



GUAM WATERWORKS AUTHORITY

Gloria B. Nelson Public Service Building • 688 Route 15, Mangilao, Guam 96913 • Tel. (671) 300-6036

Request for Proposal: RFP 08-ENG-2017
Upgrade of the Northern District Wastewater Treatment Plant (NDWWTP)
GWA Project No. S17-003-OEA (OEA Grant OCON676-16-02)

Addendum No.: 03

Date: May 17, 2017

All Qualified Proposers:

This addendum is issued to modify the previously issued RFP documents and/or given for informational purposes, and is hereby made a part of the RFP documents. Failure to acknowledge receipt of this addendum shall be grounds for the proposer's disqualification and rejection of the proposer's proposal.

The following questions were provided by email:

1. RFP, Section III, B, and Section III, C, 2.2.2, 2.2.3, 2.2.4. Environmental

Question 01: What firm has been retained to perform the NEPA evaluation?

Answer: USEPA has not yet confirmed selection of a consultant, awaiting completion of negotiations.

2. RFP, Section III, B, and Section III, C, 2.2.2, 2.2.3, 2.2.4. Environmental

Question 02: What is the schedule for the completion of NEPA process? In particular what is the schedule for the public hearings?

Answer: Consultant on-board with USEPA by end of May. Anticipate 6 months for a signed FONSI. There is no schedule for public hearings as none are anticipated. There will be a 30-day public review and comment period upon issue of draft FONSI.

3. RFP, Section III, B, and Section III, C, 2.2.2, 2.2.3, 2.2.4. Environmental

Question 03: How does the NEPA schedule impact the design/construction schedule?

What assurances are there that the NEPA schedule will be complementary with the design/construction schedule?

Answer: Barring something extreme; i.e., mass graves, UXO, endangered species, NEPA schedule should not impact construction. If mitigation efforts are required, there could be an impact on design.

NEPA schedule will run parallel to the design schedule, but should not prevent the design contract from progressing.

4. RFP, Section III, B, and Section III, C, 2.2.2, 2.2.3, 2.2.4. Environmental

Question 04: Does the NEPA document address the lands shown on Figure 2.11 to be acquired and any land acquisition required to connect the two parcels?

Answer: The NEPA documents will address the lands to be acquired and connections between the parcels.

5. RFP, Section III, C, 2.3.2. Modeling

Section 2.3.2 of the scope of services states that there is insufficient data to adequately develop a process model. At the pre-bid meeting it was stated that there is no nutrient data, but there is BOD and TSS data. The Brown and Caldwell Facilities Plan presents BOD and TSS data from 11/2012 to 9/2015. Please answer the following:

Question 05: Pls provide BOD or TSS data from 9/2015 to current?

Answer: DMR's are provided from October 2015 through March 2017 as Appendix A.

6. RFP, Section III, C, 2.3.2. Modeling

Question 06: Is the BOD and TSS data acceptable for modeling purposes?

Answer: Information provided is from the DMR's. Data suitability is the responsibility of the proposer.

7. RFP, Section III, C, 2.3.2. Modeling

Question 07: What lab does GWA utilize for outside water quality analysis?

Answer: GWA uses:
WERI Laboratory (UOG Guam)
NAVFAC Laboratory (at Fena SWTP on Guam)
Eurofins Eaton Analytical Laboratories (California)
Guam EPA laboratory (Guam) [Chlorophyll A]

8. Outside Reviews

Question 08: Please identify all outside agencies that will be reviewing reports and/or documents

Answer: The following agencies typically review reports and documents during the 30%, 60% and 90% design: OEA, NAVFAC MAR, NAVFAC PAC, USEPA, Government of Guam, Guam EPA, Guam HPO, Guam Dept. of Public Works, US ACOE, Local and Federal Fish and Wildlife Agencies.

9. Outside Reviews

Question 09: Please identify which documents will be reviewed?

Answer: Documents for review are dependent on the Engineer's technical approach to the design.

10. Outside Reviews

Question 10: How much time should be allocated for outside reviews?

Answer: The Engineer shall determine the allocated time based on professional judgement and the overall schedule developed by the Engineer. Minimum two weeks for review is appropriate.

11. RFP, Section III, C, 2.7.1. Value Engineering Support

Question 11: If VE occurs, at what stage will it occur when will it be performed and how much time should be allocated in the schedule?

Answer: We envision the VE would occur after the Basis of Design report and 30% design development. Typically, two weeks should be allocated.

12. RFP, Section III, C, 2.2.1 Permit Review

Question 12: 2.2.1 lists potential permitting agencies. Please confirm that the list is complete? Since significant land acquisition is required will that trigger the involvement of other agencies? Is the NEPA consultant charged with identifying the permitting agencies as part of their work?

Answer: The Engineer shall identify all permit requirements as stated in Task 2.2.

GWA is acquiring the property. USEPA is acquiring the NEPA permit. We don't anticipate other agencies involvement, but the Engineer should rely on his/her own judgement.

See Question 1 above.

13. RFP, Section III, C, 2.3.2 Process Alternative Analysis

Question 13: The NAVFAC Facilities Plan identified the process train of an oxidation ditch and anaerobic digestion as the preferred alternative. The B&C Facilities Plan identified an oxidation ditch and aerobic digestion as the preferred alternative. The SOQ requires the selected consultant to identify a third option. Following a rigorous engineering evaluation how will the final project selection be made and by whom?

Answer: GWA will make the final selection.

14. RFP, Section III, C, 2.3.2.1. Wastewater Characterization Study

Question 14: Please provide raw wastewater soluble BOD₅ data for the past 3 years.

Answer: Soluble BOD₅ data is not available. See attached monthly reports for total BOD₅.

15. RFP, Section I, B. Schedule

Question 15: We request a two week extension on the submission of the SOQ (June 8) and for the interview (July 05)

Answer: Not possible due to impacts on project completion.



MIGUEL C. BORDALLO, P.E.
General Manager

MCB;gb



APPENDIX A

DMR's from October 2015 through March 2017

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 10/1/2015 | TO 10/31/2015 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 5209 | 6073 | lb/day | ***** | 119 | 137 | mg/L | | 4/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 11564 | 17486 | lb/day | ***** | 261 | 396 | mg/L | | 4/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS INFLUENT BOD RESULTS UNAVAILABLE 10/21 BECAUSE SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION) | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|------------|----|------------|
| FROM | MM/DD/YYYY | TO | MM/DD/YYYY |
| | 10/1/2015 | | 10/31/2015 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------|----------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade 00010 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 29.0 | 29.3 | deg. C | | 4/31 | DISCRT |
| | | | | | | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 67 | 76 | mg/L | 6 | 14/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 3002 | 6760 | lb/d | | Weekly | COMP24 |
| | | | MO AVG | HI WK AV | lb/d | MO AVG | HI WK AV | mg/L | | | |
| pH 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.1 | 7.0 | SU | 1 | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 | 8.5 | SU | | Weekly | DISCRT |
| | | | | | | MINIMUM | MAXIMUM | | | | |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 983 | 1595 | lb/d | | 14/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 3002 | 6760 | lb/d | | Weekly | COMP24 |
| | | | MO AVG | HI WK AV | lb/d | MO AVG | HI WK AV | mg/L | | | |
| Solids, settleable 00545 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.2 | mL/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 | 2 | mL/L | | Weekly | DISCRT |
| | | | | | | MO AVG | DAILY MX | | | | |
| Oil and grease 03582 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.5 | 9.0 | mg/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 | 15 | mg/L | | Weekly | DISCRT |
| | | | MO AVG | DAILY MX | | | | | | | |
| Flow, in conduit or thru treatment ----- 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.45 | 6.40 | MGD | | 31/31 | METER |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 12 | Req. Mon. | MGD | | Continuous | METER |
| | | | MO AVG | DAILY MX | | | | | | | |

| | | | | | | |
|---|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MIGUEL C. BORDALLO, PE GENERAL MANAGER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
 BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE
 pH BELOW MINIMUM (1/4)

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 10/1/2015 | TO 10/31/2015 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/30 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 14208 | 23820 | CFU/100mL | 5 | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 44% | | | % | 1 | 3/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 92% | | | % | | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
 VIOLATIONS
 ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NORTHERN DISTRICT TREATMENT PLANT WASTEWATER RESULTS
FOR THE MONTH OF NOVEMBER 2015**

INFLUENT

| DATE | pH | SUSP. SOLIDS mg/l | BOD mg/l | SETTL. SOLID ml/l | SUSP. SOLIDS lbs/day | BOD lbs/day | FLOW mgd |
|------|------|-------------------|----------|-------------------|----------------------|-------------|----------|
| 1 | | | | | | | 5.4 |
| 2 | | | | | | | 5.1 |
| 3 | | | | | | | 5.4 |
| 4 | 6.73 | 230 | 130 | 7.0 | 10568 | 5945 | 5.5 |
| 5 | | | | | | | 5.0 |
| 6 | | | | | | | 5.2 |
| 7 | | | | | | | 5.0 |
| 8 | | | | | | | 5.5 |
| 9 | | | | | | | 5.5 |
| 10 | | | | | | | 5.2 |
| 11 | | | | | | | 5.1 |
| 12 | 6.58 | 188 | 107 | 11.0 | 8605 | 4920 | 5.5 |
| 13 | | | | | | | 5.2 |
| 14 | | | | | | | 5.4 |
| 15 | | | | | | | 5.5 |
| 16 | | | | | | | 5.6 |
| 17 | | | | | | | 5.3 |
| 18 | 6.84 | 128 | 142 | 10.0 | 5551 | 6167 | 5.2 |
| 19 | | | | | | | 5.4 |
| 20 | | | | | | | 6.4 |
| 21 | | | | | | | 5.4 |
| 22 | | | | | | | 6.0 |
| 23 | | | | | | | 5.5 |
| 24 | | | | | | | 5.4 |
| 25 | 6.80 | 299 | | 5.0 | 13231 | | 5.3 |
| 26 | | | | | | | 6.1 |
| 27 | | | | | | | 5.4 |
| 28 | | | | | | | 5.4 |
| 29 | | | | | | | 5.6 |
| 30 | | | | | | | 4.8 |

| | | | | | | | |
|-----|------|-----|-----|------|-------|------|------|
| AVG | 6.74 | 211 | 126 | 8.25 | 9489 | 5677 | 5.41 |
| MIN | 6.58 | 128 | 107 | 5.00 | 5551 | 4920 | 4.80 |
| MAX | 6.84 | 299 | 142 | 11.0 | 13231 | 6167 | 6.40 |

EFFLUENT

| DATE | pH | SUSP. SOLIDS mg/l | BOD mg/l | SETTL. SOLID ml/l | SUSP. SOLIDS lb/day | BOD lb/day | SUSP. SOLIDS %removal | BOD %removal | OIL & GREASE mg/l | TEMP °C | ENTEROCOCCI CFU/100 mL |
|------|------|-------------------|----------|-------------------|---------------------|------------|-----------------------|--------------|-------------------|---------|------------------------|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | 6.48 | 28 | 78 | 0.1 | 1284 | 3559 | 88% | 40% | 0.3 | 29.2 | 10860 |
| 5 | | 27 | 82 | | 1134 | 3407 | | | | | |
| 6 | | 13 | 75 | | 555 | 3269 | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | 6.98 | 49 | 79 | 0.0 | 2257 | 3619 | 74% | 26% | 8.2 | 28.8 | 21430 |
| 13 | | 14 | 72 | | 590 | 3113 | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | 6.72 | 50 | 85 | 0.0 | 2168 | 3681 | 61% | 40% | 4.7 | 28.4 | 15150 |
| 19 | | 26 | 92 | | 1171 | 4140 | | | | | |
| 20 | | 25 | 90 | | 1317 | 4786 | | | | | |
| 21 | | | | | | | | | | | |
| 22 | | | | | | | | | | | |
| 23 | | | | | | | | | | | |
| 24 | | | | | | | | | | | |
| 25 | 6.67 | 21 | 85 | 0.1 | 943 | 3738 | 93% | | 2.9 | 28.6 | 8200 |
| 26 | | | | | | | | | | | |
| 27 | | | | | | | | | | | |
| 28 | | | | | | | | | | | |
| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |

| | | | | | | | | | | | |
|-----|------|----|----|-----|------|------|-----|-----|-----|------|-------|
| AVG | 6.71 | 28 | 82 | 0.1 | 1269 | 3701 | 87% | 35% | 4.0 | 28.8 | 13910 |
| MIN | 6.48 | 13 | 72 | 0.0 | 555 | 3113 | 61% | 26% | 0.3 | 28.4 | 8200 |
| MAX | 6.98 | 50 | 92 | 0.1 | 2257 | 4786 | 93% | 40% | 8.2 | 29.2 | 21430 |

Running Averages 29 81 1310 3697

PERMIT REQUIREMENTS

| | | | | | | | | | | | |
|-----|-------------|--------|----|----|---|------|------|-----|-----|----|-----|
| MAX | monthly avg | 6.5MIN | 30 | 30 | 1 | 3002 | 3002 | 85% | 85% | 10 | 35 |
| 12 | daily max | 8.5MAX | 45 | 45 | 2 | 6760 | 6760 | | | 15 | 104 |

VIOLATIONS

BOD SAMPLES FOR 11/12/15 WERE READ ON 11/16/15 DUE TO TECH ERROR

INFLUENT BOD UNAVAILABLE 11/25/15 BECAUSE SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION)

ALL SAMPLES ON 11/25 WERE GRAB SAMPLES. SAMPLERS NOT WORKING PER OPERATORS.

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

| TSS (MG/L) WEEKLY AV | BOD (MG/L) WEEKLY AV | TSS (lbs/day) WEEKLY AV | BOD (lbs/day) WEEKLY AV |
|----------------------------|-------------------------|-------------------------------|-------------------------------|
|----------------------------|-------------------------|-------------------------------|-------------------------------|

23 78 991 3412

31 75 1423 3366

34 89 1552 4202

| 21 85 943 3738

| | | | |
|----|----|------|------|
| 34 | 89 | 1552 | 4202 |
|----|----|------|------|

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 12/1/2015 | TO 12/31/2015 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 5629 | 7691 | lb/day | ***** | 129 | 174 | mg/L | | 5/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 7811 | 13349 | lb/day | ***** | 180 | 302 | mg/L | | 5/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|---|---|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004
DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|------------|----|------------|
| FROM | MM/DD/YYYY | TO | MM/DD/YYYY |
| | 12/1/2015 | | 12/31/2015 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------|----------|---------------------------|------------------|--------------------|--------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| 00010 1 0 Temperature, water deg. centigrade Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 27.1 | 28.9 | deg. C | | 5/31 | DISCRT |
| | | | | | | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00310 1 0 BOD, 5-day, 20 deg. C Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 100 | 128 | mg/L | 7 | 11/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 | 45 | mg/L | | Weekly | COMP24 |
| | | | MO AVG | HI WK AV | | MO AVG | HI WK AV | | | | |
| 00400 1 0 pH Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.3 | 7.5 | SU | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 | 8.5 | SU | | Weekly | DISCRT |
| | | | | | | MINIMUM | MAXIMUM | | | | |
| 00530 1 0 Solids, total suspended Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27 | 51 | mg/L | 1 | 11/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 | 45 | mg/L | | Weekly | COMP24 |
| | | | MO AVG | HI WK AV | | MO AVG | HI WK AV | | | | |
| 00545 1 0 Solids, settleable Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.1 | mL/L | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 | 2 | mL/L | | Weekly | DISCRT |
| | | | | | | MO AVG | DAILY MX | | | | |
| 03582 1 0 Oil and grease Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.1 | 10.5 | mg/L | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 | 15 | mg/L | | Weekly | DISCRT |
| | | | MO AVG | DAILY MX | | MO AVG | DAILY MX | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.27 | 6.10 | MGD | | 31/31 | METER |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 12 | Req. Mon. | MGD | | Continuous | METER |
| | | | 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 qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

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
TSS (mg/l) WEEKLY MAX (1/5)

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 12/1/2015 | TO 12/31/2015 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 16158 | 24890 | CFU/100mL | 6 | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 22% | | % | 1 | 5/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AV MN | | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 85% | | % | | 5/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AV MN | | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
 VIOLATIONS
 ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

GU0020141
PERMIT NUMBER

INF-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 96932
MAJOR

MONITORING PERIOD

| | | |
|------------|----|------------|
| MM/DD/YYYY | TO | MM/DD/YYYY |
| 1/1/2016 | | 1/31/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 7771 | 10033 | lb/day | ***** | 141 | 151 | mg/L | | 4/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 11987 | 21036 | lb/day | ***** | 210 | 308 | mg/L | | 4/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS INFLUENT BOD RESULTS UNAVAILABLE 1/20 BECAUSE SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION) | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004
DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 1/1/2016 | TO 1/31/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------|-------|---------------------------|------------------|--------------------|--------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| 00010 1 0 Temperature, water deg. centigrade Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 27.8 | 28.5 | deg. C | | 4/31 | DISCRT |
| | | | | | | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00310 1 0 BOD, 5-day, 20 deg. C Effluent Gross | SAMPLE MEASUREMENT | 5000 | 5760 | lb/d | ***** | 94 | 118 | mg/L | 6 | 11/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 | 6760 | lb/d | ***** | 30 | 45 | mg/L | | Weekly | COMP24 |
| | | MO AVG | HI WK AV | | | MO AVG | HI WK AV | | | | |
| 00400 1 0 pH Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.1 | | 7.4 | SU | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 | ***** | 8.5 | SU | | Weekly | DISCRT |
| | | | | | MINIMUM | | MAXIMUM | | | | |
| 00530 1 0 Solids, total suspended Effluent Gross | SAMPLE MEASUREMENT | 1422 | 1746 | lb/d | ***** | 27 | 34 | mg/L | | 11/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 | 6760 | lb/d | ***** | 30 | 45 | mg/L | | Weekly | COMP24 |
| | | MO AVG | HI WK AV | | | MO AVG | HI WK AV | | | | |
| 00545 1 0 Solids, settleable Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.1 | mL/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 | 2 | mL/L | | Weekly | DISCRT |
| | | | | | | MO AVG | DAILY MX | | | | |
| 03582 1 0 Oil and grease Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.2 | 8.4 | mg/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 | 15 | mg/L | | Weekly | DISCRT |
| | | | | | | MO AVG | DAILY MX | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.29 | 8.50 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 | Req. Mon. | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| | | MO AVG | DAILY MX | | | | | | | | |

| | | | | | | |
|---|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MIGUEL C. BORDALLO, PE GENERAL MANAGER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
 BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE
 BOD (lbs/day) MONTHLY AVERAGE

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 1/1/2016 | TO 1/31/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 28678 | 34480 | CFU/100mL | 5 | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 33% | | | % | 1 | 3/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 87% | | | % | | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
BOD BELOW 85% REMOVAL
NODI (C) - EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

Form Approved.
 OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
 MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 2/1/2016 | TO 2/29/2016 |

INF/MONTHLY
 Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 9030 | 9845 | lb/day | ***** | 142 | 153 | mg/L | | 4/29 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 17704 | 27228 | lb/day | ***** | 276 | 424 | mg/L | | 4/29 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004
DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 2/1/2016 | TO 2/29/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| 00010 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27.3 | 28.0 | deg. C | | 4/29 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| | | | | | | | | | | | |
| 00310 1 0 Effluent Gross | SAMPLE MEASUREMENT | 5744 | 6801 | lb/d | ***** | 98 | 114 | mg/L | 7 | 12/29 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| | | | | | | | | | | | |
| 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.9 | 7.6 | SU | | 4/29 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| | | | | | | | | | | | |
| 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | 1909 | 3193 | lb/d | ***** | 32 | 53 | mg/L | 2 | 12/29 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| | | | | | | | | | | | |
| 00545 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.3 | 0.6 | mL/L | | 4/29 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| | | | | | | | | | | | |
| 03582 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.8 | 10.8 | mg/L | | 4/29 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 7.11 | 8.10 | MGD | ***** | ***** | ***** | ***** | | 29/29 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| | | | | | | | | | | | |

| | | | | | | |
|---|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MIGUEL C. BORDALLO, PE GENERAL MANAGER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
TSS (mg/l) WEEKLY MAX (1/4) AND MONTHLY AVERAGE
BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE
BOD (lbs/day) WEEKLY MAX (1/4) AND MONTHLY AVERAGE

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|------------|----|------------|
| FROM | MM/DD/YYYY | TO | MM/DD/YYYY |
| | 2/1/2016 | | 2/29/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|---------------------------|------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/29 WEEKLY | DISCRT |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 40085 | 61310 | CFU/100mL | 5 | 4/29 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 31% | ***** | ***** | % | 1 | 4/29 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 88% | ***** | ***** | % | | 4/29 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) | | | | | | | |
| VIOLATIONS ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE BOD BELOW 85% REMOVAL NODI (C) - EFFLUENT NOT CHLORINATED | | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 3/1/2016 | TO 3/31/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-----------------------|-------------|--------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 6460 | 6865 | lb/day | ***** | 138 | 147 | mg/L | | 4/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 12339 | 23165 | lb/day | ***** | 264 | 496 | mg/L | | 5/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|---|---|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS BOD RESULTS UNAVAILABLE 3/02 DUE TO TECH ERROR | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|--|--------------|--|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM 3/1/2016 | | TO 3/31/2016 | |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| 00010 1 0 Temperature, water deg. centigrade Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 26.6 | 27.2 | deg. C | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| | | | | | | | | | | | |
| 00310 1 0 BOD, 5-day, 20 deg. C Effluent Gross | SAMPLE MEASUREMENT | 3546 | 4103 | lb/d | ***** | 76 | 88 | mg/L | 7 | 13/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| | | | | | | | | | | | |
| 00400 1 0 pH Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.1 | 7.8 | SU | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| | | | | | | | | | | | |
| 00530 1 0 Solids, total suspended Effluent Gross | SAMPLE MEASUREMENT | 987 | 1590 | lb/d | ***** | 21 | 34 | mg/L | | 14/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| | | | | | | | | | | | |
| 00545 1 0 Solids, settleable Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.8 | 4.0 | mL/L | 1 | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| | | | | | | | | | | | |
| 03582 1 0 Oil and grease Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.8 | 14.2 | mg/L | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 5.60 | 5.60 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| | | | | | | | | | | | |

| | | | | | | |
|---|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)

VIOLATIONS
FLOW READINGS ESTIMATED DUE TO CALIBRATION ISSUES. SETTLEABLE SOLIDS DAILY MAX (1/5)
OIL & GREASE RESULTS UNAVAILABLE 3/30 DUE TO TECH ERROR
BOD RESULTS UNAVAILABLE 3/02 DUE TO TECH ERROR
BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE
BOD (lbs/day) MONTHLY AVERAGE

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 3/1/2016 | TO 3/31/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 63396 | >241960 | CFU/100mL | 6 | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 45% | | | % | 1 | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 92% | | | % | | 5/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE
BOD BELOW 85% REMOVAL
NODI (C) - EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 4/1/2016 | TO 4/30/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 6308 | 7827 | lb/day | ***** | 128 | 142 | mg/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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 6848 | 8667 | lb/day | ***** | 145 | 186 | mg/L | | 4/30 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|---|--|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|----------|------------|-----------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 4/1/2016 | TO | 4/30/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27.1 | 27.4 | deg. C | | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | | | | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 3695 | 3823 | lb/d | ***** | 71 | 76 | mg/L | 7 | 13/30 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.9 | 7.5 | SU | | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 699 | 965 | lb/d | ***** | 14 | 20 | mg/L | | 13/30 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.1 | mL/L | | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.8 | 8.6 | mg/L | | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.23 | 6.90 | MGD | ***** | ***** | ***** | ***** | | 30/30 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|--|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

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

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 4/1/2016 | TO 4/30/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/30 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 18470 | 27330 | CFU/100mL | 5 | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 44% | | | % | 1 | 3/30 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 91% | | | % | | 4/30 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
 VIOLATIONS
 ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 5/1/2016 | TO 5/31/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 5559 | 6275 | lb/day | ***** | 116 | 125 | mg/L | | 4/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 7497 | 10108 | lb/day | ***** | 156 | 202 | mg/L | | 4/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|---|--|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|--|--------------|--|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM 5/1/2016 | | TO 5/31/2016 | |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27.3 | 28.5 | deg. C | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | | | | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 2952 | 3416 | lb/d | ***** | 57 | 67 | mg/L | 5 | 12/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.8 | 7.6 | SU | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 629 | 931 | lb/d | ***** | 12 | 18 | mg/L | | 12/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.0 | mL/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.3 | 9.2 | mg/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.17 | 6.80 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|--|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
BOD RESULTS ON 5/05, 5/12, & 5/19 DISREGARDED DUE TO HIGH BLANK DEPLETION
BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 5/1/2016 | TO 5/31/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 18245 | 29090 | CFU/100mL | 5 | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 51% | | | % | 1 | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 92% | | | % | | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
 ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 6/1/2016 | TO 6/30/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 4615 | 5992 | lb/day | ***** | 115 | 144 | mg/L | | 5/30 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 5054 | 9063 | lb/day | ***** | 151 | 217 | mg/L | | 5/30 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|---|--|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS INFLUENT BOD RESULTS UNAVAILABLE 6/29 BECAUSE SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION) | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|----------|------------|-----------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 6/1/2016 | TO | 6/30/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 26.3 | 29.0 | deg. C | | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | | | | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 2986 | 3354 | lb/d | ***** | 65 | 79 | mg/L | 6 | 14/30 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.3 | 7.8 | SU | | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 661 | 1215 | lb/d | ***** | 14 | 24 | mg/L | | 14/30 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.1 | mL/L | | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.0 | 4.3 | mg/L | | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 5.48 | 6.60 | MGD | ***** | ***** | ***** | ***** | | 30/30 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|--|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
BOD RESULTS FOR 6/02, 6/09, 6/16, 6/23 & 6/30 DISREGARDED DUE TO HIGH BLANK DEPLETION
BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 6/1/2016 | TO 6/30/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/30 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 23856 | 43520 | CFU/100mL | 6 | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 44% | | | % | 1 | 4/30 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 90% | | | % | | 5/30 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
 ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|------------|
| MM/DD/YYYY | MM/DD/YYYY |
| 7/1/2016 | 7/31/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 4644 | 5056 | lb/day | ***** | 111 | 121 | mg/L | | 4/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 13659 | 29321 | lb/day | ***** | 328 | 703 | mg/L | | 4/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS INFLUENT BOD RESULTS UNAVAILABLE 7/06 & 7/13 BECAUSE SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION) | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|--|--------------|--|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM 7/1/2016 | | TO 7/31/2016 | |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-----------------------|-------|---------------------------|---------------------|-----------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 24.9 | 28.9 | deg. C | | 4/31 | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 2918 | 3239 | lb/d | ***** | 70 | 73 | mg/L | 6 | 12/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.8 | 8.4 | SU | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 518 | 699 | lb/d | ***** | 12 | 17 | mg/L | | 12/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.1 | mL/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.8 | 5.2 | mg/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 5.16 | 6.00 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|--|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
EFFLUENT BOD RESULTS UNAVAILABLE 7/14 DUE TO HIGH BLANK DEPLETION
BOD (mg/l) WEEKLY MAX (5/5) AND MONTHLY AVERAGE

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 7/1/2016 | TO 7/31/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 42935 | 64880 | CFU/100mL | 5 | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 37% | | | % | 1 | 2/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 96% | | | % | | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
 VIOLATIONS
 ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 8/1/2016 | TO 8/31/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-----------------------|-------------|--------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 6276 | 8185 | lb/day | ***** | 144 | 209 | mg/L | | 5/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 5833 | 8571 | lb/day | ***** | 134 | 219 | mg/L | | 5/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|---|---|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|--|--------------|--|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM 8/1/2016 | | TO 8/31/2016 | |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|---------------------------|---------------------|-----------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade 00010 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27.3 | 27.9 | deg. C | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross | SAMPLE MEASUREMENT | 3972 | 5133 | lb/d | ***** | 70 | 95 | mg/L | 6 | 13/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| | | | | | | | | | | | |
| pH 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.4 | 8.3 | SU | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| | | | | | | | | | | | |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | 389 | 477 | lb/d | ***** | 7 | 9 | mg/L | | 13/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| | | | | | | | | | | | |
| Solids, settleable 00545 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.1 | mL/L | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| | | | | | | | | | | | |
| Oil and grease 03582 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.3 | 5.6 | mg/L | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| | | | | | | | | | | | |
| Flow, in conduit or into treatment system 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.54 | 13.60 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| | | | | | | | | | | | |

| | | | | | | |
|---|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MIGUEL C. BORDALLO, PE GENERAL MANAGER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
BOD (mg/l) WEEKLY MAX (4/5) AND MONTHLY AVERAGE
BOD (lbs/day) MONTHLY AVERAGE

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

Form Approved.
 OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
 MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 8/1/2016 | TO 8/31/2016 |

001/MONTHLY
 External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 28044 | 46110 | MPN/100mL | 6 | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 51% | | | % | 1 | 5/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 95% | | | % | | 5/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | Month | Day | Year |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | | | |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE BOD BELOW 85% REMOVAL NODI (C)- EFFLUENT NOT CHLORINATED | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 9/1/2016 | TO 9/30/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 4927 | 8756 | lb/day | ***** | 111 | 184 | mg/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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 4993 | 9394 | lb/day | ***** | 112 | 198 | mg/L | | 4/30 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|--|--------------|--|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM 9/1/2016 | | TO 9/30/2016 | |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-----------------------|-------|---------------------------|---------------------|-----------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 28.2 | 29.1 | deg. C | | 4/30 | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 3858 | 4745 | lb/d | ***** | 76 | 93 | mg/L | 7 | 14/30 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.2 | 8.0 | SU | | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 744 | 1188 | lb/d | ***** | 14 | 23 | mg/L | | 14/30 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.1 | mL/L | | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.8 | 6.7 | mg/L | | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.28 | 7.70 | MGD | ***** | ***** | ***** | ***** | | 30/30 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|---|---|---|------------------|---------------|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| 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 | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|-----------|
| MM/DD/YYYY | TO |
| 9/1/2016 | 9/30/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/30 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 134153 | >241960 | CFU/100mL | 5 | 4/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 32% | | % | 1 | 4/30 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AV MN | | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 87% | | % | | 4/30 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AV MN | | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
BOD BELOW 85% REMOVAL
NODI (C) - EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 10/1/2016 | TO 10/31/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 6053 | 6617 | lb/day | ***** | 129 | 150 | mg/L | | 4/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 8718 | 11513 | lb/day | ***** | 184 | 238 | mg/L | | 4/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|--|---------------|--|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM 10/1/2016 | | TO 10/31/2016 | |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27.6 | 28.3 | deg. C | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | | | | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 3889 | 4797 | lb/d | ***** | 77 | 96 | mg/L | 6 | 12/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.6 | 8.5 | SU | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 550 | 690 | lb/d | ***** | 11 | 13 | mg/L | | 12/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.2 | mL/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.3 | 5.6 | mg/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.22 | 7.00 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|--|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) | | | | | | |
| VIOLATIONS BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE BOD (lbs/day) MONTHLY AVERAGE | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 10/1/2016 | TO 10/31/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 47805 | 77010 | CFU/100mL | 5 | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 40% | | | % | 1 | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 94% | | | % | | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
 VIOLATIONS
 ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

GU0020141
PERMIT NUMBER

INF-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 96932
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
11/17/2016 TO 11/30/2016

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|----------------------------------|--------------------|---------------------|--------------------|--------|---------------------------|------------------|--------------------|-------|-----------------------|-------------|--------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 3578 | 4918 | lb/day | ***** | 92 | 118 | mg/L | | 5/30 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 5712 | 9340 | lb/day | ***** | 137 | 220 | mg/L | | 5/30 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|-----------|------------|------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 11/1/2016 | TO | 11/30/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|-------|---------------------------|---------------------|-----------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| 00010 1 0 Temperature, water deg. centigrade Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27.3 | 27.7 | deg. C | | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| | SAMPLE MEASUREMENT | 3168 | 3435 | lb/d | ***** | 67 | 72 | mg/L | 7 | 10/30 | COMP24 |
| 00310 1 0 BOD, 5-day, 20 deg. C Effluent Gross | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.4 | 8.3 | SU | | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00530 1 0 Solids, total suspended Effluent Gross | SAMPLE MEASUREMENT | 434 | 706 | lb/d | ***** | 9 | 16 | mg/L | | 10/30 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.1 | mL/L | | 5/30 | DISCRT |
| 00545 1 0 Solids, settleable Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.6 | 3.6 | mg/L | | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Oil and grease Effluent Gross | SAMPLE MEASUREMENT | 6.06 | 7.10 | MGD | ***** | ***** | ***** | ***** | | 30/30 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | ***** | ***** |

| | | | | | | |
|--|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

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

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 11/1/2016 | TO 11/30/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/30 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 49388 | 98040 | CFU/100mL | 6 | 5/30 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27% | ***** | % | 1 | 3/30 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 93% | ***** | % | | 5/30 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 30.0 | 30.0 | mg/L | | 12/02/15 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE
BOD BELOW 85% REMOVAL
NODI (C) - EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 12/1/2016 | TO 12/31/2016 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-----------------------|-------------|--------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 6236 | 8897 | lb/day | ***** | 137 | 191 | mg/L | | 4/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 8471 | 12004 | lb/day | ***** | 188 | 277 | mg/L | | 4/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|---|---|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

001/MONTHLY
External Outfall

| MONITORING PERIOD | | | |
|-------------------|----|------------|--|
| MM/DD/YYYY | TO | MM/DD/YYYY | |
| FROM 12/1/2016 | | 12/31/2016 | |

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 26.8 | 27.3 | deg. C | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | | | | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 3475 | 4337 | lb/d | ***** | 72 | 87 | mg/L | 7 | 9/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.4 | 8.4 | SU | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 486 | 834 | lb/d | ***** | 10 | 17 | mg/L | | 9/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.0 | mL/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2.8 | 5.0 | mg/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.06 | 7.50 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|---|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

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

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 12/1/2016 | TO 12/31/2016 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 24208 | 48840 | MPN/100mL | 5 | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 48% | | | % | 1 | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 95% | | | % | | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 24.3 | 24.3 | mg/L | | 12/14/16 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
 VIOLATIONS
 ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 1/1/2017 | TO 1/31/2017 |

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 5053 | 5053 | lb/day | ***** | 112 | 112 | mg/L | | 4/31 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 10004 | 11211 | lb/day | ***** | 217 | 244 | mg/L | | 4/31 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|---|---|--|-----------|-------------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS INFLUENT BOD RESULTS UNAVAILABLE 01/11, 01/18 & 01/25 BECAUSE SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION) | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|----------|------------|-----------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 1/1/2017 | TO | 1/31/2017 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 26.3 | 26.9 | deg. C | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | | | | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 3695 | 4494 | lb/d | ***** | 73 | 87 | mg/L | 6 | 12/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.1 | 7.7 | SU | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 302 | 513 | lb/d | ***** | 6 | 10 | mg/L | | 12/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.2 | mL/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.0 | 6.9 | mg/L | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 6.09 | 7.20 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|--|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE
BOD (lbs/day) MONTHLY AVERAGE

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

GU0020141
PERMIT NUMBER

001-A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 1/1/2017 | TO 1/31/2017 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT DISCRT |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 80040 | >241960 | MPN/100mL | 5 | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 35% | | | % | 1 | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 97% | | | % | | 4/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 24.3 | 24.3 | mg/L | | 12/14/16 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
BOD BELOW 85% REMOVAL
NODI (C)- EFFLUENT NOT CHLORINATED
ENTEROCOCCI ANALYSIS ON 01/26/17 PERFORMED ON COMPOSITE SAMPLE DUE TO TECH ERROR

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

GU0020141
PERMIT NUMBER

INF-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 96932
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
2/1/2017 TO 2/28/2017

INF/MONTHLY
Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------------------|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 7511 | 9570 | lb/day | ***** | 164 | 211 | mg/L | | 4/28 | 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 | | Weekly | COMPOS |
| Solids, total suspended | SAMPLE MEASUREMENT | 12246 | 16515 | lb/day | ***** | 265 | 354 | mg/L | | 4/28 | COMPOS |
| 00530 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 | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS INFLUENT BOD RESULTS UNAVAILABLE 02/08. SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION) | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|----------|------------|-----------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 2/1/2017 | TO | 2/28/2017 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 27.6 | 28.6 | deg. C | | 4/28 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00010 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 76 | 82 | mg/L | 6 | 12/28 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 3002 MO AVG | 6760 HI WK AV | lb/d | | Weekly | COMP24 |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.9 | 8.1 | mg/L | | 4/28 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00310 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 13 | 17 | mg/L | | 12/28 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 3002 MO AVG | 6760 HI WK AV | lb/d | | Weekly | COMP24 |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.1 | mg/L | | 4/28 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.8 | 6.9 | mL/L | | 4/28 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mL/L | | Weekly | DISCRT |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.94 | 7.30 | mg/L | | 28/28 | METER |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 12 MO AVG | Req. Mon. DAILY MX | MGD | | Continuous | METER |
| 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.1 | mg/L | | 4/28 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mg/L | | Weekly | DISCRT |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.8 | 6.9 | mg/L | | 4/28 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.94 | 7.30 | mg/L | | 28/28 | METER |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 12 MO AVG | Req. Mon. DAILY MX | MGD | | Continuous | METER |
| 03582 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.94 | 7.30 | mg/L | | 28/28 | METER |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 12 MO AVG | Req. Mon. DAILY MX | MGD | | Continuous | METER |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 5.94 | 7.30 | mg/L | | 28/28 | METER |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 12 MO AVG | Req. Mon. DAILY MX | MGD | | Continuous | METER |

| | | | | | | |
|--|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) | | | | | | |
| VIOLATIONS BOD (mg/l) WEEKLY MAX (4/4) AND MONTHLY AVERAGE BOD (lbs/day) MONTHLY AVERAGE | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

Form Approved.
OMB No. 2040-0004

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | |
|-------------------|--------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 2/1/2017 | TO 2/28/2017 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|----------------------------|-------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/28 WEEKLY | DISCRT |
| | | | | | | | | | | | |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 14553 | 19680 | MPN/100mL | 5 | 4/28 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| | | | | | | | | | | | |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 54% | | | % | 1 | 3/28 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 95% | | | % | | 4/28 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| | | | | | | | | | | | |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 24.3 | 24.3 | mg/L | | 12/14/16 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
 ENTEROCOCCI DAILY MAX (4/4) AND MONTHLY AVERAGE
 BOD BELOW 85% REMOVAL
 NODI (C)- EFFLUENT NOT CHLORINATED

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932

MAJOR

INF/MONTHLY
Influent Structure

| MONITORING PERIOD | | | |
|-------------------|----|------------|--|
| MM/DD/YYYY | TO | MM/DD/YYYY | |
| 3/1/2017 | | 3/31/2017 | |

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | 9220 | 9220 | lb/day | ***** | 201 | 201 | mg/L | | 5/31 | COMPOS |
| | PERMIT REQUIREMENT | 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 00530 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | 7929 | 11091 | lb/day | ***** | 168 | 218 | mg/L | | 5/31 | COMPOS |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. HI WK AV | lb/day | ***** | Req. Mon. MO AVG | Req. Mon. HI WK AV | mg/L | | Weekly | COMPOS |

| | | | | | | |
|---|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS INFLUENT BOD RESULTS UNAVAILABLE 3/01, 3/08, 3/22 & 3/29 BECAUSE SAMPLES DID NOT MEET QC DEPLETION CRITERIA (OVERDEPLETION). | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|--|--------------|--|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM 3/1/2017 | | TO 3/31/2017 | |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|------------------------------------|--------------------|---------------------|-------|-------|---------------------------|------------------|--------------------|--------|-----------------------|-------------|--------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | UNITS | | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 26.3 | 27.8 | deg. C | 5/31 | DISCRT | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | Weekly | DISCRT | |
| 00010 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 70 | 80 | mg/L | 7 | 14/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | Weekly | COMP24 |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.9 | 8.4 | mg/L | ***** | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 6.5 MINIMUM | 8.5 MAXIMUM | SU | ***** | Weekly | DISCRT |
| 00310 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 13 | 24 | SU | ***** | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | Weekly | COMP24 |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.5 | mg/L | ***** | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | ***** | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 3.5 | 5.6 | mL/L | ***** | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | ***** | Weekly | DISCRT |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6.05 | 7.20 | MGD | ***** | 31/31 | METER |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | Continuous | METER |
| 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| 00545 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| 03582 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |

| | | | | | | |
|--|---|-----------|----------|-------|-----|------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day | Year |
| 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 | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|------------|----|------------|
| FROM | MM/DD/YYYY | TO | MM/DD/YYYY |
| | 3/1/2017 | | 3/31/2017 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|---------------------------|------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 35940 | 86640 | MPN/100mL | 6 | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 65% | | | % | 1 | 1/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 92% | | | % | | 5/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | ***** | % | | WEEKLY | COMP24 |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 24.3 | 24.3 | mg/L | | 12/14/16 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS
ENTEROCOCCI RESULTS UNAVAILABLE 03/15 DUE TO TECH ERROR
ENTEROCOCCI DAILY MAX (5/5) AND MONTHLY AVERAGE
NODI (C) - EFFLUENT NOT CHLORINATED
BOD BELOW 85% REMOVAL

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
 ADDRESS: NORTHERN DISTRICT STP
 HARMON ANNEX, GU 96912
 FACILITY: NORTHERN DISTRICT STP
 LOCATION: DEDEDO, GU 96912

Form Approved.
 OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| INF-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
 MAJOR

| MONITORING PERIOD | | | |
|-------------------|----|------------|--|
| MM/DD/YYYY | TO | MM/DD/YYYY | |
| 4/1/2017 | | 4/30/2017 | |

INF/MONTHLY
 Influent Structure

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|---|--------------------|---------------------|-----------------------|--------|---------------------------|---------------------|-----------------------|-------|-----------------------|-------------|--------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| BOD, 5-day, 20 deg. C 00310 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | 0 | 0 | lb/day | ***** | #DIV/0! | 0 | mg/L | | 5/31 | COMPOS |
| | PERMIT REQUIREMENT | 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 00530 G 0 Raw Sewage Influent | SAMPLE MEASUREMENT | 0 | 0 | lb/day | ***** | #DIV/0! | 0 | mg/L | | 5/31 | COMPOS |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. HI WK AV | lb/day | ***** | Req. Mon. MO AVG | Req. Mon. HI WK AV | mg/L | | Weekly | COMPOS |

| | | | | | | |
|--|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS | | | | | | |

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|----------|------------|-----------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 4/1/2017 | TO | 4/30/2017 |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|--------------------|-------|---------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Temperature, water deg. centigrade | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | #DIV/0! | 0.0 | deg. C | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | deg. C | | Weekly | DISCRT |
| 00010 1 0 Effluent Gross | | | | | | | | | | | |
| BOD, 5-day, 20 deg. C | SAMPLE MEASUREMENT | 0 | 0 | lb/d | ***** | #DIV/0! | #DIV/0! | mg/L | | 14/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00310 1 0 Effluent Gross | | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 0.0 | ***** | 0.0 | SU | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.5 MINIMUM | ***** | 8.5 MAXIMUM | SU | | Weekly | DISCRT |
| 00400 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | 0 | 0 | lb/d | ***** | #DIV/0! | #DIV/0! | mg/L | | 14/31 | COMP24 |
| | PERMIT REQUIREMENT | 3002 MO AVG | 6760 HI WK AV | lb/d | ***** | 30 MO AVG | 45 HI WK AV | mg/L | | Weekly | COMP24 |
| 00530 1 0 Effluent Gross | | | | | | | | | | | |
| Solids, settleable | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | #DIV/0! | 0.0 | mL/L | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MO AVG | 2 DAILY MX | mL/L | | Weekly | DISCRT |
| 00545 1 0 Effluent Gross | | | | | | | | | | | |
| Oil and grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | #DIV/0! | 0.0 | mg/L | | 5/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 MO AVG | 15 DAILY MX | mg/L | | Weekly | DISCRT |
| 03582 1 0 Effluent Gross | | | | | | | | | | | |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | #DIV/0! | 0.00 | MGD | ***** | ***** | ***** | ***** | | 31/31 | METER |
| | PERMIT REQUIREMENT | 12 MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |

| | | | | | | |
|---|---|--|-----------|--------|-------|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | 671 | 300-6885 | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | Month | Day |

COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report)
VIOLATIONS

**NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

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

NAME: GUAM WATERWORKS AUTHORITY
ADDRESS: NORTHERN DISTRICT STP
HARMON ANNEX, GU 96912
FACILITY: NORTHERN DISTRICT STP
LOCATION: DEDEDO, GU 96912

Form Approved.
OMB No. 2040-0004

| |
|---------------|
| GU0020141 |
| PERMIT NUMBER |

| |
|------------------|
| 001-A |
| DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 96932
MAJOR

| MONITORING PERIOD | | | |
|-------------------|----|------------|--|
| MM/DD/YYYY | TO | MM/DD/YYYY | |
| 4/1/2017 | | 4/30/2017 | |

001/MONTHLY
External Outfall

ATTN: PAUL J. KEMP

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO.EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|---------------------------|---------------------------|------------------------------|-----------|-------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual 50060 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | NODI (C) 1.5 MO AVG | NODI (C) 2.46 DAILY MX | mg/L | | 0/31 WEEKLY | DISCRT |
| Enterococci 61211 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | #DIV/0! | 0 | MPN/100mL | | 4/31 | DISCRT |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 MO AVG | 104 DAILY MX | CFU/100mL | | WEEKLY | DISCRT |
| BOD, 5-day, percent removal 81010 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | #DIV/0! | | % | | 1/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | % | | WEEKLY | COMP24 |
| Solids, suspended percent removal 81011 K 0 Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | #DIV/0! | | % | | 5/31 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AV MN | ***** | % | | WEEKLY | COMP24 |
| Ammonia & Ammonium Total 82230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 24.3 | 24.3 | mg/L | | 12/14/16 | COMP24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | ANNUAL | COMP24 |

| | | | | | | | | |
|---|--|---|--|--|--|-------------|--------|-------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | | TELEPHONE | | DATE | | |
| MIGUEL C. BORDALLO, PE GENERAL MANAGER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | 671 | | 300-6885 | | |
| | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA CODE | NUMBER | Month |
| TYPED OR PRINTED | | | | | | | | |
| COMMENT AND EXPLANATION OF ANY VIOLATIONS (See O & M Report) VIOLATIONS NODI (C) - EFFLUENT NOT CHLORINATED | | | | | | | | |