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 February 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		10.4	10.9																		3307		
2		10.6	11.3																		2715		
3		10.3	11.1																		1935		
4		8.8	11.5																		1622		
5																					—		
6																					—		
7		10.3	11.3																		2482		
8		11.1	11.2																		2743		
9	C	10.1	10.9		.95	2.1			1.6		.3										2280		
10		10.1	10.8																		2173		
11		10.2	10.3																		2209		
12		9.3	9.8																		2288		
13																					—		
14		10.0	11.1																		738		
15		9.8	10.2																		3029		
16		9.5	9.6																		3359		Fire Sprinkler system
17		8.9	11.5																		2021		malfunction - water activated
18		11.0	11.2																		2419		alarm ran over for 2½ hrs.
19																					—		
20																					—		
21		10.0	10.9																		1961		
22		10.6	11.2																		3121		
23		10.8	11.7																		2404		
24	C	10.7	11.9		2.4	3.0			2.0		.17										2576		
25		10.7	10.9																		2602		
26																					—		
27																					—		
28		10.1	11.2																		2653		
29																							
30																							
31																							
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.

James Brown 3/14/94
Signature of Principal Executive or Authorized Agent Date

Please circle all permit violations

Additional Comments _____

1330 (Rev. 8/92)

AKC-0013337

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 February 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
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NOT IN USE

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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 3/14/94

Please circle all permit violations

Additional Comments _____

AKC-001333