

GUAM POWER AUTHORITY ATURIDÅT ILEKTRESEDÅT GUAHAN P.O. BOX 2977 HAGÅTÑA, GUAM U.S.A. 96932-2977

December 20, 2018

AMENDMENT NO.: VIII

ТО

INVITATION FOR MULTI-STEP BID NO.: GPA-034-18

FOR

BUILD, OPERATE & TRANSFER CONTRACT FOR 180MW OF NEW GENERATION CAPACITY STEP 2 – TECHNICAL SPECIFICATIONS

Step 1 Qualified Bidders are hereby notified of the following changes, inclusions and responses to inquiries received from the following:

CHANGES:

Bidders shall submit Envelope II with the exception of their Fixed Capacity Charge (Form 15.2) which shall be submitted separately in Envelope III as indicated in the below milestones. Envelope II must be submitted as indicated in the below milestone and cannot be changed or revised afterward. Failure to follow this requirement will result in disqualification. Bidders must submit a written statement to GPA Procurement Office that they understand and will conform to this requirement upon received of this amended milestones.

Table 12.1: Procurement and Development Milestones

Milestone No.	Milestones	Durations	Cumulative Duration	Expected Completion	
1	IFB Issued to Potential Bidders			10/1/2018	
2	Pre-Bid Meeting with Bidders	1	1	11/5/2018	
3	Site Visit	1	2	11/6/2018 9:00 A.M.	
4	Cut-Off Date for Receipt of Questions	1	3	12/19/2018 5:00 P.M.	
	STEP 2 - TECHNICAL PROPOSAL EVALUATION				

Milestone No.	Milestones	Durations	Cumulative Duration	Expected Completion		
5	Bid Date - Envelope I and II with exception of Fixed Cap Charge submitted to GPA.	113	116	2/19/2019 4:00 P.M. (Guam Standard Time)		
6	Complete Evaluation of Technical Proposals & Notify Bidders	45	161	4/5/2019		
7	Submittal of Price Proposal Deadline Fixed Capacity Charge (Envelope III)	1	162	3/29/2019 4:00 P.M. (Guam Standard Time)		
	STEP 3 - PRICE PROPOSAL EVALUATION					
8	Conduct Envelope II & III Public Bid Opening Meeting	1	163	4/19/2019 2:00 P.M. (Guam Standard Time)		
9	Complete Evaluation of Envelope II & III; Invite the First-Ranked Bidder to Clarification Meeting	14	177	5/3/2019		
10	Conduct Clarification Meeting(s) with First- Ranked Bidder and other top-ranked Bidders as required and selection of the Selected Bidder.	28	205	5/31/2019		
11	Complete Negotiations of ECA with the Selected Bidder.	70	275	8/9/2019		
12	Obtain CCU and PUC approval	52	358	9/30/2019		
13	Sign the ECA with the Selected Bidder.	1	359	10/1/2019		
14	IPP achieves financial close and starts construction.	180	538	3/29/2020		

INCLUSIONS:

8in RFO Pipeline Additional Drawings (see attached).

Qualified Bidder #1 dated 11/02/2018:

QUESTION:

1. Raw water and grey water supply

Please provide the following information:

- Minimum guaranteed supply quantity per day

ANSWER:

GWA grey water discharge permitted is up to 6 million gallons per day. Flow is not uniform and may be interrupted for up to several hours. See specification requirements for onsite storage of raw water.

QUESTION:

2. Point 8.1 Section A

The options may include entering into a Water Supply Agreement with the GWA, using well water, or sea water, subject to obtaining appropriate environmental and other permits

Point 1.3.3 Section C There will be no sea water makeup utilized.

Section 8.1 and Section 1.3.3 are in contradiction. Please clarify if sea water is allowed to be used in this power plant?

ANSWER:

Sea water use is not allowed.

QUESTION:

3. Section C, Appendix A: Grey Water Quantity and Analysis

Section C, Appendix D: ASHRAE Guam Climate Information

Please provide legible tables. Current tables are of poor quality and difficult to read.

Also, we wonder if GPA could provide the IFMSB Document in editable format, so that we can get and modify forms, tables, etc., to put into the Project Company's RFP to EPC Bidders?

ANSWER:

- a. See attached NDSS FY -18.xlss and ASHRAE files
- b. The editable formats are already provided on GPA's website and can be downloaded from <u>http://guampowerauthority.com/gpa_authority/procurement/gpa_current_rfps.php</u>

QUESTION:

4. Concerning the telemetering interface to GPA PSCC; Section C, 3.5.22 Metering, page 148/595

What type of Metering Settlement and Verification technology is installed in PSCC for the plant to comply with?

ANSWER:

PSCC is currently using SCADA Energy Management System, Siemens Spectrum 5 version 5.4. All data should be transferred to PSCC using DNP3 protocol using serial, Telco or Ethernet communications.

QUESTION:

5. Section C, 3.2 Electrical Plant and Systems Requirements, page 116/595

What type of telecommunication system is installed in GPA Substation & PSCC for the plant to comply with?

ANSWER:

GPA's current telecommunication service providers are GTA, Docomo Pacific and others who provide minimal service on an as need basis. Our communications medium is Serial, Ethernet, copper, fiber using the industry standard DNP3 protocol.

QUESTION:

6. Section C, 3.2 Electrical Plant and Systems Requirements, page 116/595

What type of data exchange does GPA use for the power transmission interfacing to GPA / Harmon substation and PSCC?

ANSWER:

Our current data exchange includes but not limited to:

- a. Analog Inputs (AI): MW, MVAR, PF, VAB, VBC, VCA, IA, IB, IC, Frequency, etc.
- b. Digital Inputs (DI): Breaker Status, TCM Status, LRS, Relay Alarms, Transformer Alarms, Device Status Alarms, etc.
- c. Digital Output (DO): Trip/Close, Raise/Lower, Reclosers, Pulse on/off, Latch on/off, etc.
- d. Analog Output (AO): Setpoint increase/decrease, Analog value raise/lower, etc.

QUESTION:

7. Section C, 3.2 Electrical Plant and Systems Requirements, page 116/595

Please clarify the number of and type of signals for exchange for protection, control and indication to both GPA Harmon Substation and PSCC.

ANSWER:

GPA has tens of thousands of types of signals tor exchange for protection, control and status indication. Please see above #3 for types of signal exchanges.

QUESTION:

8. Section C, Appendix D : GPA Power Network One Line Diagram

Drawing from the GPA MFS for the network Single Line Diagram (115/34.5kV Transmission One-Line Diagram) only shows the existing arrangements for the connections at the 115KV Harmon Substation. Does a proposed connection arrangement drawing exist for the plant transmission line interface points at the Harmon substation? If yes provide or clarify the interconnection points.

ANSWER:

Please refer to Proposed Harmon Substation Interface_ Oneline Reference 11-30-2017.pdf diagram for proposed interface at the Harmon substation.

QUESTION:

9. Section C, 2.2.1 Capacity, C, page 106/595.

Performance requirements for Fossil Fired Plants – what is the "higher real power output" limit maximum value above 20MW under item 2.2.1 Capacity, C? We presently assume 100% plant capacity is referred to.

ANSWER:

The real power output is referring to the actual amount of power dispatched from the Plant by the GPA AGC system to serve GPA's load requirement. The intent was to provide the bidders with the minimum level of power output under which the 700 MVA of Short Circuit energy is required to be available.

QUESTION:

10. Section C, MFS 1.2.7

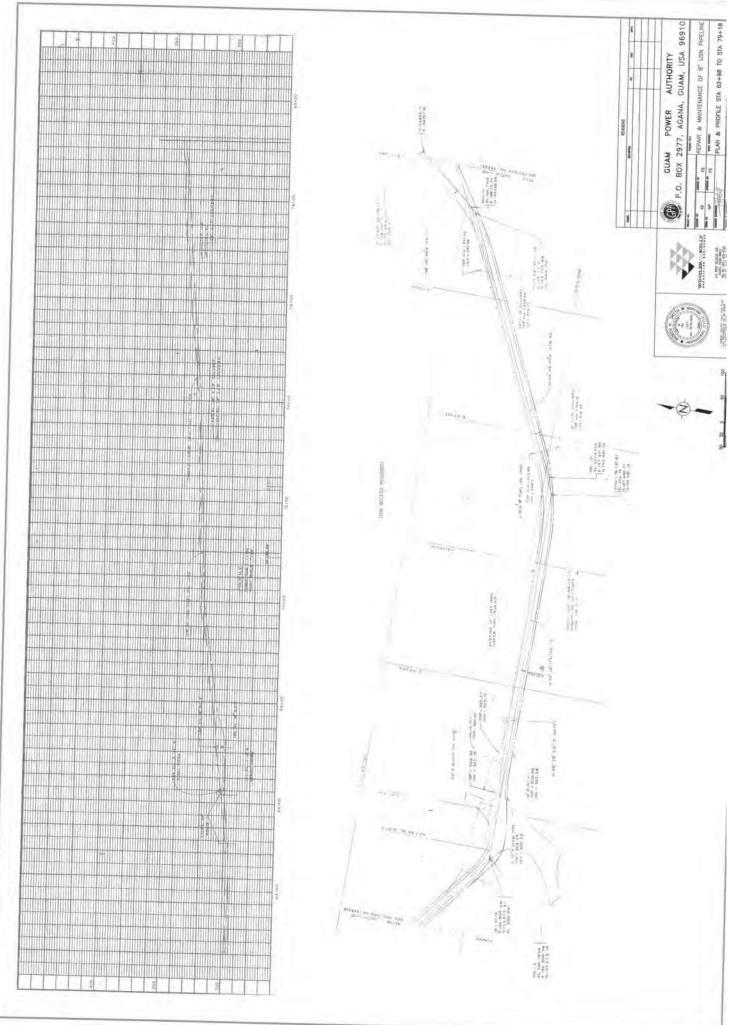
Please provide capacity requirements on the ULSD transfer station

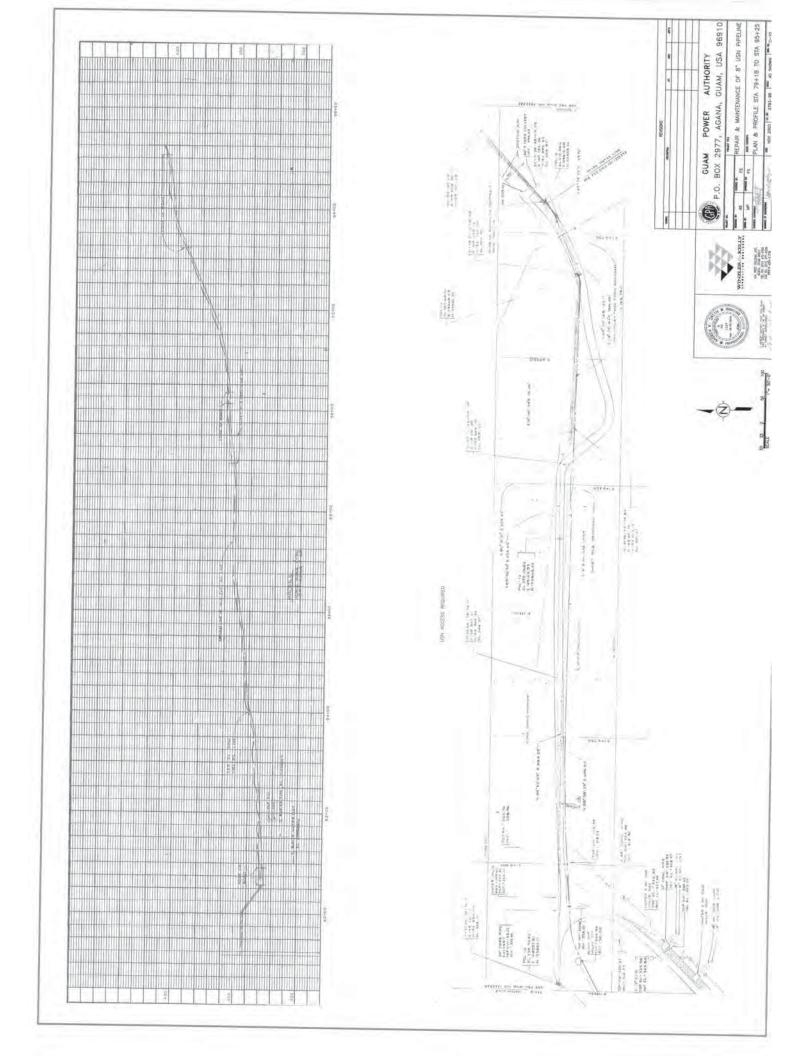
ANSWER:

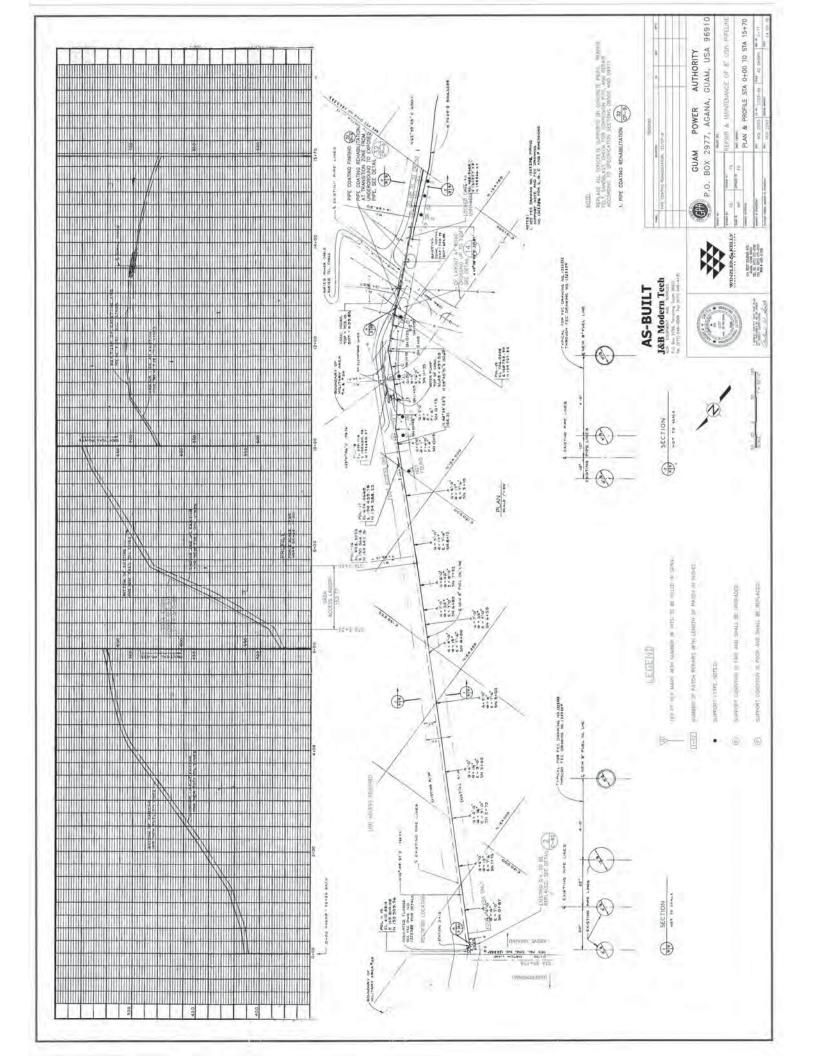
For loading fuel trucks at plant for transfer to other plants; use industry standards for fuel tanker truck loading times.

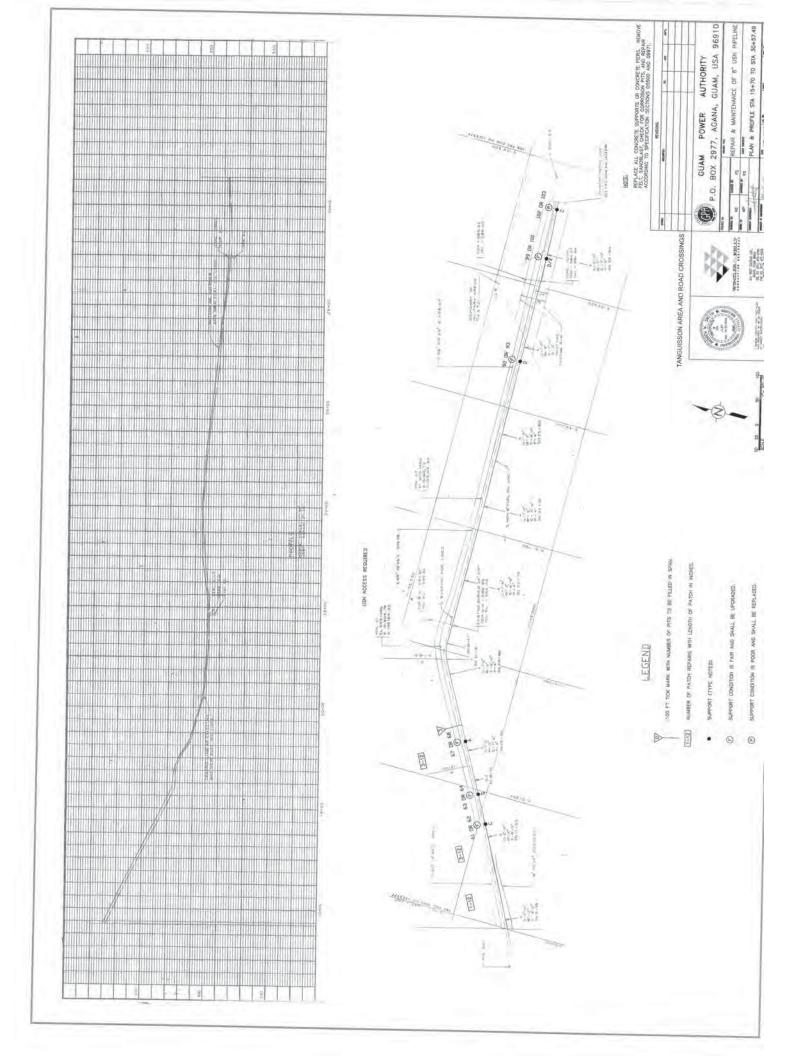
All other Terms and Conditions in the bid package shall remain unchanged and in full force.

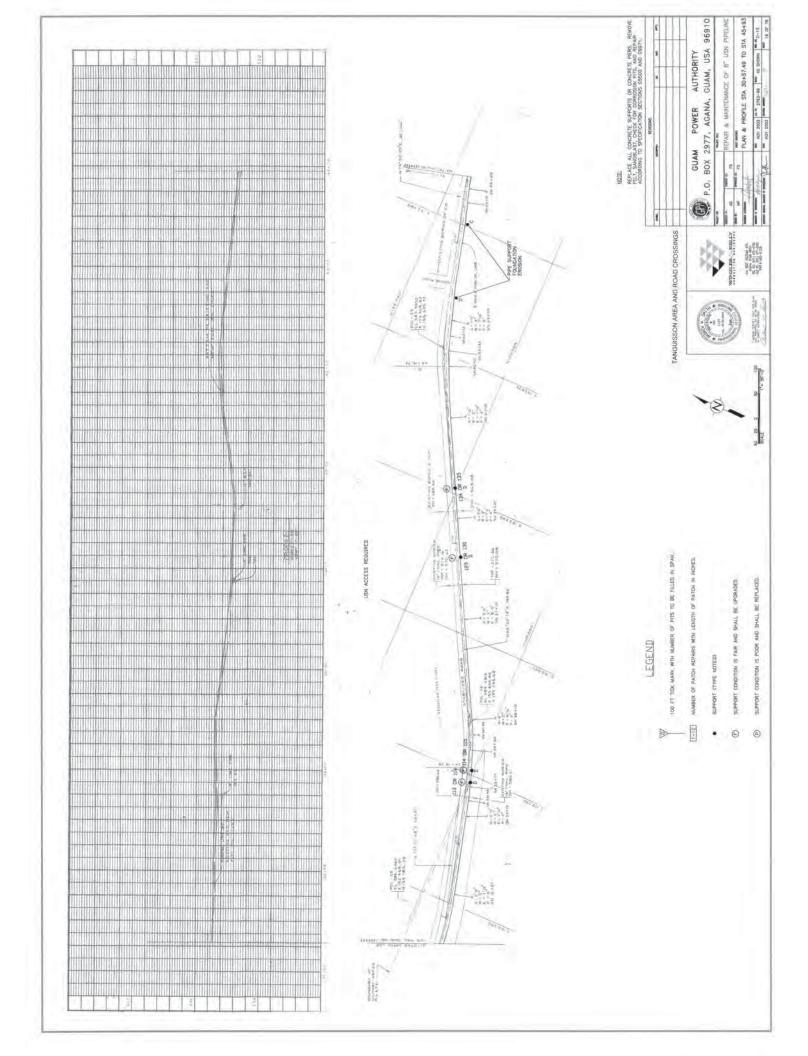
OHN M. BENAVENTE, P.E. General Manager

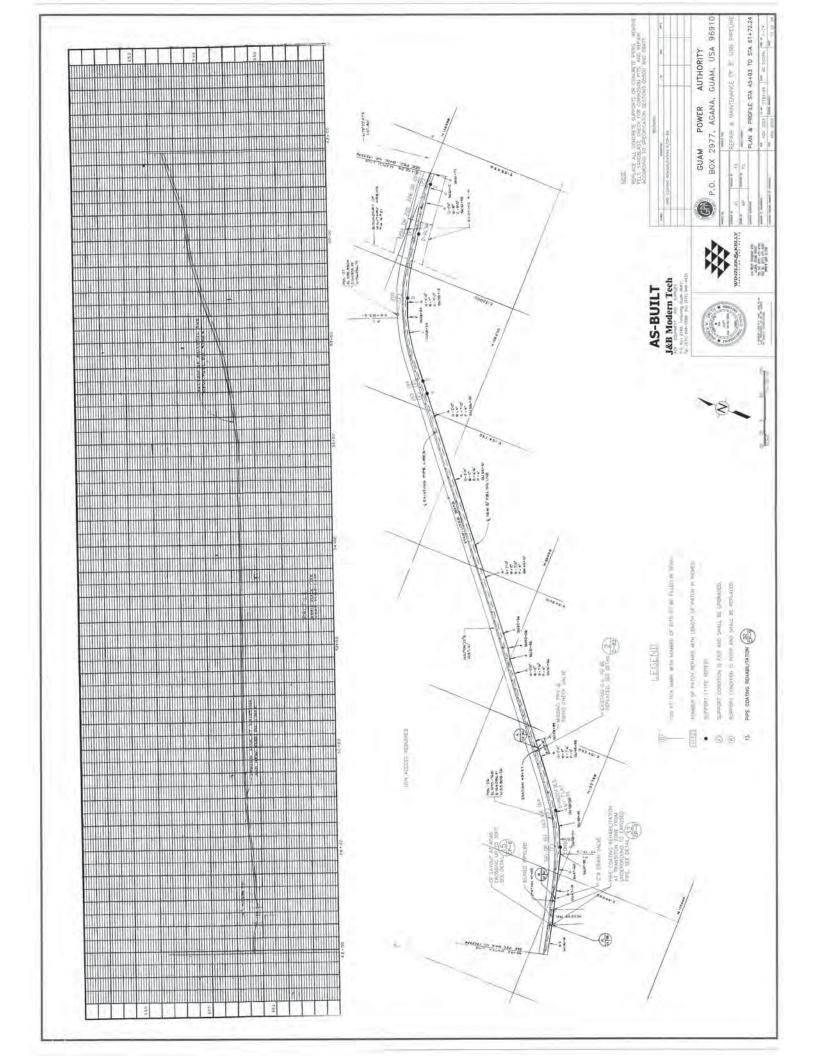


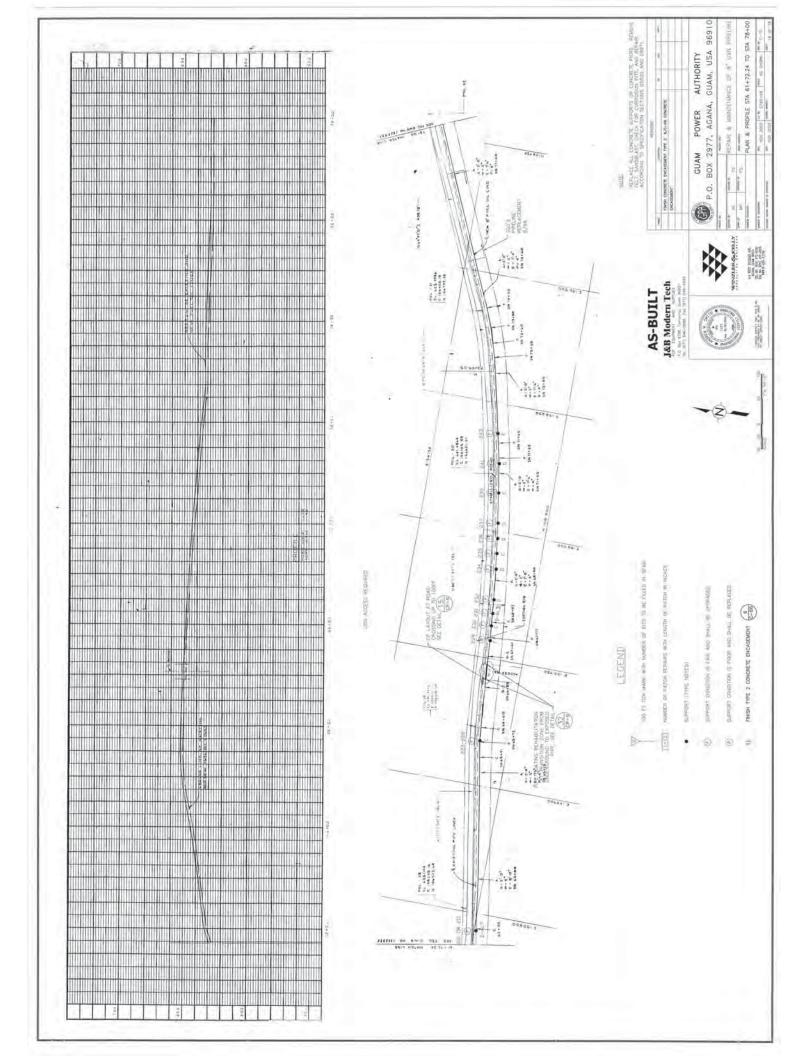


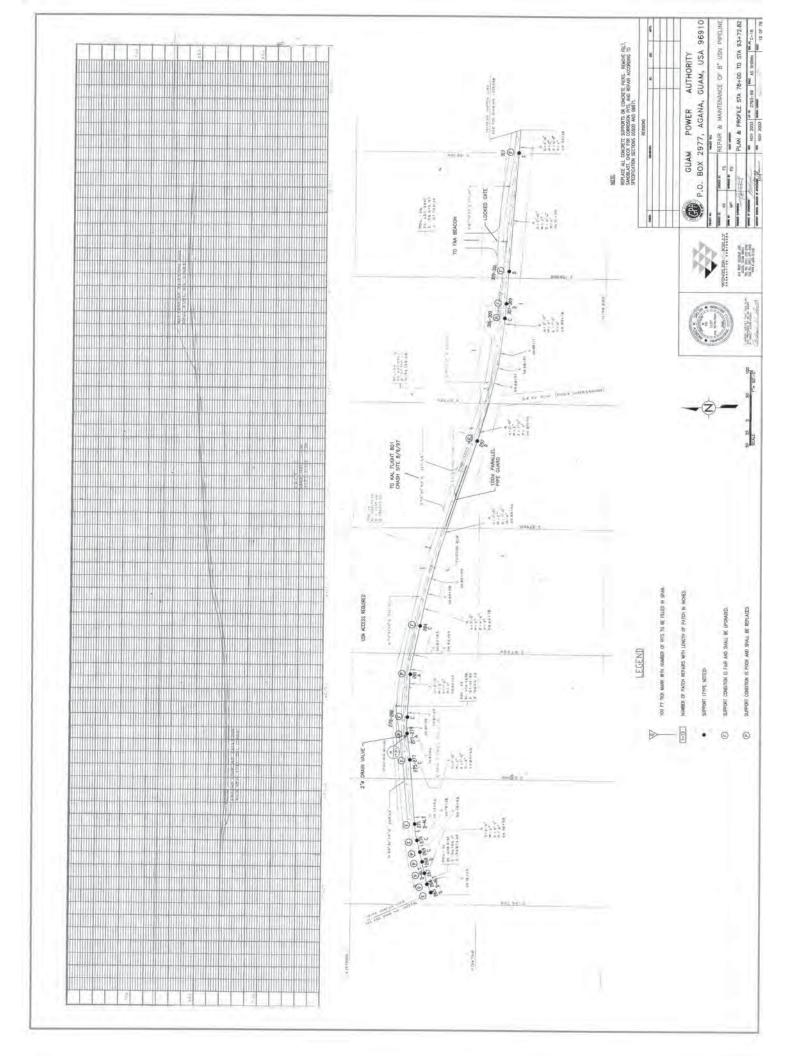


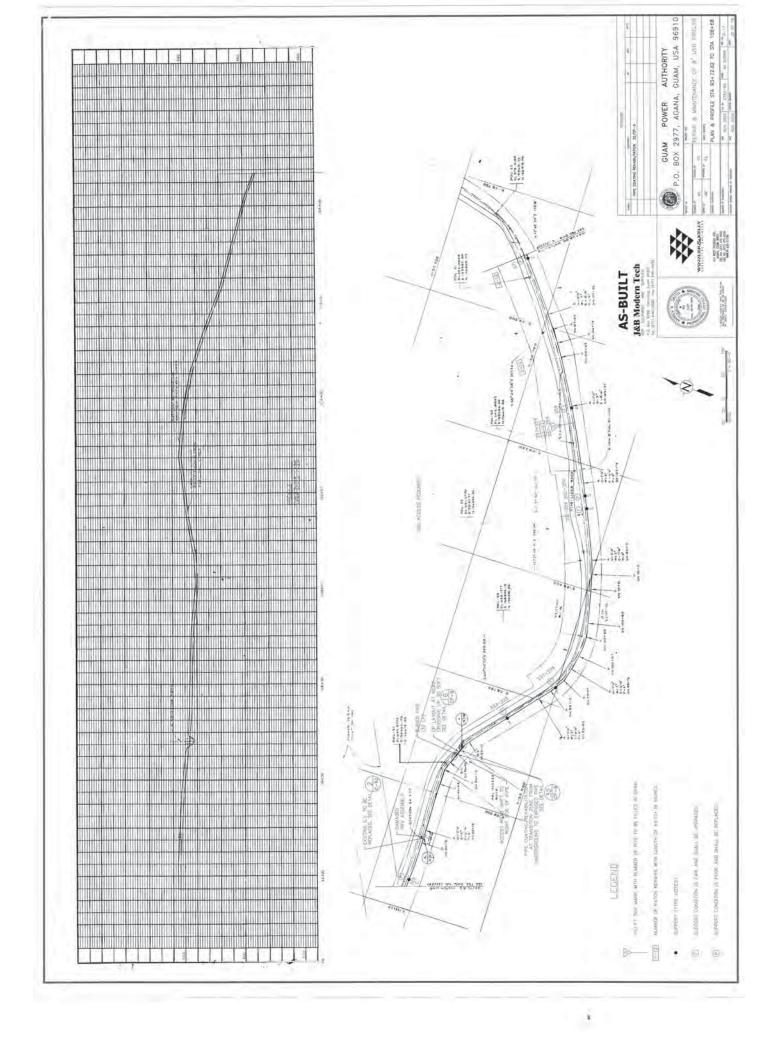


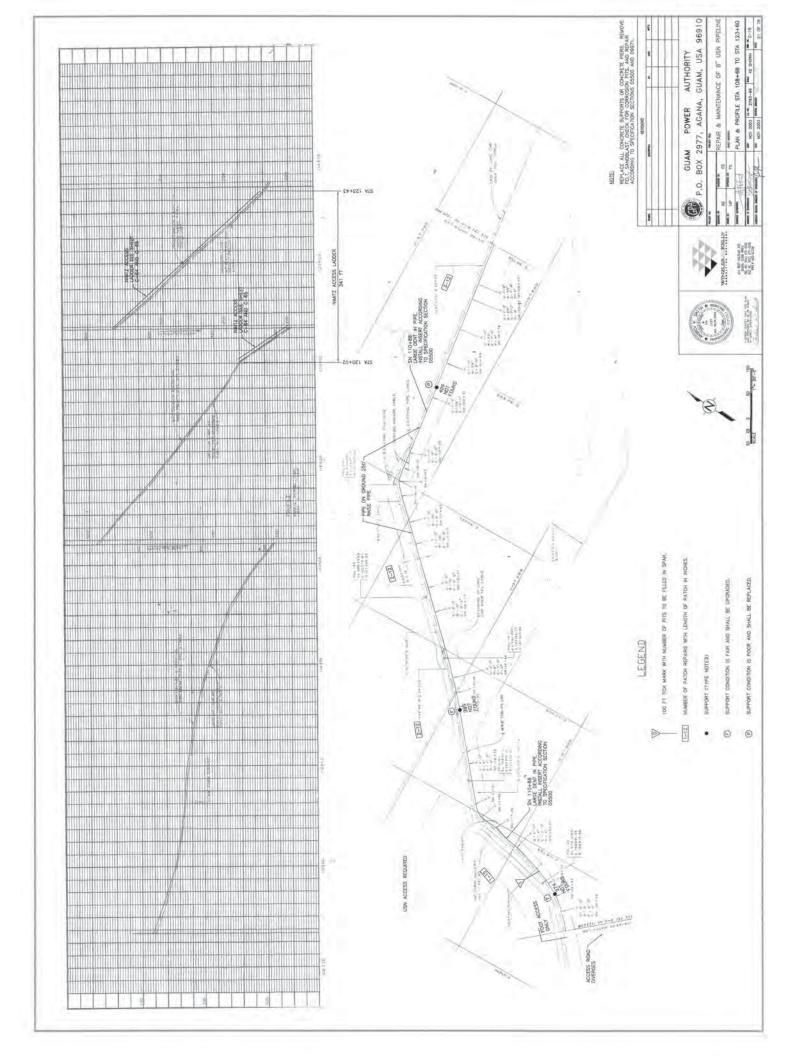


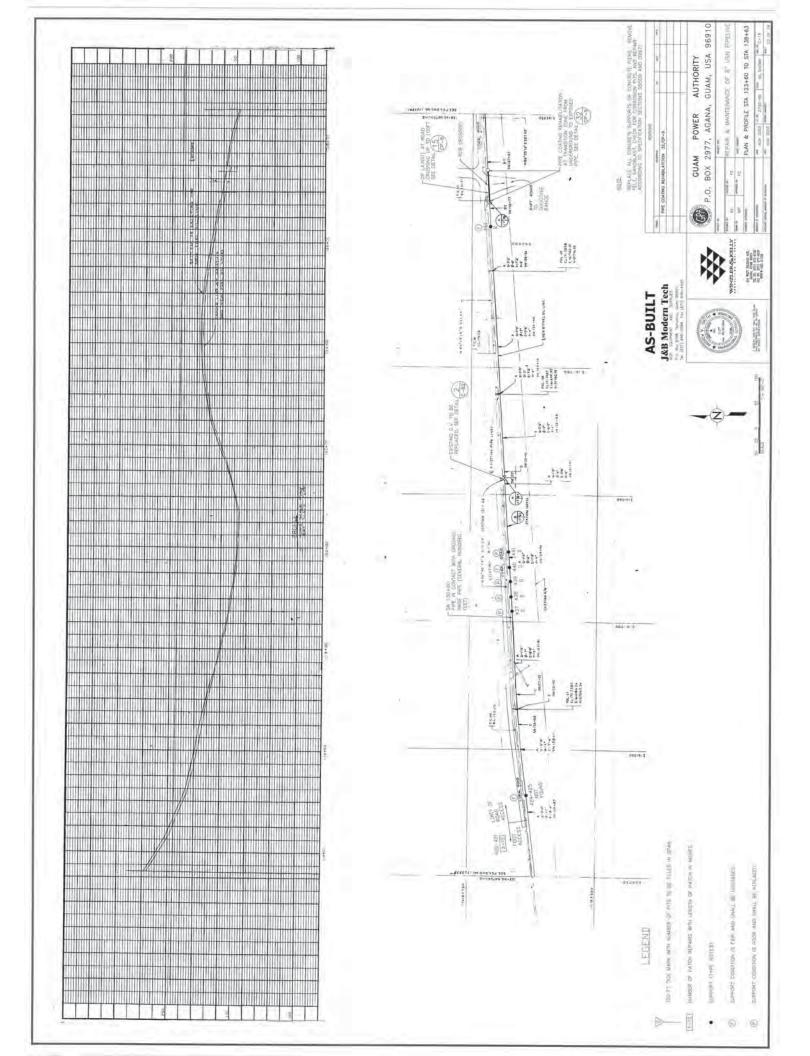


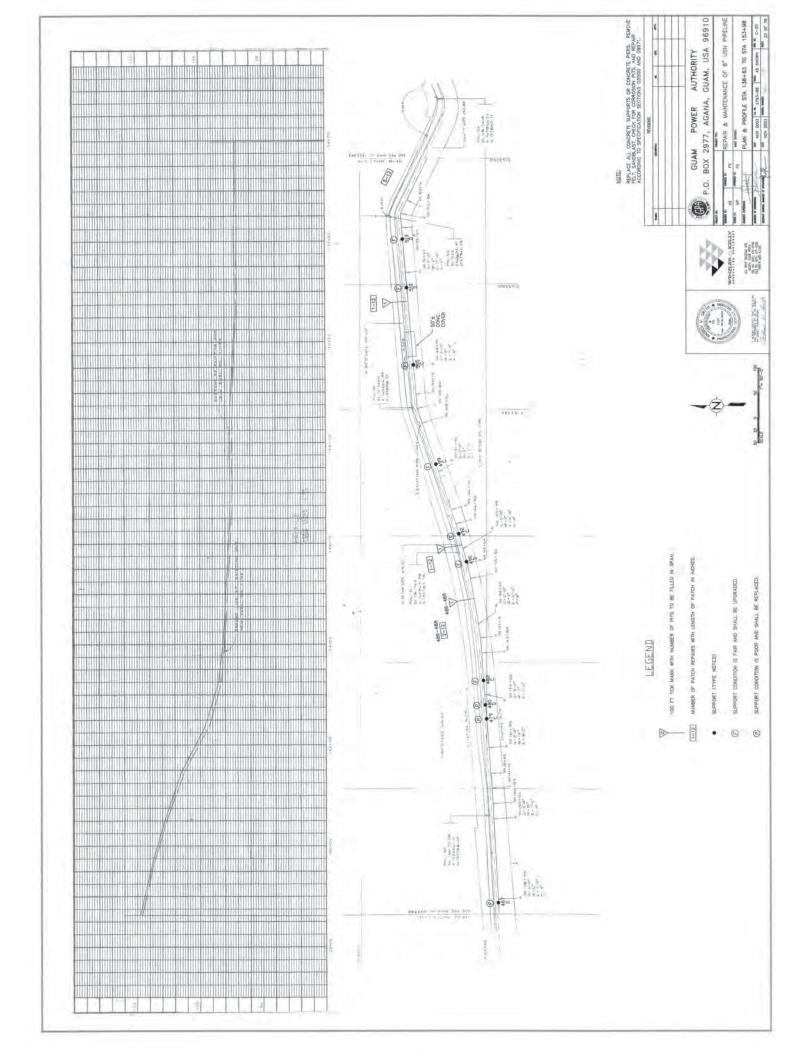


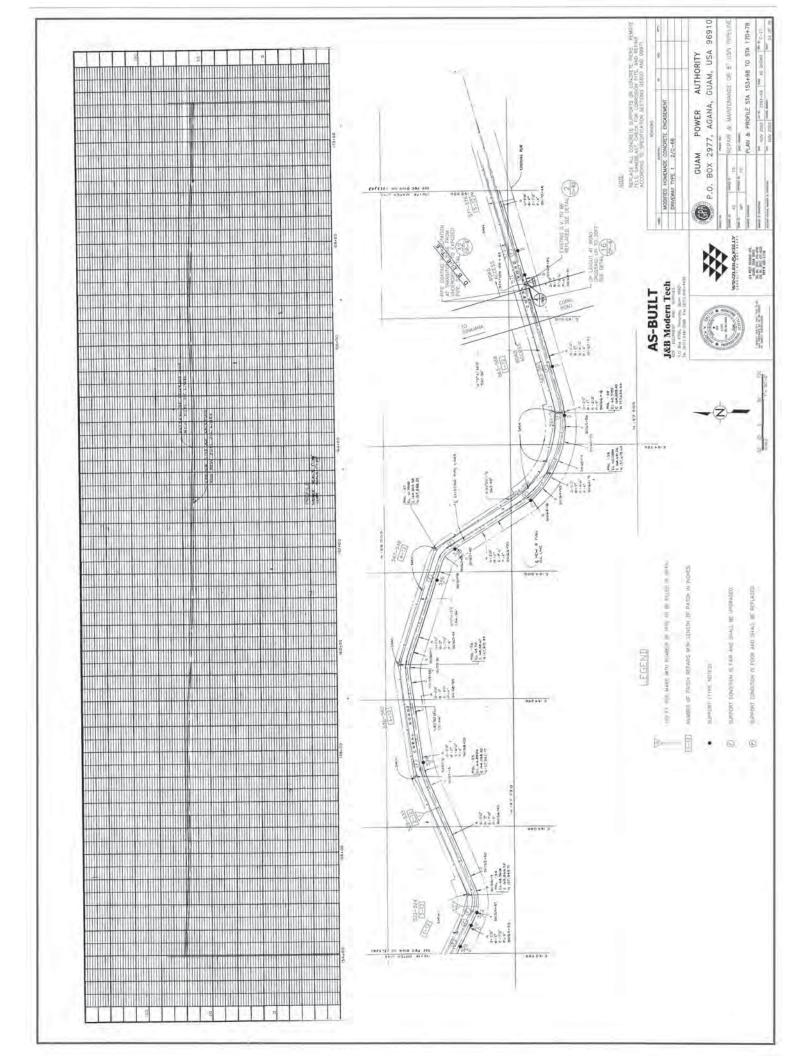


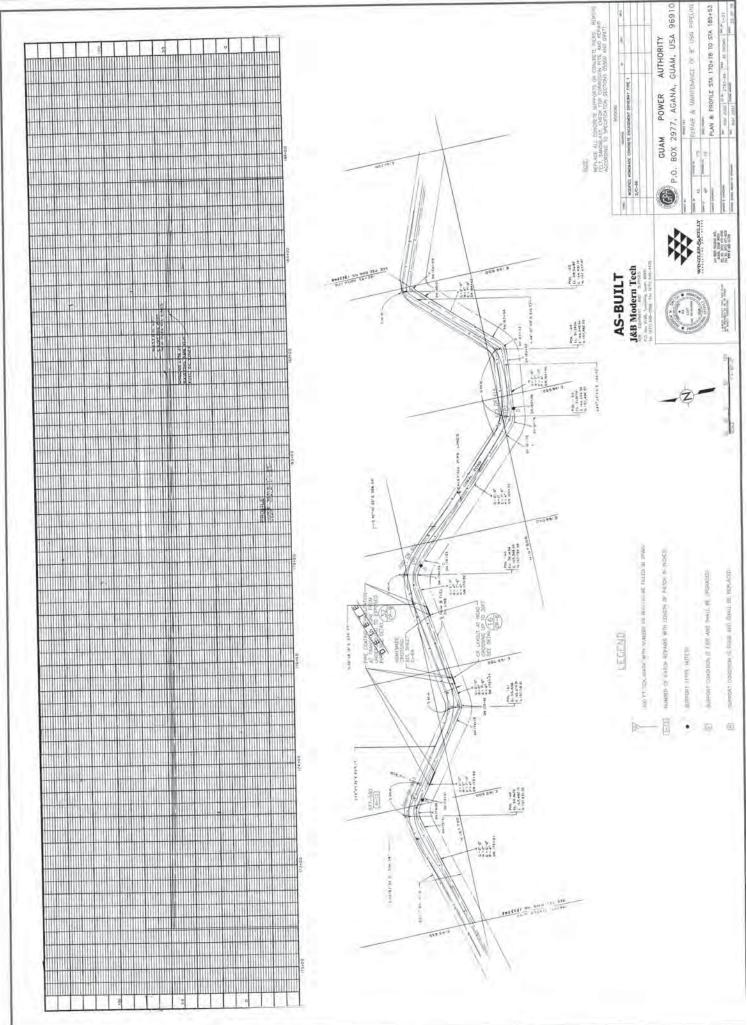


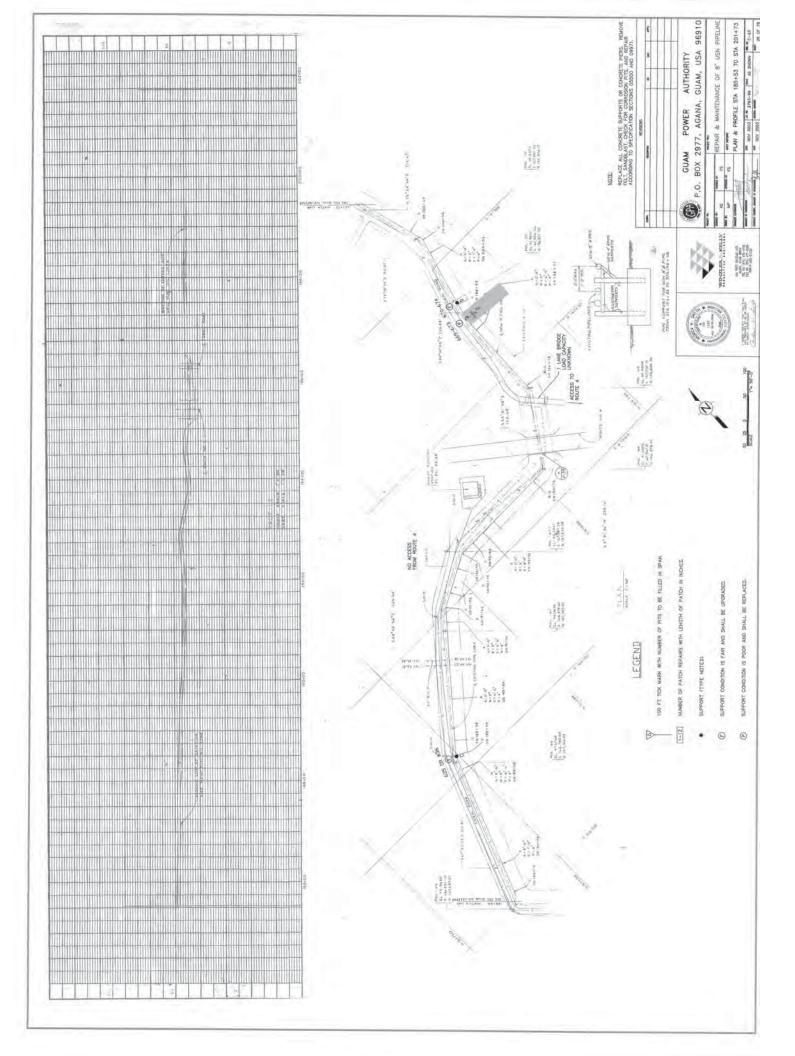


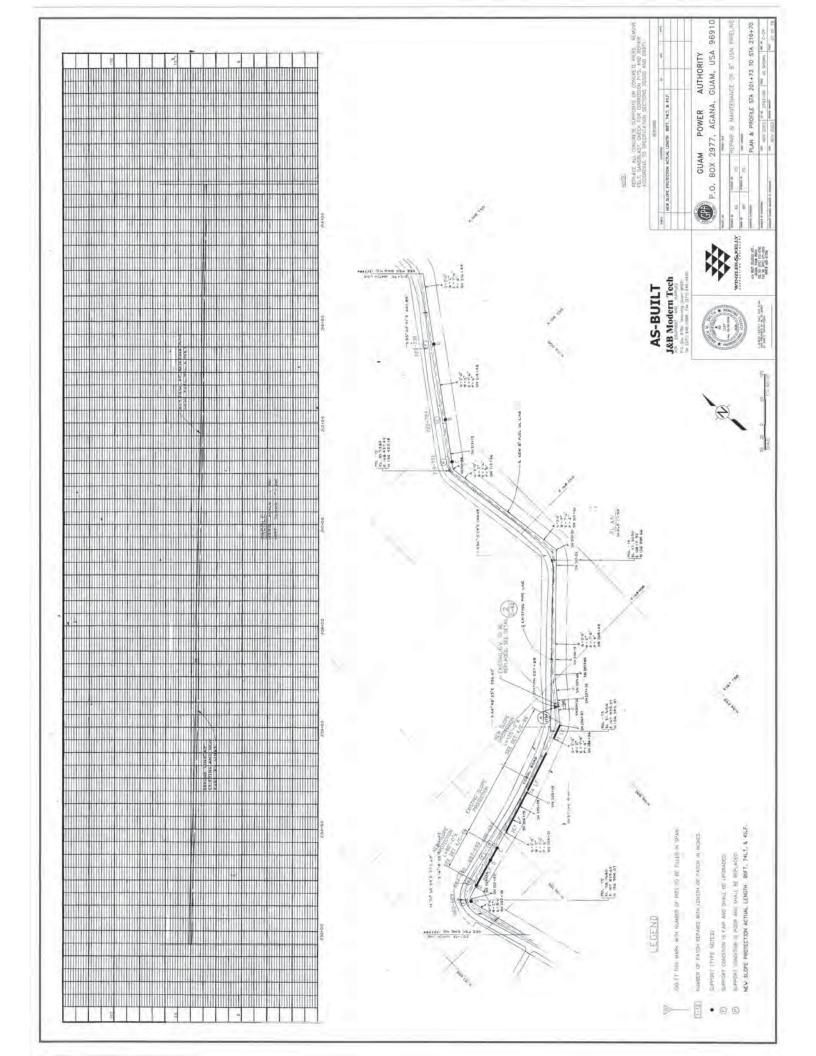


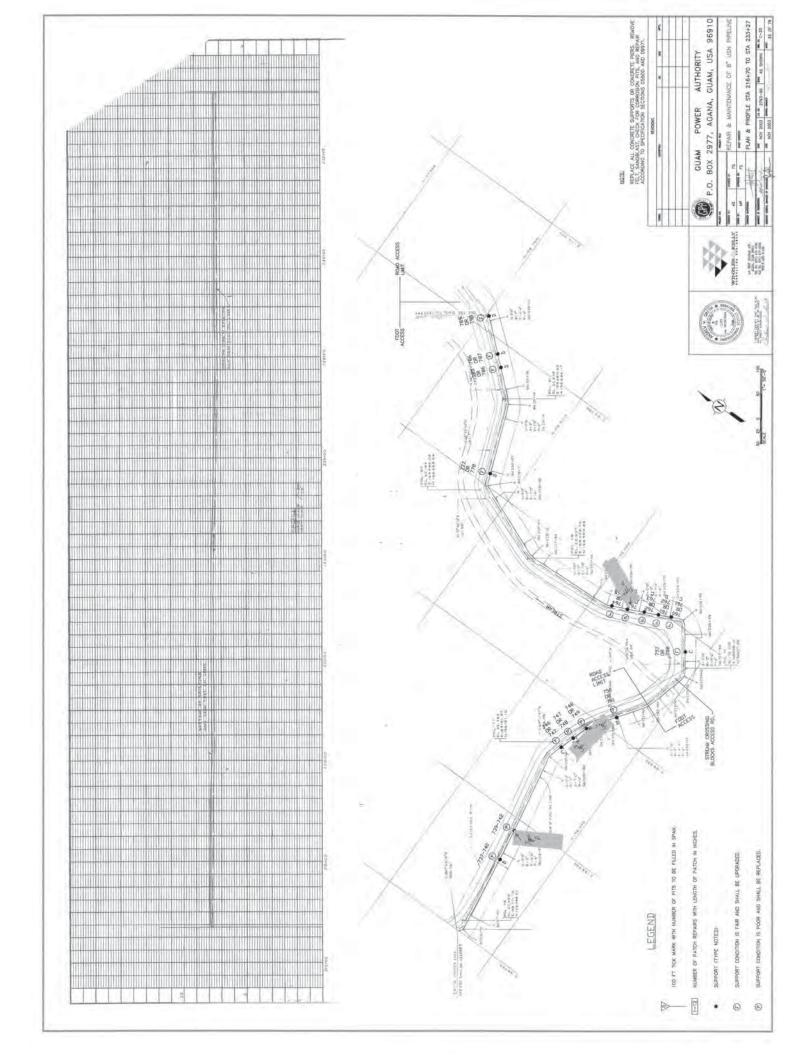


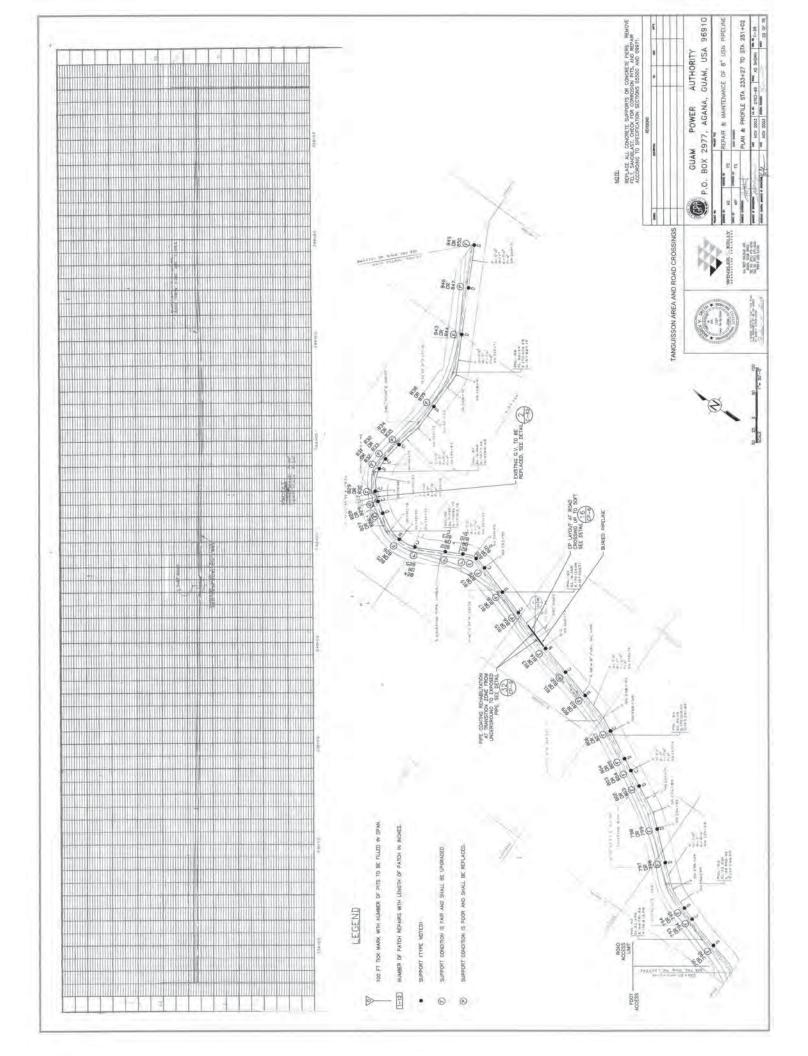


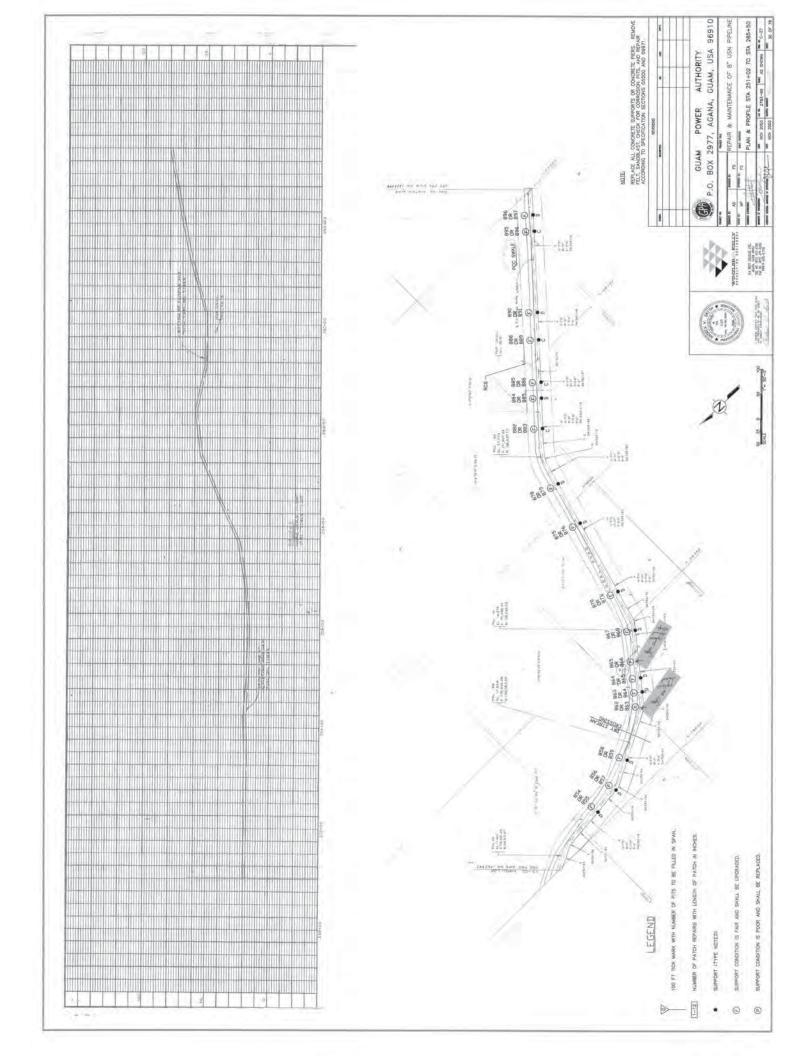


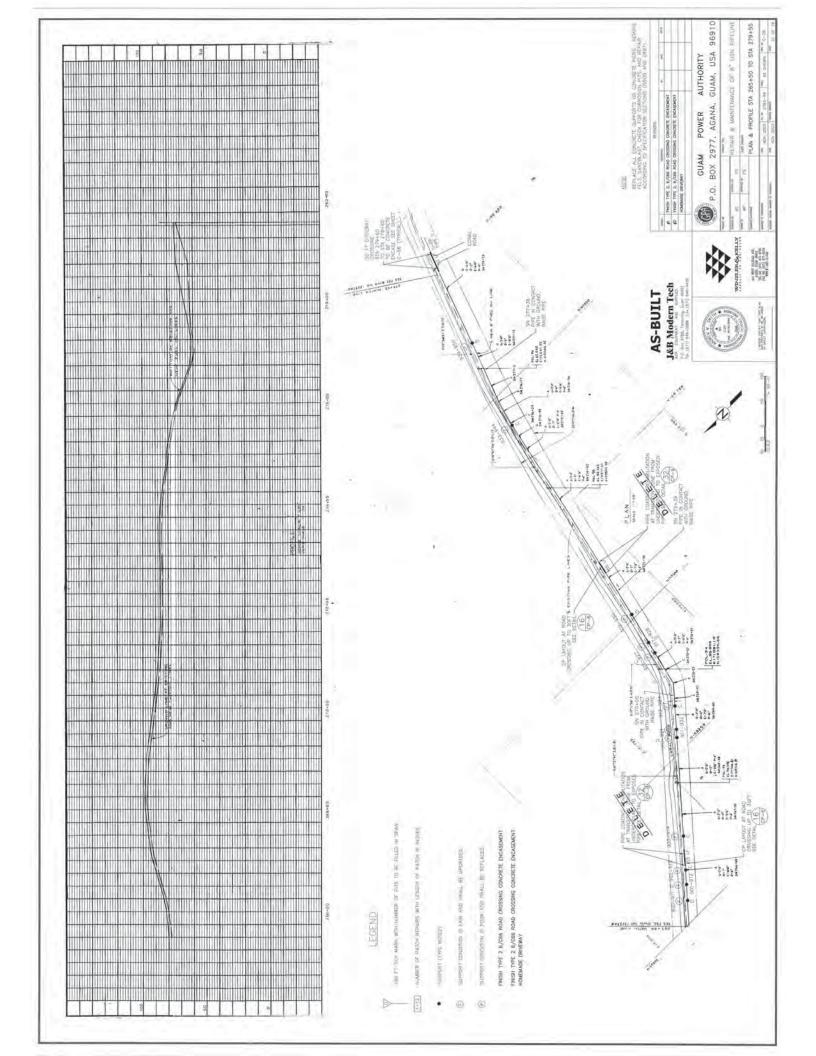


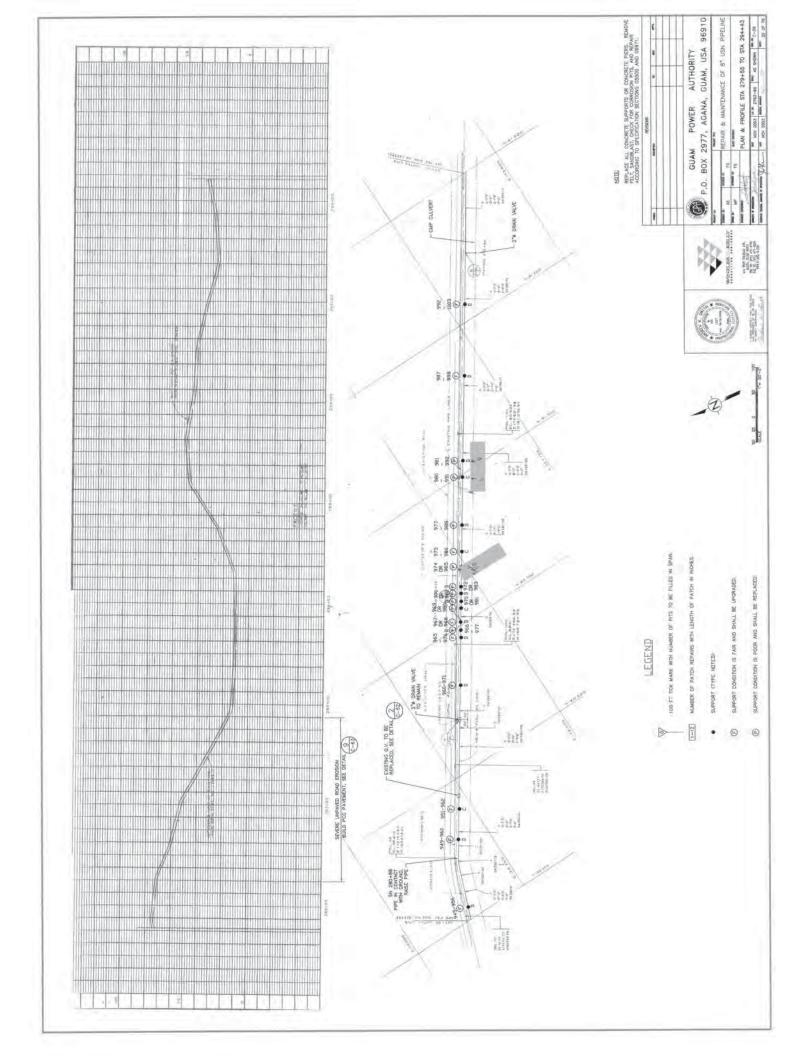


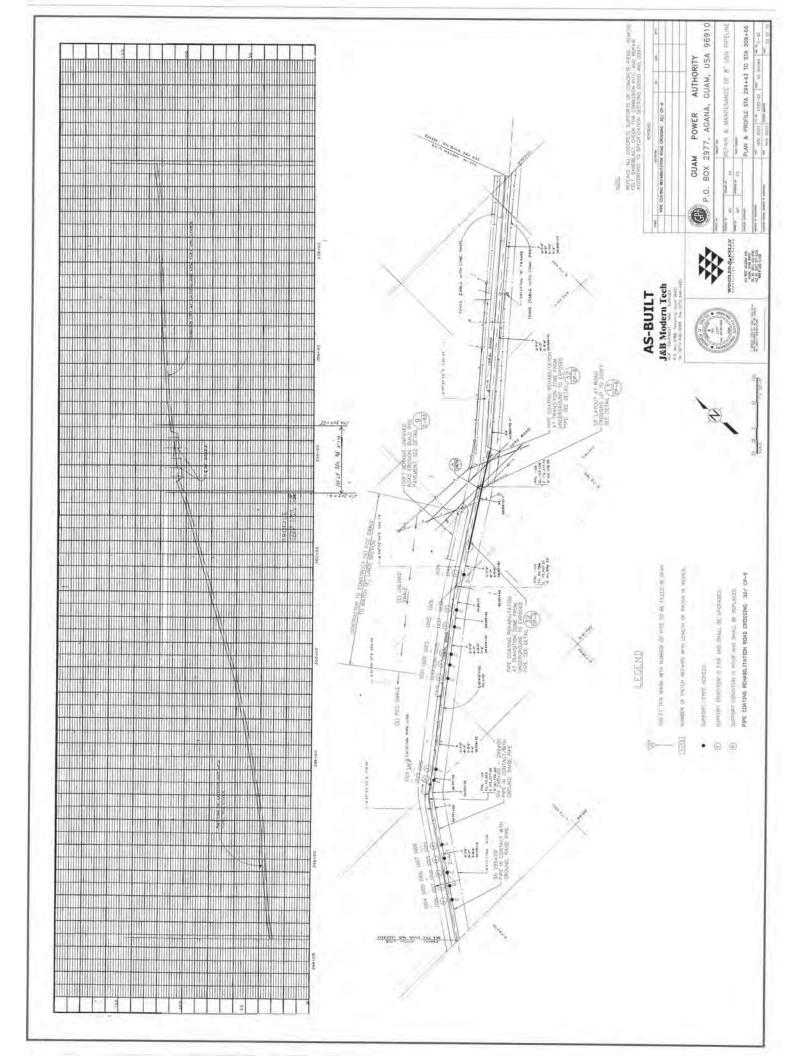


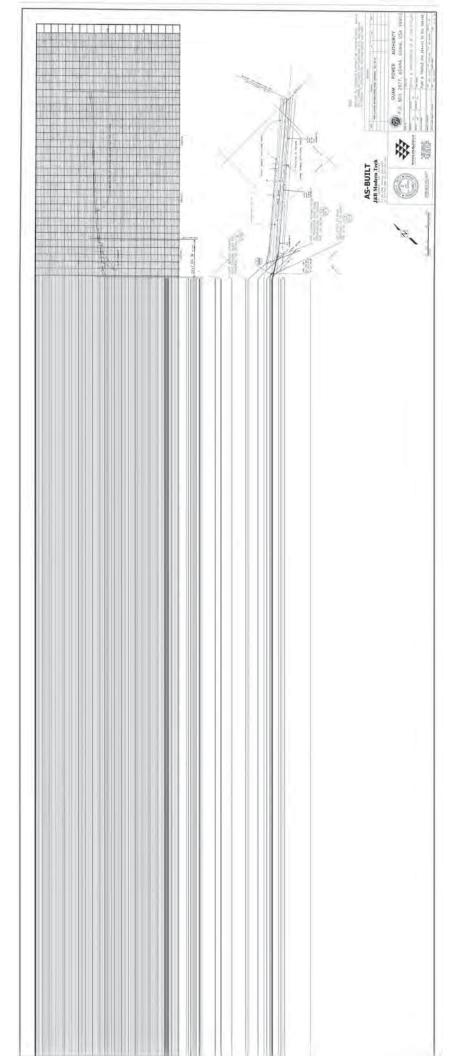


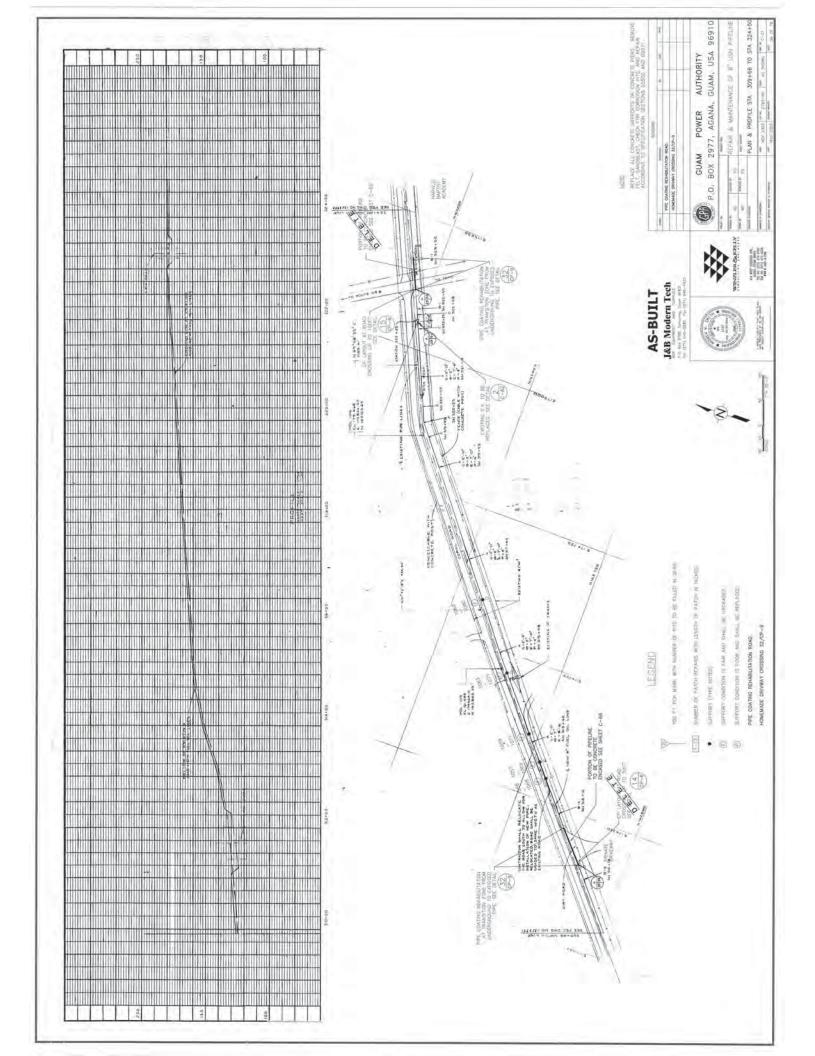


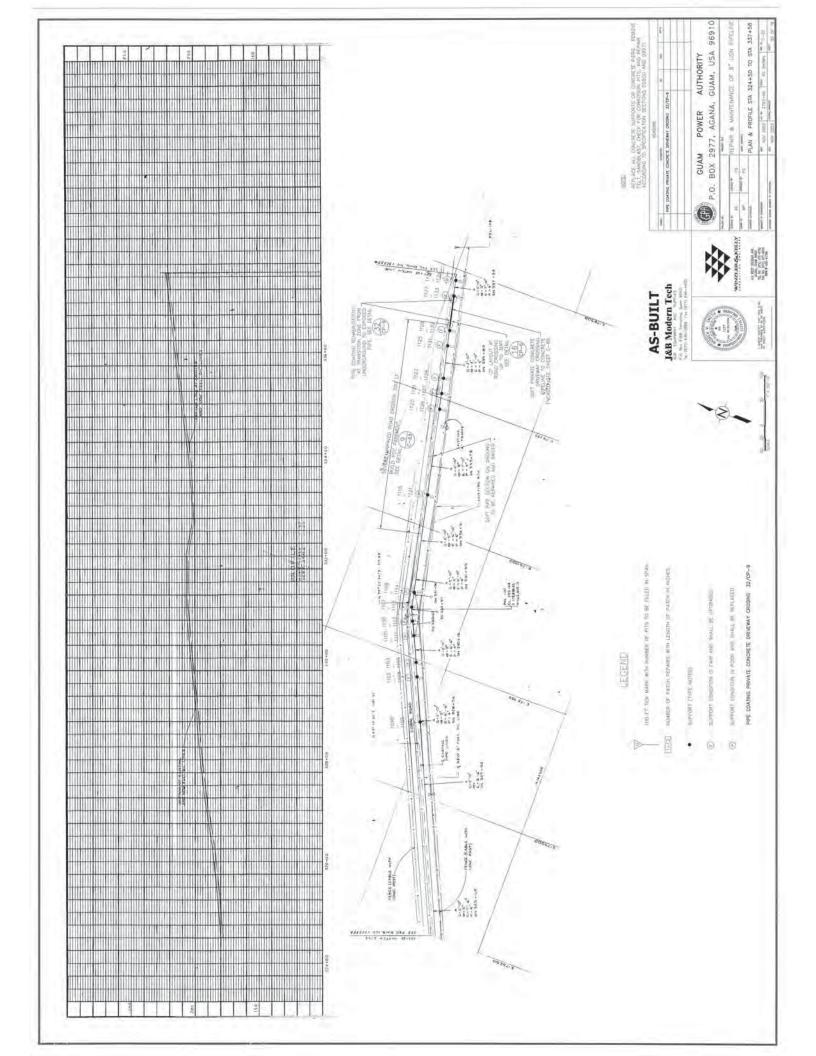


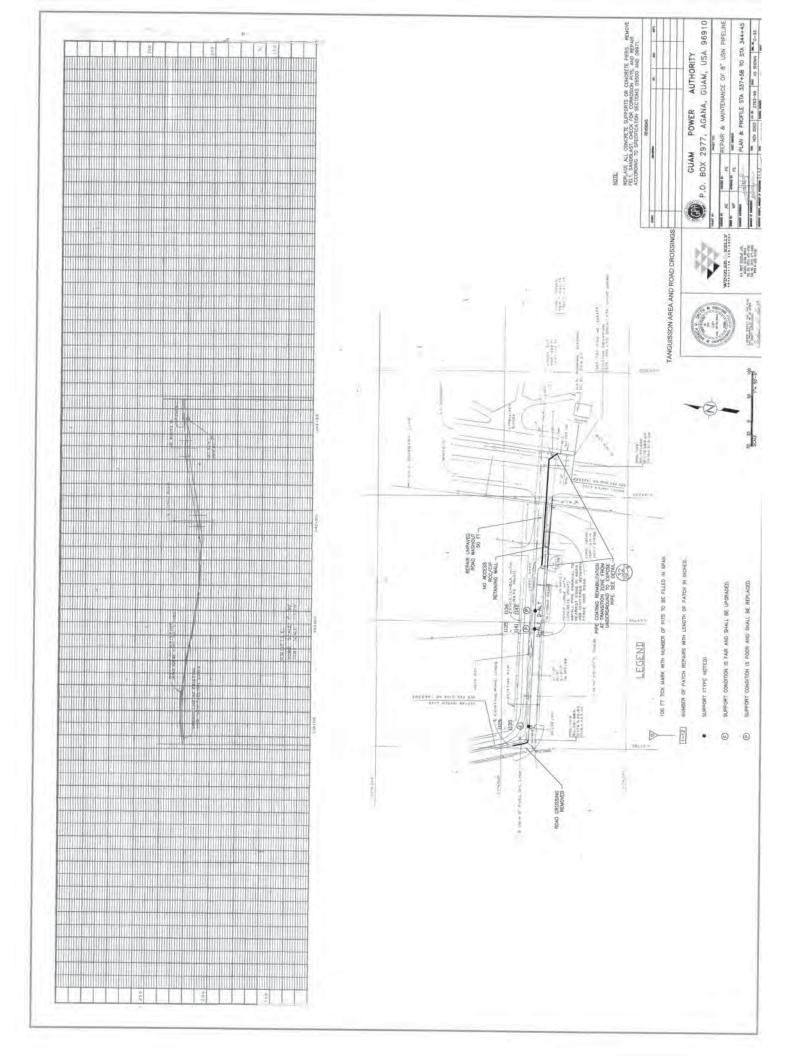


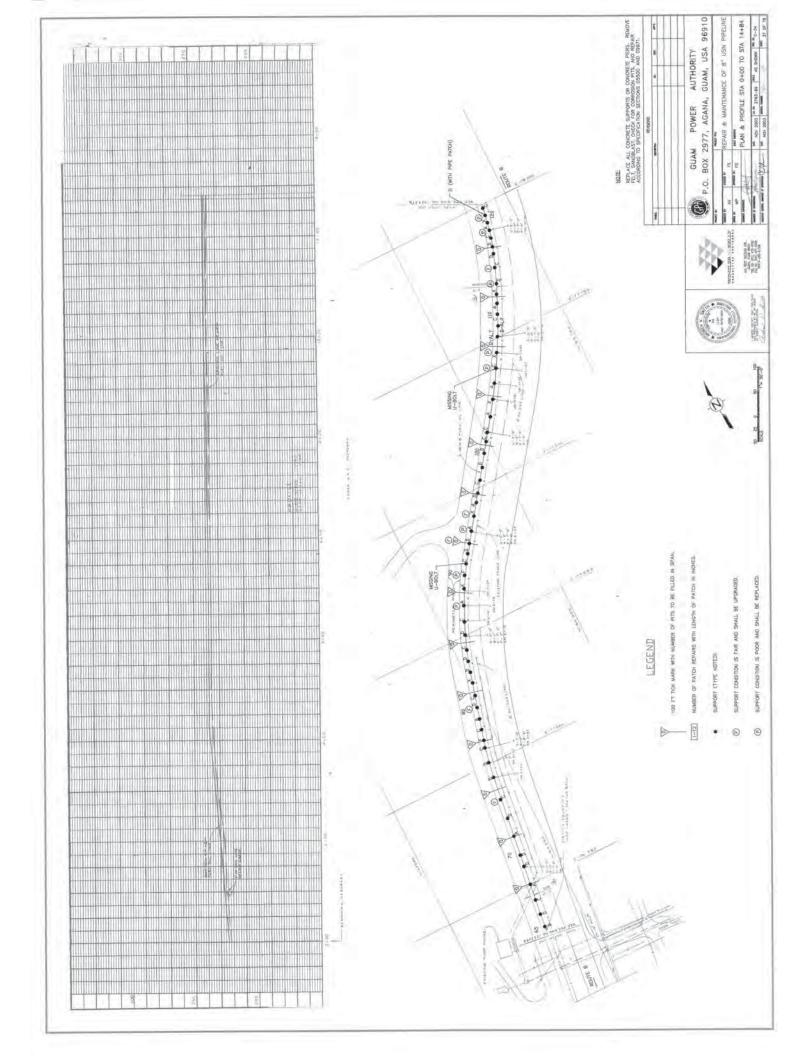


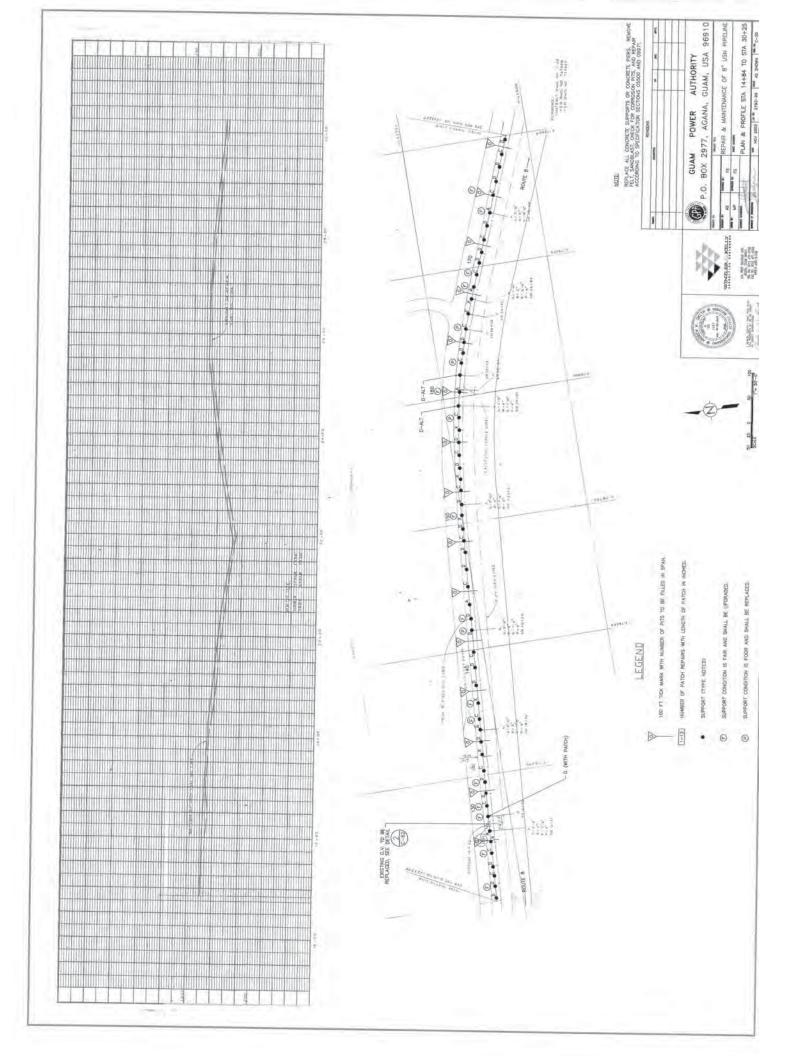


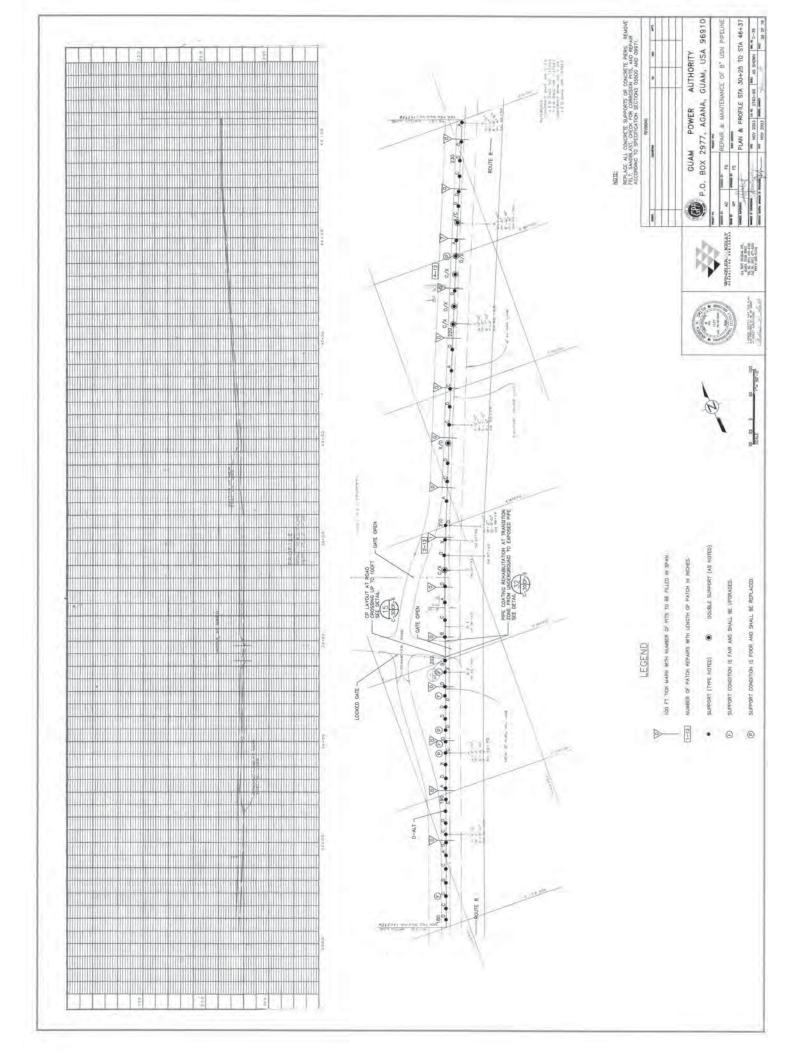


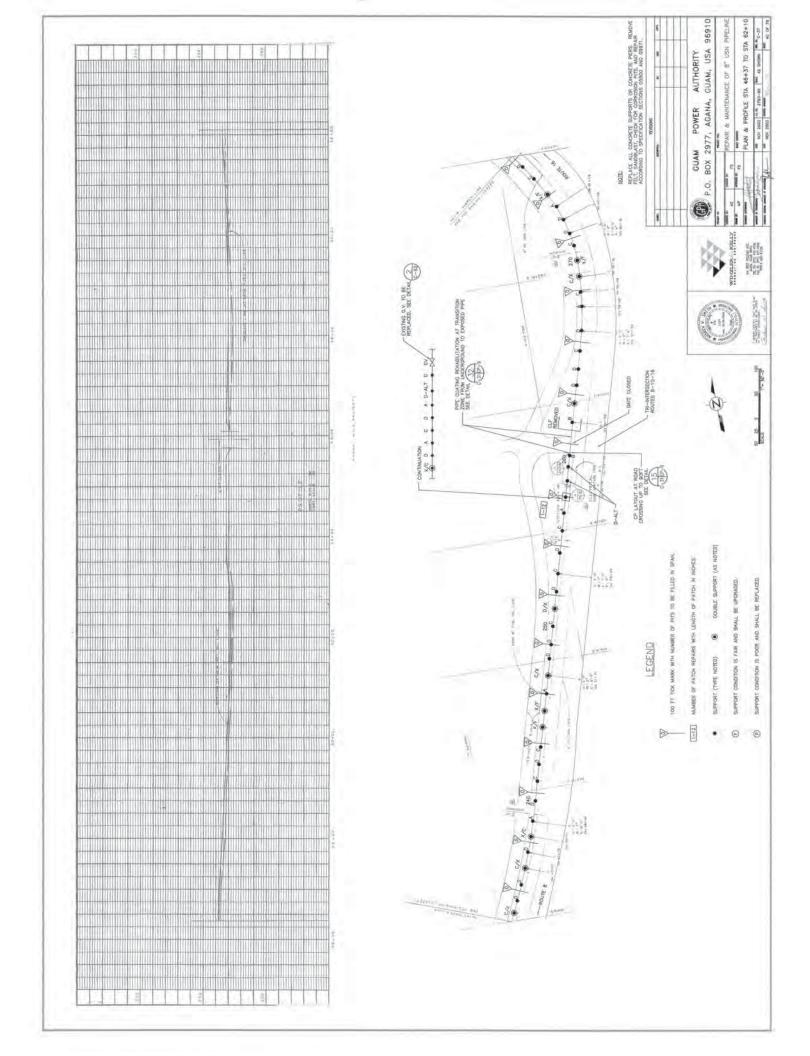


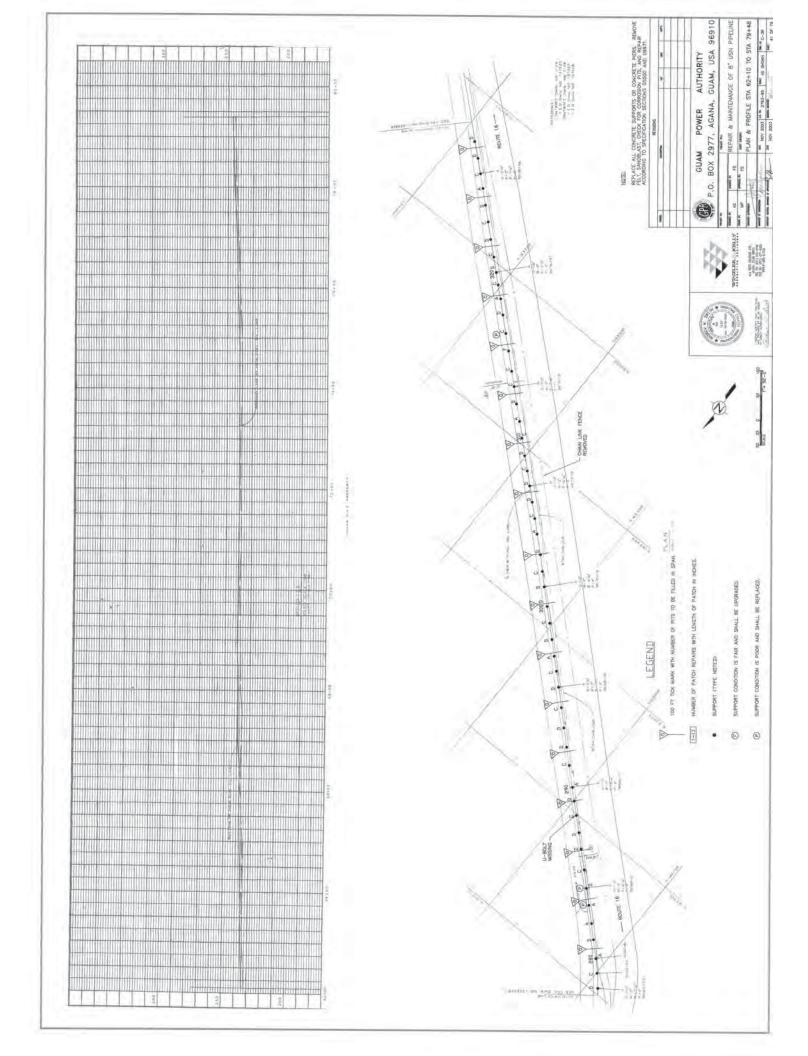


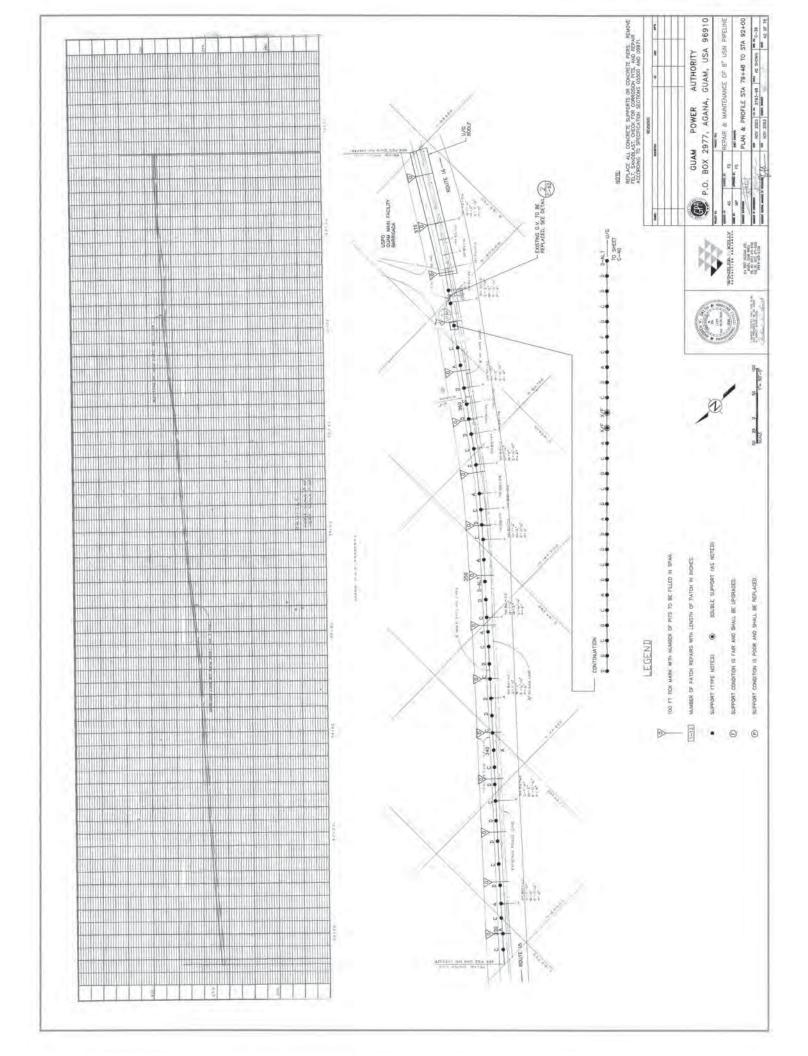


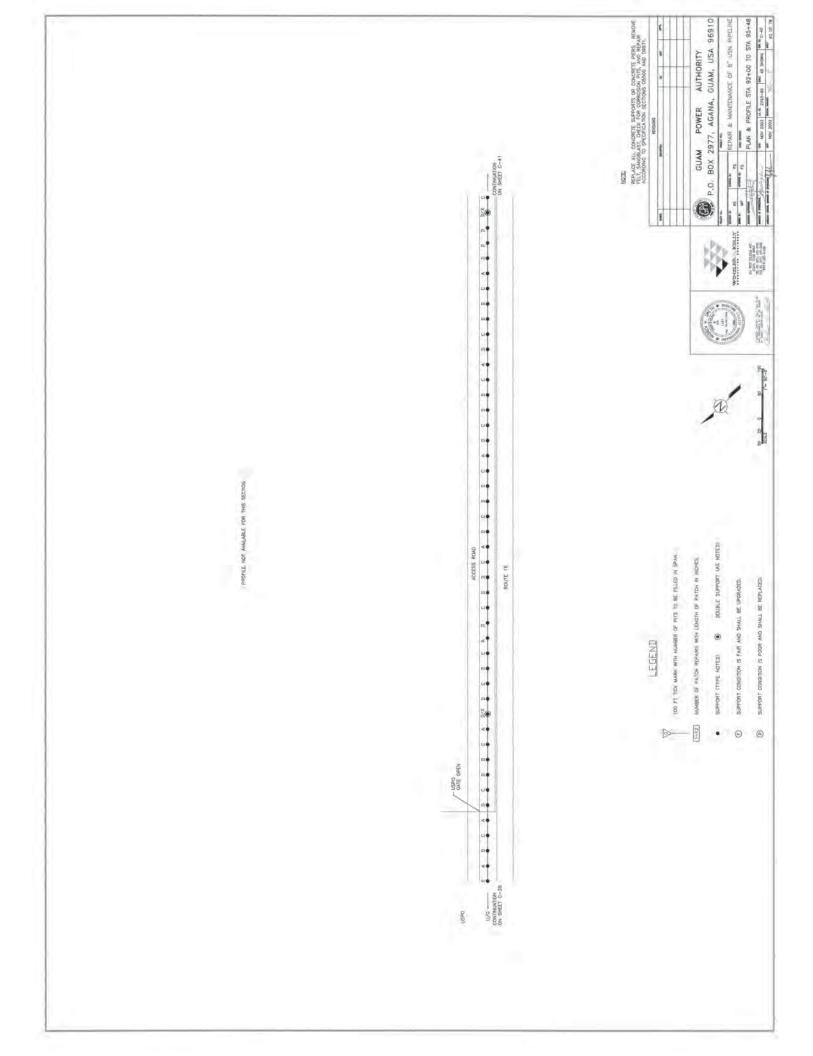


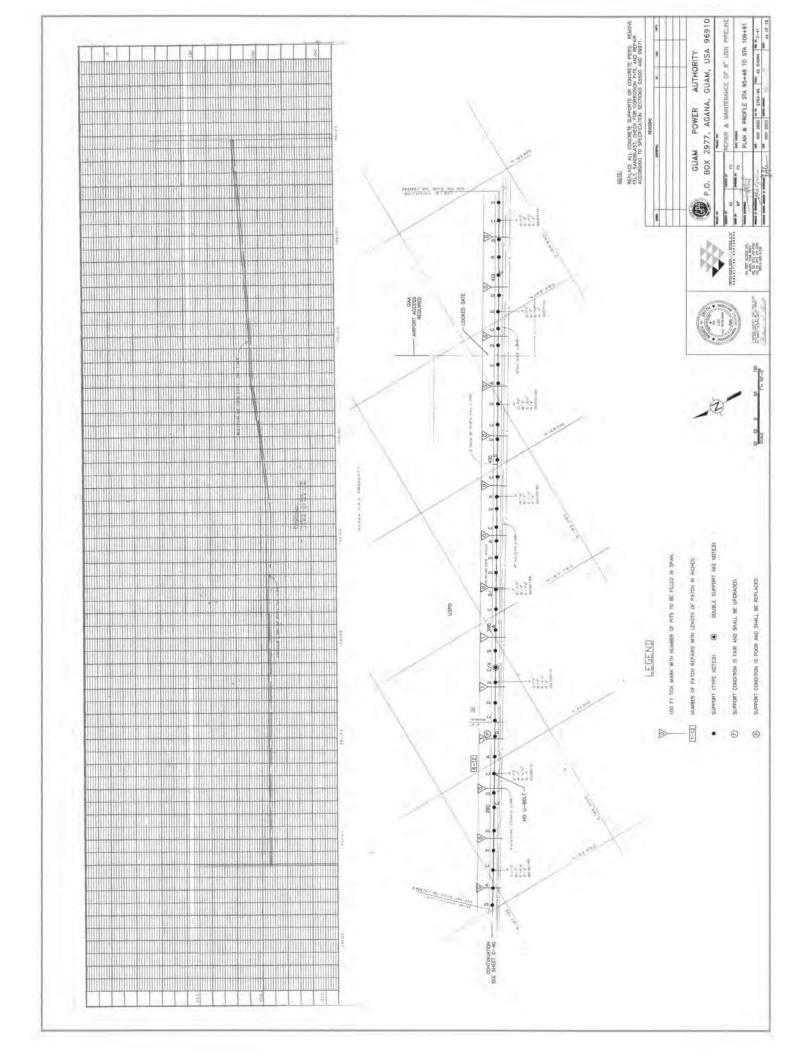


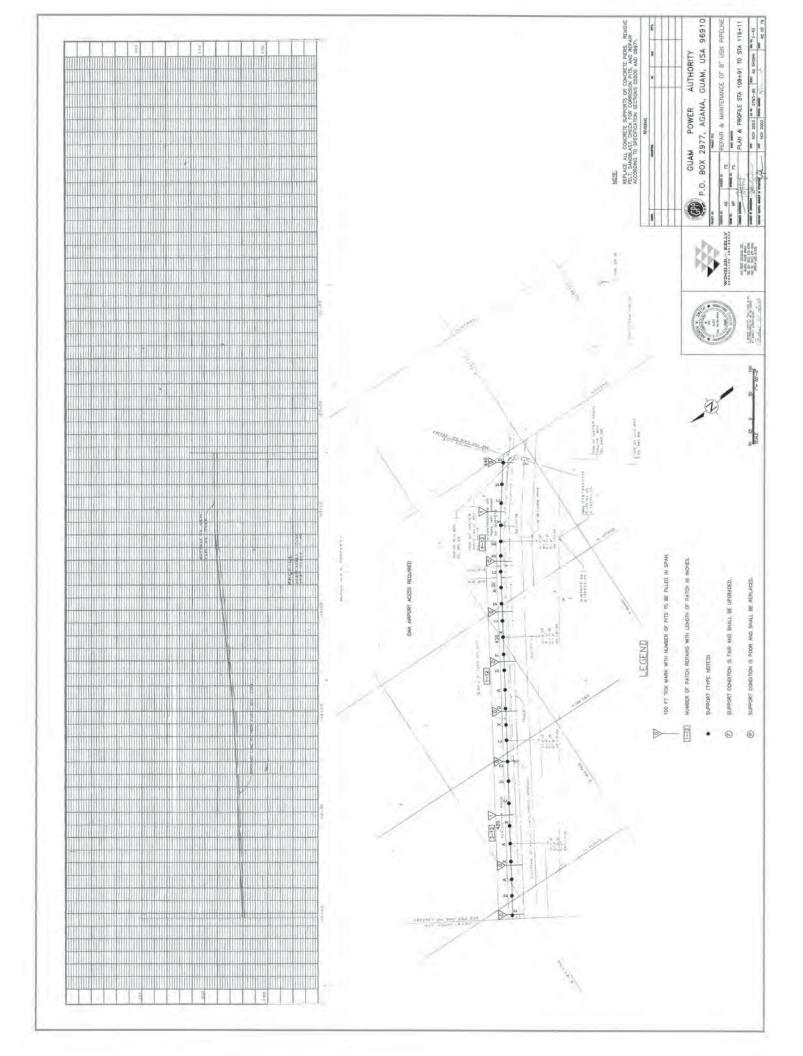


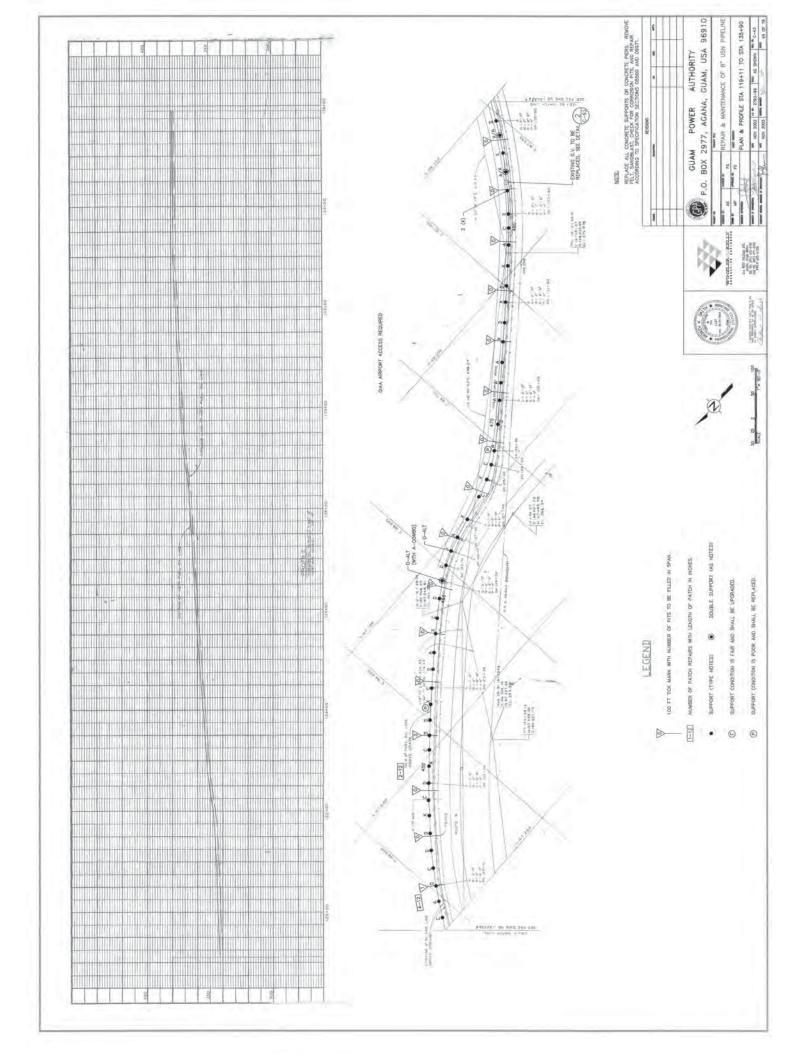


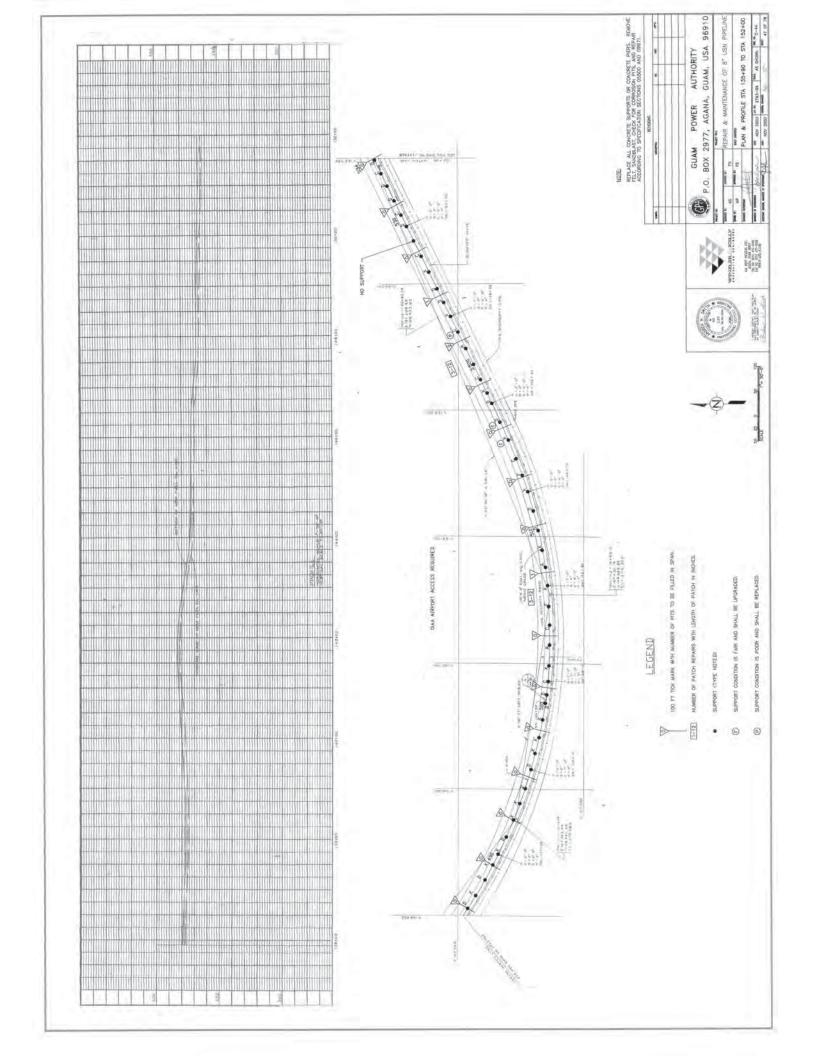


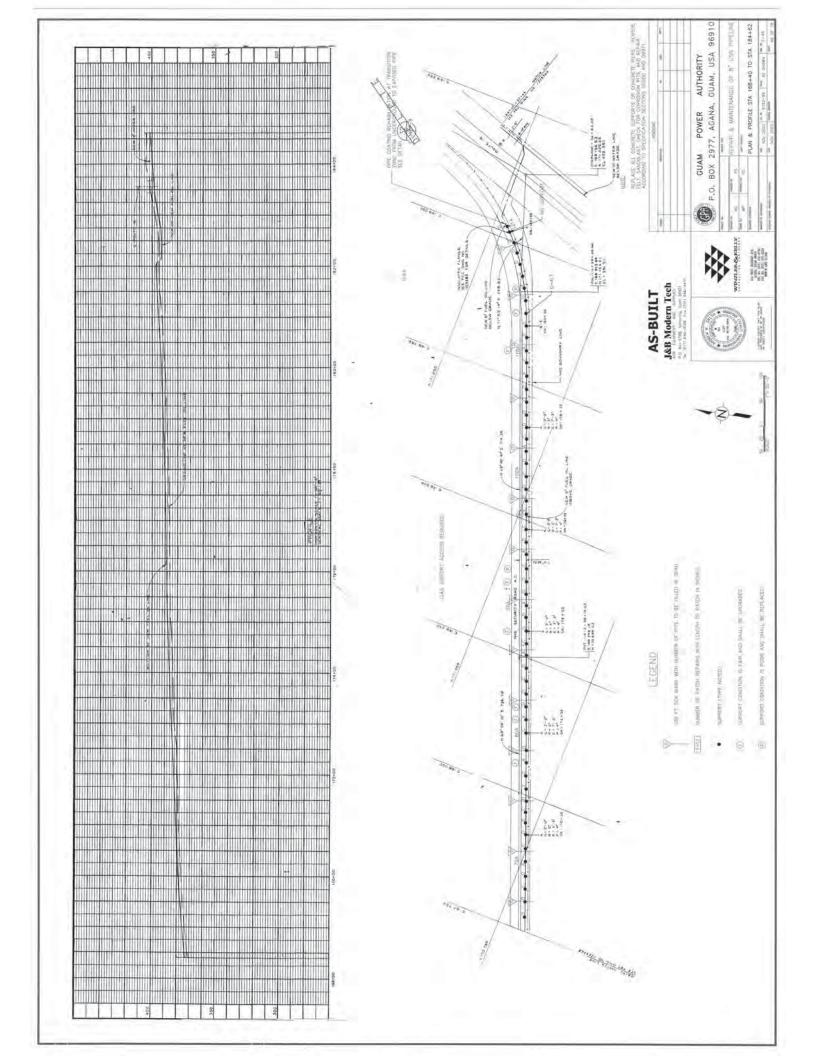


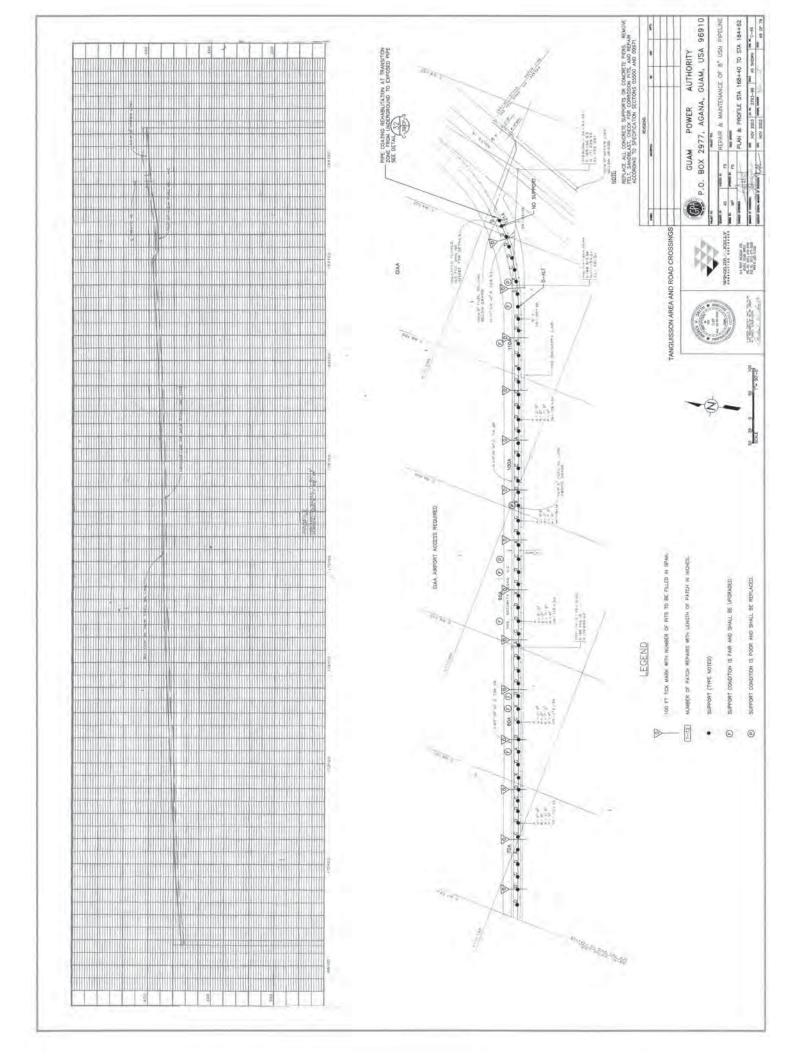


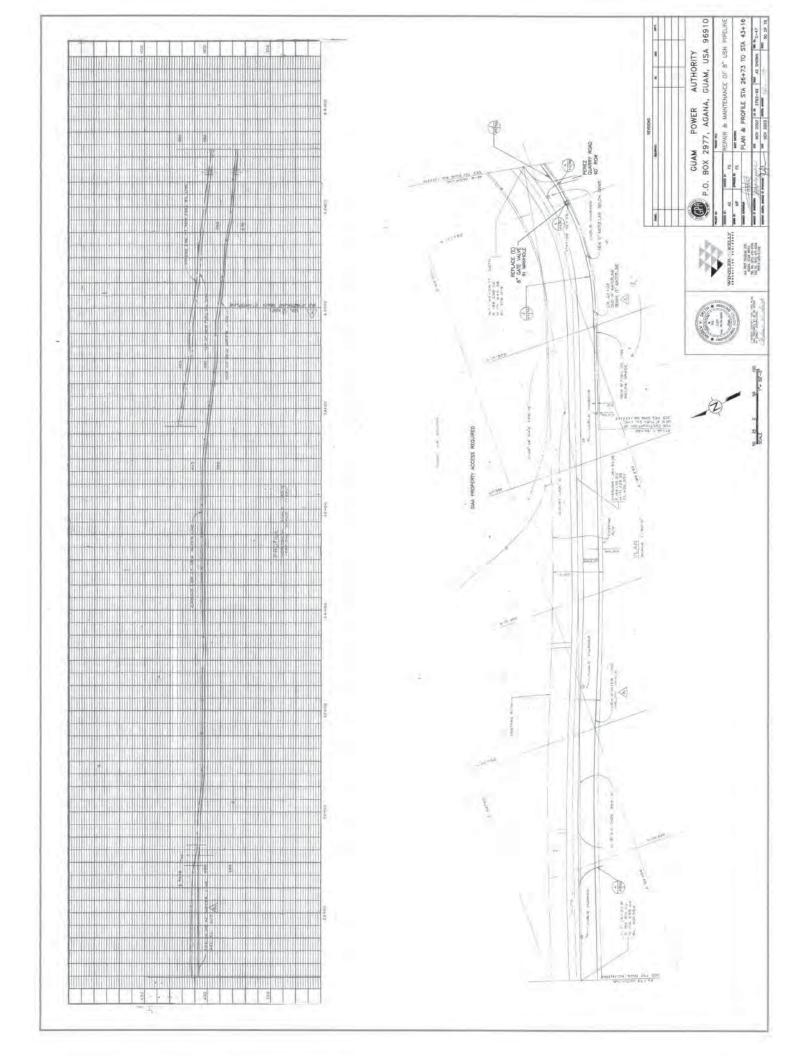


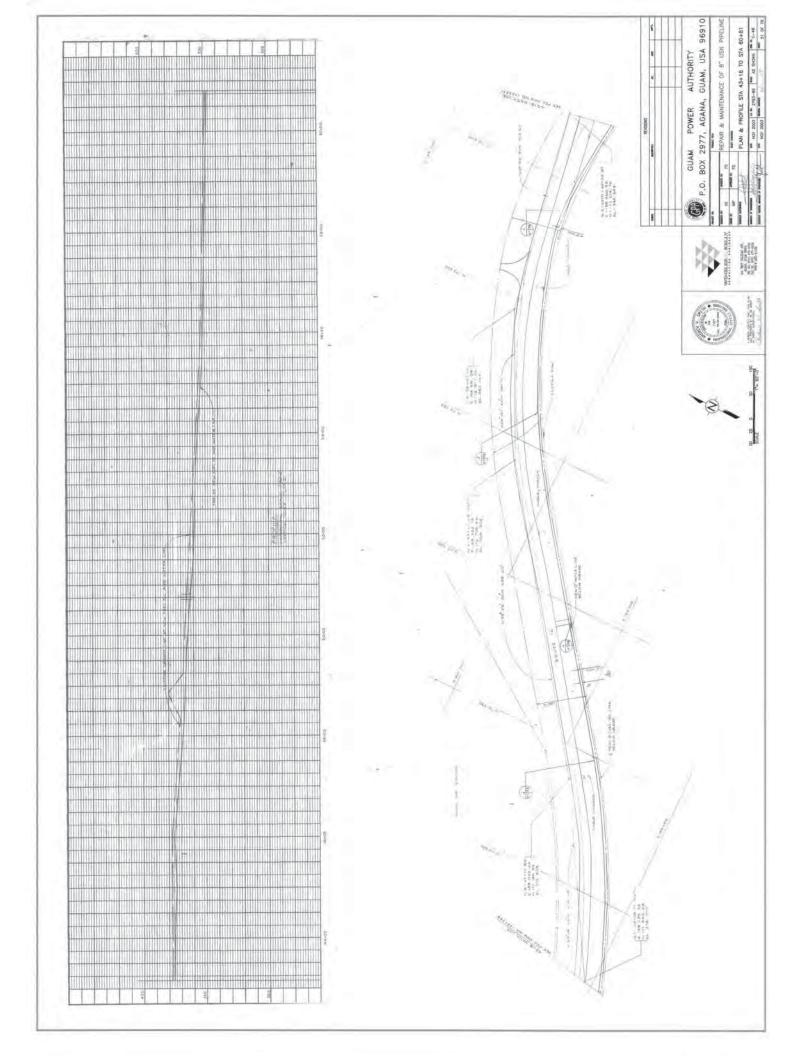


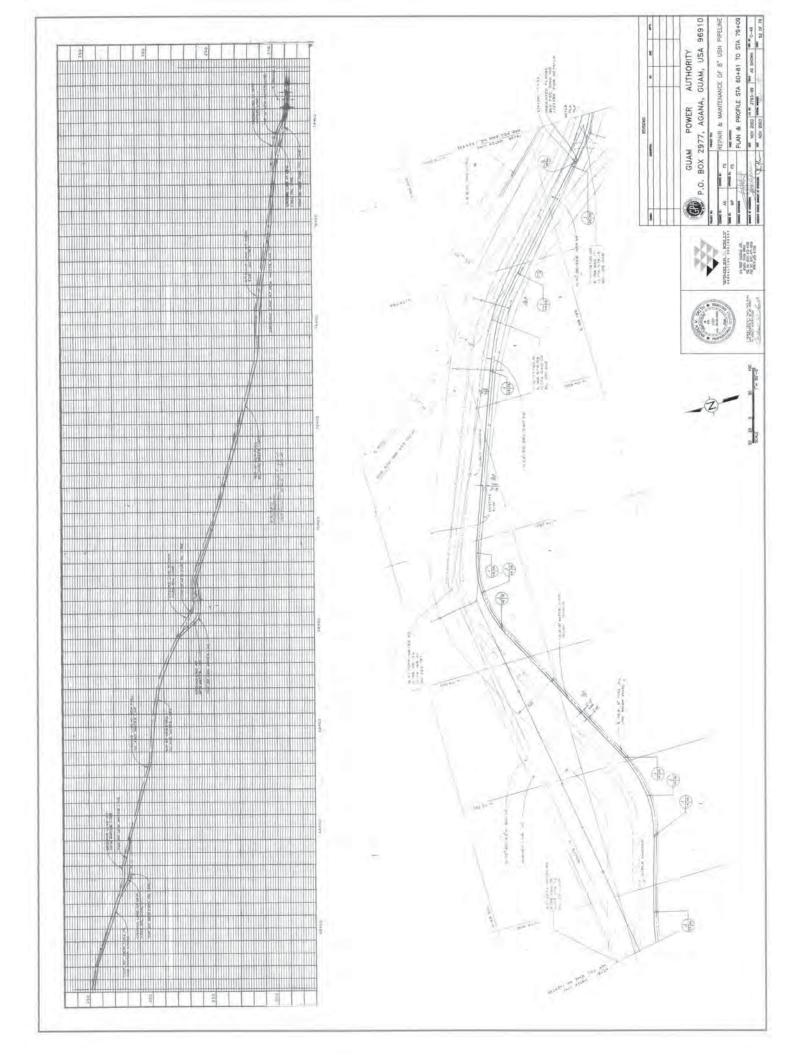


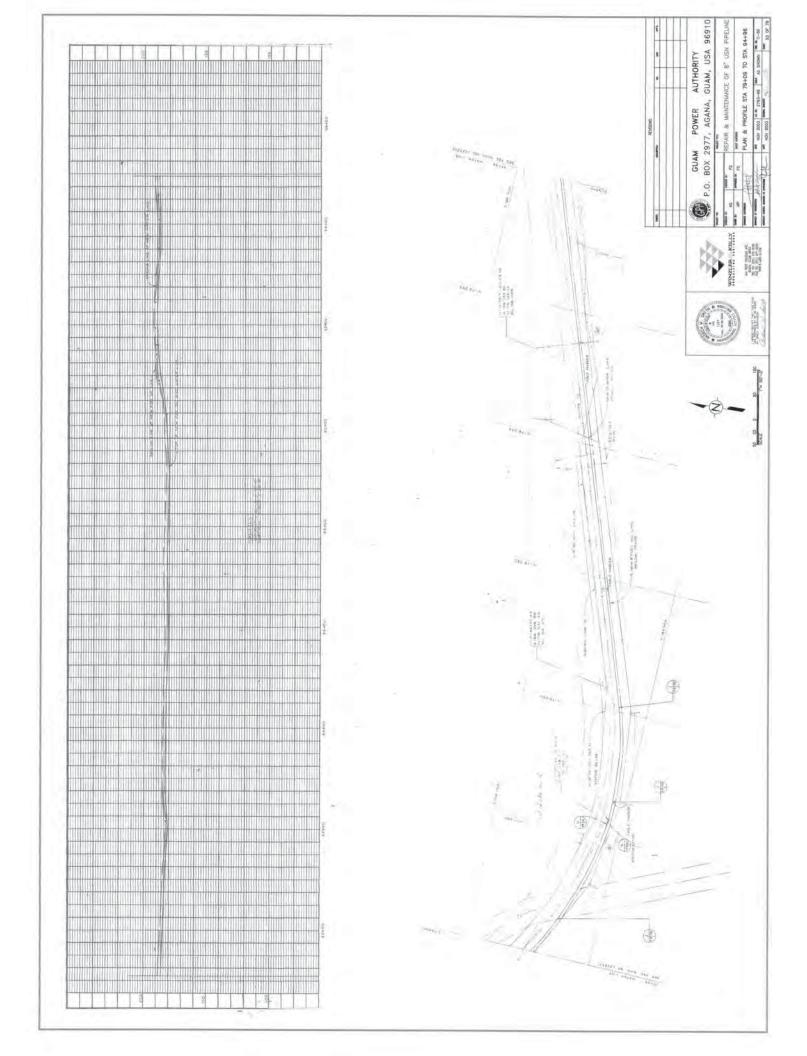


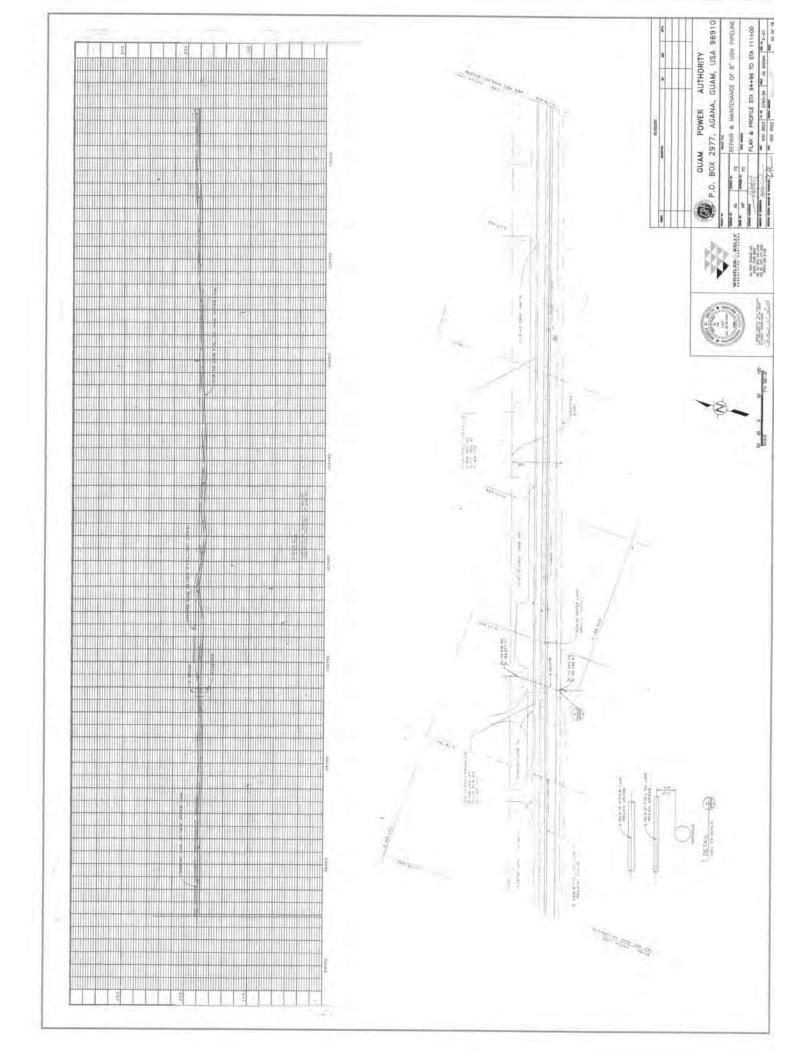


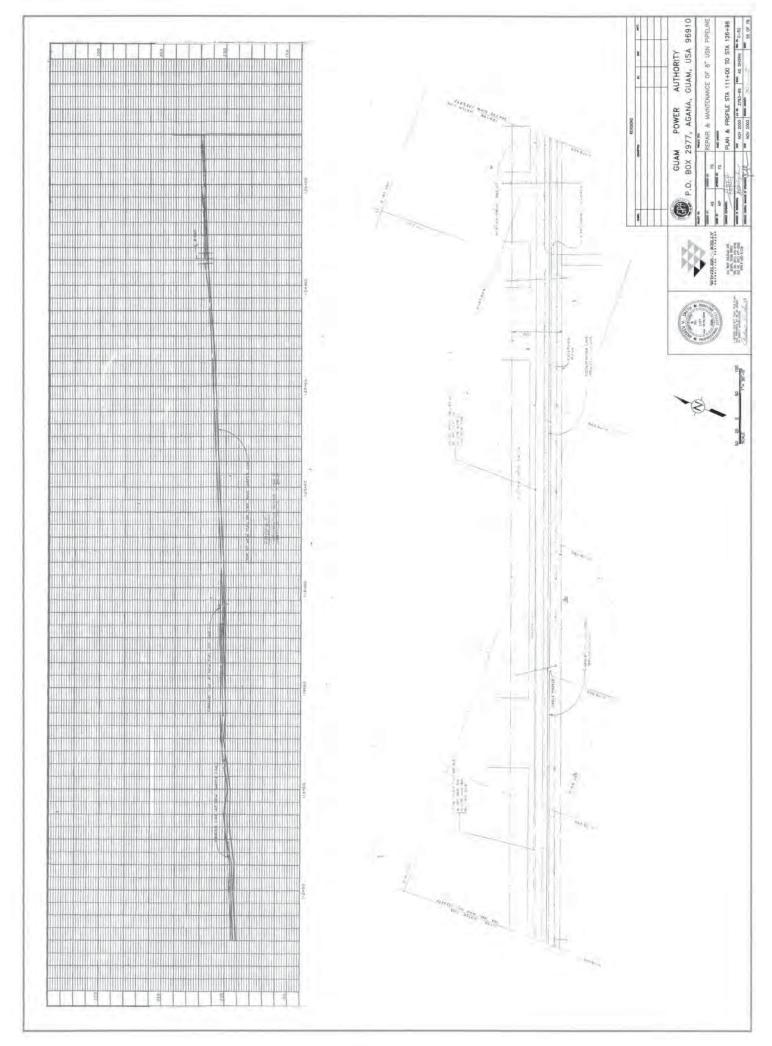


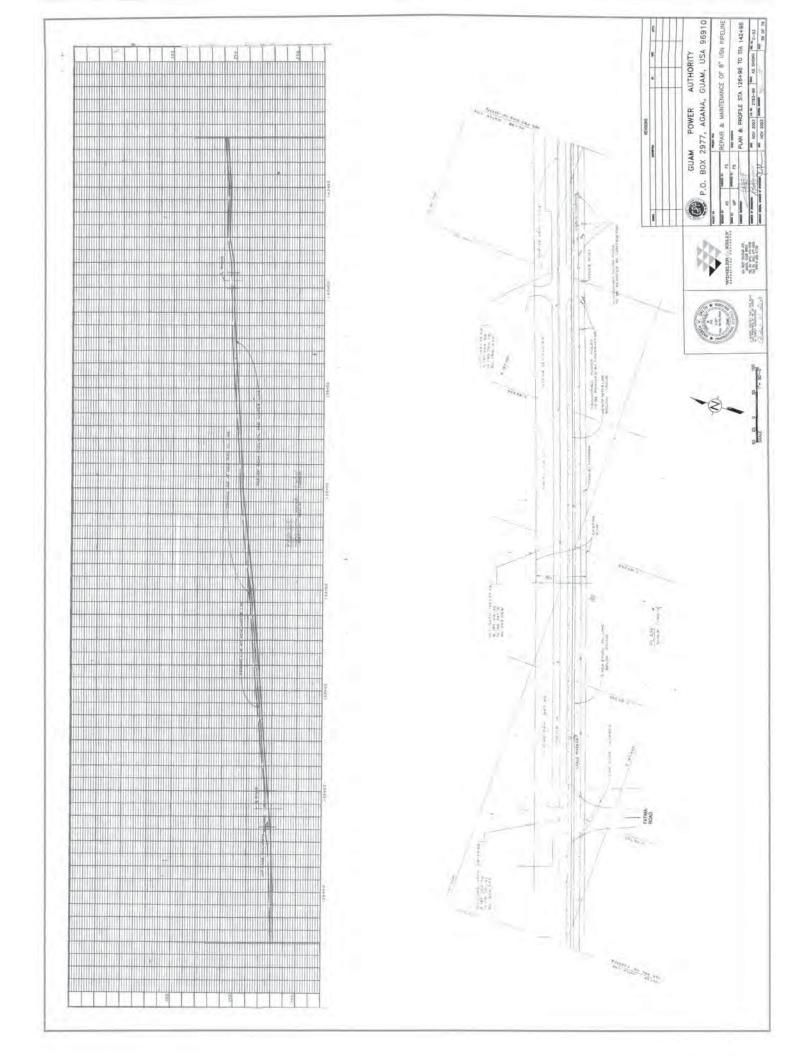


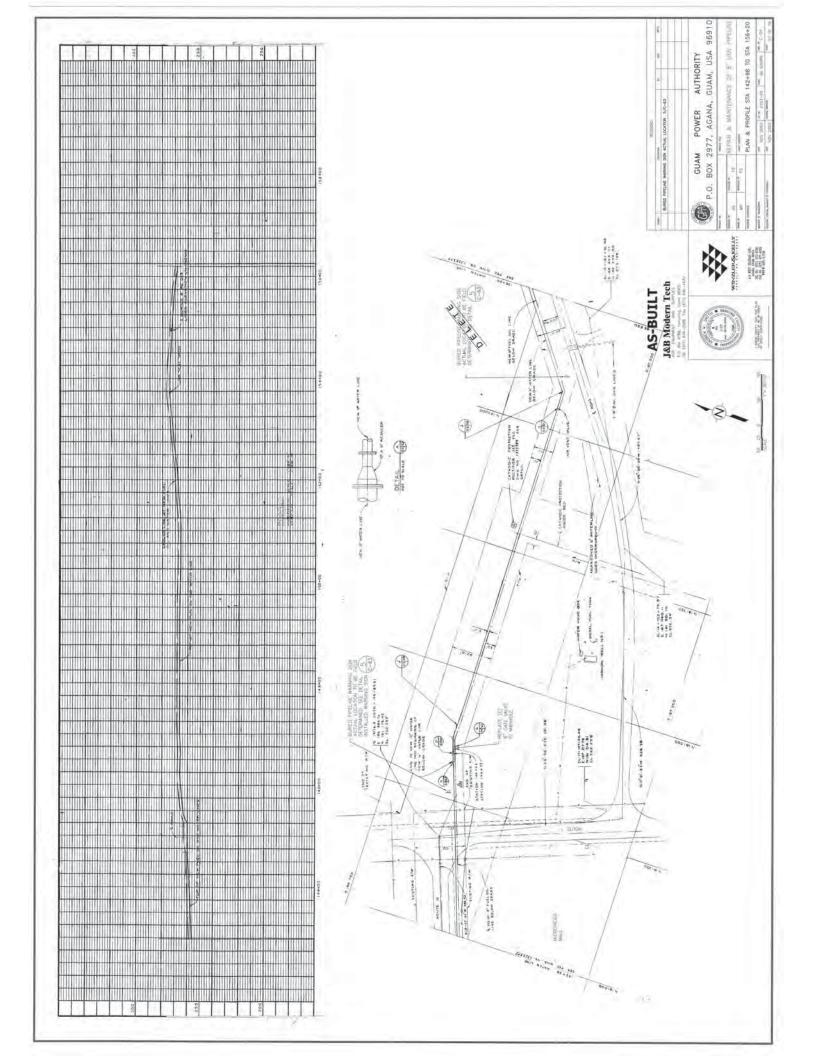


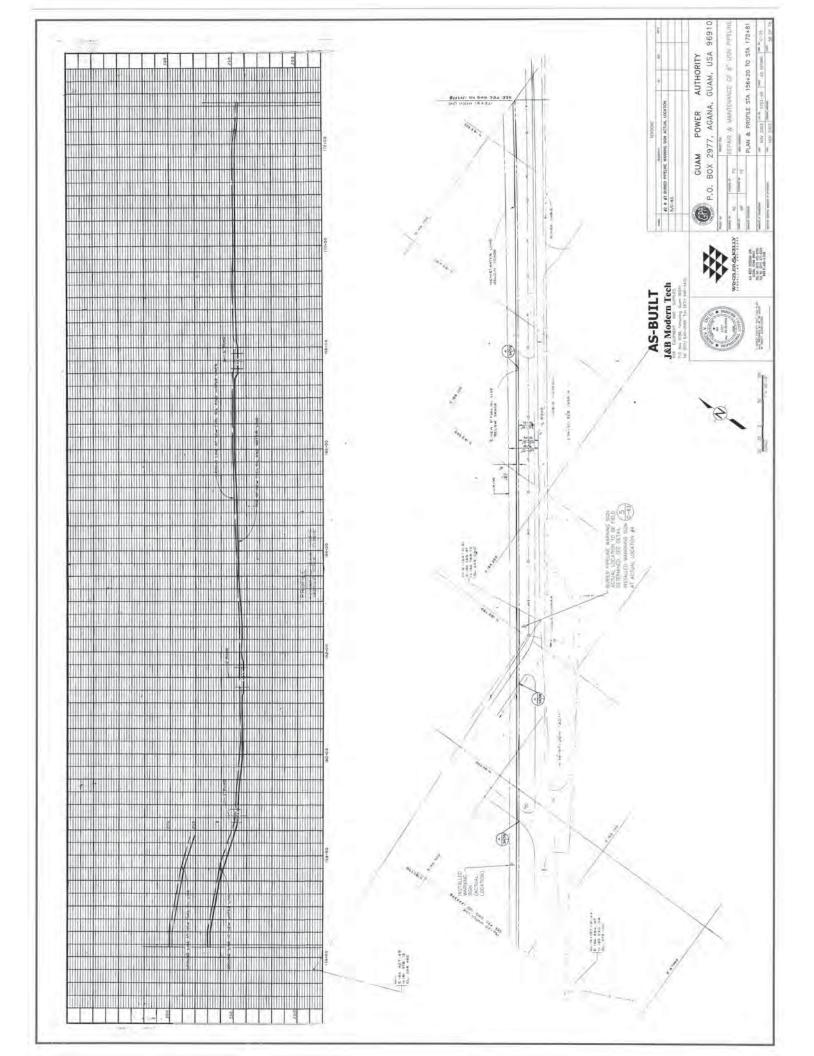


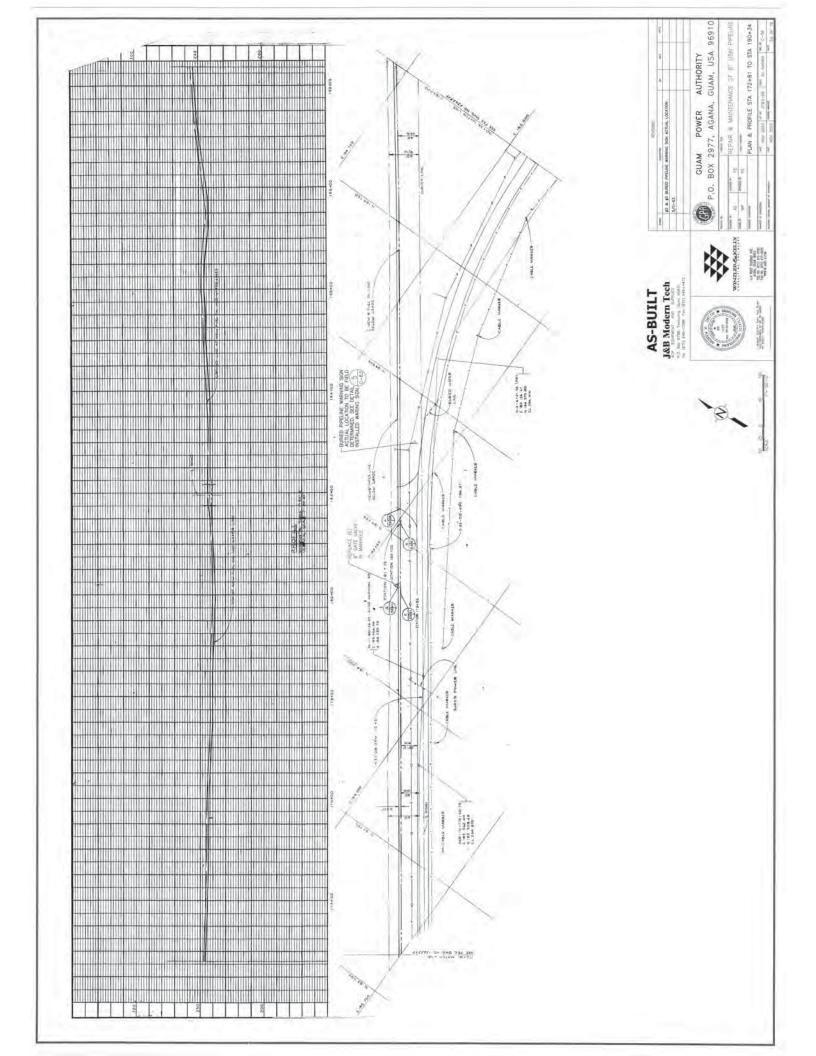


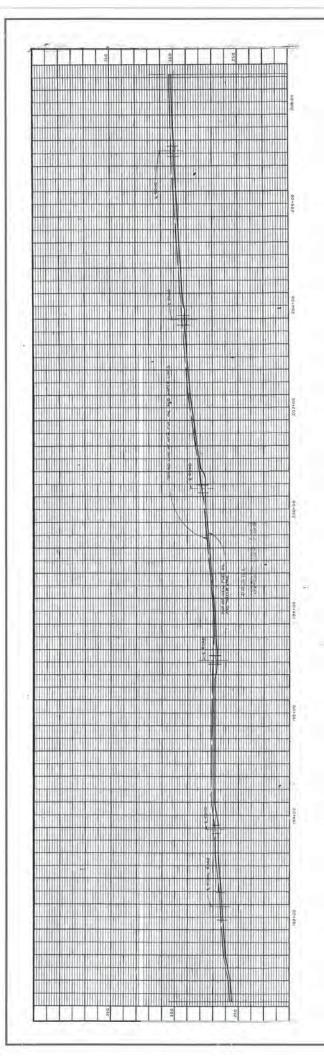




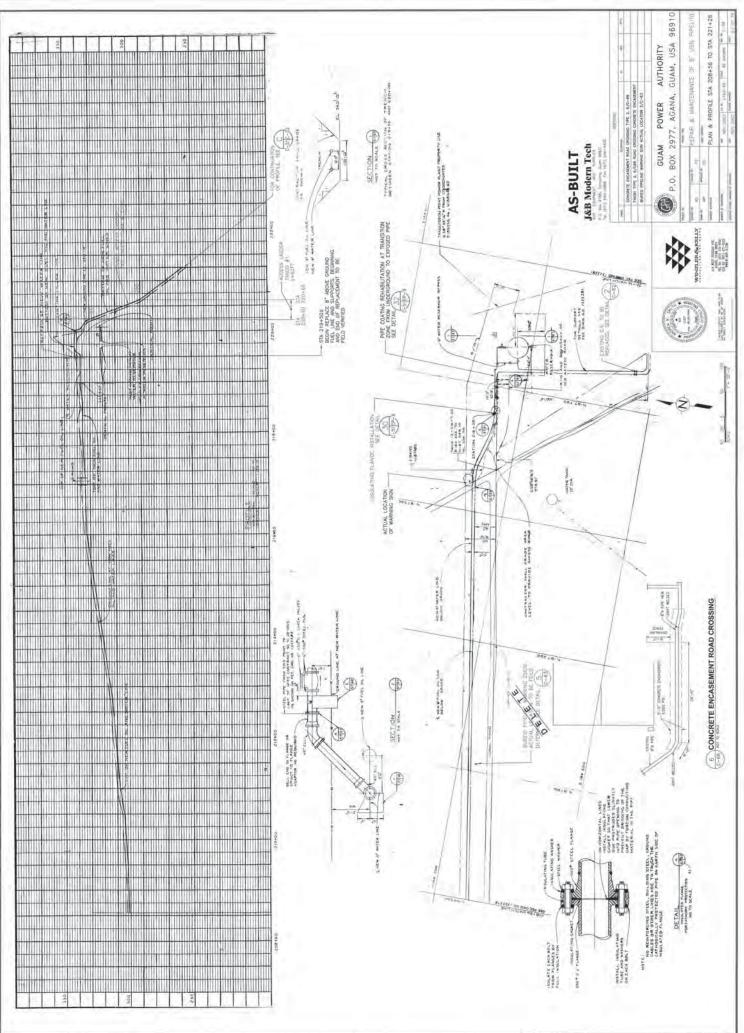


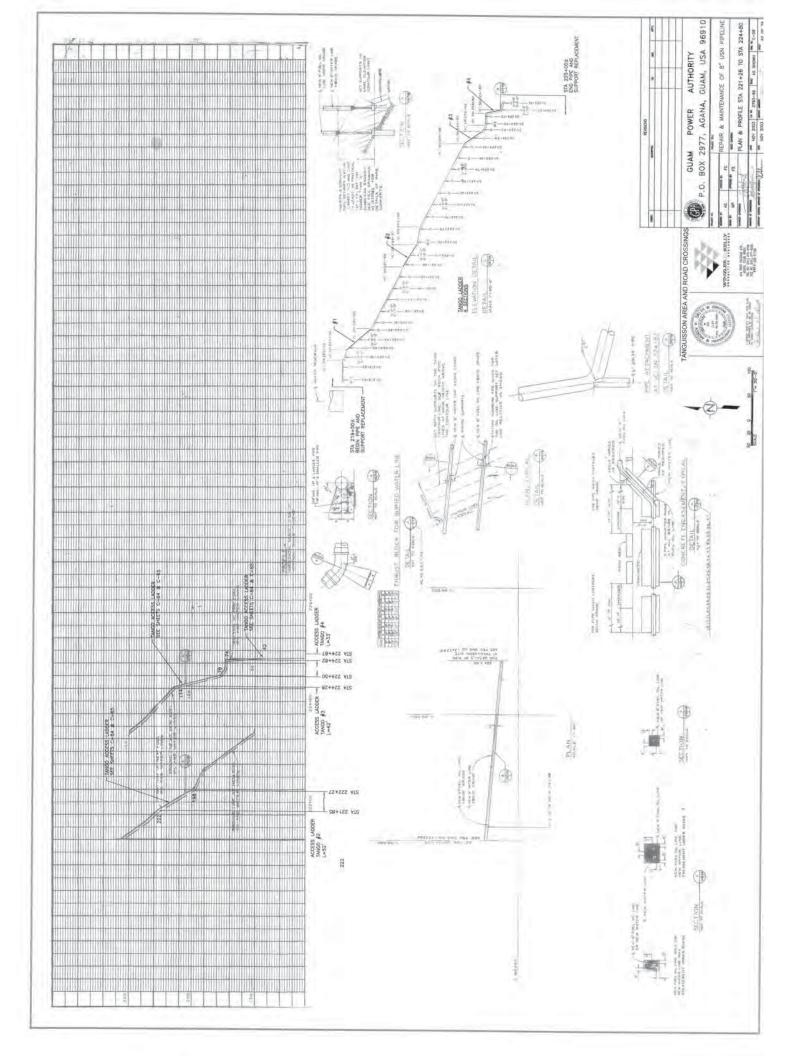


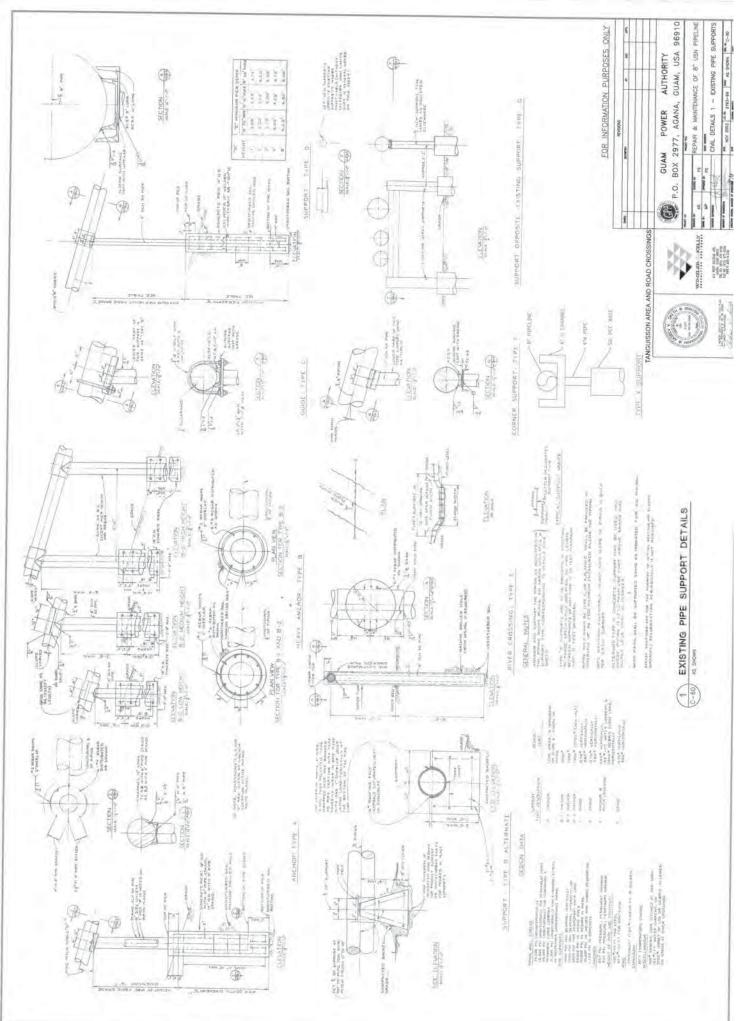


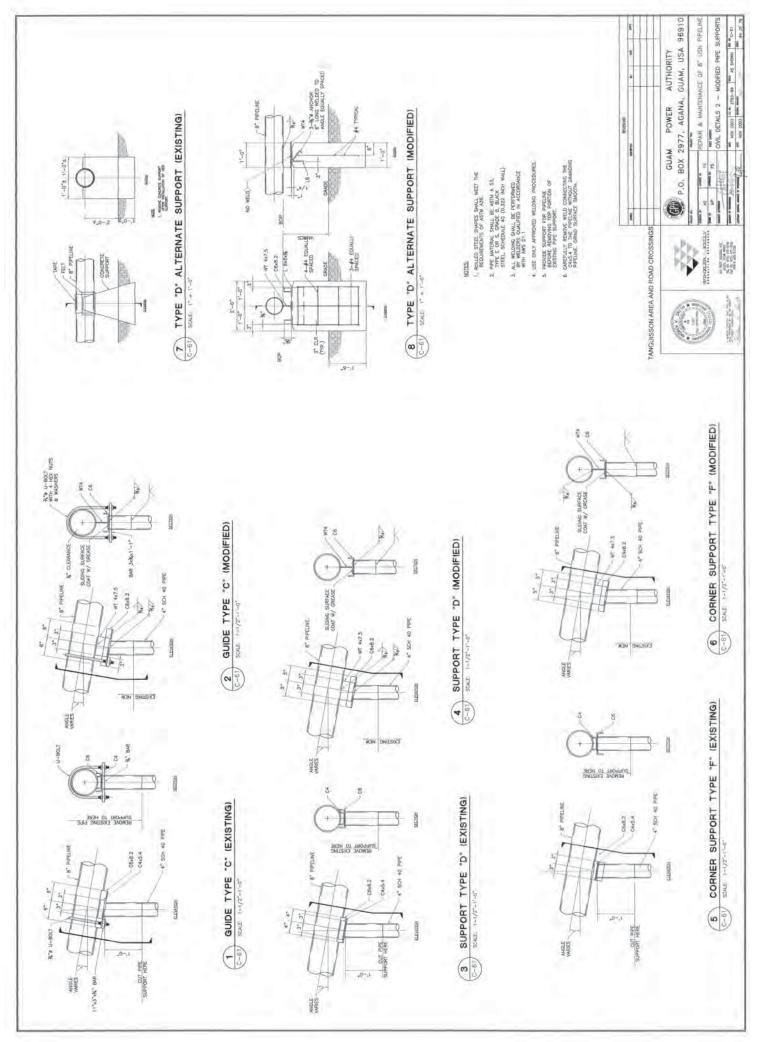


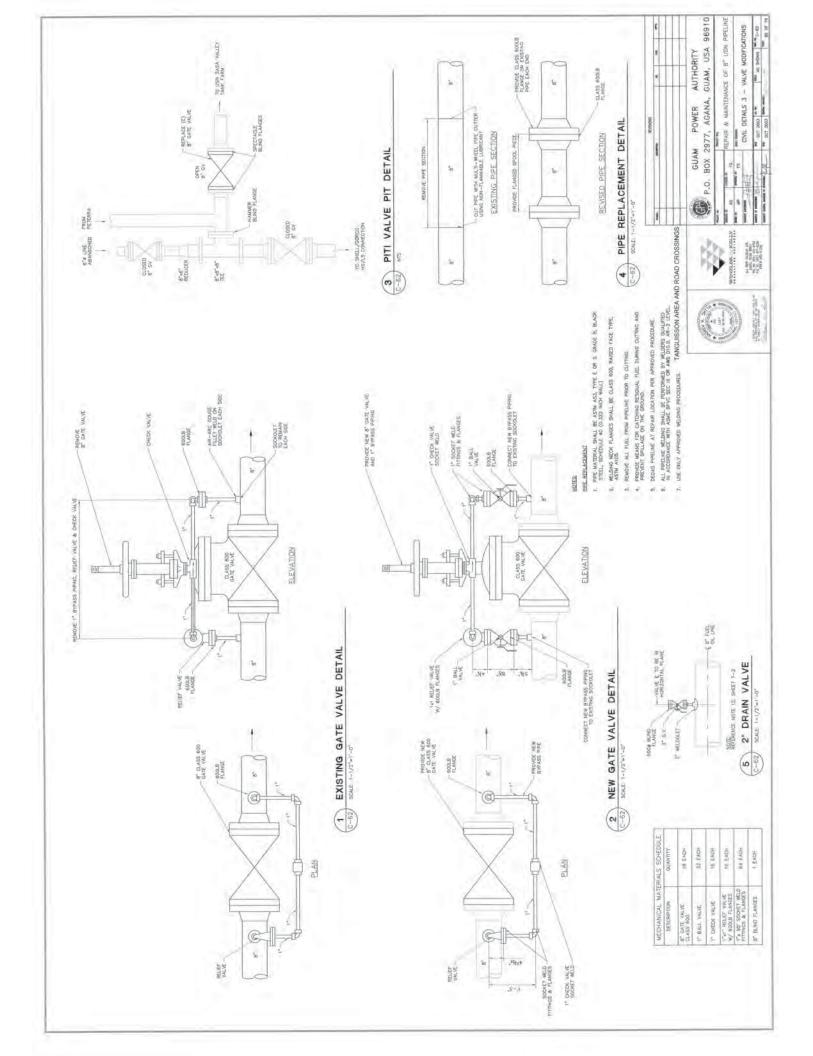


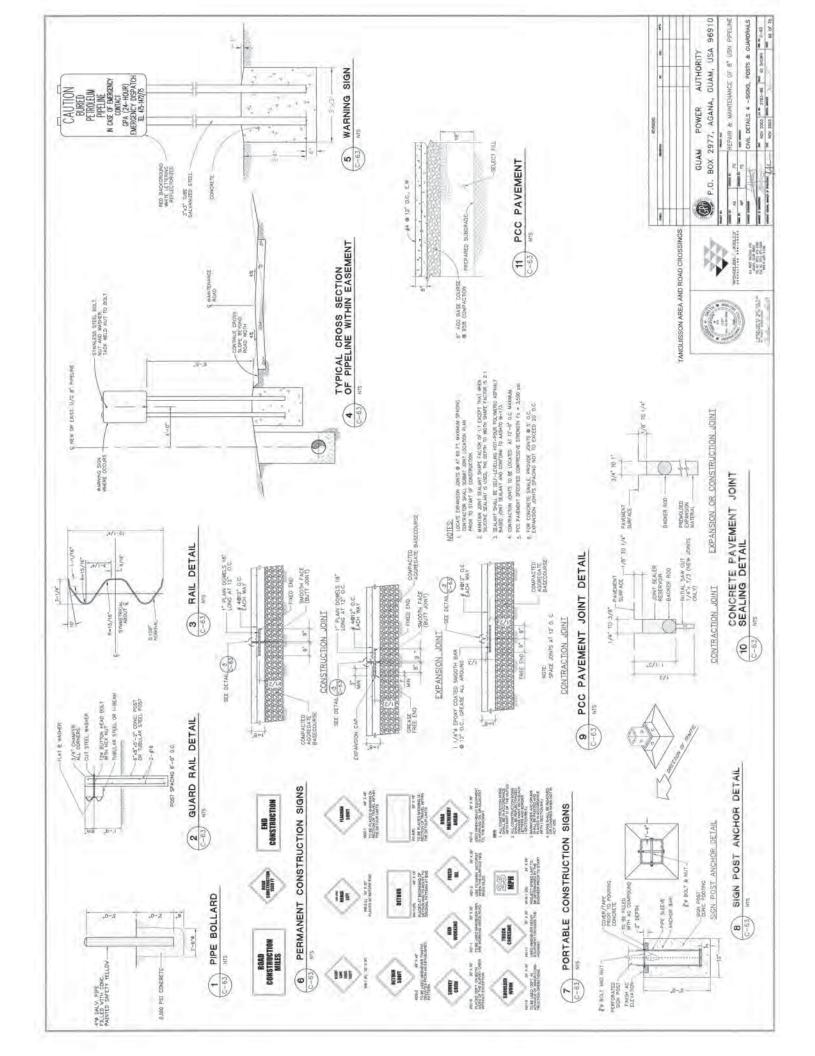


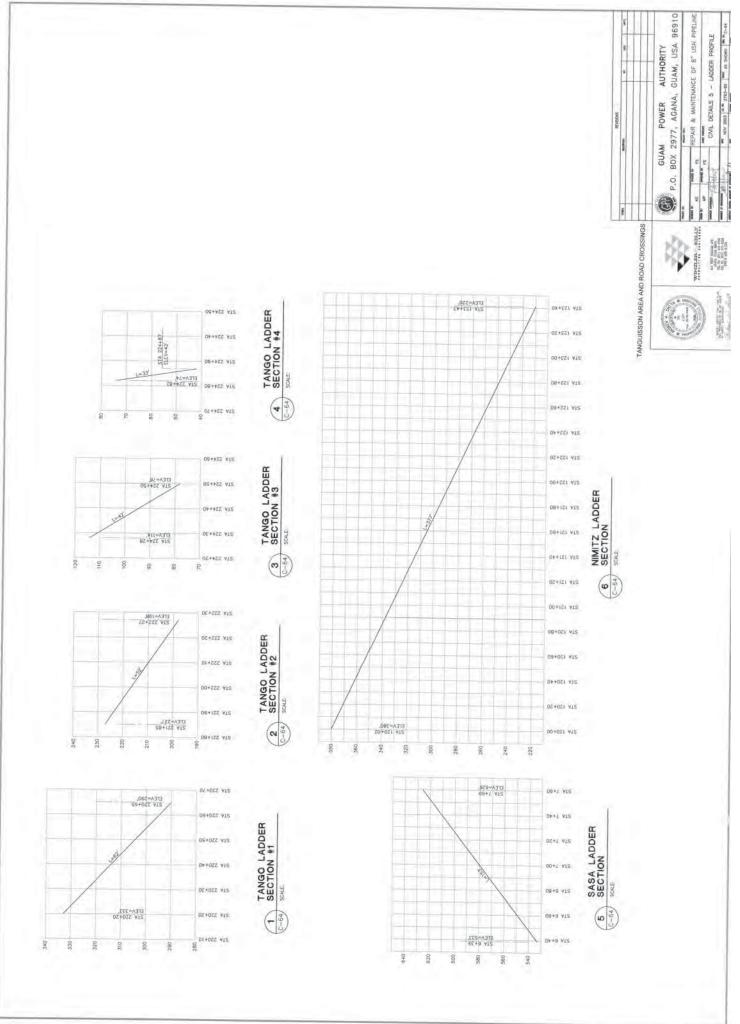


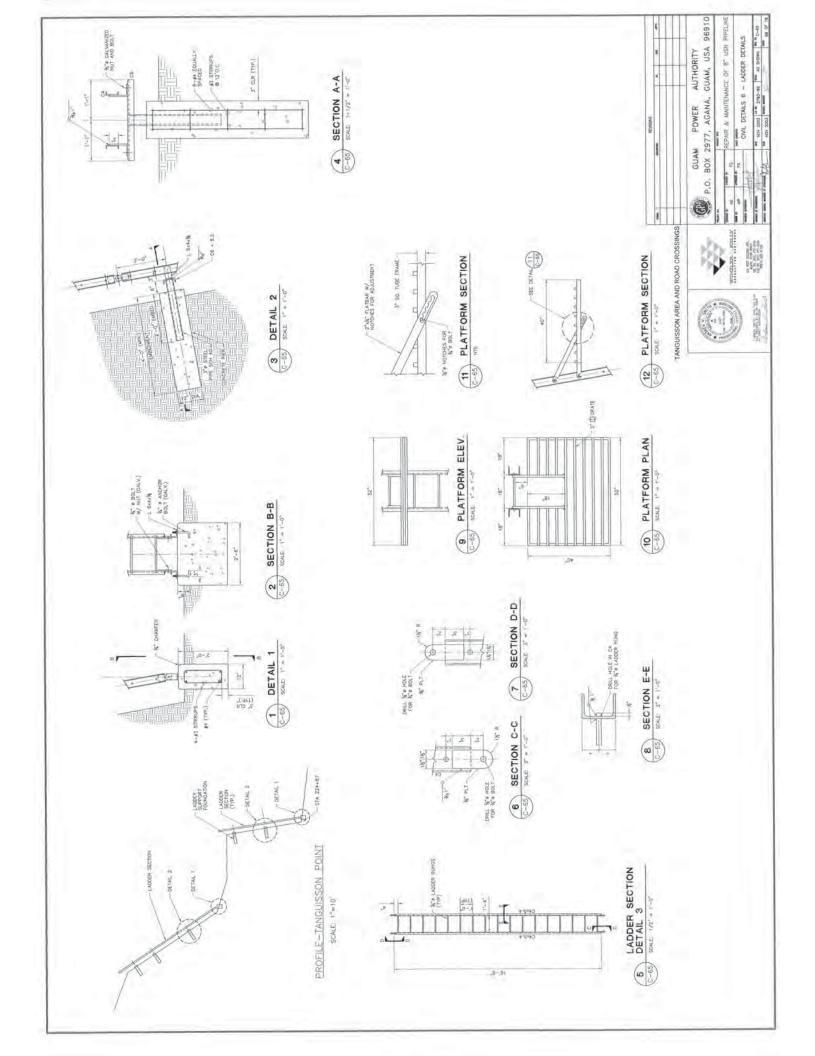


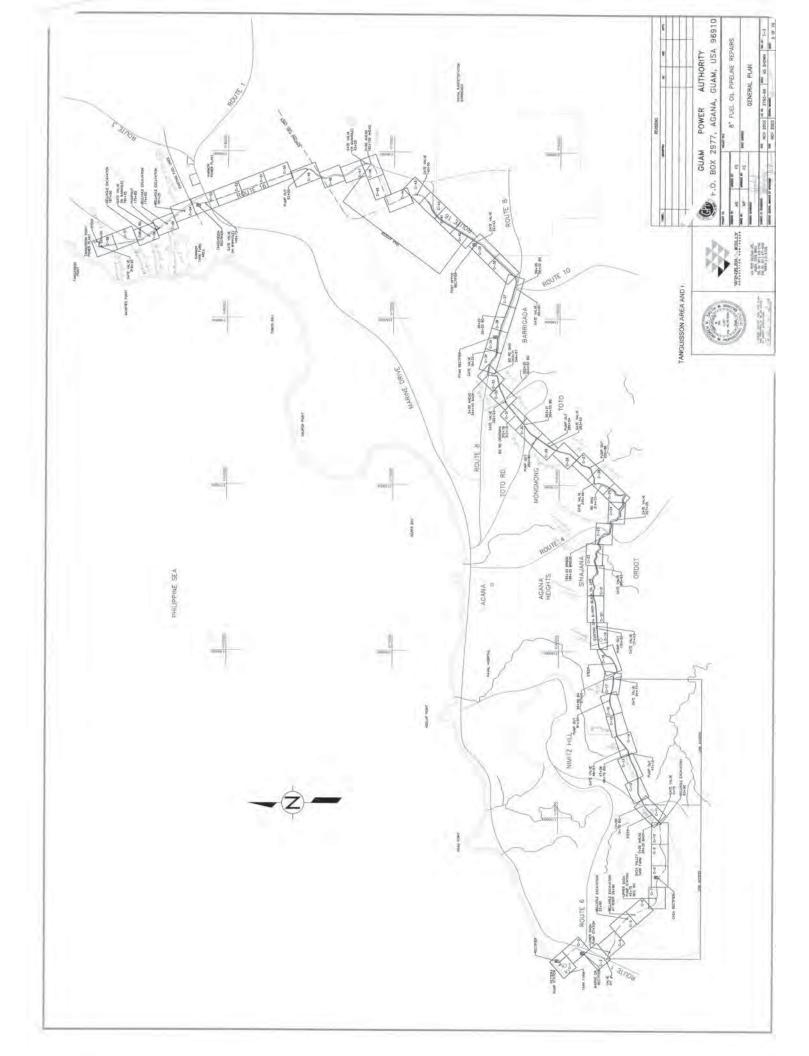


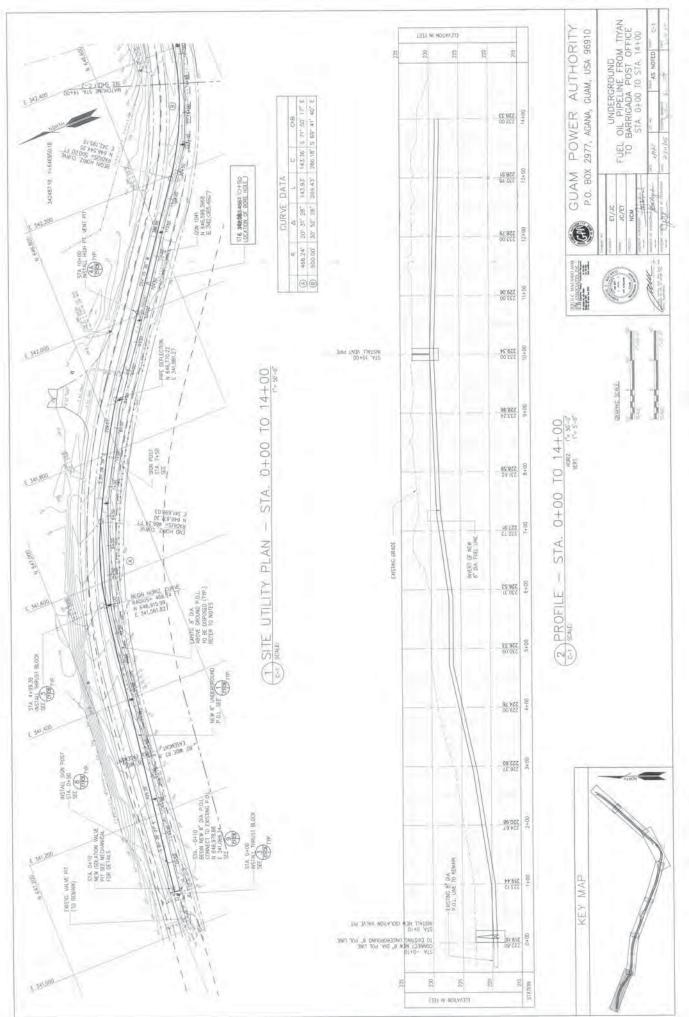


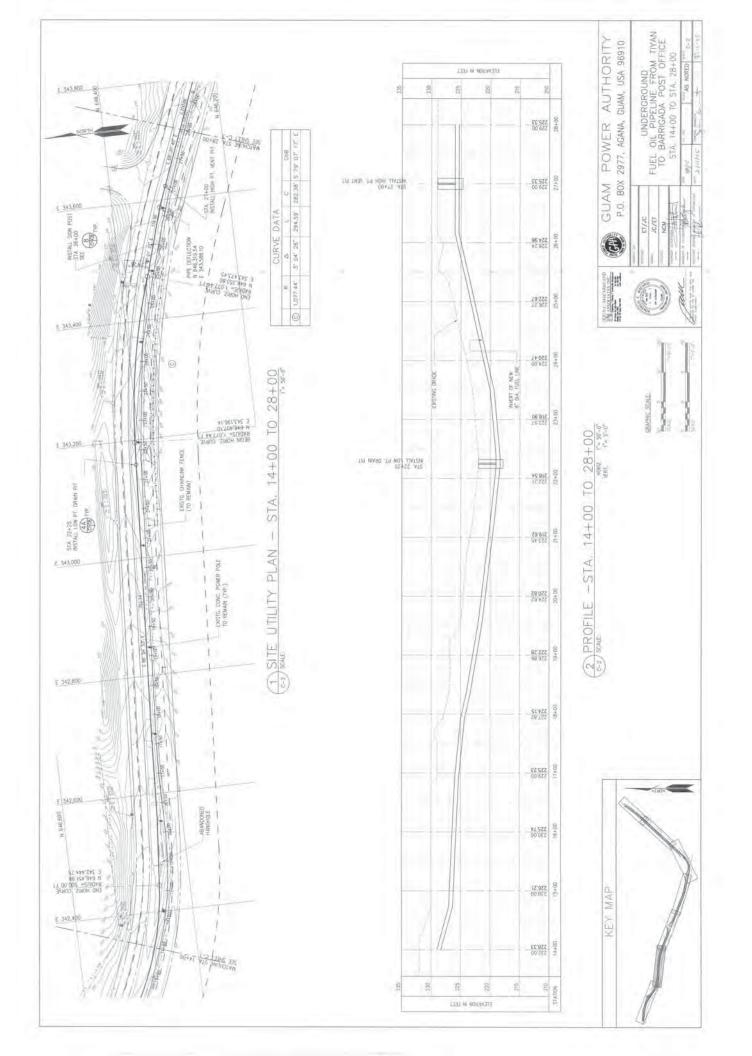


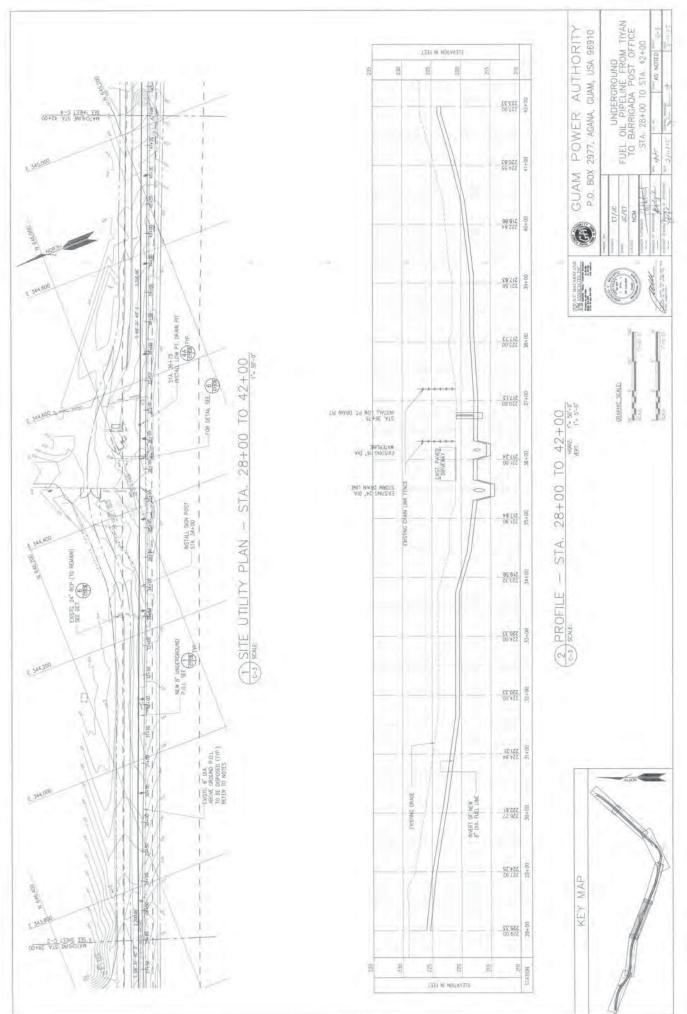


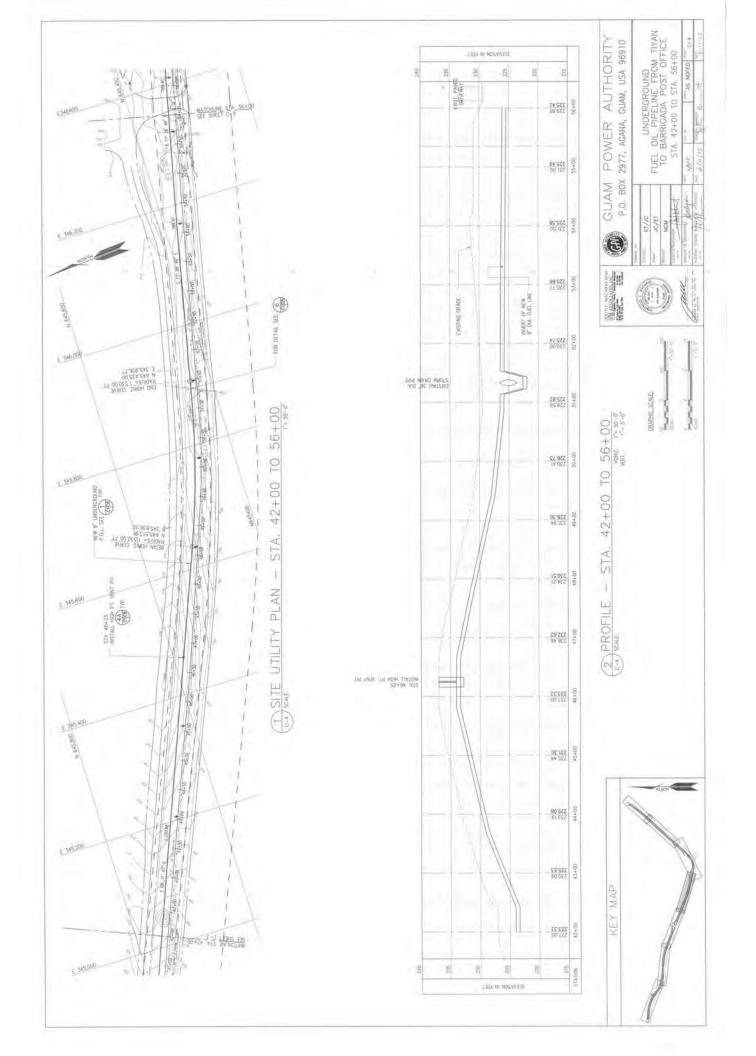


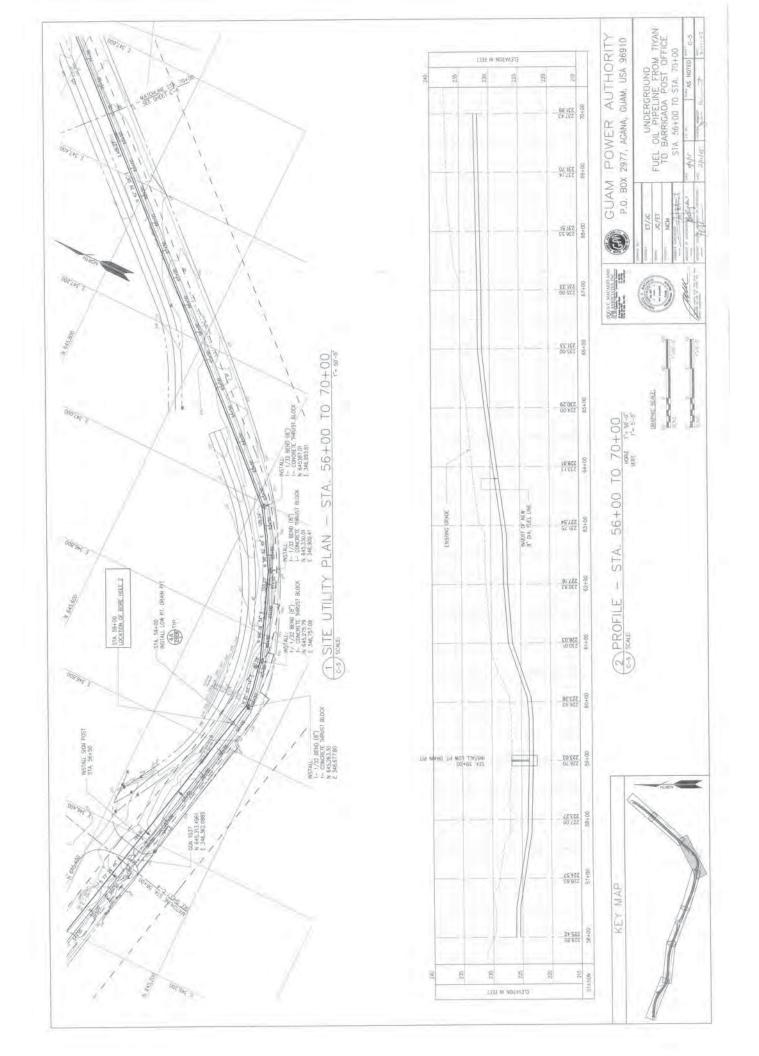


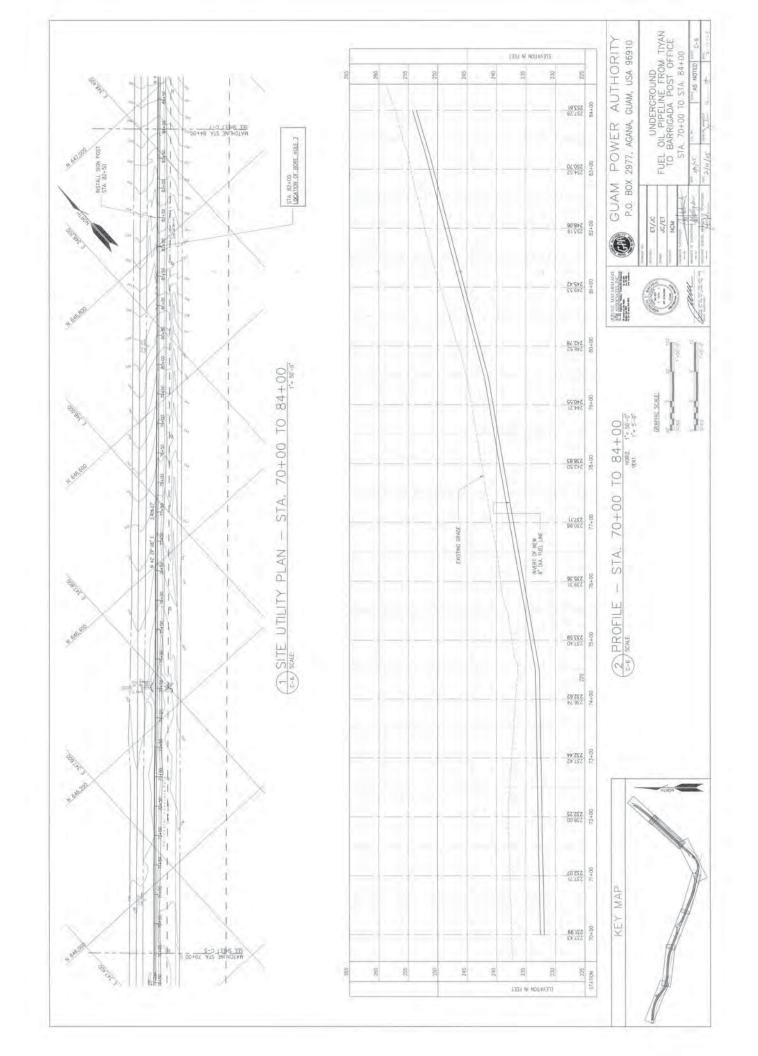


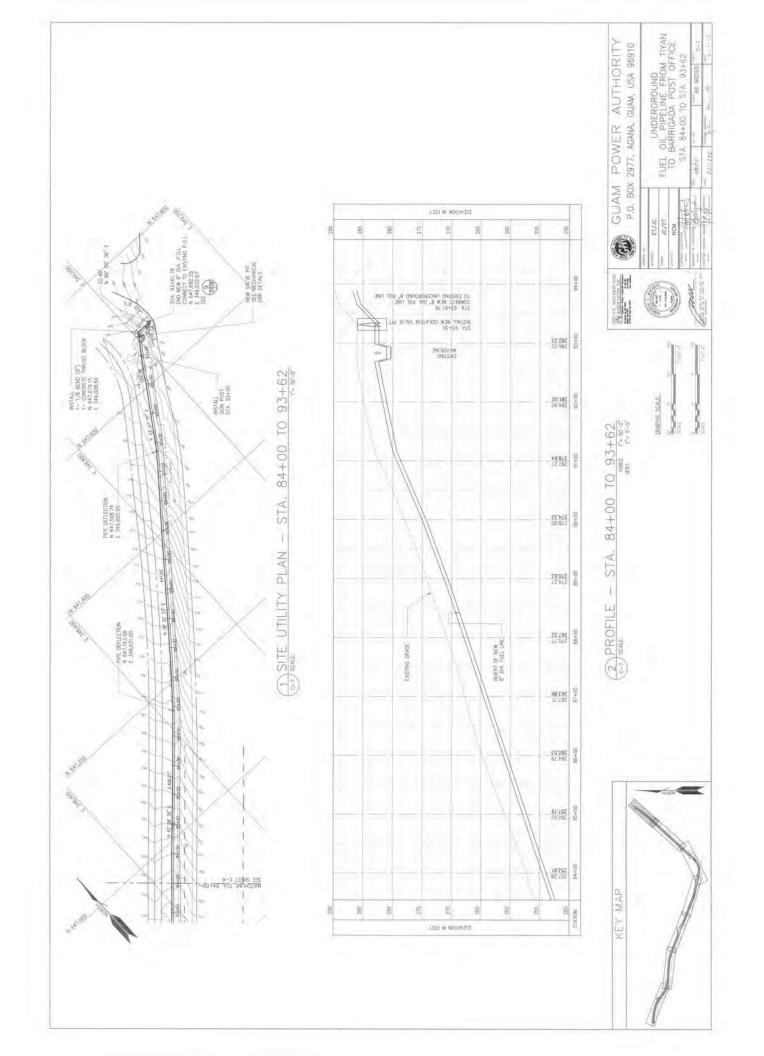


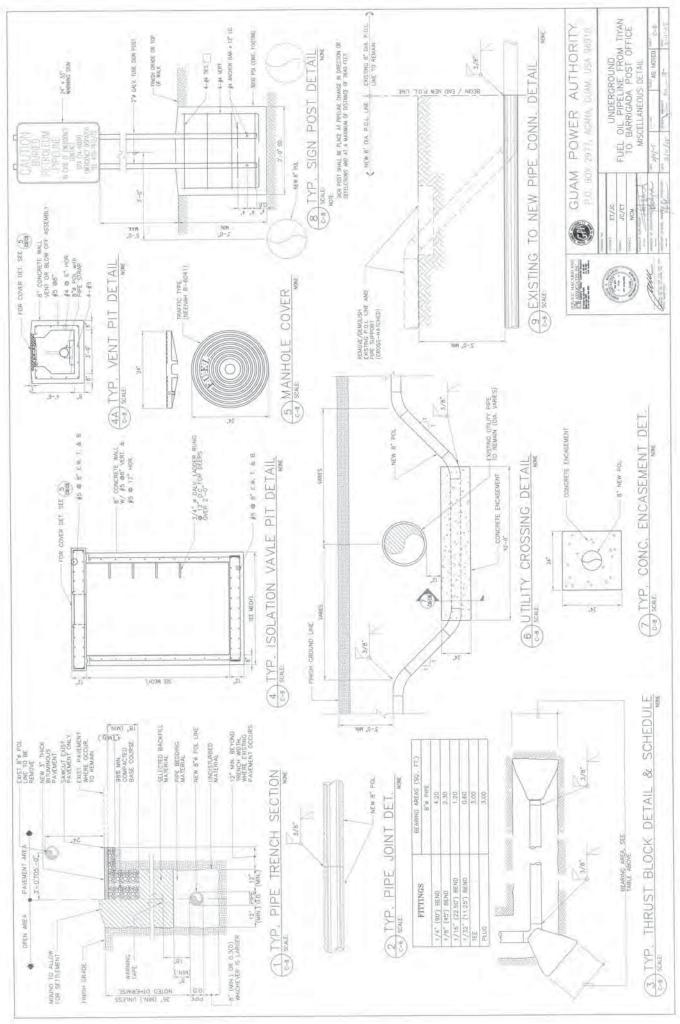


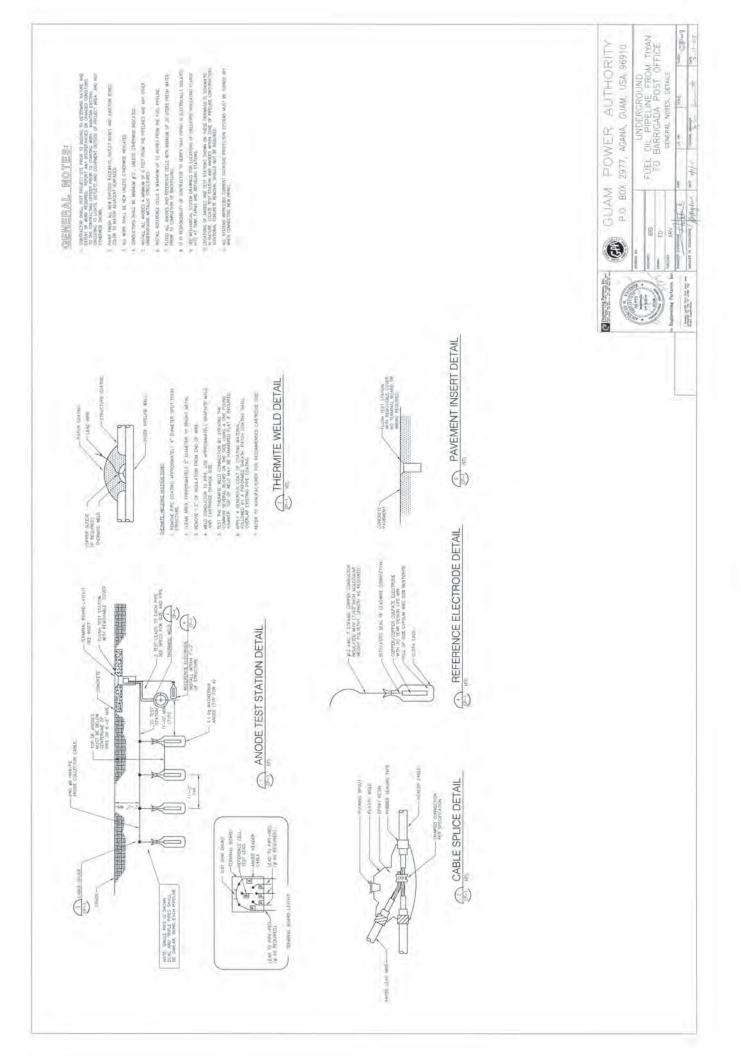


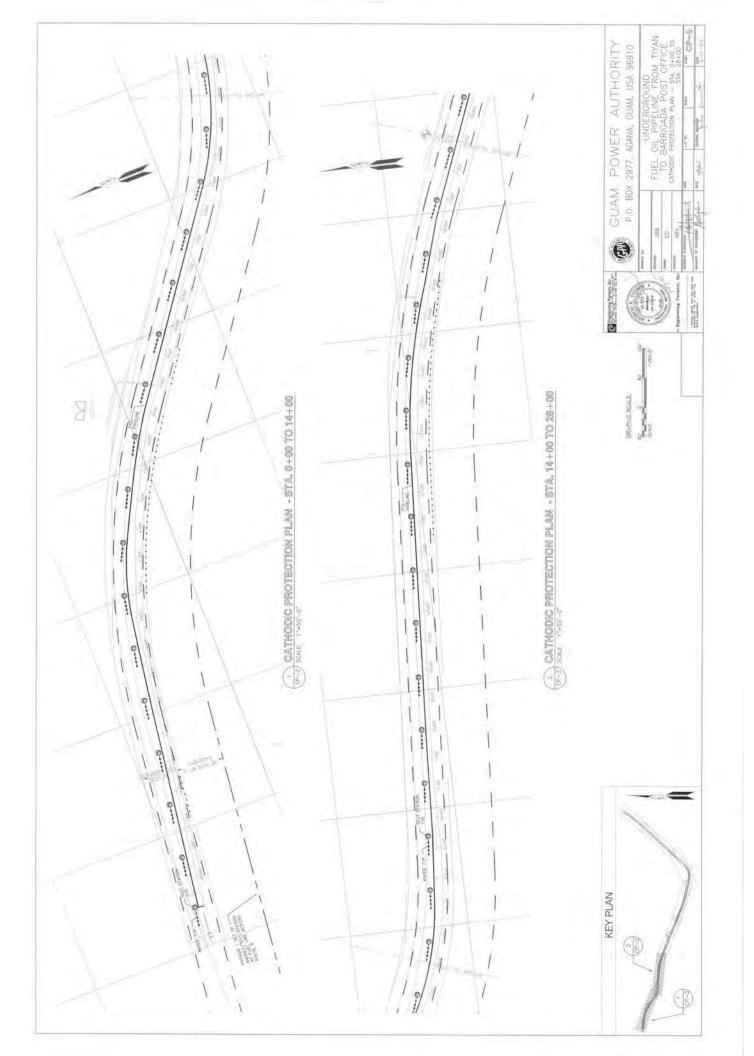


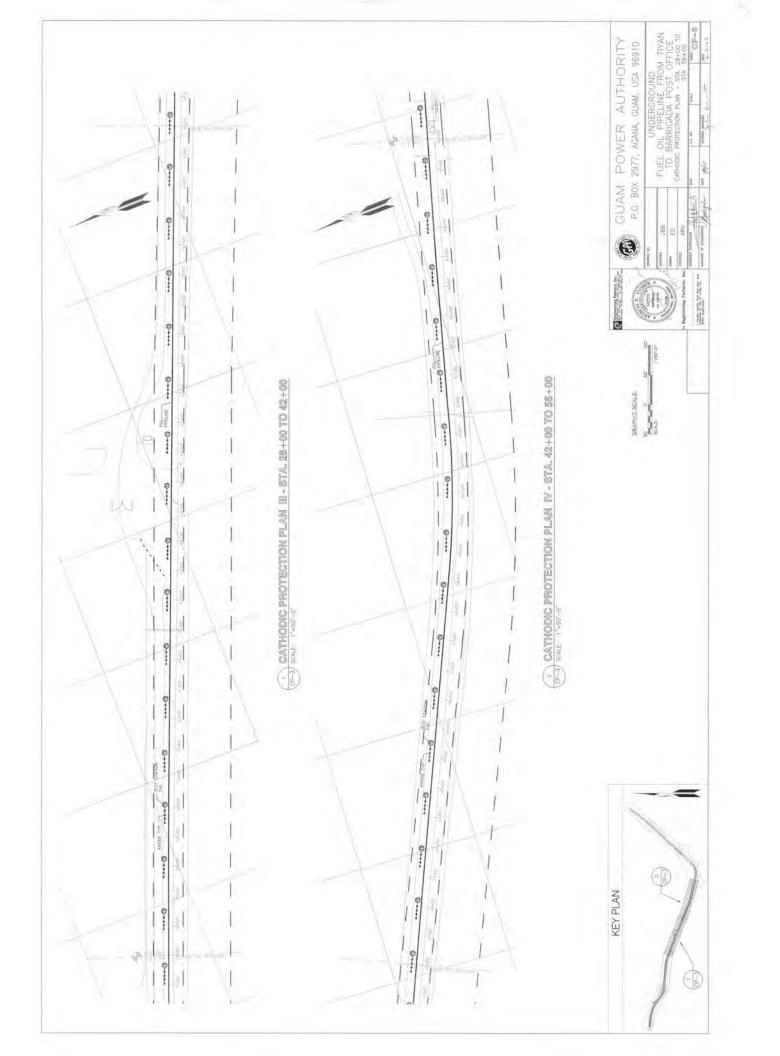


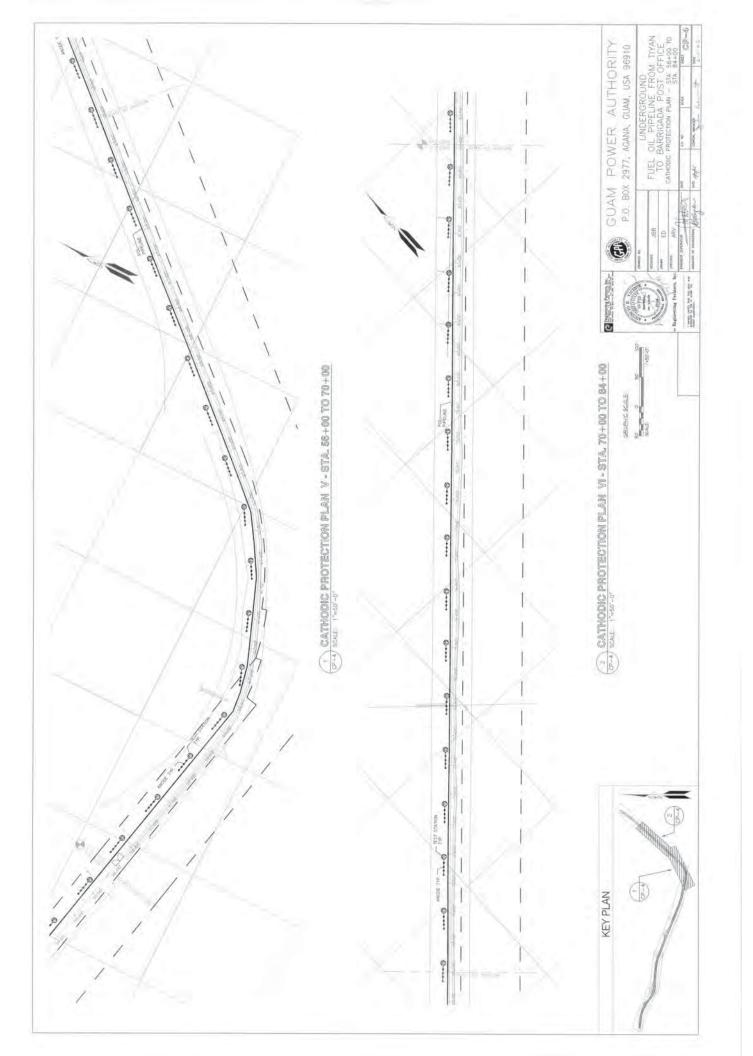


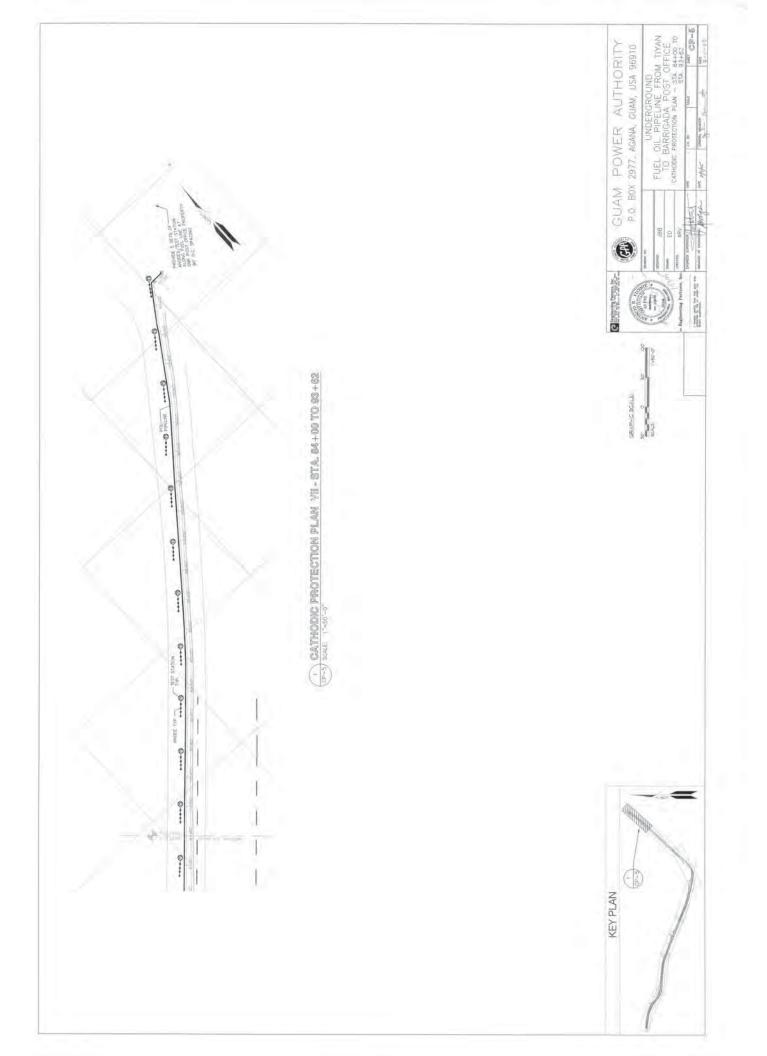


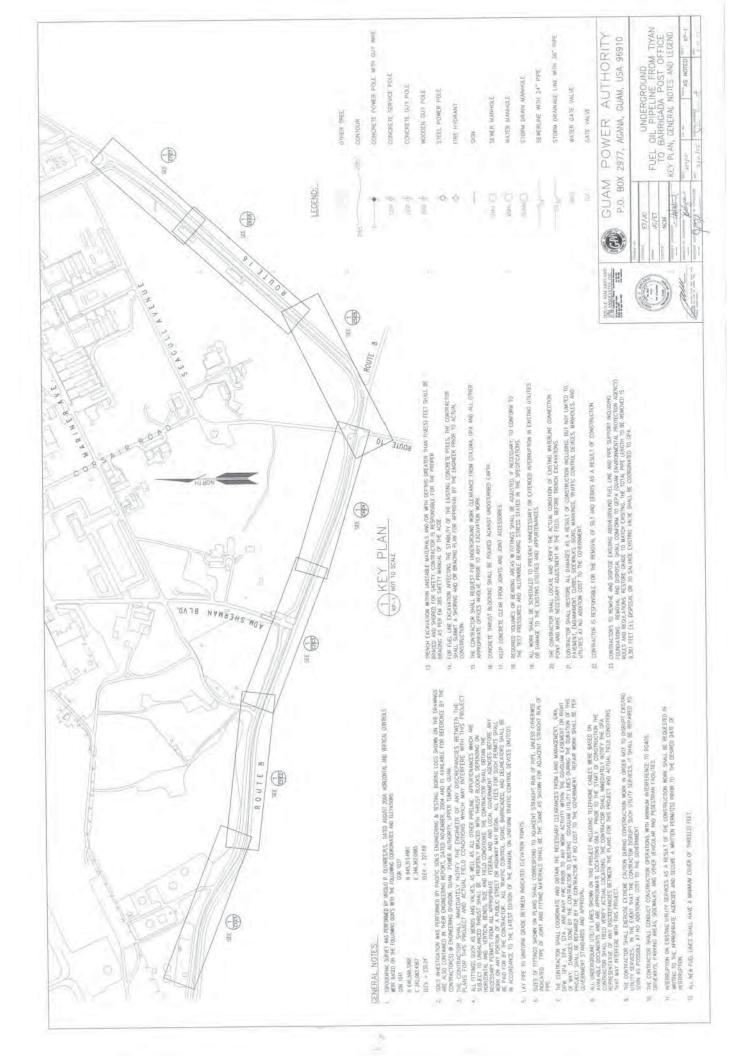


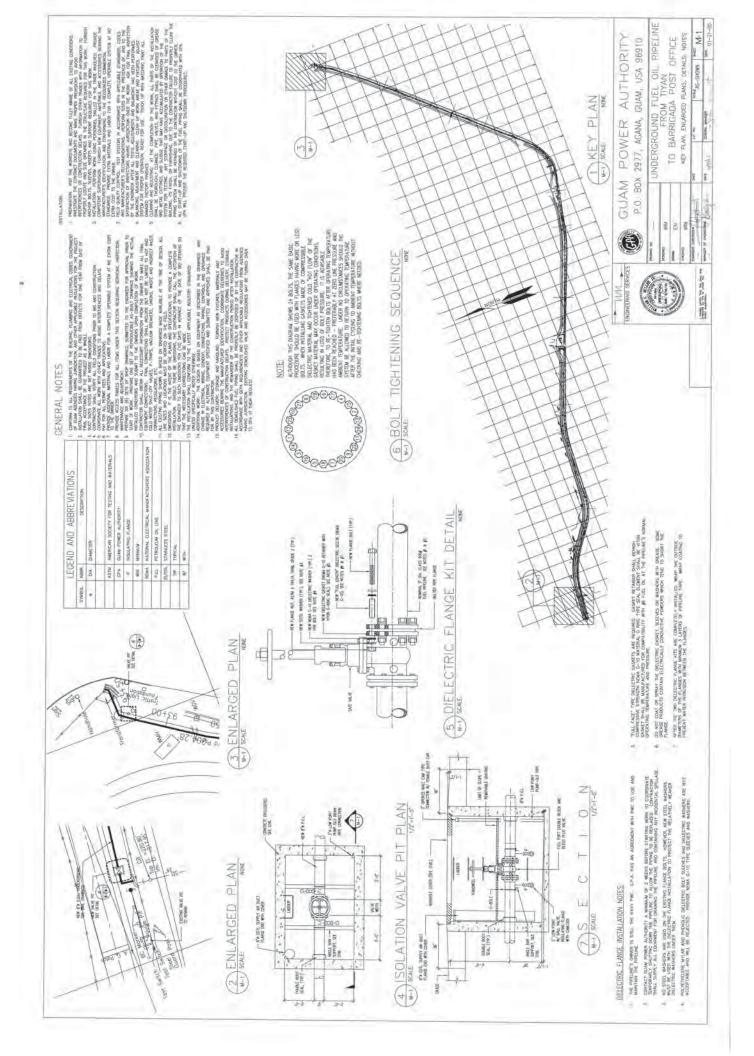


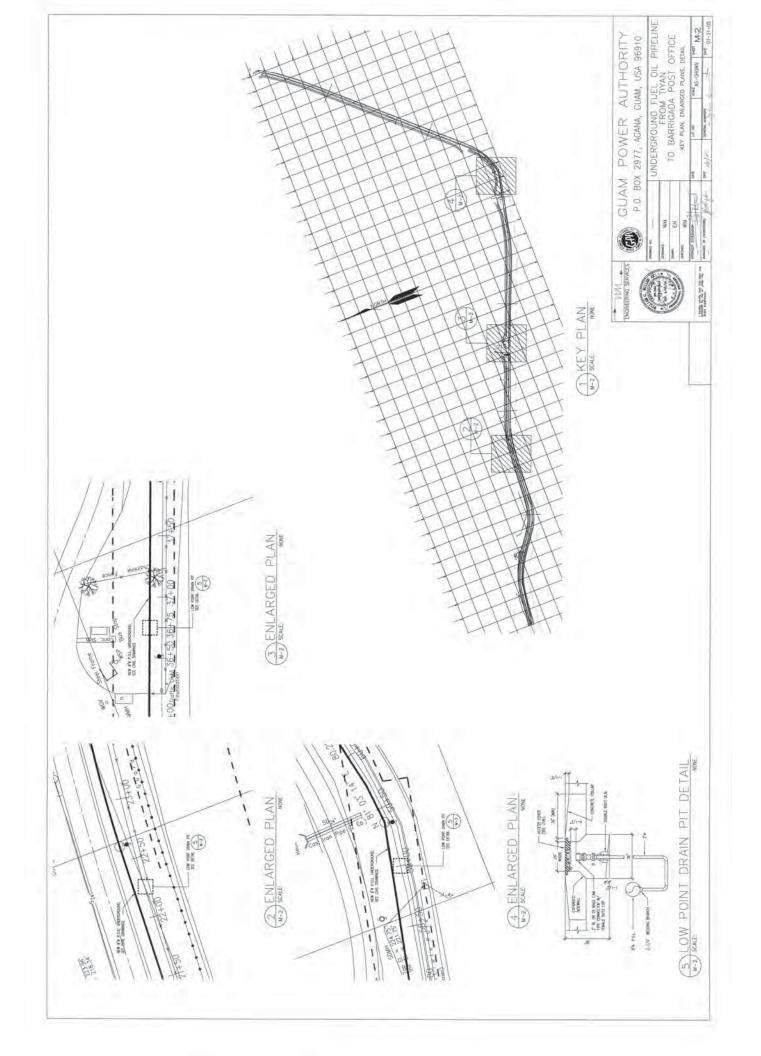


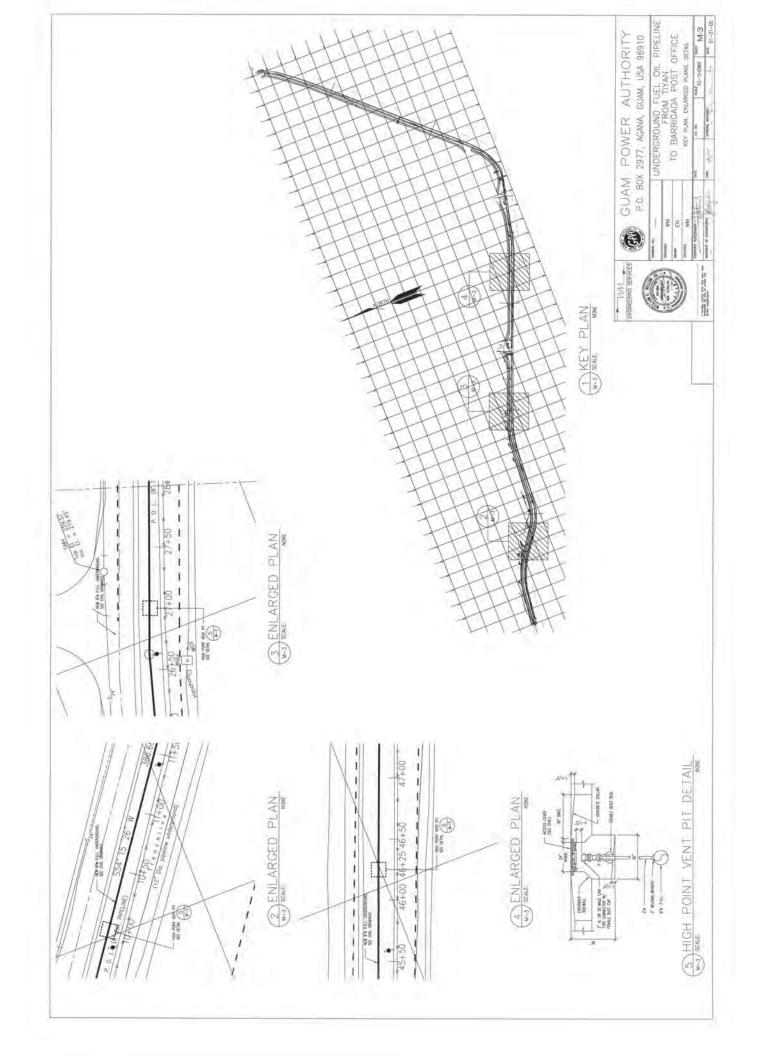












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		13 OF 18	ENLARGED PLANS, HIGH POINT VENT PIT DETAIL
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Teneres A CO		CP-2 15 OF 18	CATHODIC PROTECTION PLAN - STA. 0+00 TO STA. 28+00
	1 Marte	CP-2 16 DF 18	CATHODIC PROTECTION FLAN - STÁ. 28+00 TO STÁ. 56+00
	/ / / / / / / / / / / /	0P-4 17.0F 18	CATHODIC PROTECTION PLAN - STA 56400 TO STA 84400
	1151 - 114 11×5	CP-5 18 OF 18	CATHODIC PROTECTION PLAN - STA. 84+00 TO STA. 93+62
	L'Aller		
and and a set of the s	A A A A A A A A A A A A A A A A A A A	REPAIR OF CONCESSION OF CONCES	GUAM POWER AUTHORITY P.0. BOX 2977, AGANA, GUAM, USA 96910
State	LITTL AND THE		ET/AC FUEL OIL PIPELINE FROM TIYAN FUEL OIL PIPELINE FROM TIYAN D BARRIGADA POST OFFICE FOLGET TITLE LOCATION JULY JULY
ISLAND OF GUAM		THUL HOUR W	NOW INDEX OF DRAWINGS & GENERAL NOTES

		z	ATIONAL POLLUT DISCH	ION DISCH	OLLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)	s)				
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS. NORTHEND NISTRICT STP	Iclude Facility Name/Lo (S AUTHORITY CT STD	cation if Different)							Form Approved. OMB No. 2040-0	Form Approved. OMB No. 2040-0004	
FACILITY: NORTHERN DISTRICT STP	U 96912 2T STP	PER	GU0020141 PERMIT NUMBER	_	DISCH	INF-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	CIP CODE:	96932	
ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY 10/1/2017			MM/DD/YYYY 10/31/2017		INF/MONTHLY Influent Structure		No Díscharge	Í
PARAMETER		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	ICENTRATION		NOFX	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		2011	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6780	8872	lb/dav	*****	130	177	ma/L		4/31	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT	Req. Mon. MO AVG	Req. Mon. HI WK AV	Ib/day	*****	Req. Mon. MO AVG	Req. Mon. Hi WK AV	,√L		Weekly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	7371	11504	lb/day	*****	149	242	ma/L		4/31	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT	Req. Mon. MO AVG	Req. Mon. HI WK AV	lb/day	*****	Req. Mon. MO AVG	Req. Mon. HI WK AV	ng/L		Weekly	COMPOS

P. The investment of the information, manage me system, on one seperant an eractly interpreted by anti-information manage me system, on one seperant an eractly interpreted by anti-information manage me system, on an excurption of the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant provided and belief, true, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief. True, accurate, and complete. I am aware that there are significant provided and belief.	under my direction or supervision qualified personnel property gath	under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on		TELE	TELEPHONE		DATE
Imprisonment for knowing violations. AREA ARCUTIVE OF PRINCIPAL EXECUTIVE AREA		a who manage me system, or mose presents uncury nation, the information submitted is, to the best of my e, and complete. I am aware that there are significant formation, including the possibility of time and		671	300-6885		
	imprisonment for knowing violatio		SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day
	PRINTED		OFFICER OR AUTHORIZED AGENT	CODE		1	

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAN WATERPOPRS AUTHORITY ADDRESS A MODAL WATERPUT STD	de Facility Name/Lo AUTHORITY STP	cation if Different)		AHGE MUNI	DISCHARGE MONITORING REPORT (DMR)	(DWH)		E 9	Form Approved. OMB No. 2040-0004	oved. 040-0004	
	96912		GU0020141	-	L	001-A		DMR Mailing ZIP CODE:		96932	
	STP	PER	ERMIT NUMBER	٥.	DISCH	DISCHARGE NUMBER		MAJOR			
LOCATION: DEDEDO, GU 96912											
				-	MONITORING PERIOD			001/MONTHLY External Outfall			
ATTN: PAUL J. KEMP		FROM	10/1/2017		10	10/31/2017				No Discharge	Γ
DADANIETED		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		No ex	FREQUENCY	SAMPLE
	- L	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	V-I-DA		-
Temperature, water deg. centigrade	SAMPLE	****	*****	*****	****						
	MEASUREMENT			1		26.1	26.7	deg. C		4/31	DISCRT
0001010	PERMIT	*****	******	******	*****	Req. Mon.	Req. Mon.	deg. C		Weekly	DISCRT
BOD, 5-day, 20 deg. C	SAMPLE				*****	DECO	CHALL LINK				
	MEASUREMENT	3767	3975	p/q		74	79	mg/L	9	12/31	COMP24
00310 1 0 Effluent Gross	PERMIT	3002 MO AVG	6760 HI WK AV	lb/d	*****	30 MO AVG	45 HI WK AV	mg/L		Weekdy	COMP24
pH	SAMPLE	*****	*****	*****		*****			T		
	MEASUREMENT	and the second se			7.7		8.5	SU		4/31	DISCRT
00400 1 0	PERMIT	******	******	*****	6.5	*****	8.5	su		Weekly	DISCRT
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM				
Solids, total suspended	SAMPLE	1046	1527	lh/d	***	21	30	ma/l		12/31	COMP24
00530 1 0	PERMIT	2002	6760	Ih/H	*****	30	<u>A</u> 4	linn		Maakiv	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV	2		MO AVG	HI WK AV	- Ann		forest	A DINO
Solids, settleable	SAMPLE	****	****	*****	*****						
	MEASUREMENT					1.5	6.1	mL/L	2	4/31	DISCRT
00545 1 0	PERMIT	*****	*****	*****	+++++++++	+	2	mLL		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Oil and grease	SAMPLE	****	***	*****	*****	l	с 1				
	MEASUHEMENI					C'7	9.6	mg/L		3/31	DISCHI
03582 1 0 Effluent Gross	REQUIREMENT					10 MO AVG	15 DAILY MX	mg/L		Weekly	DISCRT
TOW, IN CONGUL OF UNA TERUNCH	SAMPLE				*****	****	*****				
	MEASUREMENT	6.05	7.20	MGD				*****		31/31	METER
50050 1 0	PERMIT	12	Req. Mon.	MGD	******	*****	******	*****		Continuous	METER
C	Transa Citoria	0114 014	745 V 240								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
	I certify under penalty of law that this document and all attachments were prepared under my direction or supportion in accordance with a sustain designed to see us that		TEL	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE GENERAL MANAGER	runter ny orienter processin and evoluate for the information automatical to assure una qualification personnel properly gafter and evoluate for information automatical, asserd on provinguity of persons of persons who analyze the information automatical for the formation are not accounted for the persons of persons who analyze the information and the persons directly are not accounted for the person of persons who are information action and is to the head of the persons of an are not accounted for the person of persons who are information action and is to the head of the persons		671	300-6885			
	Responsible to garding the minimum of the minimum subminised at our bases of my knowledge and belief, true, accurate, and complete. I am aware that there are significant converses to the method of the matter of the second seco	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	penaures for submitting raise mountation, including the possibility of interand imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE		1	H	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS	s O & M Report)					1	
EFFLUENT BOD RESULTS UNAVAILABLE 10/20.	EFFLUENT BOD RESULTS UNAVAILABLE 10/20. SAMPLES DID NOT MEET QC DEPLETION CRITERIA (UNDERDEPLETION).	BEPLETION).					
BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE	IVERAGE						
BOD (Ibs/day) MONTHLY AVERAGE							
SETTLEABLE SOLIDS DAILY MAX (1/4) AND MONTHLY AVERAGE	NTHLY AVERAGE						
OIL & GREASE NOT ANALYZED ON 10/25. ANAL	OIL & GREASE NOT ANALYZED ON 10/25. ANALYSIS NOT AVAILABLE DUE TO PENDING SUPPLY ORDER.						

111	lude Facility Name/Loc S AUTHORITY	ation if Different)		IARGE MON	DISCHARGE MONITORING REPORT (DMR)	T (DMR)			Form Approved. OMB No. 2040-0004	oved. 040-0004	
ADDRESS: NOH HERN DIS HIGL STP HARMON ANNEX, GU 96912 FACILITY: NORTHERN DISTRICT STP	1 STP 1 STP	PER	GU0020141 PERMIT NUMBER		DISCH	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	P CODE:	96932	
LUCATION: DEDEDU, GU 96912				MONITC	MONITORING PERIOD			001/MONTHLY			
ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY 10/1/2017	7	10 M	MM/DD/YYYY 10/31/2017		External Outfall	Ň	No Discharge	Π
DADAMETED		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE
LANAMELEN	1. 	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	VJ.ON		
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI (C.)	NODI (C)	ma/L		0/31	DISCRT
50060 1 0 Efficient Groce	PERMIT	*****	*****	*****	******	1.5 MD AVC	2.46 DAILY MY	T/6m		WEEKLY	DISCRT
Enterococci	SAMPLE MEASUREMENT	****	*****	****	******	76320	173290	MPN/100mL	'n	4/31	DISCRT
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	****		35 MO AVG	104 DAILY MX	CFU/100mL		WEEKLY	DISCRT
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	43%	*****	*****	%	1	2/31	COMP24
81010 K 0 Percent Removal	PERMIT REQUIREMENT		*****		Req. Mon. MO AV MN	******		%		WEEKLY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	******	****	86%	*****	*****	%		4/31	COMP24
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AV MN	******	*****	96		WEEKLY	COMP24
Ammonia & Ammonium Total	SAMPLE MEASUREMENT	*****	*****	*****	****	24.3	24.3	mg/L		12/14/16	COMP24
82230 1 0 Effluent Gross	PERMIT		*****		******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		ANNUAL	COMP24

MIGUEL C. BORDALLO, PE Interity under my direction or supervision in accorance with a visitements were prepared in a visitement were visitement were prepared in a visitement were prepared in a visitement were prepared in a visitement were prepared in the distribution in a visitement were prepared in the distribution in a visitement were prepared in a visitement visitement were prepared in a visitement visitement visitement visitement were prepared in a visitement visitem							
The prevent of the information submitted. Based on the information submitted. Based on the prevent of the information submitted. Based on the prevent of the prevent of the information submitted is to the based of		I certify under penalty of law that this document and all attachments were prepared under my direction or sumercision in accordance with a sector designed to accurate that	TEL	EPHONE		DATE	
agreening are monomator. In a monomator is an avare that there are algorid on the and belief. It the accurate and complete. I am avare that there are algorid on the and of the and of the information, including the possibility of time and of FICER OR AUTHORIZED AGENT CODE (CDE) and the and of the and of the analor is a complete internation. Including the possibility of time and of FICER OR AUTHORIZED AGENT (CDDE) are as a complete internation.	MIGUEL C. BORDALLO, PE GENERAL MANAGER	qualified presented property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly	671	300-6885			
externiting false information, including the possibility of fine and OFFICER OR AUTHORIZED AGENT or knowing violations.		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	AREA	NUMBER	Month	Day	Year
MENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) LATIONS 3 BELOW 85% REMOVAL TEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE	TYPED OR PRINTED		CODE			2	
EROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE	IMENT AND EXPLANATION OF ANY VIOLATIONS (S LATIONS DEI OW \$52' DEMOVAL	see O & M Report)					
	ENTEROCOCCI DAILY MAX (4/4) AND MONTHL	-Y AVERAGE					

FLOW PH Soulds mgd PH Soulds mg/l B0D St mg/l ND St mg/l ND St 6.2 6.2 8.50 28 70 1 76 1 5.3 117 76 12 76 1 76 1 5.3 8.02 28 70 12 76 1 76 1 6.3 8.02 28 8.02 28 80 1 76 1 1 76 1 1 76 1 1 76 1		SUSP.		SETTL.	-						SUSP.	SE		SUSP.		SUSP.	1	OIL&			TSS (MG/L)	BOD (MG/L)	TSS (lbs/day)	BOD (lbs/day)
mpt mpt <th>-</th> <th></th> <th>_</th> <th>SOLID</th> <th>-</th> <th>-</th> <th>FLOW</th> <th>DATE</th> <th>FLOW</th> <th></th> <th>-</th> <th>-</th> <th>-</th> <th>-</th> <th></th> <th>SOLIDS</th> <th></th> <th>GREASE</th> <th>TEMP</th> <th>ENTEROCOCCI</th> <th>WEEKLY</th> <th>WEEKLY AV</th> <th>WEEKLY</th> <th>WEEKLY</th>	-		_	SOLID	-	-	FLOW	DATE	FLOW		-	-	-	-		SOLIDS		GREASE	TEMP	ENTEROCOCCI	WEEKLY	WEEKLY AV	WEEKLY	WEEKLY
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7.27 149 130 4.63 7371 67'80 5.88 AUG 6.05 8.03 21 74 15 1046 3767 86% 43% 2.5 26.1 76320 6.61 46 83 2.50 2609 4688 4.00 MN 4.30 7.67 9 44 0.0 451 2348 55% 47% 0.6 2.5.4 24910 8.16 242 177 9.0 11504 8872 7.10 MAX 7.20 8.50 36.1 1821 5196 89% 61% 5.8 24910 79 79 79 79 79 79 79 79 79 76 79 79 76 79 76 76 79 76	31						6.5	31	5.7		-	-		$\left \right $	-									
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8.16 242 177 5.0 11504 8872 7.10 MAX 7.20 8.50 36 6.1 1821 6156 89% 61% 5.8 26.7 173290 30 79 79 79 8.16 242 177 5.0 11504 8872 7.10 MAX 7.20 8.50 36 6.1 74 79 79 79 79 79 79 79 70 79 79 79 79 76 74 71 7149 3850 61% 5.8 717 73290 30 79 <td>-</td> <td>+</td> <td>-</td> <td>250</td> <td>2609</td> <td>AGRR</td> <td>4 00</td> <td>MIN</td> <td>4 30</td> <td>7.67</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td>55%</td> <td>10/0</td> <td>90</td> <td>05 A</td> <td>24810</td> <td></td> <td></td> <td></td> <td></td>	-	+	-	250	2609	AGRR	4 00	MIN	4 30	7.67	-	-				55%	10/0	90	05 A	24810				
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MAX monthly avg 6.5MIN 30 30 1 3002 3002 85% 85% 10								Running A	Verages		H		μ	Н	h									
					DEDMIT		VVV	monthly ave		C CANNI		UC	¢ +			000	DE0/	U+		26				
1 12 daity max 8 5MAX 45 45 2 6760 6760 75					REOLIBA	AFNTS	CF	daily max		A FAAN						0/ 00	0/ 20	24		104				

VIOLATIONS

INFLUENT BOD RESULTS UNAVAILABLE 10/11 & 10/25. SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION).

EFFLUENT BOD RESULTS UNAVAILABLE 10/20. SAMPLES DID NOT MEET QC DEPLETION CRITERIA (UNDERDEPLETION).

OIL & GREASE NOT ANALYZED ON 10/25. ANALYSIS NOT AVAILABLE DUE TO PENDING SUPPLY ORDER. BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE BOD (hs/day) MONTHLY AVERAGE SETTLEABLE SOLUED DAILY MAX (1/4) AND MONTHLY AVERAGE BOD BELOW 95%, REMOVIAL ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE

TO: NDSS STP

Fax: 637-2592

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH OF OCTOBER 2017

ed Statement and Area 111 from 110 from		SAMPLE TYPE COMPOS	oved. 2040-0004 96932 96932 96932 96932 96932 0 Discharge FREQUENCY 0 F ANALYSIS 5/30 Weekly	MB No CODE	R Mailing ZIF JOR MONTHLY Jent Structure mg/L mg/L		INF-A ARGE NUMBER V70079797 1/3072017 UND/17Y OR CON QUANTITY OR CON AVERAGE 206 Req. Mon. MO AVG			U0020141 MIT NUMBER MM/DD/YY 11/1/201 11/1/201 MAXIMUM MAXIMUM HI WK AV	cation if Different) PER FROM OUANT AVERAGE 9169 Req. Mon.	ILIGE Facility Name/Lo S AUTHORITY 1 STP 196912 T STP T STP S SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT	PERMITTEE NAME/ADDRESS (Inc NAME: GUAM WATERWORK ADDRESS: GUAM WATERWORK HARMON ANNEX, GU FACILITY: NORTHERN DISTRIC LOCATION: DEDEDO, GU 96912 ATTN: PAUL J. KEMP ATTN: PAUL J. KEMP PARAMETER PARAMETER BOD, 5-day, 20 deg. C 00310 G 0 Maw Sewage Influent Solids, total suspended
	Influent Structure MM/DD/YYYY To MM/DD/YYYY IP 11/1/2017 TO 11/1/2017 TO TER 0uantity on Loading 0uantity on Concentration No.EX FREQUENCY Ter avenage Maximum No.EX FREQUENCY * SamPLE 16284 Ib/day ****** 206 368 mg/L 5/30 * Req.Mon. Req.Mon. Ib/day ****** 206 368 mg/L weekly * Req.Mon. Req.Mon. Ib/day ****** 206 368 mg/L %eekly * Mo.Ex NO.Ex Mo.ex Mon. Beq.Mon. #eq.Mon. #fix Mov. Meekly	COMPOS	Weekly		mg/L	Req. Mon. HI WK AV	Req. Mon. MO AVG	*****	lb/day	Req. Mon. HI WK AV	Req. Mon. MO AVG	PERMIT REOUIREMENT	00530 G 0 Raw Sewage Influent
	Indicating the structure of the structur	Ļ				100 100 100		A R R R R R R R R R R R R R R R R R R R			NY NH		num ochage minuent
	FROM MM/DD/YYYY Influent Structure FROM 11/1/2017 T0 11/30/2017 No Discharge R 0UANTITY OR LOADING 0UANTITY OR CONCENTRATION NO.EX FREQUENCY SAMPLE 3169 16284 Ib/day ****** 206 368 mg/L 5/30	CON	Weekly		mg/L	Req. Mon. Hi WK AV	Req. Mon. MO AVG	******	lb/day	Req. Mon. HI WK AV	Req. Mon. MO AVG	PERMIT REQUIREMENT	0310 G 0 ?aw Sewage Influent
PERMIT Req. Mon. Req. Mon. Byday ****** Req. Mon. Req. Mon. Req. Mon. Req. Mon. Rev. Mon. Rev. Mon. Rev. Mon. Rev. Mon. Rev. Mon. No. AVC. HI WK AV	FROM MM/DD/YYYY Influent Structure FROM 11/1/2017 TO 11/30/2017 No Discharge No Discharge No Discharge R 0UANTITY OR LOADING 0LANTITY OR CONCENTRATION NO.EX R AVERAGE MAXIMUM UNITS	COMP	5/30		mq/L	368	206	****	Ib/day	16284	9169	SAMPLE MEASUREMENT	30D, 5-day, 20 deg. C
RAMPLE SAMPLE 9169 16284 Ib/day 206 368 368 PERMENT 9169 16284 Ib/day ***** Req. Mon. Req. Mon. Req. Mon. Req. Mon. Rev. Mon.	RROM MM/DD/YYYY Influent Structure FROM 11/1/2017 TO 11/30/2017 No Discharge No Discharge R QUANTITY OR LOADING QUANTITY OR CONCENTRATION				UNITS	MAXIMUM	AVERAGE	MINIMUM	UNITS	MAXIMUM	AVERAGE		
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TER OUANTITY OR LOADING OUANTITY OR LOADING AVERAGE MAXIMUM AVERAGE MAXIMUM VINTS NO.EX AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS NO.EX MEASUREMENT 9169 16284 Ib/day ****** 206 368 mg/L PERMENT Red. Mon. Red. Mon. Red. Mon. Mol. Mol. Mon. Mol. Mon. Mol. Mon. Mol. Mol. Mol. Mol. Mol. Mol. Mol. Mol	MONITORING PERIOD		o Discharge		MONTHLY Lent Structure	A Nin	M/DD/YYYY 1/30/2017			MM/DD/YY 11/1/201	FROM		TTN: PAULJ. KEMP
MONITORING PERIOD INFMONTHLY INFORMOUTHLY INFORMOUTHLY INFORMOUTHLY INFORMOUTHLY INFORMOUTHLY INFORMOUTHLY INFORMATION INO					JOR	MA	ARGE NUMBER	DISCH	_	MIT NUMBER	PER	T STP	
IERN DISTRICT STP DERMIT NUMBER DISCHARGE NUMBER MAJOR D0. GU 96912 MAJDD/YYYY MAJDD/YYYY MAJDD/YYYY MAJOR/YYY D0. GU 96912 MM/DD/YYYY MM/DD/YYYY MAJOR/YYY MAJOR/YYY D0. GU 96912 MM/DD/YYYY MM/DD/YYYY MAJOR/YYY MAJOR/YYY APR MM/DD/YYYY TO 11/30/2017 TO NF/MONTHLY APR MM/DD/YYYY TO 11/30/2017 TO NO APR MM/DD/YYY TO 11/30/2017 NO APR MUNINIA AVERAGE MAXIMUM AVERAGE MAXIMUM C MANDER 9169 16284 NO NO NO APRIMIT Req. Mon. Req. Mon. Req. Mon. MO MO	NORTHERN DISTRICT STP PERMIT NUMBER DISCHARGE NUMBER		96932	P CODE:	R Mailing ZIF	DM	INF-A			iU0020141	Ľ	196912	
IN ANNEX, GU 96912 EERMIT VUMBER INF-A DMR Mailing ZIP CODE: EEN DISTRICT STP EEN DISCHARGE NUMBER MAJOR MAJOR D0, GU 96912 FEAMIT NUMBER MINDDYYYY MAJOR D0, GU 96912 MAJOR MAJOR MAJOR D0, GU 96912 MANDDYYYY MAJOR MAJOR D0, GU 96912 MINDDYYYY MAJOR MAJOR D1 MINDD/YYYY MAJOR MAJOR MP MINDD/YYYY To T1/30/2017 MP MINDD/YYYY To T1/30/2017 MP MINDD/YYYY To MINDD/YYYY MP MINDD/YYYY To MINDD/YYY MP MINDD/YYY To MINDD/YYY MP MINDD/YYY MINDD/YYY MINDD/YYY MP MINDD/HY MINDD/YYY MINDD/YYY MP MINDD/YYY MINDD/YYY MINDD/YYY MP MINDD/YYY MINDD/YYY MINDD/YYYY MP MINDD/YYY </th <td>HARMON ANNEX, GU 96912 GU0020141 INF-A DMR Mailing ZIP CODE: NORTHERN DISTRICT STP PERMIT NUMBER MAJOR MAJOR MAJOR</td> <td></td> <td>oved. 2040-0004</td> <td>OMB No. 2</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>cation if Different)</td> <td>lude Facility Name/Lo S AUTHORITY IT STP</td> <td>ERMITTEE NAME/ADDRESS (Inc AME: GUAM WATERWORKS DDRESS: NORTHERN DISTRIC</td>	HARMON ANNEX, GU 96912 GU0020141 INF-A DMR Mailing ZIP CODE: NORTHERN DISTRICT STP PERMIT NUMBER MAJOR MAJOR MAJOR		oved. 2040-0004	OMB No. 2	5						cation if Different)	lude Facility Name/Lo S AUTHORITY IT STP	ERMITTEE NAME/ADDRESS (Inc AME: GUAM WATERWORKS DDRESS: NORTHERN DISTRIC
ADRESS (Include Facility Name/Location if Different) ATERWORKS AUTHORITY FERN DISTRICT STP TERN DISTRICT STP TERN DISTRICT STP TERN DISTRICT STP OC. GU 96912 0. GU 96912 DISCHARGE NUMBER MAJON MAJOR MAJON MAJON MAJON MAJON MAJON MAJON MAJON MAJON MAJON MAJON MAJON MAJON MAJON MA	NAME/ADDRESS (Include Facility Name/Location if Different) GUAM WATERWORKS AUTHORITY NORTHERN DISTRICT STP NORTHERN DISTRICT STP NORTHERN DISTRICT STP DEDEDO. GU 96912 DEDEDO. GU 96312 DEDEDO. GU 96312 DEDEDO. GU 96312 DEDEDO. GU 96312 DEDEDO. GU 96312 MAJOR			Form Appr	ш (10日にからのよりくたいからのためのため。

my induity of the nerson or nersons who	r ecrity under preinty or law mat ins occurrents and an and-untent) were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on		TEL	TELEPHONE	1	DATE	
MIGUEL C. BORDALLO, PE responsible to gathering the information responsible to adding and leader true, accurate, and GENERAL MANAGER penatrice do automittion disc inform	wingury the present or present who manage the settion, of the present effectly responsible for gathering the information. The information authinitied is, to the bast of thy terowindige and belok, true, secturations, the information authinities of a sub- tistic of the authorization of the information in the information authinities are significant presented on the information in the information in the presentibility of the and		671	300-6885			_
imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	CODE				

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: NORTHERN DISTRICT STP	ide Facility Name/Lo AUTHORITY • STP	cation if Different)		ARGE MON	DISCHARGE MONITORING REPORT (DMR)	T (DMR)			Form Approved. OMB No. 2040-0	Form Approved. OMB No. 2040-0004	
	96912 STP	PEF	GU0020141 PERMIT NUMBER	-	DISCI	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	IP CODE:	96932	
LOCATION: DEDEDO, GU 96912				MONITO	MONITORING PERIOD			001/MONTHLY			
ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY 11/1/2017			11/30/2017		External Outfall		No Discharge	Π
DADAMETED		INAUD	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	VCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE
LANAMETER	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NOILA		
Temperature, water deg. centigrade	SAMPLE	*****	*****	*****	*****						
	MEASUREMENT					27.3	28.7	deg. C		5/30	DISCRT
00010 1 0	PERMIT	******		•••••		Heq. Non.	Req. Mon.	deg. C		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2966	3529	p/q	****	64	74	ma/L	9	9/30	COMP24
00310 1 0	PERMIT	3002	6760	lb/dl	131444	30	45	mg/L		Weekly	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV	1			
Hd	SAMPLE	*****	*****	*****	2.2	*****	8.7	17	•	5/30	DISCRT
00400 1 0	PERMIT	+++++++++++++++++++++++++++++++++++++++	*****	14491	6.5	******	8.6	15		Weektu	DISCRT
Effluent Gross	REQUIREMENT				MUMINIM		MAXIMUM]	
Solids, total suspended	SAMPLE MEASUREMENT	811	1061	p/di	*****	17	23	ma/L		10/30	COMP24
00530 1 0	PERMIT	3002	6760	p/di	*****	30	45	mg/L		Weekly	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV				
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	mLL		4/30	DISCRT
00545 1 0	PERMIT		******	*****	******	-	2	mul		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Oil and grease	SAMPLE	*****	*****	*****	*****	NODIF	NODIF	l/um	LC.	0/30	DISCRT
	ALCONTRACT.	244.680				1000	41000	15	,	Mandeles	Tacala
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX			free to	10000
רוסווי, זו כסווטנו טו מוש ורמנוווכוו הוההי	SAMPLE MEASUREMENT	5.78	6.50	MGD	****	*****	***	*****		30/30	METER
50050 1 0	PERMIT	12	Req. Mon.	MGD		211115		*****		Continuous	METER
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX								

NAME/III LE PRINCIPAL EXECUTIVE UPPICEN							
	I certify under penalty of law that this document and all attachments were prepared		TELE	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE GENERAL MANAGER	unities in y surveixed, to apply applier and evaluate the information usuality or a teasure unit qualities to y another property applier and evaluate the information automitted. A state of unit inty inquiry of the person or persons who manage the state or the state of a to her average of recity environments of the person of the information the information softward for to her average of recity		671	300-6885			- 1
	troportions of galeroning the mouthation, are montation, are montation activity and are activity of the second of the second	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS BOD (mg/I) WEEKLY MAX (5/5) AND MONTHLY AVERAGE NODI E- OIL & GREASE ANALYSIS NOT CONDUCTED DUE TC pH ABOVE MAXIMUM (2/5)	COMMENT AND EXPLANATION OF ANY VIOLATIONS (See Ó & M Report) VIOLATIONS BOD (mg/I) WEEKLY MAX (5/5) AND MONTHLY AVERAGE NODI E- OIL & GREASE ANALYSIS NOT CONDUCTED DUE TO PENDING RECEIPT OF ANALYTICAL SUPPLIES DH ABOVE MAXIMUM (2/5)			-			_

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Dif NAME: GUAM WATERWORKS AUTHORITY NAME: NORTHERN NETRICT FOR	de Facility Name/Loca AUTHORITY	feren	TIONAL POLLU	ION DISCHA	OLLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (1)	(S		Form Approved. OMB No. 2040-0004	oved. 040-0004	
ADDRESS: NONTITECNUSTINUS IN US IN U	96912 STP	PERI	GU0020141 PERMIT NUMBER	_	DISCH	001-A DISCHARGE NUMBER	1	DMR Mailing ZIP CODE: MAJOR	P CODE:	96932	
				MONITC	MONITORING PERIOD			001/MONTHLY			
			YYYY/DD/MM			YYYYYMM		External Outfall			
ATTN: PAUL J. KEMP		FROM	11/1/2017	7	10	11/30/2017			N	Vo Discharge	Π
DADAMETED		QUANTI	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	VCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	****	NODI (C.)	NODI (C.)	ma/L		0/30	DISCRT
50060 1 0	PERMIT	*****	*****	*****	******	1.5	2.46	mg/L		WEEKLY	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Enterococci	SAMPLE MEASUREMENT	*****	****	*****	***	87712	120330	MPN/100mL	9	5/30	DISCRT
61211 1 0	PERMIT	******	*****	44444	******	35	104	CFU/100mL		WEEKLY	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	69%	****	****	%	t.	4/30	COMP24
81010 K 0	PERMIT	444444	*****		Req. Mon.	*****	*****	%		WEEKLY	COMP24
Fercent Removal	HEUGINEMEN!				NIN AN OW						
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	***	****	95%	*****	*****	%		5/30	COMP24
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	*****	*****	Req. Mon. MO AV MN	******	******	%		WEEKLY	COMP24
Ammonia & Ammonium Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.3	24.3	mg/L		12/14/16	COMP24
82230 1 0 Fffluent Gross	PERMIT	*****			******	Req. Mon.	Req. Mon.	mg/L		ANNUAL.	COMP24

I certify under pen under my direction qualified personnel	ally of law that this document and all attachments were prepared or supervision in accordance with a system designed to assure that						
under my direction qualified personnel	with a system designed to assure that		IEL	TELEPHONE		DATE	
GENERAL MANAGER my inquiry of the person or persons who manage the system or those persons directly	properly gather and evaluate the information submitted. Based on ereon or persons who manage the system, or those persons directly		671	300-6885			
responsate registering us an anormatory, in a morrinatory, in conversatory, to trave base or my provokadga and belef, ruse, accurate, and complete. I am aware that there are algoritherant	C.,	SIGNATURE OF PRINCIPAL EXECUTIVE AREA	AREA	NUMBER	Month	Day	Year
penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	luding the possibility of fine and	OFFICER OR AUTHORIZED AGENT	CODE				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS							
ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE							

1=	susp.	SETTL	L SUSP.			CLILOCN			SUSP.	SETTL.	-		SUSP.		10	OIL&			TSS (MG/L)	BOD (MG/L)	TSS (lbs/day)	BOD (lbs/day)
1 6	solubs Bod	-		BOD Ibs/day	FLOW	DATE	FLOW	Hd		BOD SOLID mg/l ml/l		DS BOD ay Ib/day		Val %removal		GREASE T mg/l	TEMP E	ENTEROCOCCI MPN/100ML	WEEKLY	WEEKLY AV	WEEKLY	WEEKLY
0	-		+	-	5.2	1	5.2	7.18			-	-	+	+				120330	19	53	941	2762
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11					6.0	3	6.0		31 (66	1535	35 3285	2		_		1 1 1 1 1 1					
		-			5.7	4	5.7															
11					6.2	5	6.2								-							
1					5.8	9	5.8															
1					5.9	7	5.9															
3	315	7.5	14201		5.4	80	5.4	8.44		65 0.0	-		9 91%				26.4	98040	23	74	1061	3529
Ľ					6.0	6	6.0		16 8	82	801	1 4109										
					6.2	10	6.2															
					5.8	11	5.8															
					5.7	12	5.7		1													
		_			6.0	13	6.0															
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19	623 368	3.0	27525	16284	5.3	15	5.3	8.33	12 8	86 0.0		-	17 98%	o/oLL 0	%		27.2	68670	17	74	824	3328
					5.6	16	5.6		8		_	4 2848	8									
			- 1 -		5.8	17	5.8	A 4 4	32		1567						11111					
					5.7	18	5.7															
					6.5	19	6.5		141													
	+	+	+		5.6	20	5.6				+	+	+	+					,	Testamon and the second second		Sec. 1
11	77 176	6 5.0	8257	8229	5.6	21	5.6	8.70	7	48 0.0	0.0 336	6 2237	20%	73%	%	-	27.0	86640	-	87	336	2237
					5.9	22	5.9															
					5.8	23	5.8	1														
1	+				5.1	24	2.1				+					T						
1					0.1	67	1.0															
					0.0	27	0.0															
1					6.5	28	6.5															
38	386 159	6.0	17062	7015	5.3	29	5.3	8.59	23	70 0.0	0 1017	-	0 94%	56%	%		27.4	64880	15	57	651	2610
	+	$\left \right $	+		5.7	30	5.7		-	$\left \right $	$\left \right $	5 2131	\parallel									
	-									-					-							
31	-	-	14236	9169	5.78	AVG	5.78	8.25	-	-	-	-			%		27.3	87712				
6	95 119	-	-	-	5.20	MIN	5.20	7.18	6 6	-	-	-	1 91%	56%	%		26.4	64880				
62	-	-	-	-	6.50	MAX	6.50	8.70		86 0.0				_	%		78.7	120330	23	74	1061	3529
						Running Averages	verages			99	851	-	8									
			PERMIT		MAX	monthly avg		6.5MIN	30	30 1	3002	3002	2 85%	85%		10		35				

VIOLATIONS

INFLUENT BOD RESULTS UNAVAILABLE 11/08 BECAUSE SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION)

EFFLUENT BOD RESULTS UNAVAILABLE 11/17 DUE TO TECH ERROR

OIL & GREASE ANALYSIS NOT CONDUCTED DUE TO PENDING ANALYTICAL SUPPLIES BOD (mg/)) WEEKLY MAX (5/5) AND MONTHLY AVERAGE BOD BELOW 85% REMOVAL ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE pH ABOVE MAX (2/5)

TO: NDSS STP

Fax: 637-2592

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH OF NOVEMBER 2017

		Z	ATIONAL POLLUT DISCH	ION DISCHA	OLLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)	(5				
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY	clude Facility Name/Lo (S AUTHORITY OT STP	cation if Different)							Form Approved. OMB No. 2040-0004	oved. 2040-0004	
FACILITY: NORTHERN DISTRICT STP HARMON ANNEX, GU 96912 FACILITY: NORTHERN DISTRICT STP	0 96912 2T STP	PER	GU0020141 PERMIT NUMBER		DISCH	INF-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	CIP CODE:	96932	
ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY 12/1/2017			MM/DD/YYYY 12/31/2017		INF/MONTHLY Influent Structure		No Díscharge	Π
DARAMETER		QUANT	QUANTITY OR LOADING	Ĩ		QUANTITY OR CONCENTRATION	ICENTRATION		NOFX	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MUMIMIM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12920	17384	Ib/dav	*****	294	386	ma/L		4/31	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. HI WK AV	ib/day	*****	Req. Mon. MO AVG	Req. Mon. HI WK AV	mg/L		Weekly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	15728	25400	Ib/dav	****	381	564	ma/L		4/31	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT	Req. Mon. MD AVG	Req. Mon. HI WK AV	lb/day	444444	Req. Mon. MO AVG	Req. Mon. HI WK AV	mg/L		Weekly	COMPOS

MICHEL C BORDALLO DE resenancible for definite the informe			TELE	TELEPHONE		DATE	
	my nquryo time persons were presons were manager tere spectro. For tonce presons neurol responsible for gathering the information, the information automitted is, to the bast of my providegia and belief, true, accurates, and compileder. In a ware that there are assignificant presonables for submitting false information, including the presonability of the and		671	300-6885	1		1.1
imprisonment for knowing violations.	13.	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	CODE				

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERPOPRS AUTHORITY ADDRESS: ANOTHERN INFORMED FOR	de Facility Name/Loo AUTHORITY STD	cation if Different)			(אושט) ואטידה מאוהט וואטש שטההטטנט	(AMIL)			Form Approved. OMB No. 2040-0	Form Approved. OMB No. 2040-0004	
-	6912 6912		GU0020141			001-A		DMR Mailing ZIP CODE:	ZIP CODE:	96932	
	STP	PER	PERMIT NUMBER		DISCH	DISCHARGE NUMBER		MAJOR			
LOCATION: DEDEDO, GU 96912											
					MONITORING PERIOD			001/MONTHLY			
ATTN: PAUL J. KEMP		FROM	12/1/2017		10	12/31/2017				No Discharge	Π
PARAMETER		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO FX	FREQUENCY OF ANALYSIS	SAMPLE
	4	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	V-1-041		
Temperature, water deg. centigrade	SAMPLE	****	****	*****	****						
	MEASUREMENT	8		Ì		26.5	27.5	deg. C		4/31	DISCRT
00010 1 0	PERMIT		*****	*****	* * * * *	Req. Mon.	Req. Mon.	deg. C		Weekly	DISCRT
Enluent Gross	HEUVINEMEN				******	MUAVO	DAILT MA				
BUD, 5-day, 20 deg. C	MEASUREMENT	3141	3768	lb/di		68	79	ma/L	7	10/31	COMP24
00310 1 0	PERMIT	3002	6760	lb/d		30	45	mg/L		Weekly	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV	1			
Hd	SAMPLE	****	***	*****	7.0	****	8.4	10		12/2	DISCRT
	DETRACT	*****	224452	244242	1.1	******	20			Wanth.	Tacala
00400 1 0 Effluent Gross	REQUIREMENT				WINIMINIM		MAXIMUM	20		weekiy	INDER
Solids, total suspended	SAMPLE	NEX -	1	200	****					Bault -	No. Sector
	MEASUREMENT	569	903	p/q1		12	19	mg/L		10/31	COMP24
00530 1 0	PERMIT	3002	6760	ib/di		30	45	mg/L		Weekly	COMP24
			******		******		14 11 11				
Solids, settleable	SAMPLE MEASUREMENT					0.0	0.0	mL/L		4/31	DISCRT
00545 1 0	PERMIT	******	**8.84*	*****	*****	-	2	mL/L		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Oil and grease	SAMPLE	****	*****	*****	*****						
	MEASUREMENT					6.3	8.1	mg/L		2/31	DISCRT
03582 1 0	PERMIT	24445	*****	******	*****	10	15	mg/L		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
	SAMPLE MEASUREMENT	5.79	6.80	MGD	***	*****	****	*****		31/31	METER
50050 1 0	PERMIT	12	Req. Mon.	MGD		******	*****			Continuous	METER
			The second second								

Click CL C: BORDALLO, PE Inclury frequency methor penalty of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of approximation submitted. Based on my indury of the person of the person of the person of the indomation. Including the possibility of life and out the indomation including the possibility of life and out the indomation. Including the possibility of life and out the indomation including the possibility of life and out the indomation. Including the possibility of life and out the indomation including the possibility of life and out the indomation. Including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation including the possibility of life and out the indomation inclife an	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
el property gather and evaluate the information submitted. Based on present of the information submitted area (a manuage the spectrum of the information submitted is, to the test of the information, the information submitted is, to the test of the information submitted is in avare that there are significant in the information, including the possibility of fine and of the information, including the possibility of fine and of the information. Including the possibility of fine and of the information including the possibility of fine and of the information. Including the possibility of fine and of the test of the information including the possibility of fine and of the information. Including the possibility of fine and of the information including the possibility of fine and of the information. Including the possibility of fine and of the test of the information including the possibility of fine and of the information. Including the possibility of fine and of the information including the possibility of fine and of the information including the possibility of fine and of the information. Including the possibility of fine and of the information including the possibility of fine and of the information including the possibility of fine and of the test of the information including the possibility of fine and of the information including the possibility of fine and of the test of the test of the test of the information including the possibility of fine and of test of		I certify under penalty of law that this document and all attachments were prepared under my direction or sumervision in accordance with a system designed to assure that		TEL	EPHONE		DATE	1
lief, true, accurate, and complete. I am availability of fire and significant state of PHINCIPAL EXECUTIVE AREA NUMBER Month Day benting false information, including the possibility of fire and ofFICER OR AUTHORIZED AGENT CODE CODE	MIGUEL C. BORDALLO, PE GENERAL MANAGER	qualities of processories property and evaluation to the interpret of submitties of all and of all and and and and and and the interpret of and		671	300-6885			
covering violations. OFFICER OR AUTHORIZED AGENT		responsibility of generating as monitoriant and are monitoriant statements are not as the second strug- knowledge and belief, true, accurate, and complete. I am aware that there are significant non-abilities for cubmitting false, information including the basesbillity of the and	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
MENT AND EXPLANATION OF ANY VIOLATIONS (See 0 & M Report) LATIONS	TYPED OR PRINTED	imprisonment for knowing violations.		CODE				
	COMMENT AND EXPLANATION OF ANY VIOLATIONS (See VIOLATIONS	O & M Report)				1		

N/ PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: ANDREGEN INCRIDIAT STD	ide Facility Name/Loc АUTHORITY • стр	NA ation if Different)	ATIONAL POLLUT DISCH	ION DISCHA	OLLUTION DISCHARGE ELIMINATION SYSI DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) 11)	(s		Form Approved. OMB No. 2040-0004	oved. 040-0004	
	96912	0	GU0020141	_		001-A	-	DMR Mailing ZIP CODE:	IP CODE:	96932	
FACILITY: NORTHERN DISTRICT STP	STP	PERI	PERMIT NUMBER	_	DISCH	DISCHARGE NUMBER		MAJOR			
				MONITO	MONITORING PERIOD			V INDNTHI V			
		MODE	YYYY/DD/MM	1. I.		MM/DD/YYYY		External Outfall			
ATTN: PAUL J. KEMP			102/171			1102115011			z	No Discharge	Π
PARAMETER		QUANTI	ITY OR LOADING		Ĭ	QUANTITY OR CONCENTRATION	NCENTRATION		NO FX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	LINITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	*****						
	MEASUREMENT					(C) IDON	NODI (C)	mg/L		0/31	DISCRT
50060 1 0	PERMIT	******	*****	*****	******	1.5	2.46	mg/L		WEEKLY	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Enterococci	SAMPLE MEASUREMENT	*****	****	*****	***	113420	173290	MPN/100mL	ŝ	4/31	DISCRT
61211 1 0	PERMIT	******	*****	*****	*****	35	104	CFU/100ml		WEEKLY	DISCRT
Effluent Gross	REGUIREMENT					MO AVG	DAILY MX				
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	***	***	*****	77%	*****	***	%	C. D∓	2/31	COMP24
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	******		Req. Mon. MO AV MN	******	******			WEEKLY	COMP24
Solids, suspended percent removal	SAMPLE	*****	****	*****	1010	****	****	6			FOLMOO
81011 K 0	PERMIT	*****	•••••		Req. Mon.	******	******	°/0		WEEKLY	COMP24
Ammonia & Ammonium Total	SAMPLE	*****	****	*****	*****	24.9	24.9	ma/l		12/06/17	COMP24
82230 1 0 Efflinent Cross	PERMIT	101101	******	******	******	Req. Mon. MO AVG	Req. Mon.	T/6m		ANNUAL	COMP24

configuration in the second se						
trader my direction	I certify under penalty of law that this document and all attachments were prepared		TEL	TELEPHONE		DATE
MIGUEL C. BORDALLO, PE qualified personnel GENERAL MANAGER my inquiry of the pr	under in groteomer property gather and evaluate the information submitted. Based on qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly		671	300-6885		
responsible for gar	responsiole for gamering the information, the information submitted is, to the pest of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL EXECUTIVE AREA	AREA	NUMBER	Month	Day
TYPED OR PRINTED imprisonment for k	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE BOD BELOW 85% REMOVAL						

		SUSP.		SETTL. S	SUSP.						SUSP.	SE		SP.	SL	SUSP.	Ĩ	OIL&			TSS (MG/L)	BOD (MG/L)	TSS (lbs/day)	BOD (lbs/day)
DATE	Ha	SOLIDS	BOD	SOLID S	SOLIDS	BOD	FLOW	DATE	FLOW	pH S	SOLIDS E	BOD SOI	SOLID SOL	SOLIDS BOD		solids I	BOD G	GREASE	TEMP	ENTEROCOCCI	WEEKLY	WEEKLY AV	WEEKLY	WEEKLY
		mg/l	mg/l	mI/I IE	Ibs/day II	lbs/day	p6m		p6m		ng/l n		m/di lb/di	Ib/day Ib/day		%removal %re	%removal	1/6m	U.	MPN/100ML	AV		AV	AV
-							4.9	1	5.7		19	62	96	903 3768	58						19	62	903	3768
2							5.0	2	5.7		-	-		-										
0							5.6	9	6.4															
4							5.2	4	6.0	1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
20					+		4.9	5	5.8					-										
9	7.83	564	386	12.0 2	25400 1	17384	5.4	9	6.1	7.16		56 0.	0.0 91		1	97% 8	83%		27.5	141360	12	55	603	2756
7							5.4	7	5.8		6	44	25	290 2136	36									
8							4.8	80	5.5		2													
6	I						5.3	6	6.0										1					
10							5.6	10	6.3							1								
11					-		5.3	11	5.9															
12							4.7	12	5.5											The state of the s				
13	7.96	140	203	14.0	5855	8457	5.0	13	5.5	8.33		-	0.0	716 2718		89% 7	71%		27.0	173290	10	88	456	3235
14							5.0	14	5.9		6	75	46	463 3707	07									
15							5.1	15	5.7			69	15	190 3279	19									
16				-			4.9	16	5.7															
17							5.9	17	6.8															
18							4.8	18	5.4															
19					1		5.2	19	5.8									1						
20	1.00						5.2	20	6.1	1		-												
21	8.66	530		15.0 1	19906		4.5	21	5.4	7.86	20	75 0.	0.0 91			96%		4.5	25.6	34410	13	74	554	2797
22							3.3	22	3.7			73	1,	197 2237	37									
23							5.3	23	6.1							-					1			
24							5.1	24	5.8					_										
25							5.6	25	6.0			-	-											
26							4.6	26	5.5								-							
27	-			+			4.9	27	5.8		+	-	+	+	+		+		5 - L	VVVVV		44		7445
87	8.12	288	1	1 0.62	5C/11	T	5.4	87	0.0	8.30	2	-0	0.0	301 32/3		33%0	+	Q.1	1.62	104050	2	24	700	C140
57			1			T	0.0	67	0.1			10	N	+	ī			-						
30								30	1.0								+							
31				-			1.0	31	7.9	1	-	_	-	-	-			1						
AVG	8 14	381	F	-	H	12920	5.08	AVG	5.79	7.93	12		0.0 56	569 3141		"/oLb	17%	9	26.5	113420				
	7.83	140	t	+-	┝	8457	Г	MIN	3.70	7.16	-	-	-	-			71%	0	25.6	34410				
MAX	8.66	564	386	25.0 2	25400 1	17384	5.90	MAX 6.80	6.80	8.36	20	79 0.		916 3768		3 %26	83%	8	27.5	173290	19	1 10	903	3768
			11					Running A	verages			68	5	73 3072	72									
				PE	PERMIT		MAX	monthly avg dailv max	- 4	6.5MIN	30	30 1	1 30	3002 3002 6760 6760		85% 8	85%	10		35				
								COULT AND A												-				

VIOLATIONS

INFLUENT BOD RESULTS UNAVAILABLE 12/21 & 12/28. SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION)

BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE

BOD (Ibs/day) MONTHLY AVERAGE BOD BELOW 85% REMOVAL. ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE OIL & GREASE SAMPLES NOT AVAILABLE ON 12/06 & 12/13. SAMPLES EXCEEDED HOLDING TIME DUE TO PENDING ANALYTICAL SUPPLIES

TO: NDSS STP

Fax, 637-2592

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH OF DECEMBER 2017

		N	ATIONAL POLLUT DISCH.	ION DISCHA	OLLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)	(S				
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: NORTHERN DISTRICT STP	nclude Facility Name/Lo KS AUTHORITY ICT STP	cation if Different)							Form Approved. OMB No. 2040-0004	oved. :040-0004	
	SU 96912 ICT STP	PER	GU0020141 PERMIT NUMBER		DISCH	INF-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	ZIP CODE:	96932	
LUCATION: DEDEUU, GU 30912	v			MONITO	MONITORING PERIOD			INF/MONTHLY			
		FROM	MM/DD/YYYY		TO	MM/DD/YYYY 1/31/2018		Influent Structure	re		
ATTN: PAUL J. KEMP									z	No Discharge	Π
PARAMETER		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	ICENTRATION		NO.EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MIMIMIM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16149	26151	lb/dav	***	380	603	ma/L		5/31	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. HI WK AV	ib/day	*****	Req. Mon. MO AVG	Req. Mon. HI WK AV	mg/L		Weekly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	14700	21684	Ib/day	****	345	505	mq/L		5/31	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT	Req. Mon. MO AVG	Req. Mon. HI WK AV	lb/day	44444	Req. Mon. MO AVG	Heq. Mon. HI WK AV	mg/L		Weekly	COMPOS

and the second	I certify under porally of an what this document and all attachmonts were prepared under my direction or apprevision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on		TELE	TELEPHONE	1	DATE
MIGUEL C. BORDALLO, PE responsible for ge GENERAL MANAGER penaltics for su	wingury of the present or presents with manage the spectra, or note present arcely responsible for gathering the information. The information submitted is, to the bast of my provokedge and beals fure, screards, and competer. I may are that there are significant present of the stream of the information, including the mostability of the and	No. of the second s	671	300-6885		
imprisonment for	mprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day Year
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	CODE			

Northern District

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERVORKS AUTHORITY ADDRESS: MONTHERN DISTRICTS JP	de Facility Name/Loo AUTHORITY STP	cation if Different)				נחוויט			Form Approved. OMB No. 2040-0004	oved. :040-0004	
19	6912		GU0020141		L	001-A		DMR Mailing ZIP CODE:	IP CODE:	96932	
	STP	PER	PERMIT NUMBER		DISCH	DISCHARGE NUMBER		MAJOR			
LUCATION: DELEDU, GU 96912		<u> </u>			MONITORING PERIOD			001/MONTHLY			
ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY 1/1/2018	*	TO	MM/DD/YYYY 1/31/2018		External Outfall		No Discharge	Π
DADAMETED		QUANT	QUANTITY OR LOADING	-		QUANTITY OR CONCENTRATION	ICENTRATION		NO EX	FREQUENCY OF ANAL VSIS	SAMPLE
LANAMELEN	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.LA		
Temperature, water deg. centigrade	SAMPLE	*****	*****	*****	*****						
	MEASUREMENT					26.0	28.1	deg. C		5/31	DISCRT
0001010	PERMIT	*****				Req. Mon.	Req. Man.	deg. C		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3430	5196	p/q	****	73	m	ma/L	7	11/31	COMP24
00310 1 0	PERMIT	3002	6760	Ib/di	*****	30	45	mg/L		Weekly	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV	1			
PH	SAMPLE	****	*****	****		*****	1.2000			0.85	
	MEASUREMENT				7.4		8.3	SU		5/31	DISCRT
00400 1 0	PERMIT	******	*****	*****	6.5	*****	8.5	su		Weekly	DISCRT
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM				
Solids, total suspended	SAMPLE MEASUREMENT	621	878	p/qi	****	13	18	mg/L		13/31	COMP24
00530 1 0	PERMIT	3002	6760	p/qi	******	30	45	mq/L		Weekly	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV	•			
Solids, settleable	SAMPLE	*****	*****	*****	*****					- ine	Lucola
	MEASUHEMENI				******	0.0	0.0	mur		13/3	DISCHI
00545 1 0 Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mult		Meaning .	i unein
Oil and grease	SAMPLE	*****	*****	*****	*****						
	MEASUREMENT					5.9	14.3	mg/L	Ì	5/31	DISCRT
03582 1 0	PERMIT			++52.4+	******	10	15	mg/L		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
riow, m condan or una acauneme	SAMPLE	00 1			*****	*****	****			101100	
	MEASUREMENT	5.83	6.20	MGD	10000	10100				31/31	MELEH
50050 1 0	HEHMII	2	Heq. Mon.	ngm	l					Continuous	MEICH
Effluent Groce	DEDUBENENT	MO AVG	DAILY MX								

NAME/III LE PRINCIPAL EXECUTIVE OFFICER							
I certify under penalt	certify under penalty of law that this document and all attachments were prepared		TELE	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE qualified per GENERAL MANAGER representation	unter in y une control to supering and a valuate tre min a formation submitted, to assess on qualifier in y one control in popering and evaluate tre min formation submitted, is also do no minimulty of the presence of the presence of the presence and the presence of the control of the presence of the control of the presence of the control of the presence of the control of the presence of the control of the presence of the control of the presence of the control of the presence of the presenc		671	300-6885		11	
knowledge a knowledge a	responses on generating the monimation is monimation and the monetary and the first set of significant knowledge and belief, the, accurate, and complete. I am aware that there are significant completes for schemitting false information. Encluding the moreshifty of time and	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	portances of sustaining violations.	OFFICER OR AUTHORIZED AGENT	CODE				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS	bort)						
BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE BOD (ibs/dav) MONTHLY AVERAGE							

ш	ude Facility Name/Loc AUTHORITY	N/ cation if Different)	NATIONAL POLLUTION DISCHARGE ELMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) N)	IARGE MON	ULLUTION USCHARGE ELIMINATION S751 DISCHARGE MONITORING REPORT (DMR)	T (DMR)	(c		Form Approved. OMB No. 2040-0	Form Approved. OMB No. 2040-0004	
ADDRESS: NORTHERN DISTRICT STP HARMON ANNEX, GU 96912 FACILITY: NORTHERN DISTRICT STP	96912 STP	PERI	GU0020141 PERMIT NUMBER		DISCH	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	IP CODE:	96932	
LUCATION: DEDEDU, GU 30312				MONITC	MONITORING PERIOD		10 L	001/MONTHLY			
ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY 1/1/2018	۸۸ s	TO	MM/DD/YYYY 1/31/2018		External Outfall		No Discharge	Π
DADAMICTED		QUANTI	ANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE
	I	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	X TOP		-
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI (C.)	NODI (C)	mg/L		0/31	DISCRT
50060 1 0 Effluent Gross	PERMIT	******	*****	*****	*****	1.5 MO AVG	2.46 DAH Y MY	mg/L		WEEKLY	DISCRT
Enterococci	SAMPLE MEASUREMENT	****	*****	*****	*****	59978	92080	MPN/100mL	9	4/31	DISCRT
61211 1 0 Effluent Gross	PERMIT REOUIREMENT		******		******	35 MO AVG	104 DAILY MX	CFU/100mL		WEEKLY	DISCRT
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	***	*****	81%	*****	*****	%	-	5/31	COMP24
81010 K 0 Percent Removal	PERMIT REOUIREMENT	*****	•••••	*****	Req. Mon. MO AV MN	*****		,0 [,]		WEEKLY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	***	*****	%96	*****	*****	%		5/31	COMP24
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	1		Req. Mon. MO AV MN		*****	9/9		WEEKLY	COMP24
Ammonia & Ammonium Total	SAMPLE MEASUREMENT	****	*****	*****	*****	24.9	24.9	mg/L		12/06/17	COMP24
82230 1 0 Effluent Gross	PERMIT REOUIREMENT				***	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		ANNUAL	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
	I certify under penalty of law that this document and all attachments were prepared under my disorbor or enumerician in accordance with a evelow designed to seems that		TEL	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE GENERAL MANAGER	unser up unercome to appression account and account that are account and appression and appression and appression and evaluate the information automitted. Taked on my inquiry of the person or pressons who manage the system, or those persons directly		671	300-6885			
100000 March 100000	responsible for gamering the information, the information submitted is, to the pest of my knowledge and belief, true, accurate, and complete. Tam aware that there are significant	SIGNATURE OF PRINCIPAL EXECUTIVE AREA	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See 0 & M Report) VIOLATIONS ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE BOD BELOW 85% REMOVAL NODI (C. L. FEFI LIENT NOT CHI ORINATED	0 & M Report) AVERAGE						

	SUSP.	SP.	SETTL	L. SUSP.		-				susp.	SE	SETTL. SUSP.	P.	SUSP.		OIL&	al.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TSS (MG/L)	BOD (MG/L)	TSS (lbs/day)	BOD (lbs/day)
DATE	PH SOL	SOLIDS BOD	0	_	ē	FLOW	DATE	FLOW	Hd	_	-	-	_	D SOLIDS	1	GREASE	-	ш	WEEKLY	WEEKLY AV	WEEKLY	WEEKLY
	jm.	I/Gm //Gm	I/Im I/I	Ibs/day	Ibs/day	mgd		pgm		1 I/gm	m l/gm	ml/l lb/day	lay Ib/day	y %removal	al %removal	val mg/l	D. L	MPN/100ML	AV		AV	AV
1						5.5	1	6.2		1	1.						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	-	-	_		_		2	6.1				-		11	-	-						
3 6	6.54 30	305 111	1 6.0	13236	4812	5.2	3	6.1	8.13	21	79 0.	0.0 1067	-	2 93%	28%	4.0	28.1	81640	18	78	878	3753
	-				1	5.0	4	5.4						1								
5		1111				5.0	5	5.8		9	83	271	1 4005	2								
6						5.3	9	6.0														
7						5.4	7	5.9														
8					-	5.4	8	6.1														
6						5.5	6	6.0						2								
10 7	7.99 50	505 427	7 6.0	21046	17806		10	5.7	7.35	11	60 0.	0.0 509	9 2864	4 98%	86%	2.7	25	46110	10	25	475	2661
11						4.8	11	5.6			45	40	-	9								
12					1	5.0	12	5.7		11	63	50.	9 3004	4								
13						5.0	13	5.7														
14		2	-			5.4	14	6.2														
15						5.3	15	6.0														
16						5.0	16	5.7														
t	7.58 50	500 603	3 9.0	21684	26151	5.2	17	5.7	8.09	7	84 0.	0.0 319	9 3969	%66 6	86%	14.3	3 25.0	92080	15	67	695	3109
H	-		-		+	4.3	18	5.3							-							
6						5.2	19	5.7		17	60	794		6								
20						4.9	20	5.6		-			-						-			
21						5.5	21	6.0														
22						5.3	22	6.1														
23					-		23	5.9														
	7.99 35	352 578	8 14.0	14972	24585		24	5.6	7.83	13 1	11	0.0 621	5196	6 96%	81%	4	25.2	43520	10	111	463	5196
25						5.1	25	6.0		15		73	9									
26			-			5.0	26	5.6		-		35	~			_						
27						5.4	27	5.9			-											
28			_			5.9	28	6.2							_							
29						5.0	29	5.7		-									Т			
-	-	+	+	-	+	5.0	30	5.8		+	4		-	-	-	-	-		2		2.00	1000
-	8.41 6	63 181	1 4.5	2562	1393	4.9	31	5.4	8.33	12	88 0.	0.0 540	0 3967	7 81%	51%	4.5	26.8	36540	12	ŝ	540	3967
AVG 7	7.70 34	345 380	0 7.90	0 14700	16149	5.15	AVG	5.83	7.95	13	73 0.	0.0 621	1 3430	0 96%	81%	9	26.0	59978				
-	-	-	-		1	-	MIN	5.30	7.35	1		-	-									
	8.41 50	505 603	3 14.0	21684	26151	5.90	MAX	6.20	8.33	29	111 0.		-	66 99%	-	14	28.1	92080	18	111	878	5196
							Running Averages	verages		15	67	682	2 3174	4						1.1		
				PERMIT	MENTS	MAX 12	monthly avg daity max		6.5MIN 8.5MAX	30	30 1	1 3002 5 6760	02 3002 6760	2 85%	85%	15		35 104				
						-	train frame															

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH DF JANUARY 2018

Fax: 637-2592

TO: NDSS STP

VIOLATIONS

BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE

BOD (Ibs/day) MONTHLY AVERAGE

BOD BELOW 85% REMOVAL ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE

		z	ALIUNAL PULLUI DISCH.	ARGE MONI	ULLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)	(2)				
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: NORTHERN DISTRICT STP	slude Facility Name/Lo S AUTHORITY CT STP	ocation if Different)							Form Approved. OMB No. 2040-0004	oved. 2040-0004	
	U 96912 2T STP	PEH	GU0020141 PERMIT NUMBER		DISCH	INF-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	CIP CODE:	96932	
AUCATION: DEDEDO, GU 99812 ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY 2/1/2018			2/28/2018		INF/MONTHLY Influent Structure		No Discharge	Π
PARAMETER		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO FX	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MUMINIM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8127	11042	lb/dav	****	286	414	ma/L		4/28	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT	Req. Mon. MO AVG	Req. Mon. HI WK AV	lb/day		Req. Mon. MO AVG	Req. Mon. HI WK AV	T/6m		Weekly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	14245	29123	lb/dav	*****	477	873	ma/L		4/28	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT	Req. Mon. MO AVG	Req. Mon. HI WK AV	ib/day	444444	Req. Mon. MO AVG	Req. Mon. HI WK AV	mg/L		Weekly	COMPOS

bnu eup	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		TELI	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE rest GENERAL MANAGER Rest	Wy nqury to the persons who manage the system, or how persons an energy responsible for gathering the information, the information submitted is, to the best of my towoledge and belief, true, scientes, and complete. It an aware that there are significant personalises for submitting false information, including the possibility of the and		671	300-6885			1
dmi	imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	CODE				

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: NOPTHERN DISTRICT STP	de Facility Name/Lo AUTHORITY STP	N/ cation if Different)	DISCH	ON DISCH	NATIONAL POLLUTION DISCHARGE ELMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) tt)	DN SYSTEM (NPDE F (DMR)	8)		Form Approved. OMB No. 2040-0	Form Approved. OMB No. 2040-0004	
	6912 STP	PER	GU0020141 PERMIT NUMBER		DISCH	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	ZIP CODE:	96932	
					MONITORING PERIOD			001/WONTHLY	~		
ATTN: PAUL J. KEMP		FROM	2/1/2018		10	2/28/2018		External Outrall		No Discharge	Π
DADAMETED		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			4
Temperature, water deg. centigrade	SAMPLE	****	*****	*****	*****						
	MEASUREMENT					25.7	27.1	deg. C		4/28	DISCRT
00010 1 0	PERMIT	44444	*****	*****	*****	Req. Mon.	Req. Mon.	deg. C		Weekly	DISCRT
Effluent Gross	HEUUIKEMEN				44444	MUAVG	DAILY WA				
BOD, 5-day, 20 deg. C	SAMPLE	1000	3364	14/41		20	U	1/200	u	86/01	ACOMON
00310 1 0	DERMIT	2002	6760	p/q	******	00	45	mail	•	Weeklu	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV	2		MO AVG	HI WK AV	1			
Hq	SAMPLE	*****	*****	*****		****					
	MEASUREMENT				7.7		8.5	SU		4/28	DISCRT
00400 1 0	PERMIT		*****	******	6.5	*****	8.5	ns		Weekly	DISCRT
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM				
Solids, total suspended	SAMPLE MEASUREMENT	684	1104	lb/d	***	18	23	ma/L		10/28	COMP24
00530 1 0	PERMIT	3002	6760	lb/d	******	30	45	ma/L		Weekly	COMP24
Effluent Gross	REGUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV	 			
Solids, settleable	SAMPLE	*****	*****	*****	****						
	MEASUREMENT					0.0	0.0	mL/L		4/28	DISCRT
00545 1 0	PERMIT	*****X	*****	******	*****	-	2	mL/L		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Oil and grease	SAMPLE	*****	****	*****	****						
	MEASUREMENT					15.1	19.9	mg/L	4	4/28	DISCRT
03582 1 0	PERMIT	*****	*****	*****	*****	10	15	mg/L		Weekdy	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
רוסא, זוו כטתמנור טו מווע תכמנוזכות	SAMPLE	4.51	630	MGD	*****	****	****	*****		28/28	METER
50050 1 0	PERMIT	12	Req. Mon.	MGD	******	*****				Continuous	METER
	nero un recent	ALC AUC	CAR V BAY								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
	It 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 accure that		TELE	TELEPHONE		DATE	-
MIGUEL C. BORDALLO, PE GENERAL MANAGER	regulated in the unexpected on supervision in account we will be information automatical states of an qualified personnel property gather and evaluate the information automatical. Based on the injury of the person of the persons who and evaluate the information automatical frequence of the person of the person of the persons who are an evaluated to be persons directly and injury of the person of the persons and a manage the person is persons after a the person of the person of the person of the persons and a manage the person is persons after a person of the person of the person of the person of the persons after a person of the person of the person of the person of the persons after a person of the person of the person of the persons after a person of the persons after the person of the person of the person of the person of the persons after a person of the person of the person of the person of the person of the persons after the person of the person of the person of the person of the person of the person of the person of the person of the person of		671	300-6885			
	Tesponsanze for guarenny are mormanun, une mormanun auenneu s, volice des an int knowledge and belief, true, accurate, and complete. Tarm ware that there are significant monshine. Are submittion false.	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS	O & M Report)						
BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE OIL & GREASE DAILY MAX (3/4) AND MONTHLY AVERAGE	VERAGE AVERAGE						

	de Facility Name/Loc AUTHORITY	ferei	ATIONAL POLLU	ION DISCH	DLLUTION DISCHARGE ELIMINATION SYS1 DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) 11)	(6		Form Approved. OMB No. 2040-0004	oved. 040-0004	
ADDRESS: NORTHERN DISTRICL STP HARMON ANNEX, GU 96912 FACILITY: NORTHERN DISTRICT STP	51P 6912 STP	PER	GU0020141 PERMIT NUMBER		DISCH	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	P CODE:	96932	
LUCATION: DEDEUO, GU 30312				MONITC	MONITORING PERIOD			VIMONTHLY			
		Į	YYYY/DD/MM			WM/DD/YYYY		External Outfall			
ATTN: PAUL J. KEMP		FROM	2/1/2018	8	10	2/28/2018	ľ		No	No Discharge	Π
DADAMETED		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	ICENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE
	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE	*****	*****	*****	*****	1011001	100 1001				Tacola
	MEASUREMENT					NUDI (C)	() INNN	mg/L		87/0	חואראו
50060 1 0	PERMIT		*****		*****	1.5	2.46	mg/L		WEEKLY	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Enterococci	SAMPLE MEASUREMENT	****	***	*****	****	37618	61310	MPN/100mL	Ω	4/28	DISCRT
61311 1.0	DEDMIT	*****	*****		*****	25	104	CEBHORM		WEFKI V	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
BOD, 5-day, percent removal	SAMPLE MFASURFMFNT	*****	*****	*****	79%	*****	*****	%		4/28	COMP24
81010 K 0	PERMIT	484488	******	*****	Rea. Mon.	44444	*****	%		WEEKLY	COMP24
Percent Removal	REQUIREMENT				MO AV MN						
Solids, suspended percent removal	SAMPLE	****	****	*****	000	****	*****	0	X	0/1/0	KCOMOO
	MEASUREMENT				30 %			0/		07/4	COWIE 24
81011 K 0 Percent Removal	REQUIREMENT	******	1	1	Req. Mon. MO AV MN		*****	%		WEEKLY	COMP24
Ammonia & Ammonium	SAMPLE	*****	*****	*****	*****						
Total	MEASUREMENT					24.9	24.9	mg/L		12/06/17	COMP24
82230 1 0	PERMIT	*****	*****	++++++		Req. Mon.	Req. Mon.	mg/L		ANNUAL	COMP24
Effluent Gross	E REOUREMENT					MO AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
	I certify under penalty of law that this document and all attachments were prepared		TEL	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE GENERAL MANAGER	unter my ancetton to supervision in accounter win a specim accipation to assure use unter my ancetton property gather and evaluate the information aubmitted. Based on my inquiry of the person or persons who manage the system, or those persons directly		671	300-6885			
Rr Kr	responsible for gamering the information, the information submitted is, to the pest of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL EXECUTIVE AREA	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE		1		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS	& M Report)]	1	
ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE BOD BELOW 85% REMOVAL	VERAGE						
NODI (C)- EFFLUENT NOT CHLORINATED							

	SUSP.	SP.	SETTL.	. susp.						SUSP.	SE	SETTL. SUSP.	SP.	SUSP.				Ľ.	TSS (MG/L)	BOD (MG/L)	TSS (lbs/day)	BOD (lbs/day)
ñ,	PH SOLIDS	DOB SOL	allos o	SOLIDS (BOD	FLOW	DATE	FLOW	Hd	Solids H		SOLID SOLIDS	IDS BOD	D SOLIDS	BOD	GREASE	SE TEMP	ENTEROCOCCI	WEEKLY	WEEKLY AV	WEEKLY	WEEKLY
	Mgm	VBm VE	Il mUI	Ibs/day	Ibs/day	pɓw		pgm		mg/l I	m l/gm	ml/l lb/day	lay Ib/day	y %removal	al %removal	val mg/l	Da I	MPN/100ML	AV		AV	AV
		-			-	-	-	5.9		-	94	1542	-	2					23	06	1104	4366
						5.0	2	5.7			86	666		9								
						3.1	8	3.9								-						
						3.5	4	3.9	1111	1							1					
						4.1	5	5.2														
						3.1	9	4.1														
8	8.47 167	57 414	6.0	4326	10704		7	3.8	8.53	6	58 0	0.0 296	96 1829	94%	86%	19.9	3 24.9	24810	07	28	296	1829
	-					3.2	8	3.9	1 1 1 1 1 1 1													
						3.2	6	3.9														
						3.4	10	4.2														
					-	3.8	11	4.5						10.1								
						3.1	12	3.7														
				1	11	3.6	13	4.1														
8	8.20 418	8 189	10.0	11504	5204	3.3	14	4.3	8.06		40 0	0.0 167		2 99%	79%	4.2	27.1	29870	21	46	693	1549
						3.2	15	3.8		46	40	1445		1								
						3.2	16	4.0			58	467	57 1948	8								
						3.1	17	3.9														
	1					3.4	18	4.1														
						3.5	19	4.3														
	_				_	3.3	20	4.1				-				_	_	_				
8.	8.51 451	51 208	6.0	12027	5556	3.2	21	3.9	7.65	6	49 0	0.0 195		1 99%	77%	18.5	5 24.2	34480	18	48	581	1576
						3.0	22	3.8		1	44	570		4								
			-			3.2	23	4.0			52	97	1732	2								
						5.1	24	5.8			The second second		CTU LINE									
	1					5.6	25	6.3														
						5.6	26	5.9														
						-	27	6.0		-						_	_					1000
1	7.81 873	331	9.0	29123	11042	4.0	28	5.4	8.21	12	85 0	0.0 518	8 2914	4 99%	80%	17.7	26.5	61310	12	8	518	2914
-	- + +	+	-11-	- + +	-11-	0.70		154	0 44				+	000/	1002			0+11+0	1 10			
0	7.81 167	1 200	009	93264	5204	3.00	NIN 370	3 70	7.65	0 10		0.0 167	1257 1257		12%		242	24810				
MAX 8.	+	-	+	+	-	5.60	MAX	6.30	8.53	+	94 0	-	-		86%			61310	23	06	1104	4366
							Running A	verages	ľ		h	Ľ	3 2215	h		þ						
				PERMIT	04.44	MAX	monthly avg		6.5MIN	30	30	1 3002	02 3002	2 85%	85%	10		35				
				HEQUIN	MENIS	21	dairy max	1	AMMA.5		1			2		13		104				

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH OF FEBRUARY 2018

Fax: 637-2592

TO: NDSS STP

VIOLATIONS BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE

םטט (וווקו) אבהאבו אושא (איז) אוזם אטאו חבו שאבהא

BOD BELOW 85% REMOVAL

OIL & GREASE DAILY MAX (3/4) AND MONTHLY AVERAGE ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE

			ATIONAL POLLUT DISCH	ION DISCHA	OLLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)	(6				
NAME/ADDRESS (Include Facility N GUAM WATERWORKS AUTHORITY NORTHERN DISTRICT STP	PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Di NAME: GUAM WATERWORKS AUTHORITY ADDRESS: NORTHERN DISTRICT STP	cation if Different)							Form Approved. OMB No. 2040-0004	o40-0004	
HARMON ANNEX, GU 96912 FACILITY: NORTHERN DISTRICT STP	96912 T STP	PEH	GU0020141 PERMIT NUMBER		DISCH	INF-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	IP CODE:	96932	
EDEDO, GU 96912			AYYYYUD/MM		MONITORING PERIOD	YYYY		INF/MONTHLY Influent Structure	a		
ATTN: PAUL J. KEMP		FROM	3/1/2018		D D	3/31/2018			z	No Discharge	Π
PARAMETER		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	ICENTRATION		NO.EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			Trace of
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11618	15148	Ib/dav	****	273	343	mq/L		4/31	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. HI WK AV	Ib/day	884488	Red. Mon. MO AVG	Req. Mon. HI WK AV	mg/L		Weekly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	8191	14025	Ib/day	*****	194	317	mg/L		4/31	COMPOS
00530 G 0 Davi Sources Influent	PERMIT	Req. Mon.	Req. Mon.	lib/day	*****	Req. Mon.	Req. Mon.	J/6m		Weekly	COMPOS

under my airection qualified personnel	certify under penalty of law that this document and all attachments were propared moler my direction or supervision in accordance with a system designed to assure that qualified presonne) properly gather and evaluate the information automitted. Eased on		TEU	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE responsible to commission for the commission of the commissio	rey inquiry the person or presone who manage the statem, or those presons ducefly recompatible for gathering the information, the information submitted is, to the bast of my is convolved as not benefit true, or counside, in a complete. I have not available in the convolved as a observation, but on the information, but of the state convolved as a observation is the information. Including the constitutive of the and		671	300-6885			
imprisonment	imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	CODE		Ĭ	Ī	ł

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: NORTHERN DISTRICT STP	de Facility Name/Loc ∆UTHORITY STP	NA ation if Different)	VTIONAL POLLUT DISCH	ION DISCHA ARGE MONI	OLLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) 11)	ŝ	ĔΟ	Form Approved. OMB No. 2040-0004	ved. 040-0004	
	6912 STP	PERI	GU0020141 PERMIT NUMBER		DISCH	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	CODE:	96932	
LOCATION: DEDEDO, GU 96912				MONITO	MONITORING PERIOD			V INDNTHI V			
ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY 3/1/2018	A		MM/DD/YYYY 3/31/2018		External Outfall	Ň	No Discharge	Π
DADAMETED		QUANT	QUANTITY OR LOADING	Γ		QUANTITY OR CONCENTRATION	NCENTRATION	2	NO EX	FREQUENCY OF ANALYSIS	SAMPLE
L'ANAMEI EN	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			-
Temperature, water deg. centigrade	SAMPLE	*****	*****	****	*****						
	MEASUREMENT					25.6	26.7	deg. C		4/31	DISCRT
00010 1 0 Effluent Gross	PERMIT	44444	******			Heq. Mon. MO AVG	Req. Mon. DAILY MX	deg. C		Weekly	DISCRT
BOD, 5-day, 20 deg. C	SAMPLE	0100	0410	111	*****	Ŧ	6		1	to ot	PONDO -
	MEASUREMENT	3312	3/40	D/GI	******	10	90 90	mg/L	-	Wonkins	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV	000		MO AVG	HI WK AV	1		from	
pH	SAMPLE	*****	***	*****		*****					
	MEASUREMENT				6.5		9.2	SU	-	4/31	DISCRI
00400 1 0 Effluent Gross	PERMIT	******	*****		6.5 MINIMUM	•	8.5 MAXIMUM	ns		Weekly	DISCRT
Solids total suspended	SAMPLE			Ī	****						
	MEASUREMENT	545	865	p/q		12	18	mg/L		14/31	COMP24
0053010	PERMIT	3002	6760	p/qt	******	30	45	mg/L		Weekly	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV				
Solids, settleable	SAMPLE MEASUREMENT	****	***	*****	****	0.3	0.8	mL/L		4/31	DISCRT
00545 1 0	PERMIT		******	*****	******	-	2	mUL		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Oil and grease	SAMPLE	***	***	*****	****						
	MEASUREMENT					3.0	5.1	mg/L		4/31	DISCRT
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****			10 MO AVG	15 DAILY MX	mg/L		Weekly	DISCRT
רוסאי, זוו כטווסטור טו תוום ווכמתווכות	SAMPLE MEASUREMENT	5.76	6.30	MGD	****	****	****	*****		31/31	METER
50050 1 0	PERMIT	12	Req. Mon.	MGD	******	*****	44884	*****		Continuous	METER
Effluent Croco	DEDUNDERSEART	MO AVG	DAILY MX								

	I certify under penalty of law that this document and all attachments were prepared		TELE	TELEPHONE		DATE	2
MIGUEL C. BORDALLO, PE GENERAL MANAGER	unter iny intervity advection is advection in advection of advective main advective of advect una qualified personnel properly gather and evaluate the information submitted. It also do no invitruely of the person of pather and evaluate the information submitted for the field advection of the person of the information submitted for the persons field advection of the person of the information submitted for the persons for the persons of the persons of the persons of the person of the persons of the person of the person of the persons of t		671	300-6885			
	Tresponsible for guittering we monimised on the monimised submittee are significant knowledge and belief, true, accurate, and complete Lam aware that there are significant Amonthies for submitting false information including the nossibility of fina and	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE BOD (lbs/day) MONTHLY AVERAGE PH DAILY MAX (1/4)	0 & M Report) VERAGE						1.1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: NORTHERN DISTRICT STP	ude Facility Name/Loc AUTHORITY TSTP	ation if Different)				(ma)			Form Approved. OMB No. 2040-0004	ed, t0-0004	
	96912 STP	PERI	GU0020141 PERMIT NUMBER	-	DISCH	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR		96932	
				MONITC	MONITORING PERIOD			001/MONTHLY			
		FROM	MM/DD/YYYY 3/1/2018	8	TO	MM/DD/YYYY 3/31/2018		External Outfall		1	
ATTN: PAUL J. KEMP									No	No Discharge	1
PARAMETER		QUANTI	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	VCENTRATION		NO FX	FREQUENCY OF ANALYSIS	SAMPLE
	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	*****	****	*****	NODI (C)	NODI (C)	mg/L		0/31	DISCRT
50060 1 0	PERMIT		*****	*****	*****	1.5	2.46	mg/L		WEEKLY	DISCRI
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	r.			
Enterococci	SAMPLE	*****	****	*****	*****	1000	COATO	1 OC FUNDAR		TOTO	Tacola
0 + 11013	DEDMIT	241122		44444	******	40000	10/1-70	CENTOUTIL	3	NICE NI N	nuciu
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX			MEENLI	Luocia
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	***	*****	74%	****	*****	%	+	3/31	COMP24
81010 K 0	PERMIT	******	******	*****	Req. Mon.	*****	*****	%		WEEKLY	COMP24
Percent Removal	REQUIREMENT				MO AV MN						
Solids, suspended percent removal	SAMPLE	*****	******	****	%Pb	*****	*****	%		131	COMP24
81011 K 0	PERMIT	44444	*****	*****	Req. Mon.	******	*****	96		WEEKLY	COMP24
Percent Removal	REQUIREMENT				MO AV MN						
Ammonia & Ammonium Total	SAMPLE MEASUREMENT	*****	****	*****	*****	24.9	24.9	mg/L		12/06/17	COMP2
82230 1 0 Effluent Gross	PERMIT	******	******	*****	******	Heq. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		ANNUAL	COMP24

and for the that this decourses and an alterinemic wave prepared on a sure that were the parter of an all and and all and the matter wave byte and evaluate the information submitted. Based on preservation in accordance with a system designed to assure that the information submitted is to the best of the the information submitted is to the best of the matter are significant to the information, the information submitted is to the best of the matter are significant the information, the information submitted is to the best of the matter are significant to extend the information, the information submitted is to the best of the matter are significant the information, including the possibility of fine and office ROR AUTHORIZED AGENT CODE TODE TODE TODE TODE TODE TODE TODE T	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
quarter of presents to reperty gather and evaluate the information submitted. Search on the neuron of presents with an information submitted is to the basic of the property of the presents of presents with an information submitted is, to the basic of the property of the presents of presents with an information. G71 300-6885 To Image: the present of the information submitted is, to the basic of the property of the presents of the information. Image: the information submitted is, to the basic of the property of the information is including the possibility of time and imprisonment to knowing violations. Image: the information including the possibility of time and OFFICER OR AUTHORIZED AGENT Image: the information including the image: the present of the information. Image: the information including the image: the information including the possibility of time and OFFICER OR AUTHORIZED AGENT Image: the information including the image: the information including the possibility of time and OFFICER OR AUTHORIZED AGENT Image: the information including the image: the information including the possibility of time and OFFICER OR AUTHORIZED AGENT Image: the information including the image: the information including the image: the information including the information including the information including the image: the information including the information including the information including the image: the information including the informat		I certify under penalty of law that this document and all attachments were prepared index nu disortion or europoicion in accordance with a sortion designed to assure that		TELE	EPHONE		DATE	
internation are memoration are memoration are memorating and and and and and are	MIGUEL C. BORDALLO, PE GENERAL MANAGER	qualified intersection of property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly		671	300-6885			
Instituting false information, including the possibility of fine and OFFICER OR AUTHORIZED AGENT knowing violations.		responsible for gamering the information, the information submitted is, to the pest of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
MIENT AND EXPLANATION OF ANY VIOLATIONS (See 0 & M Report) JLATIONS TEROCOCCI RESULTS UNAVAILABLE 03/28 DUE TO TECH ERROR. TEROCOCCI DAILY MAX (3/3) AND MONTHLY AVERAGE D BELOW 85% REMOVAL	TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonmentfor knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE				
FEROCOCCI RESULTS UNAVAILABLE 03/28 DUE TO TECH ERROR. FEROCOCCI DAILY MAX (3/3) AND MONTHLY AVERAGE D BELOW 85% REMOVAL	MENT AND EXPLANATION OF ANY VIOLATIONS (SILLATIONS)	e O & M Report)						
D BELOW 85% REMOVAL	TEROCOCCI RESULTS UNAVAILABLE 03/28 TEROCOCCI DAILY MAX (3/3) AND MONTHL	DUE TO TECH ERROR. V AVERAGE						
	BOD BELOW 85% REMOVAL							

TSS (MG/L) BOD (MG/L) TSS (lbs/day) BOD (lbs/day)	ENTEROCOCCI WEEKLY AV WEEKLY WEEKLY	AV	11 64 523 3183						48840 8 80 392 3748							524/0 11 /0 498 3194							38730 18 70 865 3279						9 66 437 3090				46680	38730	52470 18 80 865 3748	
	F	D°							26.7							25.2							24.8						25.5				25.6	24.8	26.7	
OL&	GREASE	al mg/l							3.8							5.1			-				0.5						2.6				3		5	
	BOD	%removal							77%														74%						68%				74%	68%	27%	
SUSP.	SOLIDS	%removal			2				97%							89%							96%						95%				94%	89%	97%	
	BOD	Ib/day	2933	3433					3882	3673	3688					3752	2237	3592					3279						3118	2132	3421		3312	2237	3882	3385
SUSP.	SOLIDS	Ib/day	827	220					427	216	532					605	834	56					112	355	2128				589	514	209		545	56	2128	574
SETTL.	SOLID	MM							0.0							0.5							0.8						0.0				0.3	0.0	0.8	
	BOD	I/6m	60	69					79	82	80					82	53	77					70					1.000	99	00	72		71	53	82	72
SUSP.	SOLIDS	Mg/l	17	4					6	5	12					13	20	-					2	8	44			1 20 1	12	H	4		12	-	44	12
	Hd								9.22						1200	6.57							6.97						6.45				7.30	6.45	9.22	
	FLOW	pgm	5.9	6.0	5.6	6.0	5.8	6.3	5.9	5.4	5.5	5.6	6.1	6.1	5.9	5.5	5.1	5.6	5.6	6.1	6.3	5.5	5.6	5.6	2.8	6.1	5.7	5.7	5.7	0.0	5.7	1.0	5.76	5.10	6.30	verages
	DATE		÷	2	3	4	2	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20	21	22	23	25	26	27	28	RZ	30	5	AVG	MIN	MAX	Running Averages
	FLOW	pgm	5.0	5.3	5.0	5.5	5.3	5.4	5.3	4.9	4.9	4.9	5.6	5.3	5.5	4.9	4.9	4.9	4.9	5.4	6.9	5.2	5.0	5.0	5.0	5.4	1.0	5.0	4.9	4.9	6.9	5.0	5.20	4.90	6.90	
	BOD	lbs/day							15148														11330						8376				11618	8376	15148	
SUSP.	SOLIDS	Ibs/day						Η	14025							5133				-		-	2819						10789				\vdash	-	14025	
SETTL.	SOLID	m/n							10.0						-	12.0										1		1	17.0		1	1	13.00	-	-	
	BOD	Wg/I							343														272						205				-		343	
SUSP.	SOLIDS	l/gm							317	Ī						126							68						264				194	68	317	
	Hd								8.75							6.90							7.50						6.82				7.49	6.82	8.75	
	DATE		÷	2	8	4	ŝ	9	7	8	6	10	11	12	13	14	15	16	17	18	19	20	21	22	23	25	26	27	28	59	30	31	AVG	MIN	MAX	

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH OF MARCH 2018

VIOLATIONS

ENTEROCOCCI RESULTS UNAVAILABLE 03/28 DUE TECH ERROR. (TECH DID NOT READ SAMPLE AFTER 24 HRS)

INFLUENT BOD RESULTS UNAVAILABLE 03/14. SAMPLES DID NOT MEET OC DEPLETION CRITERIA (OVERDEPLETION)

INFLUENT SETTLEABLE SOLIDS RESULTS UNAVAILABLE 03/21 DUE TO TECH ERROR. BOD (mg/)) WEEKLY MAX (5/5) AND MONTHLY AVERAGE BOD (bs/day) MONTHLY AVERAGE BOD (bs/day) MONTHLY AVERAGE BOD BELOW 55% REMOVAL ENTERCOCCI DAILY MAX (3/3) AND MONTHLY AVERAGE PH DAILY MAX (1/4)

qualified personnel properly	certify under penalty of the with this becomment and all attachments were popared under my direction or supervision in accordance with a system designed to assue that qualified personnel properly galator and evaluate the information submitted. Based on;		TELE	TELEPHONE		DATE
MIGUEL C. BORDALLO, PE reponsible for gathering func- reponsible for gathering func- generations for another for the monthless for about the func- mentions for another for another for about the func- point of the function of the function of the func- tion of the function of the function of the func- tion of the function of the function of the func- tion of the function of the function of the func- mention of the function of the func- tion of the function of the func- tion of the function of the func- tion of th	Winquiry the present or prevents who manage the sector, or more prevent and encity responsible for gathering the information, the information submitted is, to the base of my howovedge and belief, true, accurate, and competer, in the maxe that there are significant preventions of automation of the competer, including the presenting of the and		671	300-6885		
imprisonment for knowing violations.	violations.	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	CODE		1	

ш	de Facility Name/Lo	cation if Different)			טואטהאאנגב שטאנו טאוואט אברטאו (שיאו)	(HMU)			Form Approved. OMB No. 2040-0	Form Approved. OMB No, 2040-0004	
ADDRESS: NUCHTHERN DISTRICT STF HARMON ANNEX, GU 96912 FACILITY: NUCHTHERN DISTRICT STP	6912 67P	9	GU0020141 DEDMIT NIIMBED	_	HUSIC	001-A		DMR Mailing ZIP CODE: MATOR	IP CODE:	96932	
-					in the second						
					MONITORING PERIOD			001/MONTHLY External Outfall			
ATTN: PAUL J. KEMP		FROM	4/1/2018		£	4/30/2018				No Discharge	Π
PADAMETED		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE	*****	*****	*****	*****						
	MEASUREMENT					24.6	25.2	deg. C		4/30	DISCRT
00010 1 0	PERMIT			*****	*****	Req. Mon.	Req. Mon.	deg. C		Weekdy	DISCRT
Effluent Gross	REOUREMENT					MO AVG	DAILY MX				
BOD, 5-day, 20 deg. C	SAMPLE	2117	41.40	P)(4)	****	12	104	llam.	u	10/20	COMOD
	DEDANT	1410	0414 0423	10/01		Ve	an a	mg/L	, ,	Monthy	LOMD24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV	n/n		MO AVG	HI WK AV	Thu		Amon	たると思うう
PH	SAMPLE	*****	*****	*****		****					
	MEASUREMENT	and the second se			6.0		7.3	SU	2	4/30	DISCRT
00400 1 0	PERMIT	*****	*****	*****	6.5	*****	8.5	su		Weekdy	DISCRT
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM				
Solids, total suspended	SAMPLE MEASUREMENT	819	1138	b/d	***	18	23	ma/L		12/30	COMP24
00530 1 0	PERMIT	3002	6760	ih/d	44446	30	45	ma/L		Weekly	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV	h		·	
Solids, settleable	SAMPLE	*****	****	*****	****	0.5	0.0	ml /l		4/30	DISCRT
00545 1 0	PERMIT	******	******	******	******	+	2	mL/L		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Oil and grease	SAMPLE	*****	****	*****	****						
	MEASUREMENT					4.4	7.1	mg/L		4/30	DISCRT
03582 1 0	PERMIT			*****		10	15	mg/L		Weekly	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
	SAMPLE	cc L	00 7	1000	*****	*****	*****	******		00100	AFTER
	MEASUREMENT	50.0	05.1	MGD	******		******			5-minute	METED
0 1 00000	HERMI	14	THOM THAT	MGU						conninadas	
						Contraction of the local data was a second data		A DESCRIPTION OF THE OWNER OWNE	1 00 0 00 00 00 00000000 V	AT BUTCH AND ADDRESS AND ADDRE	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
	I certify under penalty of law that this document and all attachments were prepared		TELE	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE GENERAL MANAGER	under inframenter of any structure in accounter visit and any second second second second property gather and evaluate the information solumitted. Based on my inquiry of the access or persons who manage the structure or those sources are a second any induction of those second		671	300-6885		F	
	responsible to gautering the monitoring the monitoring of a particulation of the best of my knowledge and belief, fure, accurate, and complete, tam aware that there are significant homatike for submitting false information including the nocsibility of fine and	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE			2	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See 0 & M Report) VIOLATIONS	e O & M Report)					1	
pH BELOW MINIMUM (2/4)							
BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE	AVERAGE						

111	de Facility Name/Loc AUTHORITY	ation if Different)	DISCH	ARGE MON	DISCHARGE MONITORING REPORT (DMR)	DISCHARGE MONITORING REPORT (DMR)	5		Form Approved. OMB No. 2040-0004	004	
ADDRESS: NOM HEAN DISTRICT STP HARMON ANNEX, GU 96912 FACILITY: NORTHERN DISTRICT STP	STP 96912 STP	PERI	GU0020141 PERMIT NUMBER	_	DISCH	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	P CODE: 96932	32	
20.00				MONITO	MONITORING PERIOD			001/MONTHLY			
ATTN: PAUL J. KEMP		FROM	MM/DD/YYYY			MM/DD/YYYY 4/30/2018		External Outfall	No Discharge	charge	П
DADAMETED		QUANTI	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	ICENTRATION		NO EX OF AL	FREQUENCY DE ANALYSIS	SAMPLE
LANAMELEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	******	***	NODI (C.)	NODI (C)	ma/L		0/30	DISCRT
50060 1 0	PERMIT	******	444 244	*****	******	1.5	2.46	-1/6m	ME	WEEKLY	DISCRT
Effluent Gross	REQUIREMENT					MU AVG	DAILY MX				
Enteracacci	SAMPLE MEASUREMENT	****	***	*****	****	105530	>241960	MPN/100mL	5	4/30	DISCRT
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		*****	******	35 MO AVG	104 DAILY MX	CFU/100mL	WE	WEEKLY	DISCRT
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	72%	*****	*****	%	-	3/30	COMP24
81010 K 0 Percent Removal	PERMIT REQUIREMENT				Req. Mon. MO AV MN	*****	*****	*	WE	меекгλ	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	98%	*****	****	%	,	4/30	COMP24
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	1	Req. Mon. MO AV MN	******		*	WE	WEEKLY	COMP24
Ammonia & Ammonium Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.9	24.9	mg/L	12/	/06/17	COMP2
82230 1 0 Effluent Gross	PERMIT REQUIREMENT			******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	AN	ANNUAL	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
	I certify under penalty of law that this document and all attachments were prepared		TEL	TELEPHONE		DATE	Ξ
MIGUEL C. BORDALLO, PE GENERAL MANAGER	uncer my cure curo a supervision in accounter win a seven resigned to associate our qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly		671	300-6885			
	responsible for gathering the intermation, the intermation submitted is, to the pest of my- knowledge and belief, true, accurate, and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL EXECUTIVE AREA	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE		Z		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See $oldsymbol{O}$ & M Report) VIOLATIONS	e O & M Report)					1	μ.
BOD BELOW 85% REMOVAL ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE	AVERAGE						
NODI (C)- EFFLUENT NOT CHLORINATED							

	SUSP,		SETTL.	SUSP.				ŝ		SUSP.	SE	SETTL. SUSP.	ď.	SUSP.		OIL&			TSS (MG/L)	BOD (MG/L)	TSS (lbs/day)	BOD (lbs/day)
DATE	PH SOLIDS	DS BOD	SOLID	SOLIDS	BOD	FLOW	DATE	FLOW	PH S	SOLIDS B	BOD SO	SOLID SOLIDS	DS BOD	D SOLIDS	S BOD	GREASE	-	ENTEROCOCCI	WEEKLY	WEEKLY AV	WEEKLY	WEEKLY
	Mgm	I/Gm I	I/Im	Ibs/day	Ibs/day	pbm		pbu		n l/gm	mg/l m	mi/i lb/day	ay Ib/day	ay %removal	al %removal	ral mg/l	ပ္	MPN/100ML	AV		AV	AV
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0	-		1000			5.3	3	5.8					124						A DW			
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0						5.8	10	7.3														
-	5.94 341	187	10.0	10238	5611	3.6	11	4.3	6.82			0.0 692	-	4 94%	53%	2.6	25.2	41050	14	69	583	2928
	-					5.0	12	5.8		9	58	290		5								
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							Running A	verages			74	829	9 3318	8								
				PERMIT		MAX	monthly avg		6.5MIN	30	30 1	1 3002	3002	2 85%	85%	10		35				

VIOLATIONS

INFLUENT BOD RESULTS UNAVAILABLE 04/04. SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION)

FLOW READINGS ON 04/02 & 04/03 ESTIMATED

ENTEROCOCCI ON 04/18=>241960 MPN/100mL pH BELOW MINIMUM (2/4)

BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE BOD (lbs/day) MONTHLY AVERAGE BOD BELOW 85% REMOVAL ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE

Northern District

TO: NDSS STP

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH OF APRIL 2018

Fax: 637-2592

		z	ATIONAL POLLUT DISCH	ION DISCHA	OLLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)	s)				
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: NOATHERN DISTRICT STP	ude Facility Name/Lor AUTHORITY I STP	cation if Different)						- 0	Form Approved. OMB No. 2040-0004	wed. 040-0004	
FACILITY: NORTHERN DISTRICT STP	96912 5 STP	PER	GU0020141 PERMIT NUMBER		DISCH	INF-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	P CODE:	96932	
LOCATION: DEDEDU, GU 96912				MONITC	MONITORING PERIOD		0	INF/MONTHLY			
ATTN: PAULJ.KEMP		FROM	5/1/2018		TO	5/31/2018		Influent Structure		No Discharge	Π
PARAMETER		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO.EX	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		2 X X X X X X	2.10
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10856	11952	Ib/day	*****	250	287	mq/L		5/31	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT	Req. Mon. MO AVG	Req. Mon. HI WK AV	lb/day	*****	Req. Mon. MO AVG	Req. Mon. HI WK AV	mg/L		Weekly	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	14448	19035	Ib/day	****	340	486	mq/L		5/31	COMPOS
00530 G 0 Daw Source Influent	PERMIT	Req. Mon. MD AVG	Red. Mon. HI WK AV	ib/day	44444	Req. Mon.	Req. Mon. HI WK AV	mg/L		Weekly	COMPOS

	I certify under possiby of any that this document and all attachments were prepared under my direction or auprivision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on		TELI	TELEPHONE		DATE
MIGUEL C. BORDALLO, PE responsible responsible knowledge a knowledge a promities to be another to be	stry indury or the preson to presons who manage the specin, or inter presons are used in the specing of a patiential of the information, the information submitted is, to the best of my convolution and belief, true, excurate, and complete, in a wave that may need the information convolution of a submitting false information, including the use of submitted of the mitter		671	300-6885		
	mprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	CODE			

DISCRT DISCRT DISCRT SAMPLE TYPE COMP24 COMP24 DISCRT COMP24 COMP24 DISCRT DISCRT METER METER FREQUENCY OF ANALYSIS Continuous No Discharge 5/31 Weekly 5/31 Weekly Weekly 5/31 Weekly Weekly Weekly 14/31 31/31 14/31 5/31 Form Approved. OMB No. 2040-0004 DMR Mailing ZIP CODE: 96932 NO.EX ~ 001/MONTHLY External Outfall deg. C deg. C UNITS mg/L mL/L mg/L ****** ****** mg/L SU MAJOR 28.4 Req. Mon. DAILY MX MAXIMUM HI WK AV DAILY MX DAILY MX HI WK AV QUANTITY OR CONCENTRATION VALUE 5.8 84 7.7 8.5 0.3 45 34 NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) 26.3 Req. Mon. MO AVG DISCHARGE NUMBER MO AVG VALUE MO AVG MO AVG MO AVG ****** ***** 3.6 YYYYYYYY 76 30 23 0.1 30 5/31/2018 DISCHARGE MONITORING REPORT (DMR) 001-A MONITORING PERIOD MINIMUM VALUE ***** ****** ***** ****** ****** ***** ****** ***** ***** ***** 6.8 ***** 10 UNITS MGD MGD ***** ****** ****** ***** ***** ****** ***** p/q p/qi p/q p/qt ***** YYYYYYYY 5/1/2018 QUANTITY OR LOADING 7.10 Req. Mon. 3982 6760 HI WK AV HI WK AV DAILY MX GU0020141 PERMIT NUMBER VALUE ****** ****** ****** 6760 ****** ***** ***** 1608 **** PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) FROM 3002 MO AVG MD AVG MO AVG VALUE ***** ***** 3518 ****** 1076 3002 ****** ***** ****** ***** 5.68 12 REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT GUAM WATERWORKS AUTHORITY HARMON ANNEX, GU 96912 ADDRESS: NORTHERN DISTRICT STP NORTHERN DISTRICT STP DEDEDO, GU 96912 emperature, water deg. centigrade PARAMETER Solids, total suspended ATTN: PAUL J. KEMP BOD, 5-day, 20 deg. C Solids, settleable Effluent Gross Effluent Gross Effluent Gross Effluent Gross Oil and grease Effluent Gross Effluent Gross Effluent Gross LOCATION: FACILITY: 0053010 0054510 0358210 5005010 0001010 0031010 0040010 III SMOI NAME: 1

MIGUEL C. BORDALLO, PE under my direction or appropriation in accounted to assure that under any indica personal preperior and walkate the information submitted. Based on BENERAL MANAGER 671 300-6885 Image GENERAL MANAGER my indica personal previous the information submitted. Based on propriating of the personal more than and walkate the information submitted is, the accounts of the information submitted is, the accounts of the pressibility of the and pointies for submitted is, the accurate, and evaluate the personal directly pointies for submitted is, the accurate, and evaluate the pressibility of the and pointies for submitted in the information. Including the possibility of fine and pointies for submitted into the counter, including the possibility of fine and pointies for submitted into accurate. All comparisons pointies for submitted into accurate, and comparison including the possibility of fine and possibility of possibility of the possibility of fine and possibil		I certify under penalty of law that this document and all attachments were prepared		TELE	TELEPHONE	2	DATE	
TypeD OR PRINTED AREA NUMBER Month TYPED OR PRINTED Imprisonment for knowing vialations. 0FFICER OR AUTHORIZED AGENT CODE Month EXPLANATION OF ANY VIOLATIONS (See O & M Report) 0FM Res 0FFICER OR AUTHORIZED AGENT CODE Month	MIGUEL C. BORDALLO, PE GENERAL MANAGER	under my fraction re upervision in accuratore with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person property gather and evaluate the information submitted.			300-6885			19
Knowing volations. OFFICER OR AUTHORIZED AGENT		responsible for gartiering we micrimatori, we micrimatori suprimed is, to are best or run Knowledge and belief, true, accurate, and complete, lam ware that there are significant neisibles for submittine false information including the mossibility of film, and	SIGNATURE OF PRINCIPAL EXECUTIVE	AREA	NUMBER	Month	Day	Year
IENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) ATIONS	TYPED OR PRINTED	imprisonment for knowing violations.		CODE				
	COMMENT AND EXPLANATION OF ANY VIOLATIONS (See VIOLATIONS	O & M Report)						

Northern District

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERPORKS AUTHORITY ADDRESS MODATED NICEDIATE OF D	Ide Facility Name/Loc AUTHORITY	cation if Different)						-0	Form Approved, OMB No. 2040-0004	ved,)40-0004	
	96912 STD	9	GU0020141		nooid	001-A		DMR Mailing ZIP CODE:	P CODE:	96932	
1.00	10	ТЕН	PERMII NUMBER	-	nach	IANGE NUMBER		HOLAM			
				MONITO	MONITORING PERIOD			001/MONTHLY			
			YYYY/DD/MM			WM/DD/YYYY		External Outfall			
ATTN: PAUL J. KEMP		LHOM L	2/1/2018		 ⊇	5/31/2018			No	No Discharge	Π
PARAMETER		QUANTI	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	ICENTRATION		NO FX	FREQUENCY OF ANALYSIS	SAMPLE
	J	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Chlorine, total residual	SAMPLE	****	****	*****	****	- Andrew I		Tax Sar			0.150
	MEASUREMENT					NODI (C)	NODI (C)	mg/L		0/31	DISCRT
50060 1 0 Effluent Gross	REQUIREMENT				*****	1.5 MO AVG	2.46 DAILY MX	mg/L		WEEKLY	DISCRT
Enterococci	SAMPLE	*****	*****	*****	*****				-		
	MEASUREMENT			Ĩ		96352	155310	MPN/100mL	9	5/31	DISCRT
6121110	PERMIT	884+8X	*****	*****	+488++	35	104	CFU/100mL		WEEKLY	DISCRT
Effluent Gross	REGUIREMENT					MO AVG	DAILY MX				
BOD, 5-day, percent removal	SAMPLE	****	*****	*****		****	*****				
	MEASUHEMENI			-	10%0			%	-	5/31	CUMP24
81010 K 0	PERMIT			!	Req. Mon.			%		WEEKLY	COMP24
Percent Kemoval	HEUUIKEMENI				MIC AV MIN						
Solids, suspended percent removal	SAMPLE	*****	*****	*****		*****	****		11		
	MEASUREMENT				93%			%		5/31	COMP24
81011 K 0	PERMIT		*****		Req. Mon.	*****	*****	%		WEEKLY	COMP24
Percent Removal	REQUIREMENT				MO AV MN						
Ammonia & Ammonium	SAMPLE	****	****	*****	*****						
Total	MEASUREMENT					24.9	24.9	mg/L		12/06/17	COMP24
82230 1 0	PERMIT		++++++++	******	******	Req. Mon.	Req. Mon.	mg/L		ANNUAL	COMP24
Effluent Groce	REOUREMENT					MO AVG	DAILY MX				

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		TEL	TELEPHONE		DATE	
MIGUEL C. BORDALLO, PE GENERAL MANAGER	qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who mange the system, or those persons directly		671	300-6885			
	responsible for gamering the information, the information submitted is, to the pest of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL EXECUTIVE AREA	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE		2	2	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See 0 & M Report) VIOLATIONS ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE BOD BELOW 85% REMOVAL NODI (C)- EFFLUENT NOT CHLORINATED	0 & M Report) AVERAGE						

BOD SOLUD MERKUN MERKUN MERKUN MERKUN MERKUN MERKUN MUDORUL MEKUN MUDORUL MUDORUL MEUNDALL ZOLUD ZOLUD <thz< th=""><th></th><th>SU</th><th>SUSP.</th><th>SETTL</th><th>TL. SUSP.</th><th>e</th><th></th><th></th><th></th><th></th><th>SUSP.</th><th>SE</th><th>SETTL. SUSP.</th><th>SP.</th><th>SUSP.</th><th>SP.</th><th></th><th>OIL&</th><th></th><th></th><th>TSS (MG/L)</th><th>BOD (MG/L)</th><th>TSS (lbs/day)</th><th>BOD (lbs/day)</th></thz<>		SU	SUSP.	SETTL	TL. SUSP.	e					SUSP.	SE	SETTL. SUSP.	SP.	SUSP.	SP.		OIL&			TSS (MG/L)	BOD (MG/L)	TSS (lbs/day)	BOD (lbs/day)
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7.38 150 5.7 28 5.7 93% 55% 5.8 7.3 7.9 7.3 7.2 7.3 7.3 7.2 7.3 7.3 7.2 7.3 7.3 7.2 7.3 <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>5.9</td> <td>27</td> <td>5.9</td> <td></td>	2						5.9	27	5.9															
7.38 195 227 13.0 10246 11952 5.8 5.9 5.37 93% 55% 5.8 7.9 546 546 546 547 93% 55% 5.8 25.2 38730 11 79 546 7.38 195 227 13.0 10246 11952 6.3 9.3 537 93% 55% 5.8 25.2 38730 11 79 546 7.06 340 250 13.448 10956 5.32 7 9 55% 7 4 26.3 96322 7.01 1305 1024 0.6 5.8 7 2 0.0 38% 55% 2 26030 34 1608 1608 7.81 416 287 31 257 97% 7% 6 25.2 26030 34 1608 1608 7.81 416 2107 703 2877 97% 7% 6 <td< td=""><td>8</td><td></td><td></td><td></td><td></td><td></td><td>5.7</td><td>28</td><td>5.7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	8						5.7	28	5.7															
7.38 195 227 13.0 10246 11952 6.3 6.95 13 102 6.3 6.95 13 102 5.8 25.2 387.34 11 7.9 546 7.06 340 257 13.0 10246 1952 5.5 9 56 388 2587 93% 55% 5.8 23.2 346 5.3 546 7.3 546 7.1 1076 3518 93% 70% 4 2632 9532 546 7.4 1666 546 7.23 23 76 0.1 1076 3518 93% 70% 4 26.3 96352 6639 5460 7.4 55% 25.2 26030 34 1668 7.4 1568 1668 <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>29</td> <td>5.8</td> <td></td> <td></td> <td>-</td> <td>+</td> <td>+</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		-	-	-	-	-	-	29	5.8			-	+	+	-	-								
7.06 340 250 1.7.7 1.4448 1056 5.32 1.0 1076 358 2587 1.0 1.0 96352 7.06 340 250 17.75 1.4448 1056 5.32 23 76 0.1 1076 358 33% 70% 4 26.3 96352 6.28 195 227 9.00 10246 9879 4.60 6.83 9 55% 2 26.30 7.81 466 287 97% 74% 6 28.4 155310 34 84 1608					-			30	6.3	6.95	13			1			22%	5.8	25.2	38/30	E	£1	946	3985
7.06 340 250 17.75 14448 10856 5.32 AVG 5.68 7.23 23 76 0.1 1076 3518 93% 70% 4 26.3 96552 6.28 195 227 9.00 10246 9879 4.60 MIN 4.90 6.83 9 52 0.0 388 258% 2 25.2 26030 7.81 486 287 97% 74% 6 28.4 155310 34 84 1608	T	_					5.5	31	5.5		6	56	36	-	87	_								
6.28 195 227 9.00 10246 9879 4.60 MIN 4.90 6.83 9 52 0.0 398 2587 88% 55% 2 26030 7.81 486 287 547 97% 74% 6 26.4 155310 34 86	F	H	H	-	-	-	-	AVG	5.68	7.23	23	-	-			-	%0,	4	26.3	96352				
7.81 486 287 >40.0 19035 11952 7.10 MAX 7.10 7.67 51 102 0.3 2391 5377 97% 74% 6 28.4 155310 34 84 1608		-	-					MIN	4.90	6.83	6						55%	2	25.2	26030				
	-	-	-	1	1	_	-	MAX	7.10	7.67	51	0					74%	9	28.4	155310	34	84	1608	3982

3002 6760 - 0 30 **30** 45 6.5MIN 8.5MAX monthly avg daily max MAX 12 PERMIT REQUIRMENTS

35

10

85%

85%

3002 6760

VIOLATIONS

INFLUENT SETTLEABLE SOLIDS RESULTS UNAVAILABLE 5/16 DUE TO TECH ERROR.

BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE

BOD (Ibs/day) MONTHLY AVERAGE BOD BELOW 85% REMOVAL

ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE

TO: NDSS STP

Fax: 637-2592

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH OF MAY 2018

Northern District

		N	ATIONAL POLLUT DISCH	ION DISCH	OLLUTION DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)	NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)	(5				
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY	Iclude Facility Name/Lo (S AUTHORITY	cation if Different)							Form Approved. OMB No. 2040-0	Form Approved. OMB No. 2040-0004	
ADDRESS: NONTHENN DISTRICT SUP HARMON ANNEX, GU 96912 FACILITY: NORTHERN DISTRICT STP	101 S1F 10 96912 CT STP	PER	GU0020141 PERMIT NUMBER	_	DISCH	INF-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	ZIP CODE:	96932	
LUCATION: DEDEDU, GU 30312 ATTN: PAUL J. KEMP	N	FROM	MM/DD/YYYY 6/1/2018			MM/DD/YYYY 6/30/2018		INF/MONTHLY Influent Structure		No Discharge	Î
PADAMETER		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	CENTRATION		NO FX	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MUMIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10411	13191	Ib/dav	****	219	273	ma/L		4/30	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. HI WK AV	lb/day	*****	Req. Mon. MO AVG	Req. Mon. HI WK AV	mg/L		Weekdy	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	12682	19486	Ib/dav	*****	265	396	ma/L		4/30	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT	Req. Mon. MO AVG	Req. Mon. HI WK AV	lb/day	******	Req. Mon. MO AVG	Req. Mon. HI WK AV	mg/L		Weekly	COMPOS

MIGUEL C. BORDALLO, PE responsible or gathering the information sub-mitted is, or the best of my responsible or gathering the information sub-mitted is, or the best of my incovedge and belief, true, accurate, and complete, i an event that there are significant GENIERAL MANAGER		TELEPHONE		DATE	
	671	300-6885		h	
- 10	SIGNATURE OF PRINCIPAL EXECUTIVE AREA	A NUMBER	Month	Day	Year
TYPED OR PRINTED OFFICER ORJ	OFFICER OR AUTHORIZED AGENT CODE				

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY ADDRESS: MORTHERN DISTRICT STD	de Facility Name/Lo AUTHORITY STP	cation if Different)		ARGE MONI	DISCHARGE MONITORING REPORT (DMR)	r (dMR)			Form Approved. OMB No. 2040-0004	oved. 2040-0004	
	6912		GU0020141	-		001-A		DMR Mailing ZIP CODE:	ZIP CODE:	96932	
FACILITY: NORTHERN DISTRICT STP	STP	PER	ERMIT NUMBER	_	DISCH	DISCHARGE NUMBER		MAJOR			
					MONITORING PERIOD			001/MONTHLY	×=		
ATTN: PAUL J. KEMP		FROM	6/1/2018		TO	6/30/2018				Vo Discharge	
PARAMETER		QUANT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO FX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		Contraction of the	
Temperature, water deg. centigrade	SAMPLE	****	*****	****	*****						
	MEASUREMENT					26.5	28.2	deg. C		4/30	DISCRT
0001010	PERMIT	44444	******	******	*****	Req. Mon.	Req. Mon.	deg. C		Weekly	DISCRT
Enluent Gross BOD 5-day 20 dag C	SAMPI F				*****	DAK OIN	DAILT WA				
0	MEASUREMENT	2711	3913	p/qi		57	82	mq/L	9	13/30	COMP24
00310 1 0	PERMIT	3002	6760	p/qi	*****	30	45	mg/L		Weekly	COMP24
Effluent Gross	REQUIREMENT	MO AVG	HI WK AV			MO AVG	HI WK AV				
PH	SAMPLE	*****	*****	****		***					
	MEASUREMENT				6.8		7.8	SU		4/30	DISCRT
00400 1 0	PERMIT	*****	*****	*****	6.5	*****	8.5	su		Weekly	DISCRT
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM				
Solids, total suspended	SAMPLE				****		2				
	MEASUHEMENI	103/	1458	p/qi		77	31	mg/L		13/30	COMP24
00530 1 0 Effluent Gross	REQUIREMENT	3002 MO AVG	6760 HI WK AV	p/q		30 MO AVG	45 HI WK AV	T/6m		Weekly	COMP24
Solids, settleable	SAMPLE	*****	*****	*****	******	U E	L T	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NON	Facalo
COTAT 4 O	Depart.	24472	*****	*****	12240	•	~	111		Madda	Discret
effluent Gross	REOUREMENT					MO AVG	DAILY MX			ANDONA	100000
Oil and grease	SAMPLE	****	****	*****	*****						
	MEASUREMENT			1		3.7	5.5	mg/L		4/30	DISCRT
03582 1 0	PERMIT	444432	******	*****	******	10	15	mg/L		Weekly	DISCHT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
	SAMPLE MEASUREMENT	5.78	6.60	MGD	***	*****	*****	*****	1	30/30	METER
50050 1 0	PERMIT	12	Req. Mon.	MGD			*****	*****		Continuous	METER
Effluent Groce	DEDLIDEMENT	MO AVG	DAILY MX								

MGUEL C. BORDALLO, PE TectPhone DaTE MIGUEL C. BORDALLO, PE Incertify under previoun and an approvision in accordance with a system designed to assure that a document and an approvision in accordance with a system designed to assure that and recordance with a system designed to assure that and recordance with a system designed to assure that and recordance with a system designed to assure that an advectance are previous in the previous on these previous in the previous on these previous in the previous on the previnterviewe previous on the previous on the previnterview	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
troperty grant manual the information submitted. Based on the information submitted is used on the information submitted is incremented in the information submitted is the the information submitted is to the base of the information. The information submitted is to the base of the information submitted is to the base of the information submitted is to the base of the information including the possibility of fine and complete. The information, including the possibility of fine and completent information, including the possibility of fine and completent information. Including the possibility of fine and completent information and possibility of fine and completent information. Including the possibility of fine and completent information and completent informating and completent information and completen		I certify under penalty of law that this document and all attachments were prepared		TELI	EPHONE		DATE	H
the true accuration of complete. Tam avance that there are as given from the second state of the second state information. Including the possibility of fine and orthonics of fine and orthonics of fine and of principal state information. Including the possibility of fine and of principal state information. Including the possibility of fine and of principal state information. Including the possibility of fine and officer on authonized agent completence are associated and the principal state information. Including the possibility of fine and officer on authonized agent completence are associated at the principal state information.	MIGUEL C. BORDALLO, PE GENERAL MANAGER	unities in personence property rank material contract which expansion analysis of asset of interpreting the second		671	300-6885			
dowing volutions.		responsible to generating we mortinated, are mortinated as an use deal of up Knowledge and belief, true, accurate, and complete. Tam aware that there are significant homobilise for submitting false information. Includion the horsebility of fina and		AREA	NUMBER	Month	Day	Year
MENT AND EXPLANATION OF ANY VIOLATIONS (See 0 & M Report) LATIONS	TYPED OR PRINTED	imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE		Ĩ	Č.	
	VIENT AND EXPLANATION OF ANY VIOLATIONS (Sei ATIONS	e O & M Report)]		1.5

Northern Dist

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME: GUAM WATERWORKS AUTHORITY	ude Facility Name/Loc AUTHORITY TSTP	ation if Different)							Form Approved. OMB No. 2040-0004	oved. 040-0004	
	96912 STP	PERI	GU0020141 PERMIT NUMBER	_	DISCH	001-A DISCHARGE NUMBER		DMR Mailing ZIP CODE: MAJOR	IP CODE:	96932	
LUCATION: DEDEDO, GU 96912				MONITO	MONITORING PERIOD			VINONTHLY			
		FROM	MM/DD/YYYY 6/1/2018	٨٨	TO	MM/DD/YYYY 6/30/2018		External Outfall			
ATTN: PAUL J. KEMP									z	No Discharge	Π
PARAMETER		QUANTI	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION	NCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE
	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	×1.04		
Chlorine, total residual	SAMPLE	*****	***	*****	****	1 U/ ICON				000	100010
50060 1 0	DEDMIT	******	44444	8444K	44444	15	2 AG	mg/L		WEEKI V	Tanala
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
Enterococci	SAMPLE	*****	*****	*****	*****						
	MEASUREMENT					92728	155310	MPN/100mL	5	4/30	DISCRT
6121110	PERMIT	******	******		******	35	104	CFU/100mL		WEEKLY	DISCRT
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	74%	****	***	%	4	4/30	COMP24
81010 K 0	PERMIT	444.445		*****	Req. Mon.	******	*****	%		WEEKLY	COMP24
Percent Removal	REQUIREMENT				MO AV MN						
Solids, suspended percent removal	SAMPLE	*****	*****	*****		****	****	i			
	MEASUREMENT				97.76			%		4/30	COMP24
81011 K 0 Percent Removal	REQUIREMENT	******			Req. Mon. MO AV MN			<i>8</i>		WEEKLY	COMP24
Ammonia & Ammonium	SAMPLE	*****	****	******	*****						
Total	MEASUREMENT					24.9	24.9	mg/L		12/06/17	COMP24
82230 1 0	PERMIT	*****	******	*****	******	Req. Mon.	Req. Mon.	mg/L		ANNUAL.	COMP24
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX				

I certify under penalty c MIGHEL C RORDALLO DE under my direction or su							
	I certify under penalty of law that this document and all attachments were prepared under my direction or europricipal in accordance with a evelow destined to seems that		TEL	TELEPHONE		DATE	
my inquiry of the p	qualified presented property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly		671	300-6885			
knowledge and belief, tr	responsible for gamering the mormanon, me mormanon supmined is, to me peak or my knowledge and belief, true, accurate, and complete. I am aware that there are significant	SIGNATURE OF PRINCIPAL EXECUTIVE AREA	AREA	NUMBER	Month	Day	Year
TYPED OR PRINTED imprisonment for knowing violations.	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	OFFICER OR AUTHORIZED AGENT	CODE				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (See 0 & M Report) VIOLATIONS							
NODI (C)- EFFLUENT NOT CHLORINATED							
ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE							

Northern District

BOD (lbs/day)	WEEKLY	AV	3913					2907						and a second	2887							2260							2389						3913
TSS (lbs/day)	WEEKLY	AV	1458					347							1330							1129						in the second	1202						1458
BOD (MG/L)	WEEKLY AV		82					65							8							47							8						82
TSS (MG/L)	WEEKLY	AV	31					89						3	28							24							25						31
	ENTEROCOCCI	MPN/100ML						155310							38730							64880							111990				92728	38730	155310
	TEMP	ç					1	25.7							28.2							26.3							25.8				26.5	25.7	28.2
OIL&	GREASE	I/6m			-			3.9							0.9							5.5							4.6				4	1	9
	BOD	Seremoval						64%							62%							79%							80%				74%	62%	80%
SUSP.	-	%removal						95%				0			88%							93%							92%				92%	88%	95%
	BOD	Ib/day	3913					3175	2661	2885					3480	2657	2524				The second se	2211	2050	2519					2699	2057	2410		2711	2050	3913
SUSP.	SOLIDS	Ib/day	1458					411	411	220					871	1214	1904					1343	643	1401					1224	995	1388		1037	220	1904
SETTL.	SOLID	MM						0.3							0.0							1.5							0.0				0.5	0.0	1.5
Ĩ,	BOD	1/bm	82					72	60	62					72	57	51					45	42	54					56	44	50		57	42	82
SUSP.	SOLIDS	1/6m	31					6	6	2					18	26	39					27	13	30					25	21	29		22	S	39
	Hd							7.22							6.79							7.05							7.78				7.21	6.79	7.78
	FLOW	mgd	5.7	5.1	5.7	6.6	6.4	5.3	5.3	5.6	5.7	6.0	6.2	5.8	5.8	5.6	5.9	5.7	6.2	5.8	5.6	5.9	5.8	5.6	5.7	5.9	5.8	5.9	5.8	5.6	5.8	5.6	5.78	5.10	6.60
	DATE		F	2	e	4	ŝ	9	7	80	6	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	AVG	MIN 5.10	MAX
	FLOW	pgm	5.7	5.1	5.7	6.6	6.4	5.3	5.3	5.6	5.7	6.0	6.2	5.8	5.8	5.6	5.9	5.7	6.2	5.8	5.6	5.9	5.8	5.6	5.7	5.9	5.8	5.9	5.8	5.6	5.8	5.6	5.78	5.10	6.60
	BOD	Ibs/day						8902		ľ					9222							10328							13191	1 10 1			10411	8902	13191
SUSP.	SOLIDS	lbs/day						8575						The second s	7222							19486							15445				12682	7222	19486
SETTL.	SOLID	ml/I						3.5							8.5						1	12.0							21.0				11.25	3.50	21.0
	BOD	mg/l						201							191							210							273	ł			219	191	273
SUSP.	SOLIDS	Mgm						194							149							396							319				265	149	396
	Hd							6.93							6.74							7.36							6.60				6.91	6.60	7.36
	DATE		-	2	3	4	S	9	1	8	6	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	AVG	MIN	MAX

30 30 6.5MIN 8.5MAX VIOLATIONS monthly avg daity max Ċ. PERMIT MAX REQUIRMENTS 12

35

15

85%

85%

3002 6760

3002 6760

- ~

BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE

BOD BELOW 85% REMOVAL

ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE

Fax: 637-2592

TO: NDSS STP

NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS FOR THE MONTH OF JUNE 2018

Northern District

							NWS	SO AGA	NA, Gua	am					WMO#:	912120	
	Lat:	13.47N	Long:	144.78E	Elev:	246	StdP:	14.57		Time Zone:	10 (PCW)	Period:	86-10	WBAN:	41415	
	Annual He	ating and I	Humidificat	ion Design C	onditions						•	•					
					Hum	idification D	P/MCDB and	HR			oldest mon	th WS/MCD	B	MCWS	/PCWD		
	Coldest Month		ng DB		99.6%			99%		0.4	4%	1	%	to 99.	6% DB		
		99.6%	99%	DP	HR	MCDB	DP	HR	MCDB	WS	MCDB	WS	MCDB	MCWS	PCWD		
(1)	(a) 2	(b) 73.8	(c) 74.8	(d) 63.7	(e) 89.0	(f) 79.3	(g) 65.1	(h) 93.6	(i) 79.7	(j) 25.1	(k) 83.2	(1) 23.2	(m) 82.8	(n) 7.7	(o) 60		(1)
(1)				on, and Entha				0010		2011	0012	2012	0210				(9
	Annual Oo		unnunneatte				3										-
	Hottest	Hottest Month	0	.4%		DB/MCWB %	2%	6	0.	4%		n WB/MCDB %		%	MCWS/ to 0.49		
	Month	DB Range	DB	MCWB	DB	MCWB	DB	MCWB	WB	MCDB	WB .	MCDB	WB	MCDB	MCWS	PCWD	<u>:</u>
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	(n)	(0)	(p)	
(2)	6	9.6	89.6	78.3	88.9	78.1	88.2	78.0	81.0	86.1	80.5	85.7	80.0	85.3	12.3	90	(2)
		0.4%		Dehumidific	ation DP/M 1%	CDB and HI	२ 	2%		0.4	4%		y/MCDB %	2	%	Hours 8 to 4 &	
	DP	HR	MCDB	DP	HR	MCDB	DP	HR	MCDB	Enth	MCDB	Enth	MCDB	Enth	MCDB	55/69	
(0)	(a) 70 4	(b)	(c) 00 7	(d) 79 0	(e) 454 C	(f)	(g) 70 4	(h)	(i)	(j) 45 0	(k)	(1)	(m)	(n)	(0) 05 2	(p)	(0)
(3)	79.4	153.9	83.7	78.9	151.6	83.4	78.4	148.7	83.1	45.0	86.4	44.4	86.1	43.8	85.3	0	(3)
	Extreme A	innual Desi	ign Conditio	ons													1
	Fytr	eme Annua	IWS	Extreme			Annual DB					turn Period			1]
	1%	2.5%	5%	Max WB	Min	ean Max	Standard Min	deviation Max	n=5 Min	years Max	n=10 Min	years Max	n=20 Min	years Max	n=50 Min	years Max	-
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(m)	(n)	(0)	(p)	1
(4)	22.7	20.5	18.7	90.1	70.7	92.3	1.7	2.9	69.5	94.4	68.5	96.1	67.5	97.7	66.3	99.7	(4)
	Monthly C	limatic Des	sign Condit	ions													1
				Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	1
				(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)	(<i>m</i>)	(n)	(0)	(p)	
(5)			Tavg	81.8	80.5	80.4	81.1	82.3	83.0	83.1	82.3	81.8	81.7	82.1	82.3	81.5	(5)
(6) (7)	_		Sd HDD50	0	1.46 0	<u>1.37</u> 0	<u>1.37</u> 0	1.25 0	<u>1.24</u> 0	1.60 0	1.68 0	<u>1.87</u> 0	1.78 0	1.69 0	<u>1.50</u> 0	<u>1.47</u> 0	_ (6) (7)
(7) (8)		ratures, e-Days	HDD65	0	0	0	0	0	0	0	0	0	0	0	0 0	0	(8)
(9)	ar	nd	CDD50	11623	945	850	964	968	1023	993	1001	986	952	996	968	977	(9)
(10)	Degree	e-Hours	CDD65	6148	480	430	499	518	558	543	536	521	502	531	518	512	(10)
(11) (12)			CDH74 CDH80	63790 18205	4351 941	3794 846	4760 1220	5477 1636	6286 2078	6270 2167	5841 1800	5493 1580	5184 1453	5623 1635	5553 1585	5158 1264	(11)
																	(12)
(13) (14)			PrecAvg PrecMax	75.9 273.1	3.0 27.6	2.0 34.6	2.6 25.3	2.0 18.0	4.1	4.8 31.7	9.3 26.9	10.0 58.8	13.6 31.1	11.9 45.1	8.4 32.6	4.2	_ (13) (14)
(15)	Precip	oitation	PrecMin	58.1	0.2	0.3	0.8	0.0	1.0	1.3	5.2	3.9	8.7	6.5	4.8	1.9	(15)
(16)			PrecSD	69.3	6.6	7.9	7.4	5.0	6.3	8.1	6.2	15.9	6.0	10.6	9.6	7.1	(16)
(17)			0.4%	DB	87.9	87.8	88.2	89.4	89.9	90.4	89.8	89.9	89.7	89.6	89.3	88.1	(17)
(18)	Monthly	/ Design	0.4%	MCWB	76.3	75.8	75.7	76.5	77.6	78.0	78.2	79.4	79.5	79.4	78.7	77.7	(18)
(19)	-	Bulb	2%	DB	86.4	86.4	87.3 75.5	88.2 76.4	89.0 77.5	89.3	88.6	88.6	88.2 79.2	88.4 79.1	88.1	87.2	(19)
(20) (21)		nd bincident		MCWB DB	75.8 85.6	75.4 85.7	86.4	87.6	88.0	78.1 88.2	78.2 87.8	79.0 87.6	87.5	87.7	78.4 87.4	77.4 86.2	(20) (21)
(22)	Wet	Bulb	5%	MCWB	75.6	75.2	75.2	76.4	77.4	78.0	78.4	78.9	79.0	78.9	78.3	77.2	(22)
(23)	Tempe	ratures	10%	DB	84.6	84.6	85.6	86.6	87.3	87.6	86.8	86.4	86.3	86.6	86.4	85.4	(23)
(24)				MCWB	75.3	74.9	75.1	76.2	77.3	78.0	78.4	78.7	78.9	78.8	78.2	77.0	(24)
(25)			0.4%	WB	79.5	79.2	79.6	80.0	80.8	81.0	81.0	81.8	81.6	81.8	81.2	80.4	(25)
(26)		/ Design		MCDB	83.7	84.2	84.1 78.2	85.3	85.8 79.8	86.3	86.2	87.5	86.9 80.6	86.6	85.6	84.5 79.2	(26)
(27) (28)		Bulb nd	2%	WB MCDB	78.1 82.9	78.1 83.0	78.2 83.3	79.0 84.7	79.8 85.3	80.0 86.0	80.1 85.6	80.6 86.1	80.6 85.9	80.7 85.9	80.3 85.0	79.2 83.9	(27) (28)
(29)	Mean Co	oincident	E0/	WB	77.3	77.3	77.2	78.2	79.1	79.3	79.6	79.8	79.9	79.9	79.6	78.6	(29)
(30)	-	Bulb ratures	5%	MCDB	82.3	82.2	82.9	84.1	84.9	85.5	85.1	85.2	85.1	85.2	84.5	83.5	(30)
(31)	rempe		10%	WB	76.6	76.4	76.4	77.6	78.5	78.9	79.0	79.1	79.2	79.2	79.0	78.0	(31)
(32)				MCDB	81.7	81.6	82.4	83.5	84.4	85.2	84.7	84.4	84.4	84.5	84.1	82.9	(32)
(33)				MDBR	9.3	9.7	10.1	10.1	9.7	9.6	9.6	9.7	9.8	9.7	9.1	8.9	(33)
(34) (35)		Daily erature	5% DB	MCDBR MCWBR	10.3 4.7	10.7 4.9	10.8 4.5	10.8 4.2	10.4 4.0	10.4 4.3	10.5 5.0	11.0 5.3	10.9 5.2	10.8 5.0	9.9 4.6	9.6 4.5	(34) (35)
(36)		nge	E0/ WD	MCDBR	8.9	9.5	9.7	9.8	9.6	9.7	9.9	10.2	10.1	10.0	9.1	8.6	(36)
(37)			5% WB	MCWBR	4.8	5.1	4.7	4.4	4.4	4.6	5.2	5.4	5.4	5.3	5.0	4.7	(37)
(38)			ta	aub	0.436	0.424	0.410	0.402	0.384	0.371	0.361	0.370	0.383	0.410	0.428	0.426	(38)
(39)		r Sky olar	ta	aud	2.590	2.573	2.556	2.541	2.554	2.576	2.627	2.640	2.664	2.645	2.642	2.645	(39)
(40)		iance	-	n,noon	275	283	288	287	288	289	292	293	291	283	275	275	(40)
(41)			Edh	n,noon	31	32	33	34	33	32	30	30	30	30	29	29	(41)

Nomenclature:

See separate page

