NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	TO	08	04	30

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	TO	08	04	30

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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ADDRESS: ANUA
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FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	05	01	TO	08	05	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	05	01	TO	08	05	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

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PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	06	01	TO	08	06	30

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	06	01	TO	08	06	30

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

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LOCATION: ANUA
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ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	08	01	TO	08	08	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	08	01	TO	08	08	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	09	01	TO	08	09	30

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	09	01	TO	08	09	30

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	10	01	TO	08	10	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	10	01	TO	08	10	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	11	01	TO	08	11	30

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	12	01	TO	08	12	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	******	******		******						
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	90 30DA AVG	95 DAILY MX	deg F		Continuous	CONTIN
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				******	******	******				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	******	******	******			Weekly	COMP24
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.6 MAXIMUM	SU		Continuous	CONTIN
Solids, total suspended	SAMPLE MEASUREMENT				******	******	******				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3960 MO AVG	9960 DAILY MX	lb/d	******	******	******			Weekly	COMP24
Nitrogen, total (as N)	SAMPLE MEASUREMENT				******	******	******				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	1200 MO AVG	2100 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT				******						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2016 MO AVG	4045 DAILY MX	lb/d	******	83.36 30DA AVG	167.26 DAILY MX	mg/L		Weekly	COMP24
Phosphorus, total (as P)	SAMPLE MEASUREMENT				******	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	192 MO AVG	309 DAILY MX	lb/d	******	******	******			Twice Per Week	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	12	01	TO	08	12	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001/MONTHLY
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil and grease	SAMPLE MEASUREMENT				******	******	******				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	1008 MO AVG	2520 DAILY MX	lb/d	******	******	******			Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******			Continuous	METER

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: STAR-KIST SAMOA, INC
ADDRESS: ANUA
PAGO PAGO, AS 96799

FACILITY: STAR-KIST SAMOA TUNA CANNERY
LOCATION: ANUA
PAGO PAGO, AS 96799

ATTN:MR. JOE CARNEY

AS0000019	001S
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	**TO**	08	12	31

DMR MAILING ZIP CODE: 96799
MAJOR

DISCHARGE 001S/SEMIANNUAL
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT				******						
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	27.52 MO AVG	55.24 DAILY MX	lb/d	******	1138 30DA AVG	2284 DAILY MX	ug/L		Semiannual	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT				******						
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.41 MO AVG	2.84 DAILY MX	lb/d	******	58.42 30DA AVG	117.2 DAILY MX	ug/L		Semiannual	COMP24
Mercury, total recoverable	SAMPLE MEASUREMENT				******						
71901 1 0 Effluent Gross	PERMIT REQUIREMENT	.04 MO AVG	.11 DAILY MX	lb/d	******	1.8 30DA AVG	4.72 DAILY MX	ug/L		Semiannual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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