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 March 1994 No. of Employees (per day) Average _____ Maximum _____

Permit No. _____ 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		10.8	10.9																	22444	3074		
2		9.8	10.8																	22308	2938		
3		9.9	11.1																	21343	1973		
4	C	10.0	10.7		.85	1.2			.71		.31									22031	2661		
5																					—		
6																					—		
7		9.5	10.2																	22715	3345		
8		9.4	10.3																	22665	3295		
9		9.3	11.0																	21480	2110		
10		8.6	9.4																	22368	2998		
11		8.9	11.5																	22884	3514		
12																					—		
13																					—		
14		7.8	10.5																	22175	2805		
15		8.7	12.0																	22388	3018		
16		8.1	12.0																	21969	2599		
17		10.4	11.7																	22611	3241		
18		10.3	10.9																	21592	2222		
19																					—		
20																					—		
21		9.3	10.3																	22416	3046		
22		8.9	9.5																	21822	2452		
23	C	9.2	9.7		.91	1.0			.74		.09									21356	1986		
24		9.6	10.2																	22231	2861		
25		9.3	10.1																	22077	2707		
26																					—		
27																					—		
28		8.7	10.1																	22606	3236		
29		11.1	12.2																	22080	2710		
30		10.6	10.8																	21937	2567		
31		10.1	10.7																	22242	2872		
Min.																							
Max.																							
Average																							

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 4/7/94

Please circle all permit violations

Additional Comments _____

1330 (Rev. 8/92)

AKC-0013310

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Not in use this month

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Signature of Principal Executive or Authorized Agent

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Additional Comments _____

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AKC-0013311