866	210.7	4.9	89	6.7	6.8										
20	616.4805	1.419675	348.3	8.7	88	6.7	6.9										
21	644.0423	1.758063	460.1	12.3	90	6.7	6.9	14.0	204.7	34.7	507.3	11.1	162.3	70.0	1023.4	33.4	
22	662.8545	1.779538	442.9	11.8	89	6.7	6.9					12.4	183.5	70.0	1035.9		
23	633.5665	1.761050	442.9	11.1	86	6.6	6.8										
24	639.9605	1.799245	361.2	11.7	87	6.7	6.9										
25	588.9528	1.479739	210.7	6.8	85	6.7	6.9										
26		1.119371	193.5	6.3	88	6.7	6.9										
27	631.1103	1.684483	421.4	12.4	87	6.7	6.9										
28	622.7160	1.794008	455.8	11.9	88	6.8	6.9										
29	649.9295	1.903075	468.7	13.3	89	6.8	7.2	21.1	333.9	58.0	917.9	13.5	213.7	80.0	1266.1	37.3	
30	631.3970	1.864549	421.4	12.8	87	6.6	6.9					14.2	220.2	80.0	1240.4		
31	595.0318	1.565052	369.8	8.9	90	6.7	6.9										
TOT	12730.9076	41.509523	9128.9	248.1					1475.5		3167.4		1347.5		8357.7		
AVG	606.2337	1.339017	314.8	8.6	87			26.0	368.9	55.0	791.9	11.4	168.4	71.3	1044.7	29.3	394.3

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	01	01	TO	2003	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.339017	1.903075						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				394.3	394.3	394.3		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	791.9	1010.2		34.7	55.0	74.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	368.9	745.2		13.8	26.0	55.1		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	168.4	220.2		7.6	11.4	14.2		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1044.7	1266.1		40.0	71.3	90.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				23.1	29.3	37.3		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY:

LOCATION:

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
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(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	01	01	TO	2003	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					87	95		0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	°F		"	"
pH	SAMPLE MEASUREMENT				6.6		8.0		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					240.0	240.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of February 2003

0	Production	Flow	Alum	Poly	Max Temp	pH Limits		Oil &Grease		TSS		TP		TN		Total Ammonia	BOD Eff
Date	Tons	mgd	#/day	#/day	F	Lo	Hi	Eff mg/l	Total #/day	Eff mg/l	Total #/day	Eff mg/l	Total #/day	Eff mg/l	Total #/day	Eff mg/l	mg/l
1		0.639036	90.3	3.2	82	6.8	6.8										
2		1.013616	223.6	7.4	81	6.8	6.9										
3	617.1083	1.452743	374.1	10.2	84	6.7	6.9										
4	606.8083	1.676157	481.6	14.5	90	6.8	7.0	25.0	348.5	50.0	696.9	12.0	167.3	40.0	557.6	29.0	
5	633.4338	1.528581	408.5	11.4	88	6.8	7.0					16.6	211.0	30.0	381.4		
6	616.7383	1.235281	378.4	10.3	84	6.8	6.9										
7	622.2240	1.585022	369.8	10.1	86	6.8	6.9										
8	569.1230	1.444327	270.9	8.0	83	6.7	6.8										
9		1.083373	176.3	5.4	86	6.7	6.8										
10	619.6250	1.698907	305.3	9.3	82	6.6	6.8										
11	608.6175	1.810593	378.4	12.7	82	6.7	7.3	17.6	265.0	34.0	511.9	9.7	146.1	60.0	903.4	22.1	189.1
12	586.4615	1.753516	408.5	12.0	88	6.8	7.2					12.4	180.8	60.0	874.9		
13	591.1210	1.711871	352.6	11.0	88	6.7	7.0										
14	596.4140	1.500989	206.4	7.8	86	6.8	6.8										
15		0.556836	146.2	3.9	82	6.7	6.8										
16		0.322532	43.0	1.3	82	6.8	6.9										
17		0.933435	232.2	8.5	90	6.7	6.9										
18	621.5448	1.566786	258.0	11.7	100	6.7	6.8										
19	579.5380	1.753992	335.4	12.2	89	6.8	6.9	7.1	103.6	21.3	310.7	10.3	150.2	60.0	875.2	29.8	
20	593.4108	1.688415	344.0	12.5	88	6.8	6.9					10.8	151.6	70.0	982.9		
21	594.8535	1.650985	296.7	10.0	84	6.8	6.9										
22	579.8803	1.409023	210.7	7.8	83	6.8	6.9										
23		1.286721	193.5	9.9	86	6.7	6.8										
24	616.9180	1.540765	387.0	13.0	88	6.8	6.8										
25	607.8443	1.733245	451.5	13.1	87	6.7	6.8	30.3	436.7	68.0	980.1	11.7	168.6	70.0	1009.0	36.0	
26	571.1000	1.733303	438.6	12.4	90	6.7	6.8					13.5	194.6	90.0	1297.3		
27	573.8893	1.785729	348.3	10.1	87	6.6	6.8										
28	575.0220	1.300234	223.6	7.2	85	6.7	6.8										
TOT	12581.6757	39.396013	8333.4	266.9					1153.8		2499.6		1370.2		6881.7		
AVG	599.1274	1.407000	297.6	9.5	86			20.0	288.5	43.3	624.9	12.1	171.3	60.0	860.2	29.2	189.1

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	02	01	TO	2003	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.407000	1.810593						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				189.1	189.1	189.1		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	624.9	980.1		21.3	43.3	68.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	288.5	436.7		7.1	20.0	30.3		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	171.3	211.0		9.7	12.1	16.6		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	860.2	1297.3		30.0	60.0	90.0		0	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				22.1	29.2	36.0		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance

TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	02	03	TO	2003	02	2003
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					86	100		1	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	° F		"	"
pH	SAMPLE MEASUREMENT				6.6		7.3		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					10.0	10.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					210.0	210.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

The Temperature exceeded the 95 ° F maximum limit on February 18, 2003 for an hour and ten minutes.
The Temperature was corrected immediately upon detection. The operator was issued with a wriiten warning.

Wastewater Summary Report for the month of March 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1		0.752158	124.7	3.2	84	6.7	6.7										
2		0.859646	202.1	6.4	82	6.7	6.7										
3	566.0328	1.426258	326.8	10.1	82	6.7	6.8										
4	562.7060	1.712417	395.6	12.0	82	6.7	7.0	8.5	121.0	42.0	598.1	10.5	149.5	80.0	1139.2	34.7	415.8
5	571.4086	1.663466	387.0	11.8	86	6.7	6.9					13.5	186.8	80.0	1106.7		
6	601.6660	1.616564	305.3	9.9	82	6.7	6.8										
7	527.6795	1.320188	275.2	8.5	83	6.7	6.8										
8		0.768446	159.1	5.3	82	6.7	6.8										
9		0.797583	146.2	4.2	87	6.8	6.8										
10	572.8950	1.459472	305.3	9.9	95	6.7	6.8										
11	627.6030	1.658756	365.5	10.5	83	6.7	6.8										
12	625.5498	1.622128	412.8	12.8	87	6.8	6.8	13.1	176.7	64.0	863.3	12.8	172.7	90.0	1214.1	43.0	
13	636.2050	1.649148	331.1	12.0	88	6.7	6.9					14.9	204.3	100.0	1371.4		
14	562.4313	1.397435	236.5	6.5	82	6.7	6.8										
15		0.644764	34.4	1.6	83	6.7	6.8										
16		0.778252	141.9	4.4	87	6.7	6.8										
17	649.8283	1.490917	270.9	11.0	93	6.7	6.8										
18	656.0755	1.628626	331.1	10.5	91	6.8	6.9										
19	679.1588	1.749732	442.9	12.8	84	6.5	6.8	39.6	576.2	152.0	2211.7	24.6	357.9	200.0	2910.2	102.0	
20	667.2018	1.701568	520.3	13.7	92	6.6	6.8					7.5	106.1	80.0	1132.0		
21	663.3548	1.737118	447.2	12.3	84	6.7	6.7										
22	629.4320	1.355044	305.3	7.9	90	6.7	6.8										
23		0.926652	279.5	6.7	93	6.7	6.7										
24	625.3110	1.335146	352.6	8.6	85	6.7	6.7										
25	633.4735	1.587564	344.0	9.9	85	6.7	6.7										
26	602.2630	1.563646	417.1	14.0	82	6.6	6.8	47.7	620.3	112.0	1456.4	12.2	158.6	70.0	910.2	47.5	
27	607.7818	1.580774	374.1	11.6	84	6.6	6.7					12.1	159.1	70.0	920.2		
28	594.7000	1.525707	189.2	8.4	85	6.6	6.7										
29		0.726862	64.5	1.8	82	6.7	6.7										
30		0.846252	167.7	6.6	83	6.7	6.7										
31	650.4110	1.505706	292.4	9.8	87	6.7	6.7										
TOT	13513.1685	41.387995	8948.3	274.7					1494.2		5129.5		1495.0		10704.0		
AVG	614.2349	1.335097	288.7	8.9	86			27.2	373.6	92.5	1282.4	13.5	186.9	96.3	1338.0	56.8	415.8

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	03	01	TO	2003	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.335097	1.749732						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				415.8	415.8	415.8		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1282.4	2211.7		42.0	92.5	152.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	373.6	620.3		8.5	27.2	47.7		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	186.9	357.9		7.5	13.5	24.6		1	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1338.0	2910.2		70.0	96.3	200.0		2	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				34.7	56.8	102.0		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 366

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
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(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2003	03	01	TO	2003	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)		(4 Card Only) QUALITY OR CONCENTRATION (38-45)	(46-53)	(54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	30-DAY AVERAGE	DAILY MAXIMUM	UNITS			
TEMPERATURE	SAMPLE MEASUREMENT					86	95		0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			-	-
pH	SAMPLE MEASUREMENT				6.5		7.0		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			-	-
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		- -	-
TOTAL ZINC	SAMPLE MEASUREMENT					229	229		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		- -	-
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

StarKist Seafood, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-1835
Facsimile: 684 644-2440

July 17, 2003

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Togipa Tausaga,
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of April, May and June of 2003, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of April, May and June of 2003.

Star Kist Samoa met all Effluent limits.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Peter Peshut
Mr. Alan Ota
Mr. Steven L. Erickson
Mr. Phil Thrkell

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

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OMB No. 2040-0004
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AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	04	01	TO	2003	04	30
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FLOW	SAMPLE MEASUREMENT	1.198355	1.929765						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				521.7	521.7	521.7		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	776.5	1110.9		34.0	56.8	84.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	371.0	493.2		11.3	27.1	36.7		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	167.1	219.9		8.3	11.8	13.7		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1045.4	1283.8		60.0	73.8	80.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				26.0	29.1	33.8		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368
PAGO PAGO AMERICAN SAMOA 96799

FACILITY:

LOCATION:

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	04	01	TO	2003	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					85	93		0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	°F		"	"
pH	SAMPLE MEASUREMENT				6.7		7.2		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					123.0	123.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of April 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	636.1955	1.754030	485.9	12.9	83	6.7	6.9	28.0	408.4	53.3	777.5	13.1	191.1	80.0	1166.9	26.0	
2	644.5288	1.929765	520.3	15.4	87	6.7	6.9					13.7	219.9	80.0	1283.8		
3	663.4555	1.560172	460.1	11.4	92	6.7	6.8										
4	649.9023	1.854014	421.4	12.7	89	6.7	6.7										
5	613.8568	1.381849	210.7	6.2	84	6.7	6.7										
6		1.065522	219.3	6.3	83	6.7	6.7										
7	589.7883	1.281308	455.8	12.0	87	6.7	6.8										
8	587.9028	1.616014	468.7	11.8	88	6.7	7.2	36.7	493.2	55.3	743.2	11.8	158.6	60.0	806.3	33.8	521.7
9	623.5903	1.720562	438.6	12.8	84	6.7	6.9					11.8	168.8	80.0	1144.7		
10	622.7220	1.699305	395.6	11.6	87	6.7	6.9										
11	611.3678	1.521577	313.9	10.3	86	6.7	6.8										
12	SHUT DOWN	.647901	146.2	3.9	84	6.7	6.8										
13	SHUT DOWN	.355815	12.9	1.4	81	6.7	6.8										
14	SHUT DOWN	.351198	34.4	0.9	81	6.7	6.7										
15	SHUT DOWN	.340296	51.6	1.8	81	6.7	6.8										
16	SHUT DOWN	.346823	73.1	1.5	93	6.7	6.7										
17	SHUT DOWN	.273562	30.1	1.1	84	6.7	6.7										
18	SHUT DOWN	.271151	47.3	1.5	82	6.7	6.7										
19	SHUT DOWN	.407795	64.5	2.2	81	6.7	6.7										
20	SHUT DOWN	.803701	150.5	5.7	88	6.7	6.7										
21	510.7678	1.302561	348.3	11.3	86	6.7	6.9										
22	458.0850	1.468343	382.7	13.0	90	6.7	6.8										
23	628.7905	1.577116	438.6	13.9	93	6.7	6.8	32.4	424.9	84.7	1110.9	11.3	148.2	70.0	918.1	30.2	
24	623.3923	1.545242	395.6	13.2	82	6.7	6.8					12.1	155.5	80.0	1028.0		
25	664.2800	1.602640	352.6	10.7	86	6.7	6.8										
26	629.0218	1.325749	288.1	9.1	83	6.7	6.7										
27		1.069028	219.3	7.9	83	6.7	6.8										
28	636.7748	1.429092	270.9	11.3	82	6.7	6.7										
29	628.9000	1.677415	494.5	12.4	84	6.7	7.0	11.3	157.6	34.0	474.3	8.3	115.8	60.0	837.0	26.3	
30	577.8000	1.771109	468.7	13.5	82	6.7	6.8					12.0	178.7	80.0	1178.3		
TOT	11601.1223	35.950655	8660.2	259.7					1484.1		3105.9		1336.6		8363.1		
AVG	610.5854	1.198355	288.7	8.7	85			27.1	371.0	56.8	776.5	11.8	167.1	73.8	1045.4	29.1	521.7

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	05	01	TO	2003	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.312000	1.686441						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				357.0	357.0	357.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	920.6	2313.0		20.0	70.4	166.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	397.9	889.0		10.9	30.8	63.8		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	150.4	190.9		7.4	11.3	13.9		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	978.8	1234.0		50.0	73.8	90.0		0	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				9.0	22.7	34.4		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	05	01	TO	2003	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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TEMPERATURE	SAMPLE MEASUREMENT					84	89	°F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.5		7.6		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<50	<50	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					320.0	320.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

Wastewater Summary Report for the month of May 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	600.1070	1.562416	361.2	11.1	83	6.7	6.8										
2	573.8560	1.388057	344.0	10.9	88	6.7	6.7										
3		0.673573	90.3	2.8	82	6.7	6.7										
4		0.948305	202.1	6.2	82	6.7	6.7										
5	584.2155	1.358473	283.8	11.1	89	6.7	6.7										
6	573.1225	1.656584	451.5	13.7	83	6.7	6.8										
7	575.9550	1.515639	387.0	12.4	85	6.7	6.9	10.9	137.4	28.7	361.7	11.3	142.4	70.0	882.3	27.1	357.0
8	562.1665	1.643202	335.4	13.4	85	6.7	6.9					12.0	164.0	70.0	956.5		
9	594.0685	1.406280	253.7	9.8	86	6.7	6.8										
10		0.845948	206.4	7.2	84	6.7	6.8										
11		1.002728	150.5	6.8	84	6.7	6.8										
12	598.5500	1.478678	236.5	10.4	86	6.7	6.7										
13	529.9443	1.500890	425.7	12.1	86	6.7	6.7										
14	585.8075	1.675539	365.5	13.9	86	6.7	6.9	63.8	889.0	166.0	2313.0	13.7	190.9	80.0	1114.7	34.4	
15	608.2198	1.648776	378.4	12.6	88	6.7	6.8					13.9	190.6	90.0	1234.0		
16	621.3243	1.489762	313.9	11.0	86	6.7	6.8										
17		0.735210	94.6	3.5	83	6.7	6.7										
18		0.892320	240.8	6.7	83	6.7	6.7										
19	426.7695	1.250219	210.7	7.9	82	6.7	6.7										
20		0.841490	219.3	7.4	83	6.7	6.7										
21	418.3940	1.324250	434.3	12.6	83	6.7	7.6	36.8	405.3	66.7	734.5	7.4	81.5	50.0	550.6	9.0	
22	629.8660	1.544150	425.7	14.1	83	6.7	6.8					12.2	156.7	80.0	1027.3		
23	608.4648	1.484989	344.0	11.8	83	6.8	6.7										
24	617.8488	1.493268	438.6	10.3	83	6.5	6.8										
25		0.573792	111.8	3.8	83	6.7	6.8										
26		0.868801	202.1	4.9	83	6.7	6.7										
27	626.8065	1.476809	399.9	10.9	84	6.7	6.9										
28	637.1155	1.628749	374.1	12.8	86	6.7	6.9	11.8	159.8	20.0	270.9	9.5	128.7	80.0	1083.6	20.2	
29	594.2898	1.686441	378.4	12.2	82	6.7	6.9					10.6	148.7	70.0	981.7		
30	549.1818	1.641150	455.8	14.3	84	6.7	6.8										
31	558.9640	1.436192	322.5	10.4	83	6.7	6.7										
TOT	12675.0376	40.672680	9438.5	309.0					1591.5		3680.1		1203.5		7830.7		
AVG	576.1381	1.312000	304.5	10.0	84			30.8	397.9	70.4	920.6	11.3	150.4	73.8	978.8	22.7	357.0

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	06	01	TO	2003	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.269839	1.671159						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				452.0	452.0	452.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	632.9	883.1		33.3	48.8	70.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	146.0	255.5		7.1	11.1	18.6		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	152.8	169.9		10.2	11.7	13.5		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1045.9	1243.5		50.0	80.0	90.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				19.0	25.7	29.8		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2003	06	01	TO	2003	06	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					83	88		0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.6		7.0		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					139	139		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

Wastewater Summary Report for the month of June 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1		1.093903	202.1	7.1	83	6.7	6.7										
2	575.6973	1.373168	365.5	10.5	85	6.7	6.7										
3	579.1683	1.512998	485.9	14.2	83	6.7	6.9	11.2	140.9	38.7	486.9	13.5	169.9	80.0	1006.6	26.2	
4	580.3448	1.548809	520.3	13.3	82	6.7	6.9					11.4	146.8	50.0	644.0		
5	580.5463	1.580037	438.6	12.3	83	6.7	6.9										
6	575.9458	1.619585	408.5	11.0	84	6.7	6.9										
7		0.743627	159.1	3.8	83	6.7	6.7										
8		0.796185	163.4	6.1	82	6.7	6.7										
9	579.2903	1.393859	374.1	10.0	88	6.7	6.8										
10	570.9178	1.651592	447.2	13.2	83	6.7	7.0	18.6	255.5	53.3	732.1	10.7	147.0	90.0	1236.1	19.0	452.0
11	593.5493	1.661426	477.3	10.9	83	6.7	6.9					10.2	140.9	90.0	1243.5		
12	593.2328	1.671159	245.1	9.6	84	6.7	6.7										
13	577.1143	1.417804	184.9	8.8	81	6.7	6.7										
14		0.634296	64.5	2.6	81	6.7	6.7										
15		0.655617	94.6	4.2	82	6.7	6.7										
16	582.8348	1.378728	129.0	7.9	83	6.7	6.8										
17	595.9913	1.550890	399.9	12.6	83	6.7	7.0	7.1	91.6	33.3	429.5	12.3	158.6	80.0	1031.8	29.8	
18	604.4883	1.636021	288.1	12.6	82	6.6	6.8					11.7	159.2	80.0	1088.4		
19	599.2760	1.472691	111.8	8.6	82	6.7	6.8										
20	582.4045	1.354873	116.1	8.0	82	6.7	6.7										
21		0.591041	34.4	1.4	83	6.7	6.7										
22		0.709305	103.2	3.8	82	6.7	6.8										
23	603.0393	1.451251	210.7	9.2	82	6.7	6.8										
24	582.1440	1.517017	399.9	13.0	82	6.7	6.9	7.6	95.9	70.0	883.1	12.2	153.9	90.0	1135.4	27.9	
25	619.3910	1.475447	498.8	11.3	82	6.7	6.9					11.9	146.0	80.0	981.6		
26	603.1708	1.460217	292.4	8.6	83	6.7	6.7										
27	599.6185	1.294792	167.7	6.6	82	6.7	6.7										
28		0.598131	81.7	1.8	81	6.7	6.7										
29		0.751278	86.0	4.0	81	6.7	6.7										
30	592.1955	1.499434	326.8	9.9	83	6.7	6.7										
TOT	12370.3610	38.095181	7877.6	256.9					583.9		2531.6		1222.3		8367.4		
AVG	589.0648	1.269839	262.6	8.6	83			11.1	146.0	48.8	632.9	11.7	152.8	80.0	1045.9	25.7	452.0

StarKist Seafood, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-1835
Facsimile: 684 644-2440

October 15, 2003

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Togipa Tausaga,
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of July, August and September of 2003, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of July, August and September of 2003.

Star Kist Samoa met all Effluent limits.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Peter Peshut
Mr. Alan Ota
Mr. Steven L. Erickson
Mr. Phil Thirkell

Wastewater Summary Report for the month of July 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp ° F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	588.5538	1.692471	404.2	13.2	83	6.7	6.9	58.1	817.7	72.0	1013.4	9.6	135.1	70.0	985.2	17.7	
2	590.4138	1.754288	404.2	11.6	84	6.7	6.9					10.5	153.2	90.0	1313.0		
3	598.5933	1.329713	296.7	7.2	84	6.7	6.8										
4		0.582846	64.5	2.4	82	6.7	6.7										
5		0.367499	64.5	1.7	83	6.7	6.7										
6		0.757392	141.9	4.6	84	6.7	6.7										
7	587.9850	1.362595	279.5	9.9	83	6.7	6.7										
8	582.2970	1.491975	417.1	13.1	88	6.7	7.3	23.6	292.8	40.7	505.0	8.4	104.2	60.0	744.4	20.0	386.0
9	593.1398	1.621495	344.0	10.6	82	6.8	7.1										
10	549.3860	1.398171	275.2	11.1	84	6.8	6.9										
11	544.9090	1.318634	331.1	10.9	83	6.8	6.9					10.0	109.7	70.0	767.6		
12		0.843678	197.8	5.1	82	6.7	6.8										
13		0.718997	124.7	4.7	81	6.7	6.7										
14	577.5440	1.330359	421.4	11.3	86	6.7	6.7										
15	550.1225	1.422002	438.6	13.2	84	6.7	7.4	88.3	1044.2	162.7	1924.0	9.4	111.2	60.0	709.5	16.7	
16	570.8728	1.644699	434.3	12.5	82	6.7	7.0					10.5	143.6	70.0	957.4		
17	610.6920	1.599237	395.6	11.9	82	6.7	6.9										
18	606.0588	1.336984	210.7	7.9	86	6.7	6.8										
19		0.749891	120.4	4.5	83	6.7	6.7										
20		0.806029	159.1	4.4	82	6.7	6.7										
21	603.4415	1.642637	344.0	11.6	82	6.7	6.9										
22	592.7173	1.507702	391.3	13.4	82	6.8	7.2	67.0	840.0	122.7	1538.4	11.1	139.2	60.0	752.3	16.4	
23	570.4008	1.595570	382.7	11.6	82	6.8	7.1					12.4	164.5	70.0	928.8		
24	584.0663	1.594727	344.0	9.3	82	6.8	6.8										
25	573.2100	1.662060	339.7	8.6	82	6.8	6.8										
26	523.6050	1.423349	275.2	8.4	82	6.7	6.8										
27		1.009471	219.3	6.3	81	6.7	6.8										
28	588.9250	1.500909	331.1	10.6	82	6.7	6.7										
29	584.0300	1.797039	387.0	12.0	82	6.7	6.8										
30	579.4623	1.594952	477.3	11.7	82	6.8	6.9	22.8	302.4	38.0	504.0	9.6	127.3	70.0	928.5	19.5	
31	575.0153	1.448833	382.7	11.2	95	6.8	6.9					8.6	103.6	60.0	722.9		
TOT	13325.4413	40.906204	9399.8	286.5					3297.1		5484.8		1291.6		8809.6		
AVG	579.3670	1.319555	303.2	9.2	83			52.0	659.4	87.2	1097.0	10.0	129.2	68.0	881.0	18.1	386

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	07	01	TO	2003	31	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.319555	1.797039						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				386.0	386.0	386.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1097.0	1924.0		38.0	87.2	162.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	659.4	1044.2		22.8	52.0	88.3		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	129.2	164.5		8.4	10.0	12.4		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	881.0	1313.0		60.0	68.0	90.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				16.4	18.1	20.0		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY:

LOCATION:

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	07	01	TO	2003	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					83	95	° F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.7		7.4	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					199.0	199.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years*)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of August 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp ° F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	556.2458	1.247619	210.7	6.9	89	6.8	6.8										
2		0.633651	77.4	2.6	82	6.7	6.8										
3		0.631439	137.6	4.1	82	6.7	6.7										
4	586.2503	1.336260	339.7	10.3	82	6.7	6.7										
5	534.5375	1.474135	494.5	13.2	82	6.7	6.9	9.3	114.0	18.0	220.7	9.6	117.7	90.0	1103.3	26.0	
6	589.0393	1.528945	485.9	11.4	82	6.8	6.9					9.7	123.3	80.0	1017.2		
7	598.4900	1.477737	417.1	11.1	82	6.7	6.9										
8	584.9173	1.414894	236.5	6.4	80	6.7	6.8										
9		0.542037	120.4	3.5	82	6.7	6.7										
10		0.800993	150.5	4.6	81	6.7	6.7										
11	570.3468	1.414700	309.6	11.0	81	6.7	6.7										
12	654.0303	1.629300	528.9	12.9	81	6.7	7.0	29.9	405.1	42.0	569.1	10.2	138.2	70.0	948.4	22.4	403.5
13	586.5595	1.645939	412.8	10.8	82	6.8	7.3					10.5	143.7	80.0	1095.0		
14	603.7298	1.360006	339.7	10.0	92	6.7	6.9										
15	572.4453	1.359964	249.4	8.2	92	6.7	6.7										
16		0.590773	103.2	3.9	81	6.7	6.7										
17		0.802864	163.4	4.9	81	6.7	6.7										
18	565.5728	1.411445	240.8	7.7	82	6.7	6.9										
19	557.3985	1.685964	365.5	12.2	82	6.8	6.9	95.1	1333.3	130.7	1832.5	8.5	119.2	70.0	981.4	16.3	
20	568.9523	1.538759	356.9	12.1	82	6.7	6.8					10.6	135.6	90.0	1151.7		
21	549.6788	1.553977	266.6	9.2	82	6.7	6.7										
22	558.1253	1.396294	258	7.8	82	6.7	6.7										
23		0.710284	86	2.9	82	6.7	6.7										
24		0.918663	184.9	6.3	82	6.7	6.7										
25	606.4945	1.510228	283.8	10.8	85	6.7	6.7										
26	582.6915	1.549945	374.1	11.1	82	6.7	6.7										
27	595.6553	1.765568	490.2	13.7	82	6.7	6.9	10.6	155.6	27.3	400.8	12.1	177.7	80.0	1174.6	15.7	
28	604.0508	1.739096	434.3	11.9	82	6.8	6.9					10.7	154.7	70.0	1012.4		
29	583.3000	1.495258	270.9	7.5	82	6.8	6.8										
30		0.587567	94.6	3.2	82	6.8	6.8										
31		0.348679	55.9	1.9	82	6.7	6.7										
TOT	12208.5117	38.102983	8539.8	254.1					2008.0		3023.1		1110.1		8484.0		
AVG	581.3577	1.229128	275.5	8.2	83			36.2	502.0	54.5	755.8	10.2	138.8	78.8	1060.5	20.1	403.5

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	08	01	TO	2003	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.229128	1.765568						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				403.5	403.5	403.5		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	755.8	1832.5		18.0	54.5	130.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	502.0	1333.3		9.3	36.2	95.1		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	138.8	177.7		8.5	10.2	12.1		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1060.5	1174.6		70.0	78.8	90.0		0	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				15.7	20.1	26.0		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance

TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	08	01	TO	2003	08	03
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					83	92	° F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.7		7.3	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					182.0	182.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of September 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp ° F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1		0.751294	111.8	3.6	82	6.7	6.7										
2	589.7915	1.390158	262.3	8.3	82	6.7	6.7										
3	593.7118	1.599908	399.9	13.4	82	6.7	7.1	53.6	713.1	195.3	2598.4	10.7	142.4	60.0	798.3	14.2	
4	609.9873	1.720672	468.7	12.8	83	6.8	6.9					9.4	134.5	70.0	1001.6		
5	591.4663	1.730835	352.6	10.3	82	6.8	6.9										
6	606.3185	1.420485	279.5	7.4	82	6.8	6.8										
7		1.079350	184.9	6.7	83	6.7	6.8										
8	601.2240	1.419360	266.6	9.6	82	6.7	6.7										
9	584.2003	1.696602	60.2	14.2	82	6.7	7.3	76.5	1079.3	102.0	1439.1	12.4	175.0	90.0	1269.8	22.3	497.0
10	600.0953	1.766305	498.8	13.2	83	6.8	7.1					13.1	192.4	80.0	1175.1		
11	585.8718	1.810995	460.1	10.5	82	6.8	6.9										
12	639.4450	1.744665	404.2	10.6	83	6.8	6.8										
13	622.0593	1.390857	344.0	6.7	82	6.8	6.8										
14		1.208086	236.5	6.1	82	6.8	6.8										
15	611.1770	1.515661	382.7	10.3	82	6.7	6.8										
16	612.0093	1.699537	421.4	9.0	83	6.7	7.4	23.3	329.3	96.0	1356.8	12.4	175.3	80.0	1130.7	24.3	
17	614.9935	1.824100	399.9	8.7	82	6.7	6.7					11.5	174.4	90.0	1365.2		
18	624.7473	1.937925	395.6	7.0	82	6.7	6.7										
19	602.4015	1.608460	331.1	6.0	82	6.7	6.7										
20		0.649639	90.3	1.6	83	6.7	6.7										
21		1.065252	223.6	4.4	83	6.7	6.7										
22	569.0545	1.585921	382.7	8.8	82	6.7	6.7										
23	566.2745	1.795569	490.2	12.6	82	6.7	6.9	13.1	195.6	71.3	1064.6	12.2	182.2	100.0	1493.2	12.6	
24	624.4298	1.938123	516.0	13.1	82	6.8	6.9					9.8	158.0	50.0	805.9		
25	624.2625	1.879101	460.1	12.6	82	6.7	6.9										
26	625.6123	1.999942	352.6	12.5	82	6.8	6.8										
27	637.3580	1.606392	275.2	9.3	82	6.7	6.7										
28		1.328117	206.4	7.6	83	6.7	6.7										
29	636.8170	1.650881	331.1	10.9	82	6.7	6.7										
30	620.1775	1.927595	451.5	11.4	83	6.7	6.9										
TOT	14593.4858	46.741787	10040.5	279.2					2317.3		6458.9		1334.2		9039.8		
AVG	608.0619	1.558060	334.7	9.3	82			41.6	579.3	116.2	1614.7	11.4	166.8	77.5	1130.0	18.4	497.0

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	09	01	TO	2003	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.558060	1.999942						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				497.0	497.0	497.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1614.7	2598.4		71.3	116.2	195.3		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	579.3	1079.3		13.1	41.6	76.5		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	166.8	192.4		9.4	11.4	13.1		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1130.0	1493.2		50.0	77.5	100.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				12.6	18.4	24.3		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance

TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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PAGO PAGO AMERICAN SAMOA 96799

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TEMPERATURE	SAMPLE MEASUREMENT					82	83	° F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.7		7.4	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10	<10	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					183.0	183.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

TOGIOLA T.A. TULAFONO
Governor

AITOFELE T. F. SUNIA
Lt. Governor

AMERICAN SAMOA ENVIRONMENTAL PROTECTION AGENCY
P.O. Box PPA
Pago Pago, American Samoa 96799

TOGIPA TAUSAGA
Director

Phone: (684) 633-2304
Admin. Fax: (684) 633-5715
Program Fax: (684) 633-5801

November 10, 2003

Phil Thirkell, General Manger
Starkist Samoa Inc.
P.O. Box 368
Pago Pago, American Samoa 96799

Re: DMR-QA 23 PT deficiencies

Dear Mr. Thirkell:

We are in receipt of Proficiency Testing (PT) results for Discharge Monitoring Report Quality Assurance (DMR-QA) as provided by Environmental Resource Associates for the year 2003. In general results are satisfactory. Two items of possible concern are noted below.

For *Total phosphorus as P* the reported value is marginally over the warning limits, but within the acceptance limits. For *Non-filterable residue/TSS* the reported value is significantly over the warning limits but within the acceptance limits. We ask that you discuss probable and potential sources of analytical error with your laboratory staff so that analytical and reporting accuracy can be maintained.

We appreciate Starkist Samoa's continued efforts and cooperation for permit compliance and the protection of our island resources. Should you have any questions or comments, please feel free to call Peter Peshut at (684) 633-2304, or at his direct line (684) 633-4432.

Very truly yours,

(Acting)
Togipa Tausaga, Director

cc: Carl Goldstein, USEPA Region IX

pjp\my docs\canneries\sks dmrqa 2003 deficiencies 111003

StarKist Seafood, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-1835
Facsimile: 684 644-2440

January 20, 2004

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Togipa Tausaga,
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of October, November and December of 2003, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of October, November and December of 2003.

Star Kist Samoa met all Effluent limits except for the Temperature.

The Temperature exceeded the 95°F Daily Maximum Limit on November 20, 21, 22 and 26, 2003 and on December 6, 10, 11, 12, 13, 14, 18 and 19, 2003. Also the 30-Day Average Limit exceeded to 91°F for the month of December.

Engineering change's have been implemented to correct the Temperature exceedence problem.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Peter Peshut
Mr. Alan Ota
Mr. Steven L. Erickson
Mr. Phil Thirkell

Wastewater Summary Report for the month of October 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	628.1123	1.869894	468.7	12.7	82	6.8	6.9	7.2	75.7	46.0	483.8	10.4	109.4	80.0	841.5	14.7	354.0
2	630.8905	1.973141	468.7	12.9	82	6.7	6.9					9.6	143.4	80.0	1195.3		
3	628.2165	1.866930	365.5	11.8	82	6.7	6.7										
4	604.7578	1.678912	309.6	8.5	82	6.7	6.8										
5		1.093034	167.7	5.3	82	6.7	6.7										
6	631.9973	1.641363	270.9	11.6	83	6.7	6.7										
7	609.1965	2.415068	352.6	13.3	82	6.7	6.7										
8	617.8468	1.264808	425.7	9.7	83	6.7	7.4	11.1	116.8	53.3	560.6	11.0	115.7	90.0	946.6	25.5	
9	634.0965	1.796627	442.9	12.5	83	6.7	7.2					12.9	192.7	80.0	1195.3		
10	609.8525	1.502798	219.3	9.1	83	6.8	7.0										
11		0.725201	94.6	3.4	82	6.7	6.7										
12		0.370901	34.4	0.8	82	6.7	6.7										
13		0.875483	163.4	6.3	83	6.7	6.7										
14	586.1588	1.566842	305.3	10.9	83	6.7	6.8										
15	629.5018	1.512911	249.4	7.8	83	6.7	6.9										
16	SHUT DOWN	0.715314	103.2	3.5	83	6.7	6.7										
17	SHUT DOWN	0.296742	51.6	1.4	83	6.7	6.7										
18	SHUT DOWN	0.280942			83												
19	SHUT DOWN	0.314384	38.7	1.6	82	6.7	6.7										
20	SHUT DOWN	0.294016	34.4	1.5	83	6.7	6.7										
21	SHUT DOWN	0.422720	30.1	0.9	83	6.7	6.7										
22	SHUT DOWN	0.842242	60.2	2.4	82	6.7	6.7										
23	587.8920	1.583913	322.5	11.0	92	6.7	6.7										
24	547.7763	1.775724	434.3	11.1	83	6.7	6.8	112.1	1655.4	247.3	3651.9	10.1	149.1	50.0	738.3	11.8	
25	590.3315	1.533751	309.6	10.1	83	6.7	7.2					11.5	146.7	60.0	765.3		
26		1.056433	258.0	6.8	83	6.7	6.8										
27	621.8263	1.551393	305.3	10.7	83	6.7	6.8										
28	285.3305	1.656683	245.1	7.5	84	6.7	6.8										
29	528.8255	1.072868	421.4	12.0	83	6.7	7.3	58.7	523.7	157.3	1403.4	9.2	82.1	50.0	446.1	10.1	
30	578.3043	1.771346	421.4	11.6	84	6.7	7.2					11.0	162.0	60.0	883.8		
31	639.1455	1.679495	352.6	10.8	84	6.8	7.2										
TOT	11190.0592	39.001879	7727.1	239.5					2407.9		6331.2		1167.5		7332.1		
AVG	588.9505	1.258125	257.6	8.0	83			47.3	602.0	126.0	1582.8	10.7	145.9	68.8	941.5	15.5	354.0

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

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Expires 3-31-88

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FROM	2003	10	01	TO	2003	10	31
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FLOW	SAMPLE MEASUREMENT	1.258125	2.415068						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				354.0	354.0	354.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1582.8	3651.9		46.0	126.0	247.3		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	602.0	1655.4		7.2	47.3	112.1		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	145.9	192.7		9.2	10.7	12.9		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	941.5	1312.7		50.0	68.8	90.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				10.1	15.5	25.5		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance

TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY:

LOCATION:

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	10	01	TO	2003	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					83	92	° F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.7		7.4	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					10.0	10.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					180.0	180.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of November 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	582.9858	1.162295	245.1	7.6	83	6.7	6.8										
2		0.979999	176.3	5.1	83	6.7	6.7										
3	606.8208	1.444701	283.8	8.8	83	6.7	6.8										
4	594.5523	1.604772	391.3	12.4	83	6.7	7.2	9.0	120.1	56.0	747.3	10.8	157.5	30.0	400.4	19.7	
5	598.0105	1.672626	356.9	11.2	83	6.7	7.2					11.3	157.2	40.0	556.4		
6	607.2653	1.790698	296.7	10.8	83	6.7	6.8										
7	602.8463	1.516314	215	8.4	82	6.7	6.7										
8		0.682477	73.1	3.0	83	6.7	6.7										
9		0.787072	146.2	4.1	84	6.7	6.7										
10	607.1580	1.489044	378.4	9.9	82	6.7	6.7										
11	599.0633	1.753171	524.6	12.2	83	6.7	6.9	5.8	84.6	64.0	933.1	10.9	158.9	70.0	1020.6	22.8	
12	595.1228	1.702660	485.9	10.9	82	6.8	6.9					10.3	145.8	60.0	849.6		
13	604.3153	1.862553	352.6	10.6	82	6.8	6.9										
14	627.0473	1.868200	369.8	11.6	82	6.7	6.9										
15	623.7693	1.794842	335.4	10.0	82	6.7	6.8										
16		1.203685	141.9	7.0	82	6.7	6.7										
17	597.1050	1.818696	266.6	10.3	82	6.7	6.8										
18	619.9968	1.877387	331.1	12.4	82	6.7	6.8										
19	601.4840	1.816015	399.9	11.2	92	6.7	6.8	21.9	330.7	77.3	1167.4	13.9	209.9	60.0	906.1	24.5	341.7
20	621.8205	1.766780	382.7	11.0	96	6.7	6.8					15.8	232.1	80.0	1175.4		
21	634.9628	1.425316	258.0	8.2	96	6.7	6.7										
22		0.797534	107.5	3.5	97	6.7	6.7										
23		0.840913	193.5	4.8	83	6.7	6.7										
24	601.9388	1.463395	301.0	10.4	93	6.7	6.7										
25	607.2443	1.712615	434.3	11.8	95	6.7	6.9	24.5	348.9	84.7	1206.3	10.1	143.8	60.0	854.5	25.1	
26	611.0675	1.381945	335.4	8.9	96	6.7	6.9					14.1	162.0	60.0	689.5		
27		0.706625	167.7	4.6	83	6.7	6.8										
28		0.286688	90.3	2.3	82	6.7	6.7										
29		0.453274	120.4	3.2	82	6.7	6.7										
30		0.921802	124.7	6.2	86	6.7	6.8										
TOT	12144.5767	40.584094	8286.1	252.4					884.3		4054.1		1353.8		6452.5		
AVG	607.2288	1.352803	276.1	8.4	86			15.3	221.1	70.5	1013.5	12.2	169.2	57.5	806.6	23.0	341.7

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	11	01	TO	2003	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.352803	1.877387						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				341.7	341.7	341.7		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1013.5	1206.3		56.0	70.5	84.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	221.1	348.9		5.8	15.3	24.5		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	169.2	232.1		10.1	12.2	15.8		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	806.6	1175.4		30.0	57.5	80.0		0	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				19.7	23.0	25.1		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

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FROM	2003	11	01	TO	2003	11	30
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TEMPERATURE	SAMPLE MEASUREMENT					86	97	° F	4	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.7		7.2	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10.0	<10.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					292.0	292.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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LANCE IHAKA
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TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

The Temperature exceeded the Maximum Limit of 95°F on November 20, 21, 22, and 26, 2003. The Temperatures were corrected immediately upon detection. Also the Operators were retrained and received counseling.

Wastewater Summary Report for the month of December 2003

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	529.7130	1.457409	215.0	9.0	94	6.7	6.8										
2	570.3460	1.648358	455.8	10.7	93	6.7	6.9	38.1	552.6	115.3	1672.3	12.9	187.1	50.0	725.2	25	602.2
3	587.6470	1.747544	339.7	10.3	94	6.7	6.9					11.6	164.0	30.0	436.0		
4	608.6685	1.788588	227.9	9.6	93	6.7	6.8										
5	622.2480	1.716280	227.9	8.6	95	6.7	6.8										
6	606.8745	1.407723	275.2	11.2	97	6.7	6.9										
7		1.117743	141.9	6.2	89	6.7	6.7										
8	611.2368	1.509187	412.8	9.8	93	6.7	6.8										
9	626.9188	1.744125	455.8	13.5	94	6.7	6.8										
10	604.9425	1.700308	468.7	14.7	96	6.7	6.8	35.7	504.8	102.0	1442.3	9.8	138.6	70.0	989.8	21.1	
11	607.1973	1.866491	412.8	14.8	96	6.8	6.8					10.1	156.8	50.0	776.1		
12	623.6498	1.848745	331.1	14.9	98	6.8	6.9										
13	617.0233	1.550888	262.3	12.1	98	6.7	6.8										
14		0.842984	137.6	5.6	100	6.7	6.8										
15	623.1823	1.542327	365.5	16.7	94	6.7	6.7										
16	644.2828	1.788038	447.2	14.3	95	6.6	6.8	25.3	376.2	94.0	1397.7	12.2	181.4	70.0	1040.9	25.1	
17	616.8110	1.703107	442.9	11.9	94	6.7	6.7					13.7	194.0	70.0	991.4		
18	612.3028	1.862458	442.9	12.6	98	6.7	6.7										
19	592.9923	1.620233	326.8	8.3	96	6.7	6.7										
20	SHUT DOWN	0.708279	77.4	2.0	92	6.7	6.7										
21	SHUT DOWN	0.213472			86												
22	SHUT DOWN	0.361651			84												
23	SHUT DOWN	0.314970			82												
24	SHUT DOWN	0.258199			80												
25	SHUT DOWN	0.253741			81												
26	SHUT DOWN	0.272191			83												
27	SHUT DOWN	0.294670			83												
28	SHUT DOWN	0.263271			82												
29	SHUT DOWN	0.302031			83												
30	SHUT DOWN	0.290093			83												
31	SHUT DOWN	0.314908			82												
TOT	10306.0367	34.310012	6467.2	216.8					1403.3		4420.5		1016.2		4919.6		
AVG	606.2375	1.106775	323.4	10.8	91			33.0	467.8	103.8	1473.5	11.7	169.4	56.7	819.9	23.7	602.2

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2003	12	01	TO	2003	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.106775	1.866491						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				602.2	602.2	602.2		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1473.5	1580.5		94.0	103.8	115.3		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	467.8	522.3		25.3	33.0	38.1		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	169.4	194.0		9.8	11.7	13.7		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	819.9	1040.9		30.0	56.7	70.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				21.1	23.7	25.1		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

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LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

NAME: STAR KIST SAMOA, Inc

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FACILITY

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Form Approved
OMB No. 2040-0004
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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
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2003	12	01	TO	2003	12	31
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TEMPERATURE	SAMPLE MEASUREMENT					91	100	° F	9	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.6		6.9	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					<10.0	<10.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					206.0	206.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

The Temperature exceeded the Maximum Limit of 95°F on December 6, 10, 11, 12, 13, 14, 18 and 19, 2003. The Temperatures were corrected immediately upon detection. Also the Temperature exceeded the 30-Day Average Limit. The Operators were retrained and received couseling.

StarKist Seafood, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-1835
Facsimile: 684 644-2440

February 26, 2004

Carl L. Goldstein
Program Manager, US EPA
Pacific Island Office
75 Hawthorne Street
San Francisco, CA 94105

Re: Update for flow metering for cannery waste disposal vessel Blue Moon

Dear Mr. Goldstein:

This is to update you concerning the issue of flow meter monitoring to regulate the discharge rate of sludge on the Blue Moon. Blue North Fisheries has already purchased the required flow meter through Berkley Engineering and it will be ship directly to Star-Kist Samoa Inc. However, there was no definite delivery date yet. We will advise you when we receive a delivery date.

For confirmation see attachment correspondence from Blue North Fisheries.

If you have any question, please feel free to contact me.

Sincerely,

Joe Carney
Utility Dept. Head
StarKist Samoa Inc.

cc: Peter Peshut
Michael F. Burns
Phil Thirkell
Lance Ihaka
File/

BLUE NORTH FISHERIES

2930 Westlake Ave. N. • Suite 300 • Seattle, WA 98109 • (206) 352-9252 • Fax (206) 352-9380
Tollfree 1-877-TRUECOD • email: bluenorth@bluenorthfisheries.com

February 25, 2004

Phil Thirkell
StarKist Seafood, Inc.

Dear Mr. Thirkell,

The meters to regulate the discharge rate of sludge on the Blue Moon have been ordered through Berkley Engineering. They will be shipped to the StarKist Engineering office. I will keep you apprised of the delivery date when I receive the shipping information.

Regards,

Michael F. Burns
President
Blue North Fisheries

StarKist Seafood, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-1835
Facsimile: 684 644-2440

02/02/2004

Peter Peshut
Technical Manager
American Samoa Environmental Protection Agency
Office of the Governor, Executive Office Building
Utulei, American Samoa 96799

Dear Sir:

This letter is in reference to our phone conversation on February 02, 2004 at 1:45pm.

As discussed at around 1:00pm the operator in the wastewater treatment plant started transferring DAF Sludge from the day tank to the high strength tank but failed to check the position of the valve's in the pipeline.

This resulted in the DAF Sludge being pumped directly into the Harbor. Approximately 3 minutes of pumping occurred.

The WWTP personnel have been given corrective action. Modifications of the pipeline in the wastewater treatment plant were carried out immediately. This will eliminate the possibility of another discharge incident in the future.

If you have further questions, please feel free to contact me @ (684) 644-2860 or (684) 258-6964.

Thank you.

Sincerely yours,

Joe Carney
Utility Dept. Head
Star-Kist Samoa, Inc.

cc: Carl L. Goldstein
Tim Ruby
/file

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
Pacific Islands Office
75 Hawthorne Street
San Francisco, CA 94105

February 6, 2004

Joe Carney
Utilities Department
Star-Kist Samoa Inc
P.O. Box 368
Pago Pago, AS 96799

Re: USEPA Ocean Dumping Permit Requirement for Star-Kist Samoa Inc. and COS Samoa Packing Inc.

Dear Mr. Carney:

This is in response to your letter, dated January 24, 2004, informing EPA Region 9 of your continuing non-compliance with Section 4.4. of your Ocean Dumping Permit. Your letter further states that the reason for non-compliance is that your vessel, Blue Moon, does not have an operational sludge flow meter that is necessary for compliance with Section 4.4 of your permit.

Please provide EPA R9 with a reasonable time schedule (e.g., less than 45 days) for installation of a sludge flow meter for your vessel that will correct the above deficiency. The placement of a sludge flow meter in a location that the Captain of your vessel, Blue Moon, can accurately read and record flow measurements would also be appropriate towards insuring compliance.

Please be advised that your Ocean Dumping Permit may be revoked if the permittee continues to violate any term or condition of this permit.

If you have any questions, please let me know.

Sincerely,

Carl L. Goldstein
Program Manager

cc: ASEPA

StarKist Seafood, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-1835
Facsimile: 684 644-2440

April 21, 2004

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Peter Peshut
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of January, February and March of 2004, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of January, February and March of 2004.

Star Kist Samoa met all Effluent limits except for the Temperature.

The Temperature exceeded the 95°F Daily Maximum Limit on March 19, 2004.

Operators were trained again on the recently installed Engineering change's that have been implemented to correct the Temperature exceedence problem.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Alan Ota
Mr. Steven L. Erickson
Mr. Phil Thirkell

Wastewater Summary Report for the month of January 2004

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1		0.294182			84												
2		0.404371			82												
3		0.509172	17.2	1.1	81	6.7	6.7										
4		0.846556	124.7	2.8	82	6.7	6.7										
5		0.546061	34.4	1.5	82	6.7	6.7										
6		0.303844	8.6	1.4	82	6.7	6.7										
7		0.264605	17.2	0.5	80	6.7	6.7										
8		0.295083			81												
9		0.096475	12.9		81	6.7	6.7										
10		0.511888			80												
11		0.411051			80												
12	510.7113	1.269998	232.2	8.2	88	6.7	6.8										
13	565.1445	1.496611	430.0	11.4	90	6.7	7.1	20.3	252.7	93.3	1161.2	14.4	179.2	80.0	995.7	21.4	464.2
14	612.5238	1.699591	395.6	10.4	90	6.7	7.3					13.2	186.6	60.0	848.0		
15	523.3400	1.759202	365.5	10.7	90	6.7	6.8										
16	590.0655	1.675097	313.9	9.3	90	6.7	6.9										
17	621.7635	1.603050	279.5	9.2	92	6.7	6.8										
18		1.077240	167.7	5.5	93	6.7	6.7										
19	606.4875	1.526043	283.8	9.5	83	6.7	8.4										
20	609.9133	1.546060	288.1	9.7	83	6.6	8.3										
21	591.5303	1.708340	313.9	13.7	88	6.6	6.7	24.3	345.2	76.7	1089.6	16.6	235.8	80.0	1136.5	34.2	
22	601.8468	1.681900	442.9	13.2	85	6.6	6.7					12.6	176.2	50.0	699.3		
23	602.0818	1.637164	447.2	14.3	84	6.7	6.8										
24	609.9410	1.471499	227.9	10.9	87	6.6	6.8										
25		1.146697	176.3	6.2	86	6.7	6.7										
26	608.2918	1.531397	408.5	16.6	80	6.7	6.7										
27	603.9693	1.801468	460.1	11.0	80	6.7	6.9	7.8	116.9	88.0	1318.3	10.1	151.3	30.0	449.4	26.2	
28	571.7260	1.592779	434.3	12.5	84	6.8	6.9					12.9	170.9	50.0	662.3		
29	545.9780	1.719332	391.3	11.7	86	6.7	6.9										
30	584.9970	1.342278	249.4	8.6	86	6.7	6.9										
31		0.726369	47.3	2.0	91	6.7	6.8										
TOT	9960.3114	34.495403	6570.4	211.9					714.8		3569.1		1100.0		4791.2		
AVG	585.9007	1.112755	252.7	8.2	85			17.5	238.3	86.0	1189.7	13.3	183.3	58.3	798.5	27.3	464.2

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	01	01	TO	2004	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.112755	1.801468						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				464.2	464.2	464.2		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1189.7	1318.3		76.7	86.0	93.3		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	238.2	345.2		7.8	17.5	24.3		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	183.3	235.8		10.1	13.3	16.6		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	798.5	1136.5		30.0	58.3	80.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				21.4	27.3	34.2		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY:

LOCATION:

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	01	01	TO	2004	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					85	93	° F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			-	-
pH	SAMPLE MEASUREMENT				6.6		8.4	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			-	-
TOTAL COPPER	SAMPLE MEASUREMENT					11.0	11.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			-	-
TOTAL ZINC	SAMPLE MEASUREMENT					299.0	299.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			-	-
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance

TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of February 2004

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1		0.779371	125.0	2.7	76	6.7	6.8										
2	592.0125	1.343618	296.7	9.3	81	6.7	6.8										
3	554.0913	1.609239	494.5	10.5	83	6.7	7.0										
4	607.1478	1.663352	451.5	11.4	81	6.6	6.9	45.6	630.8	158.0	2185.5	11.2	154.9	70.0	968.3	34.1	
5	618.7470	1.619001	498.8	10.7	81	6.7	6.9					13.0	175.0	90.0	1211.7		
6	616.8620	1.532700	395.6	9.3	89	6.8	6.9										
7		0.701139	180.6	4.2	90	6.8	6.9										
8		0.675669	94.6	4.1	75	6.7	6.8										
9	597.7755	1.640953	369.8	10.5	83	6.7	6.8										
10	619.1208	1.883306	485.9	10.7	84	6.8	7.2	7.7	120.6	84.7	1326.5	10.6	166.0	80.0	1252.9	24.4	
11	618.2985	2.001037	412.8	10.6	85	6.7	7.1					12.4	206.3	90.0	1497.7		
12	624.6625	1.898483	382.7	11	82	6.7	7.0										
13	575.5935	1.782007	391.3	10.5	84	6.7	6.9										
14	603.2030	1.502243	391.3	8.3	85	6.7	6.8										
15		0.640036	176.3	4.4	89	6.7	6.8										
16		0.832818	154.8	4.3	77	6.7	6.7										
17	570.6395	1.382584	326.8	9.9	82	6.7	7.0										
18	535.7560	1.488173	434.3	10.5	86	6.7	7.0	8.8	108.9	89.3	1105.1	13.3	164.6	90.0	1113.8	24.6	418.0
19	539.7920	1.401327	387.0	11.4	86	6.7	6.8					15.9	185.3	80.0	932.3		
20	542.9633	1.598035	378.4	10.5	85	6.7	6.8										
21	605.1978	1.448577	292.4	8.5	86	6.7	6.8										
22		1.065174	193.5	6.4	85	6.7	6.7										
23	575.1815	1.402556	339.7	9.8	86	6.7	6.9										
24	616.4170	1.544295	460.1	12.4	87	6.7	6.8										
25	582.5323	1.470174	421.4	11.4	86	6.7	6.8	14.7	179.7	94.0	1149.2	14.7	179.7	90.0	1100.3	34.2	
26	613.4158	1.595088	442.9	11.2	84	6.7	6.8					13.0	172.4	80.0	1061.2		
27	621.1250	1.480876	348.3	9.7	86	6.7	7.0										
28		0.582171	73.1	2.2	92	6.7	6.8										
29		0.884738	176.3	5.5	81	6.7	6.7										
TOT	12430.5346	39.448740	9576.4	251.9					1040.0		5766.3		1404.2		9138.2		
AVG	591.9302	1.360301	330.2	8.7	84			19.2	260.0	106.5	1441.6	13.0	175.5	83.8	1142.3	29.3	418.0

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	02	01	TO	2004	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.360301	2.001037						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				418.0	418.0	418.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1441.6	2185.5		84.7	106.5	158.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	260.0	630.8		7.7	19.2	45.6		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	175.5	206.3		10.6	13.0	15.9		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1142.3	1497.7		70.0	83.8	90.0		0	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				24.4	29.3	34.2		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	02	01	TO	2004	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					84	92	°F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.6		7.2	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					< 10.0	< 10.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					206.0	206.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of March 2004

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	614.5038	1.440026	279.5	9.5	94	6.7	7.3										
2	607.1623	1.666700	399.9	10.4	92	6.7	7.3										
3	633.7785	1.701594	434.3	10.8	91	6.7	7.2	15.0	212.3	97.3	1376.8	13.8	195.3	90.0	1273.5	32.4	
4	607.1473	1.535777	399.9	12.5	92	6.7	7.1					14.5	185.2	80.0	1021.7		
5	598.4328	1.571580	369.8	9.0	89	6.7	6.9										
6		0.708781	129.0	3.3	85	6.7	6.8										
7		1.123496	189.2	6.4	75	6.7	6.8										
8	620.0680	1.449102	395.6	10.0	85	6.7	6.8										
9	616.1173	1.668989	421.4	13.2	88	6.7	7.5	19.1	265.1	106.0	1471.2	15.3	212.4	80.0	1110.3	31.7	480.3
10	562.6875	1.653980	485.9	13.9	88	6.7	7.5					13.5	185.7	90.0	1237.9		
11	630.6543	1.827494	455.8	12.3	86	6.7	7.0										
12	575.8720	1.451493	335.4	8.5	88	6.7	6.8										
13		0.500395	73.1	2.1	90	6.7	6.7										
14		1.219120	193.5	5.0	78	6.7	6.7										
15	606.8628	1.705231	344.0	10.5	88	6.7	6.8										
16	602.7983	1.660952	451.5	12.5	90	6.5	6.8	4.9	67.7	68.0	939.2	10.6	146.4	90.0	1243.1	25.9	
17	602.7650	1.813473	412.8	11.1	88	6.7	6.8					12.7	191.5	90.0	1357.3		
18	602.3630	1.764176	503.1	12.4	88	6.7	6.8										
19	573.6963	1.625830	387.0	11.1	100	6.7	6.8										
20		0.579827	25.8	0.9	85	6.7	6.7										
21		0.694193	141.9	5.1	78	6.7	6.7										
22	600.5668	1.453031	288.1	12.2	90	6.7	6.7										
23	536.3785	1.617885	387.0	11.4	88	6.7	6.7										
24	602.0645	1.737134	425.7	12.1	88	6.7	6.9	25.3	365.5	107.3	1550.1	12.1	174.8	80.0	1155.7	25.1	
25	568.7380	1.967232	447.2	12.0	88	6.7	6.8					10.3	168.5	80.0	1308.8		
26	563.0068	1.686154	296.7	10.0	88	6.7	6.8										
27		0.647948	94.6	2.6	90	6.8	6.8										
28		0.602626	137.6	4.6	76	6.7	6.7										
29	614.3528	1.406001	331.1	11.0	88	6.7	6.9										
30	601.1125	1.626769	352.6	10.9	89	6.7	7.1	15.8	213.7	112.7	1524.6	12.3	166.4	60.0	811.7	26.4	
31	591.9393	1.836910	322.5	11.8	88	6.8	6.9					13.3	203.2	80.0	1222.1		
TOT	13733.0684	43.943899	9911.5	289.1					1124.3		6861.9		1829.4		11742.1		
AVG	597.0899	1.417545	319.7	9.3	87			16.0	224.9	98.3	1372.4	12.8	182.9	82.0	1174.2	28.3	480.3

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	03	01	TO	2004	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.417545	1.967232						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				480.3	480.3	480.3		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1372.4	1550.1		68.0	98.3	112.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	224.9	365.5		4.9	16.0	25.3		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	182.9	212.4		10.3	12.8	15.3		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1174.2	1357.3		60.0	82.0	90.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				25.1	28.3	32.4		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	03	01	TO	2004	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					87	100		1	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	° F			
pH	SAMPLE MEASUREMENT				6.5		7.5		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6	STD/UNITS			
TOTAL COPPER	SAMPLE MEASUREMENT					52.0	52.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L			
TOTAL ZINC	SAMPLE MEASUREMENT					206.0	206.0		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance

TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

StarKist Seafood, Inc.

P.O. Box 368
Pago Pago, Tutuila Island
American Samoa 96799

Telephone: 684 644-1835
Facsimile: 684 644-2440

July 27, 2004

Mr. Carl L. Goldstein
U. S. EPA Region 9
Pacific Insular Area Program (CMD-5)
75 Hawthorne Street
San Francisco, CA 94105

Mr. Peter Pershut,
Director, ASEPA
Office of the Governor
EOB Utulei, American Samoa 96799

Gentlemen :

Re : **Discharge Monitoring Report for the Months of April, May and June of 2004, under NPDES No . AS0000019 as issued to Star Kist Samoa, INC.**

Attached is the Star Kist Samoa's Discharge Monitoring Reports covering the months of April, May and June of 2004.

Star Kist Samoa met all Effluent limits except for the Temperature and Total Copper.

The Temperature exceeded the 95°F Daily Maximum Limit on June 25, 2004.

The Operators were retrained again on the recently installed Engineering changes that have been implemented to correct the Temperature exceedence problem.

The Total Copper exceeded the Maximum Limit for the month of April. This was caused by an accidental spill of Copper Sulfite which made its way to the Waste Water Treatment Plant. This was a one time occurance.

Sincerely

Lance Ihaka
Manager , Engineering and Maintenance

LI \ ls : \ npdes \samoa
Attachments :
cc : Mr. Alan Ota
Mr. Tim Ruby, Environmental Water Manager Del Monte Foods, DMRC.
Mr. Phil Thirkell

Wastewater Summary Report for the month of April 2004

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	604.5713	1.752466	369.8	13.1	86	6.8	6.9										
2	588.6750	1.655982	322.5	12.5	86	6.8	6.9										
3		0.555355	116.1	4.8	90	6.7	6.8										
4		0.738816	154.8	6.6	77	6.7	6.7										
5	578.8233	1.341540	253.7	14.3	89	6.7	6.7										
6	593.5388	1.718268	460.1	15.6	87	6.7	7.1	36.7	524.4	152.0	2171.9	14.1	201.5	80.0	1143.1	20.2	
7	580.9478	1.703828	417.1	16.1	87	6.8	6.9					14.3	202.6	80.0	1133.5		
8	583.4108	1.646067	331.1	12.7	86	6.8	6.8										
9		0.702320	90.3	2.5	89	6.8	6.8										
10		0.325130	43.0	1.3	78												
11		0.799680	73.1	2.8	76	6.7	6.7										
12	601.5201	1.575911	313.9	14.8	84	6.7	6.7										
13	595.6330	1.783713	447.2	17.3	87	6.7	7.3	10.6	157.2	60.7	900.4	12.4	183.9	80.0	1186.7	24.1	366.0
14	595.5133	1.787449	455.8	14.8	86	6.7	6.8					13.9	206.6	80.0	1189.2		
15	595.7230	1.475496	309.6	13.0	86	6.7	6.7										
16		0.673075	141.9	5.9	87	6.7	6.7										
17		0.447912	60.2	3.2	76	6.7	6.7										
18		0.696480	116.1	5.0	78	6.7	6.7										
19	581.2403	1.361845	318.2	13.4	86	6.7	6.7										
20	580.5673	1.519634	421.4	13.9	85	6.7	6.8										
21	593.9813	1.588489	430.0	15.0	88	6.7	6.9	15.5	204.8	69.3	915.4	14.1	186.3	60.0	792.6	30.4	
22	601.4205	1.689830	412.8	14.8	88	6.8	6.9					13.3	186.9	80.0	1124.2		
23	574.8015	1.439665	326.8	13.0	87	6.7	6.9										
24		0.554619	86.0	3.7	90	6.7	6.7										
25		0.534662	141.9	5.7	77	6.7	6.7										
26	588.4745	1.536275	313.9	13.3	84	6.7	6.8										
27	562.8845	1.694056	455.8	15.2	85	6.7	6.9	30.4	428.3	128.7	1813.1	11.7	164.8	80.0	1127.0	25.9	
28	596.1620	1.448296	339.7	13.5	85	6.7	6.9					14.9	179.5	70.0	843.1		
29	576.8325	1.660238	318.2	13.1	85	6.7	6.8										
30	588.4545	1.293151	184.9	9.7	86	6.7	6.8										
TOT	11763.1753	37.700248	8225.9	320.6					1314.7		5800.8		1512.1		8539.4		
AVG	588.1588	1.256675	274.2	10.7	85			23.3	328.7	102.7	1450.2	13.6	189.0	76.3	1067.4	25.2	366.0

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 366

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) AS0000019 PERMIT NUMBER

(17-19) 001 DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	04	01	TO	2004	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.256675	1.787449						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				366.0	366.6	366.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		"	"
TSS	SAMPLE MEASUREMENT	1450.2	2171.9		60.7	102.7	152.0		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		"	"
OIL & GREASE	SAMPLE MEASUREMENT	328.7	524.4		10.6	23.3	36.7		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		"	"
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	189.0	206.6		11.7	13.6	14.9		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		"	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	1067.4	1189.2		60.0	76.3	80.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		"	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				20.2	25.2	30.4		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

FACILITY:

LOCATION:

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	04	01	TO	2004	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					85	90	° F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.7		7.3	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					346	346	µg/L	2	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					182	182	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of May 2004

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1		0.607056	64.5	2.5	89	6.7	6.7										
2		0.686441	103.2	4.5	81	6.7	6.8										
3	532.9400	1.565211	258.0	12.8	88	6.7	6.8										
4	515.0443	1.597291	283.8	12.6	88	6.7	6.7										
5	532.3060	1.269893	352.6	15.1	90	6.7	6.9	12.1	127.8	84.0	887.1	14.1	148.9	90.0	950.4	28.7	
6	503.4190	1.317070	283.8	12.8	88	6.7	6.9					11.6	127.1	80.0	876.2		
7	493.5010	1.245740	249.4	10.5	91	6.7	6.8										
8		0.584467	68.8	2.9	91	6.7	6.7										
9		0.773228	133.3	5.1	78	6.7	6.7										
10	526.3180	1.595106	296.7	12.5	89	6.7	6.8										
11	614.6060	1.393765	270.9	14.0	90	6.7	6.8	27.0	312.9	105.3	1220.5	10.8	125.2	70.0	811.3	26.0	
12	595.0215	1.282828	296.7	12.0	88	6.7	6.9					12.0	128.0	80.0	853.4		459.8
13	590.9133	1.588061	292.4	14.4	88	6.7	6.8										
14	606.6428	1.360505	236.5	11.4	91	6.7	6.8										
15		0.587673	64.5	2.6	90	6.7	6.8										
16		0.641381	68.8	3.3	77	6.7	6.7										
17	594.5968	1.434047	301.0	12.8	87	6.7	6.8										
18	594.0330	1.527674	421.4	13.2	90	6.8	6.8										
19	604.0453	1.535976	352.6	14.9	90	6.6	7.2	55.3	706.4	230.7	2946.8	12.8	163.5	80.0	1021.9	23.5	
20	623.1368	1.539848	365.5	14.7	88	6.8	7.1					12.8	163.9	80.0	1024.4		
21	608.8778	1.703236	412.8	13.7	85	6.9	7.0										
22	607.4965	1.453727	313.9	9.5	88	6.7	6.9										
23		0.980370	223.6	8.3	88	6.7	6.8										
24	521.5710	1.359203	322.5	9.0	82	6.7	6.8										
25	553.4820	1.775860	369.8	13.5	82	6.7	6.8										
26	615.8695	1.792246	352.6	14.6	84	6.7	7.0	3.4	50.7	74.0	1102.9	11.0	163.9	60.0	894.3	30.2	
27	622.3743	1.617734	322.5	12.9	88	6.7	6.9					12.9	173.5	40.0	538.1		
28	594.3988	1.195955	163.4	8.3	90	6.7	6.8										
29		0.635701	38.7	1.8	95	6.7	6.8										
30		0.322559	30.1	1.9	79	6.7	6.7										
31		0.811865	154.8	6.3	78	6.7	6.8										
TOT	12050.5937	37.781717	7469.1	304.4					1197.8		6157.3		1194.0		6472.4		
AVG	573.8378	1.218765	240.9	9.8	87			24.5	299.5	123.5	1539.3	12.3	149.3	72.5	809.1	27.1	459.8

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	05	01	TO	2004	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.218765	1.792246						0	Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				459.8	459.8	459.8		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1539.3	2946.8		74.0	123.5	230.7		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	299.5	706.4		3.4	24.5	55.3		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	149.3	173.5		10.8	12.3	14.1		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	809.1	1024.4		40.0	72.5	90.0		0	One Set/Month (3)	
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				23.5	27.1	30.2		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		"	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 month and 5 years)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
AS0000019	001

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	05	01	TO	2004	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					87	95	° F	0	Continuous	Continuous
	PERMIT REQUIREMENT					90	95			"	"
pH	SAMPLE MEASUREMENT				6.6		7.2	STD/UNITS	0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6			"	"
TOTAL COPPER	SAMPLE MEASUREMENT					15	15	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108			" "	"
TOTAL ZINC	SAMPLE MEASUREMENT					351.0	351.0	µg/L	0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770			" "	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY

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

Wastewater Summary Report for the month of June 2004

Date	Production Tons	Flow mgd	Alum #/day	Poly #/day	Max Temp F	pH Limits Lo	pH Limits Hi	Oil &Grease Eff mg/l	Oil &Grease Total #/day	TSS Eff mg/l	TSS Total #/day	TP Eff mg/l	TP Total #/day	TN Eff mg/l	TN Total #/day	Total Ammonia Eff mg/l	BOD Eff mg/l
1	614.9315	1.394142	313.9	13.3	86	6.7	6.8										
2	572.3853	1.410914	352.6	13.1	88	6.7	6.8										
3	562.8760	1.304211	382.7	14.7	91	6.7	6.8	16.9	183.3	78.0	846.0	13.8	149.7	60.0	650.7	37.7	
4	561.0523	1.366476	387.0	13.3	92	6.8	6.8					11.6	131.8	40.0	454.5		
5	587.3255	1.152461	219.3	8.1	86	6.7	6.8										
6		0.844624	98.9	4.2	91	6.7	6.7										
7	609.4868	1.262541	262.3	8.7	88	6.7	6.7										
8	284.0973	1.081139	352.6	12.4	94	6.6	6.7										
9	630.4870	1.457154	361.2	13.4	92	6.7	7.1	17.6	213.3	68.0	824.0	11.3	136.9	70.0	848.2	35.8	408.0
10	643.2635	1.462567	412.8	14.2	90	6.6	6.8					11.7	142.3	70.0	851.4		
11	632.1768	1.255239	296.7	11.2	94	6.7	6.7										
12		0.636813	163.4	3.9	95	6.7	6.7										
13		0.741869	227.9	5.9	76	6.7	6.7										
14	623.3298	1.331593	374.1	11.4	89	6.7	6.8										
15	604.9643	1.607137	447.2	13.2	89	6.7	7.2	19.6	262.0	153.8	2055.5	13.8	184.4	50.0	668.2	25.2	
16	600.8888	1.458685	434.3	14.2	90	6.5	6.9					13.6	165.0	80.0	970.4		
17	616.8983	1.661520	382.7	12.3	88	6.7	6.8										
18	615.9673	1.313998	258.0	8.1	92	6.7	6.7										
19		0.535323	55.9	2.2	89	6.7	6.8										
20		0.734731	124.7	4.4	79	6.7	6.7										
21	617.0945	1.316137	227.9	11.3	87	6.7	6.7										
22	645.0065	1.611744	344.0	10.7	85	6.7	6.7										
23	635.6080	1.761326	382.7	14.5	88	6.7	7.0	6.8	99.6	64.0	937.4	13.0	190.4	70.0	1025.3	42.8	
24	650.0155	1.687641	292.4	14.6	88	6.7	7.0					12.7	178.2	60.0	842.1		
25	633.5143	1.534284	236.5	11.1	98	6.7	6.7										
26		0.564164	43.0	2.4	88	6.7	6.8										
27		0.868078	159.1	6.4	79	6.7	6.8										
28	606.8805	1.409531	258.0	11.8	90	6.7	6.7										
29	597.6180	1.442115	339.7	14.7	92	6.7	6.8	27.7	332.2	121.0	1451.1	12.9	154.7	60.0	719.6	30.4	
30	596.8850	1.551244	361.2	14.1	92	6.7	6.7					12.4	160.0	40.0	516.0		
TOT	13742.7528	37.759401	8552.7	313.8					1090.4		6114.0		1593.4		7546.4		
AVG	597.5110	1.258647	285.1	10.5	89			17.7	218.1	97.0	1222.8	12.7	159.3	60.0	754.6	34.4	408.0

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

NAME STAR KIST SAMOA, Inc

ADDRESS P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2004	06	01	TO	2004	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW	SAMPLE MEASUREMENT	1.258647	1.761326							Continuous	Recorder
	PERMIT REQUIREMENT		2.9	mgd						"	"
BOD5	SAMPLE MEASUREMENT				408.0	408.0	408.0		0	Once/Month	Composite
	PERMIT REQUIREMENT				N/A	N/A	N/A	mg/l		" "	"
TSS	SAMPLE MEASUREMENT	1222.8	2055.5		64.0	97.0	153.8		0	Once/Week	Composite
	PERMIT REQUIREMENT	2996	7536	lbs/day	N/A	N/A	N/A	mg/l		" "	"
OIL & GREASE	SAMPLE MEASUREMENT	218.1	332.2		6.8	17.7	27.7		0	Once/Week	Grab (2)
	PERMIT REQUIREMENT	763	1907	lbs/ day	N/A	N/A	N/A	mg/l		" "	" "
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	159.3	190.4		11.3	12.7	13.8		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	192	309	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL NITROGEN	SAMPLE MEASUREMENT	754.6	1025.3		40.0	60.0	80.0		0	One Set/Month (3)	Composite
	PERMIT REQUIREMENT	1200	2100	lbs/day	N/A	N/A	N/A	mg/l		" "	"
TOTAL AMMONIA	SAMPLE MEASUREMENT				25.2	34.4	42.8		0	Once/Week	Composite
	PERMIT REQUIREMENT				N/A	N/A	133	mg/l		" "	"

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

LANCE IHAKA
Manager, Engineering and Maintenance

TYPE OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME: STAR KIST SAMOA, Inc

ADDRESS: P. O. BOX 368

PAGO PAGO AMERICAN SAMOA 96799

FACILITY

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NATIONAL POLLUTANT DISCHARGE SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 3-31-88

(2-16)	(17-19)
AS0000019	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2004	06	01	TO	2004	06	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) 30-DAY AVERAGE	(54-61) DAILY MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE	SAMPLE MEASUREMENT					89	98		1	Continuous	Continuous
	PERMIT REQUIREMENT					90	95	° F		"	"
pH	SAMPLE MEASUREMENT				6.5		7.2		0	Continuous	Continuous
	PERMIT REQUIREMENT				6.5		8.6	STD/UNITS		"	"
TOTAL COPPER	SAMPLE MEASUREMENT					10	10		0	Once/Month	Composite
	PERMIT REQUIREMENT					66	108	µg/L		"	"
TOTAL ZINC	SAMPLE MEASUREMENT					190	190		0	Once/Month	Composite
	PERMIT REQUIREMENT					1545	1770	µg/L		"	"
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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LANCE IHAKA
Manager, Engineering and Maintenance
TYPE OR PRINTED

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

The temperature exceeded the 95 °F Daily Maximum Limit on June 25, 2004