Attachment F

Monthly Seafood Waste Delivery Report

Attachment F- Monthly Seafood Waste Delivery Report

REPORT FOR MONTH _____ **Permit Number AKG521_____**	Submit this form to: **FILL IN AUTHORIZED OPERATOR NAME & ADDRESS**

The report serves to inform DEC of the number of pounds of seafood waste being discharged under the operator's AKG521000 General Permit Authorization.

SECTION 1 – OPERATOR/PERSON DELIVERING SEAFOOD WASTE TO THE DISCHARGE FACILITY NAMED ABOVE

Company Name	Facility Name
Operator Name	Owner name
Authorized Representative Name or Title	
Address	City/State/Zip
Telephone	Message Phone/Fax
Email	

SECTION 2- MONTHLY DISCHARGE SUMMARY

Day	**Amount Delivered (lbs.)**	**Grinder Functioning (Y/N)[a]**	**Day**	**Amount Delivered (lbs.)**	**Grinder Functioning (Y/N)[a]**
1					
2					
3					
4					

a. It is the responsibility of the delivering facility to report non-functioning grinder within 24hrs to the Authorized Operator.

I certify that the above information is accurate and correct in accordance with the Alaska General Permit AKG521000 - Part 2.1.

_____ _____

Signature of Delivering Facility Operator Date