# Discharge Monitoring Report (DMR) for Large Cruise Ships

| **General Permit #2013DB0004** | Expires xx,xx, 2019 | Submit this report to: |
|---|---|---|
| **File Number:** | | **Alaska Department of Environmental Conservation**<br>**Division of Water/ CPVEC**<br>**410 Willoughby Ave, Suite 303**<br>**PO Box 111800**<br>**Juneau, AK 99811-1800**<br>DEC.WQ.Cruise@alaska.gov |
| **Authorization #:** | | |
| | | |
| **DMR Month:** | | |
| **Treatment system:** | | |
| **Name:** | | |
| **Address:** | | **Responsible party:** |
| **Vessel:** | | **Phone:** |
| **Primary Contact:** | | **Email:** |

| **Sample #** | **Date** | **Underway? (Y/N)** | **Location** (Lat /Long in decimal degrees or city name if docked) | **Discharge port** |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

If additional samples were taken, list the date, location, port used, and whether it was an underway sample on an attached sheet.

| | |
|---|---|
| **Were there any discharges during this reporting period (Yes/No)?** | |
| **Were there any discharges from the vessel while it was docked, anchored, or moving at less than 6 knots during this reporting period (Yes/No)?** | |
| **Total volume discharged in Alaskan waters (in cubic meters)** | |
| **Total volume discharged to shore facilities in Alaska (in cubic meters)** | |

**Required Reporting Frequency: This report is due on the 21st day of the following calendar month.**

| **Parameter** | | **Min. Value** | **Monthly Average** | **Daily Maximum** | **# of Analyses** | **Number of Violations** | **Units** | **Min. Frequency** |
|---|---|---|---|---|---|---|---|---|
| Total Flow (cubic meters per day of effluent) | Results | | | | | | $m^3$/ day | Daily |
| | Permit Limits | N/A | N/A | Not to exceed maximums in VSSP and NOI | # of days | report | | |

**Less than 6 Knots (vessels with authorized mixing zone)**

| Parameter | Permit Limits | Min Value | Monthly Average | Daily Maximum | Number of Analyses | Number of Violations | Units | Min. Frequency |
|---|---|---|---|---|---|---|---|---|
| Ammonia | 78 mg/L | | | | | | mg/L | Twice per month |
| Dissolved Copper | 77 µg/L | | | | | | µg/L | |
| Hardness | N/A | | | | | N/A | mg/L | |
| Receiving Water | None | attach laboratory report | | | | N/A | N/A | Twice a Year |
| Whole Effluent Toxicity (composite) | None | attach laboratory report if available, if unavailable by DMR deadline submit a copy of the sample event chain of custody with this DMR and submit the laboratory report electronically within 7 days of completion | | | | N/A | NOEC | Once a month in year 3 |

**6 Knots or Greater (vessels with authorized mixing zone)**

| Parameter | Permit Limits | Min Value | Monthly Average | Daily Maximum | Number of Analyses | Number of Violations | Units | Min. Frequency |
|---|---|---|---|---|---|---|---|---|
| Ammonia | 130 mg/L | | | | | | mg/L | Twice per year |

**All Speed Conditions and Vessels with no Authorized Mixing Zones**

| Parameter | | Min. Value | Monthly Geometric Mean | Daily Maximum | Number of Analyses | Number of Violations | Units | Min. Frequency |
|---|---|---|---|---|---|---|---|---|
| Fecal Coliform Bacteria | Results | | | | | | FC/ 100 ml | Twice per month |
| | Permit Limits | N/A | 14 per 100 mL | 43 per 100 mL | report | report | | |
| **Parameter** | | **Min. Value** | **Monthly Average** | **Daily Maximum** | **Number of Analyses** | **Number of Violations** | **Units** | **Min. Frequency** |
| Biochemical Oxygen Demand (5-day) | Results | | | | | | mg/L | Twice per year |
| | Permit Limits | N/A | 30 mg/L | 60 mg/L | | | | |
| Total Suspended Solids (TSS) | Results | | | | | | mg/L | Twice per month |
| | Permit Limits | N/A | 30 mg/L | 150 mg/L | | | | |

| Parameter | Permit Limits | Min. Value | Monthly Average | Daily Maximum | Number of Analyses | Number of Violations | Units | Min. Frequency |
|---|---|---|---|---|---|---|---|---|
| Total Residual Chlorine | 0.0075 | | | | | | mg/L | Each Sample Event |
| Free Chlorine | None | | | | | N/A | | |
| Temperature | None | | | | | N/A | °C | |
| pH | Min. 6.5, Max. 8.5 | | N/A | | | | Std. Units | |
| Specific Conductance | None | | | | | N/A | µmhos/cm | |

| Parameter | Permit Limits | Min. Value | Monthly Average | Daily Maximum | Number of Analyses | Number of Violations | Units | Min. Frequency |
|---|---|---|---|---|---|---|---|---|
| Settleable Solids (SS) | None | | | | | N/A | mg/L | Twice in year 3 |
| Chemical Oxygen Demand | None | | | | | N/A | mg/L | |
| Nitrate-Nitrite (N-NO3) | None | | | | | N/A | mg/L | |
| Total Phosphorus | None | | | | | N/A | mg/L | |
| Total Kjeldahl Nitrogen (TKN) | None | | | | | N/A | mg/L | |
| Alkalinity | None | | | | | N/A | mg/L | |
| Hardness | None | | | | | N/A | mg/L | |
| Oil & Grease | None | | | | | N/A | mg/L | |
| Total Organic Carbon | None | | | | | N/A | mg/L | |
| Base-Neutral Acid extractables (BNA) | None | attach laboratory report | | | | N/A | µg/L | |
| Volatile Organic Compounds (VOCs) | None | attach laboratory report | | | | N/A | µg/L | |
| Dissolved and Total Recoverable Metals and Mercury | None | attach laboratory report | | | | N/A | µg/L | |

**Has there been any deviation from the approved QAPP? (Y/N – If yes, explain below.)**

**Is the VSSP accurate? (Y/N)**

**Has there been any deviation from the approved VSSP? (Y/N – If yes, explain below.)**

## Certification

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.

| **NAME, TITLE of Responsible Corporate Official** | | |
|---|---|---|
| | | |
| **SIGNATURE of Responsible Corporate Official** | | |
| | | |
| **DATE** | **TELEPHONE** | |
| | | |

**COMMENT AND EXPLANATION OF ANY VIOLATIONS AND DETAILS OF CORRECTIVE ACTIONS (REFERENCE ALL ATTACHMENTS HERE)**