METRO

Waste Discharge Self Monitoring Report

Mail to: Metro, Industrial Waste
130 Nickerson St., Suite 200,
Seattle, WA 98109-1658

Company Name Alaskan Copper Works Month April 19 94 No. of Employees (per day) Average _____ Maximum _____

Permit No. 7201 Station No. _____ Site No. _____ All units mg/l unless otherwise noted Industry Type _____

Sample Dates (circle)	Sample Type C (composite) or G (grab)	pH Min	pH Max	Cadmium, Cd	Chromium, Cr	Copper, Cu	Lead, Pb	Mercury, Hg	Nickel, Ni	Silver, Ag	Zinc, Zn	Cyanide, CN,A	Cyanide, CN,T	Fats, Oils and Grease (FOG)	Total Toxic Organics (TTO)	Other Parameters				Flow (GPD) Total	Flow (GPD) Industrial	Flow (GPD) Specify	Notes
1																							
2																							
3																							
4																							
5																							
6																							
7																							
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28																							
29																							
30																							
31																							
Min.																							
Max.																							
Average																							

Not in use this month

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive or Authorized Agent _____ Date _____

Please circle all permit violations

Additional Comments _____

1330 (Rev. 8/92)

AKC-0013278

METRO

Waste Discharge Self Monitoring Report

Mail to: Metro, Industrial Waste
130 Nickerson St., Suite 200,
Seattle, WA 98109-1658

Company Name Alaskan Copper Works Month April 19 94 No. of Employees (per day) Average _____ Maximum _____

Permit No. 7238 Station No. _____ Site No. _____ All units mg/l unless otherwise noted Industry Type _____

Sample Dates (circle)	Sample Type C (composite) or G (grab)	pH Min	pH Max	Cadmium, Cd	Chromium, Cr	Copper, Cu	Lead, Pb	Mercury, Hg	Nickel, Ni	Silver, Ag	Zinc, Zn	Cyanide, CN,A	Cyanide, CN,T	Fats, Oils and Grease (FOG)	Total Toxic Organics (TTO)	Other Parameters				Flow (GPD) Total	Flow (GPD) Industrial	Flow (GPD) Specify	Notes
1		10.7	11.0																	22,345	2975		
2																					—		
3																					—		
4		10.6	11.0																	21,648	2278		
5	G	10.9	11.1		.88	.58			.75		.05									22,533	3163		
6	C	10.9	11.0		1.4	.87			1.2		.10									21,693	2323		
7		10.4	10.8																	22,892	3522		
8		9.7	10.8																	23,262	3892		
9		10.2	10.2																	22,603	3233		
10																					—		
11		10.2	10.7																	20,126	756		
12		9.9	10.3																	22,007	2637		
13		10.4	10.9																	21,296	1926		
14		10.5	11.2																	20,996	1626		
15		10.5	10.7																	20,519	1149		
16																					—		
17																					—		
18		10.5	11.6																	22,348	2978		
19		11.4	11.5																	21,142	1772		
20		10.3	11.3																	21,343	1973		
21	C	11.1	11.3																	22,094	2724		
22		10.4	11.0		1.9	1.7			1.8		.30									22,322	2952		
23		12.0	12.0																	22,069	2699		
24																					—		
25		11.0	11.6																	21,761	2391		
26		10.4	11.0																	21,979	2609		
27		9.8	10.7																	21,573	2203		
28		9.7	10.7																	21,995	2625		
29		9.1	11.9																	21,246	1876		
30																					—		
31																							
Min.		9.1																					
Max.			12.0																				
Average		10.5	11.0																				

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive or Authorized Agent _____ Date _____

Please circle all permit violations

Additional Comments _____

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AKC-0013279