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: August 19 93 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																					—		
2		10.1	11.0																		434		
3		11.0	11.1																		3007		
4		10.3	10.9																		2408		
5		10.3	10.4																		1907		
6		8.7	10.8																		1645		
7																					—		
8																					—		
9		9.5	10.0																		2134		
10		9.5	10.0																		2312		
11		9.9	10.4																		1787		
12		9.6	10.9																		2083		
13	C	8.9	10.8		0.5	0.3			0.5		0.2										1981		
14																					—		
15																					—		
16		9.2	10.1																		1487		
17		8.6	10.3																		2773		
18		9.6	10.7																		1865		
19		10.7	11.0																		2356		
20		10.2	10.7																		2060		
21																					—		
22																					—		
23		9.6	10.8																		1853		
24		9.5	11.6																		2217		
25		9.9	11.7																		1980		
26		9.6	10.9																		2997		
27	C	10.7	10.8		.81	.40			.57		.17										2120		
28																					—		
29																					—		
30		10.0	11.4																		2192		
31		7.9	10.9																		2139		
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 9/8/93

Please circle all permit violations

Additional Comments: ____

1330 (Rev. 8/92)

AKC-0013536

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 August 19 93 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																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
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 9/8/93

Please circle all permit violations

Additional Comments _____

1330 (Rev. 8/92)

AKC-0013537