PERMITTEE NAME/ADDRESS:
NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2040-0004

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL

FACILITY: JOHN M. ASPLUND WWTF----301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD
FROM 05 | 02 | 01 TO 05 | 02 | 28

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******	****	******	******	**11.3**	(04)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	**11.8**	(04)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	**4.2**	******	******	(19)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	******	******	****	REPORT MO MIN	******	******	MG/L		FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	**53751**	******	(26)	******	**227**	******	(19)	N/A	FOUR/ WEEK 1)	COMP24
	PERMIT REQUIREMENT	REPORT MO AVG	******	LBS/DY	******	REPORT MO AVG	******	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	**48705**	(26)	******	******	**204**	(19)	0	FOUR/ WEEK 1)	COMP24
	PERMIT REQUIREMENT	******	90100 DAILY MX	LBS/DY	******	******	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**34882**	**39402**	(26)	******	**148**	**168**	(19)	0	FOUR/ WEEK 1)	COMP24
	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	******	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
PH 00400 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	******	******	****	**7.2**	******	**7.6**	(12)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	******	******	****	REPORT MINIMUM	******	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
J. Kris Warren **Manager, Treatment Division**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between months and 5 years.)	(907)564-2799	05/03/09
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
BOD tests for 2/21/05 judged invalid due to lab error. Extra test was run the preceding week.

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MAR 15 2005
U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

Forms by WindowChem(707)884-0845;p/n11090;v5.01;4/1/96. Rev. 1/05, BN

PCS 04/01/05

PERMITTEE NAME/ADDRESS:
NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No. 2040-0004

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL

FACILITY: JOHN M. ASPLUND WWTF----301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD
FROM 05 | 02 | 01 TO 05 | 02 | 28

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	******	******	****	7.1	******	7.3	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	56795	******	(26)	******	240	******	(19)	N/A	FOUR/ WEEK 1)	COMP24
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	******	LBS/DAY	******	REPORT MO AVG	******	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	12415	(26)	******	******	52	(19)	0	FOUR/ WEEK 1)	COMP24
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	57000 DAILY MX	LBS/DAY	******	******	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10665	11221	(26)	******	45	46	(19)	0	FOUR/ WEEK 1)	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	******	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******	****	******	19.6	******	(19)	N/A	ONCE/ MONTH	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	******	MG/L	N/A	ONCE/ MONTH	COMP24
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	******	******	****	******	37	******	(30)	0	THREE/ WEEK	GRAB
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	850 MO GEO	******	MPN/ 100ML		THREE/ WEEK	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	28.366	******	(03)	******	******	******	****	N/A	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	******	MGD	******	******	******	****		CONTIN UOUS	RCORDR

J. Kris Warren
Manager, Treatment Division
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

J Kris Warren
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (907)564-2799
AREA CODE NUMBER

DATE: 05/03/09
YEAR MO DAY

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COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
One TSS test was missed the week of 2/13-19/2005. Extra test was run the following week.

Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96. Rev. 1/05, BN

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ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
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AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL

FACILITY: JOHN M. ASPLUND WWTF----301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD
FROM 05 | 02 | 01 TO 05 | 02 | 28

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******	****	******	******	**0.6**	(19)	0	EVERY 3 HRS	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******	****	**35**	******	******	(23)	N/A	ONCE/ MONTH	CALCTD
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	****	REPORT MO AVG	******	******	PER-CENT	N/A	ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******	****	**81**	******	******	(23)	N/A	ONCE/ MONTH	CALCTD
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	****	REPORT MO AVG	******	******	PER-CENT	N/A	ONCE/ MONTH	CALCTD

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Whole Effluent Toxicity Test Report from February testing enclosed.

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