IATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) ISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004 MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form.

ERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 001 A DISCHARGE NUMBER AK-002321-3 PERMIT NUMBER JUNEAU, CITY AND BOROUGH OF NAME: ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 Scott Jeffers WW Utilities Superintendent MONITORING PERIOD MO 7 DAY 1 то FACILITY: LOCATION: ATT: FROM

PARAMETER		QU	QUANTITY OR LOADING		QUAL	ITY OR CONCENT		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
		AVERAGE	MAXIMUM	UNITS	MIMIMON	719 21 0 100	18.6	(04)	0		
EMPERATURE, WATER	SAMPLE	****	*****	*****	*****	*****		L		5/7	GRAB
EG, CENTIGRADE	MEASUREMENT			ŀ			REPORT	i		WEEK	GRAD
0010 1 0 0	PERMIT	*****	*****	*****	*****	****	DAILY MAX	DEG, C		DAYS	
FFLUENT GROSS VALUE	REQUIREMENT				4		7	(19)	0	1/7	
XYGEN, DISSOLVED	SAMPLE	*****	***** &	*****		*****		-			GRAB
(DO)	MEASUREMENT			t t	2.0		17.0			ONCE/ WEEK	GIVAD
0300 1 0 0	PERMIT	*****	*****	*****	Daily Min.	*****	DAILY MAX	MG/L		WEEK	
FFLUENT GROSS VALUE	REQUIREMENT					216.0		(19)	0	1/30	
BOD, 5-DAY	SAMPLE	*****	*****	*****	*****		*****	-		ONCE/	COMP 24
(20 DEG. C)	MEASUREMENT					REPORT				MONTH	OOM 2.
00310 G 0 0	PERMIT	*****	*****	*****	*****	MO AVG	*****	MG/L	0	IVIOINTI	
RAW SEW/INFLUENT	RÉQUIREMENT	153.2		(26)		12.0		(19)	U	1/30	
BOD, 5-DAY	SAMPLE	155.4	*****	(/	*****		*****			ONCE/	COMP 24
(20 DEG. C)	MEASUREMENT	1035				45		l 1		MONTH	001111 21
00310 W 0 0	PERMIT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	******	MG/L	0	WONTH	
SEE COMMENTS BELOW	REQUIREMENT	153.2	153.2	(26)		12.0	12.0	(19)	U	1/30	
BOD, 5-DAY	SAMPLE	100.2	,00.2	(= - /	*****		1			ONCE/	COMP 24
(20 DEG. C)	MEASUREMENT	690	1380			30	60	140"		MONTH	00,111
00310 1 0 0	PERMIT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH	
EFFLUENT GROSS VALUE	REQUIREMENT	IVIOAVG	D/1141 100 D		6.3		7.1	(12)	0	5/7	
pH	SAMPLE	*****	****	*****		*****				WEEK	GRAB
	MEASUREMENT				6.0		8.5	CI.		DAYS	
00400 1 0 0	PERMIT	*****	****	*****	MIN.	*****	MAXIMUM	SU		DATO	<u> </u>
EFFLUENT GROSS VALUE	REQUIREMENT					455		(19)	١	1/30	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	****	*****		*****		*****	4		ONCE/	COMP 24
SUSPENDED				1		REPORT	*****	1407	1	MONTH	
00530 G 0 0	PERMIT	*****	*****	*****	*****	MO AVG		MG/L	L	1 10011111	
FOR OBTAINING THE INFORMATION . I BELL FOR OBTAINING THE	REQUIREMENT	INED AND AM FAMILIAR	WITH THE INFORMATIO	N SUBMITTED HEREIN	: AND BASED ON MY II	QUIRY OF THOSE INDI	VIDUALS IMMEDIATELT OR SUBMITTING FALSE	INFORMATION,			
FOR OBTAINING THE INFORMATION. I BEL	IEVE THE SUBMITTED	INFORMATION IS TRUE,	ACCURATE AND GOM	PLETE. TAM AVVARE II	(Penalties under these	statutes may include fin	es up to \$10,000 and or	maximum imprisonment o	f between 6 months a	DATE	
INCLUDING THE POSSIBILITY OF FINE AND	WIF INTOCHABLE TO THE	U.S.C. 1001 AND 33 U.S.	· • • • • • • • • • • • • • • • • • • •				TELEFTIONE		2003	8	8
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	CER	I X	. XXXXIII	No-		907	586	-0393	2000	 	+
Scott Jeffers	dent		SIGNATUREOF	PRINCIPAL EXECUTI	VE	AREA			YEAR	мо	DAY
Wastewater Utilities Superinten		1 ′		AUTHORIZED AGENT		CODE	PHONE NU	MREK	I IEAR	1 1110	
TYPED OR PRINTED			(REFERENCE AL	L ATTACHMENTS H	HERE)						
COMMENT AND EXPLANATION OF AN	TYIULATIONS		,								
							00424/001200 1004				PAGE 1 OF 3

EPA Form 3320-1 (03-99) Previous editions ma Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MAJOR Form Approved.

(SUB 01) OMB No. 2040-0004

F - FINAL

EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

001 A

DISCHARGE NUMBER

PERMITTEL NAME/ADDRESS(include Facility name/Location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS:

155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

FACILITY: JUNEAU, ALASKA 99801

ATT: Scott Jeffers WW Utilities Superintendent

EPA Form 3320-1 (03-99) Previous editions mit Previous editions may be used.

PARAMETER		0	QUANTITY OR LOADIN	G	QUA	LITY OR CONCENTR	ATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL	SAMPLE	275.8	*****	(26)	*****	19.1	*****	(19)	0	1/30	
SUSPENDED 00530 W 0 0	MEASUREMENT PERMIT	1035	*****	LBS/DAY	****	45 WKLY AVG	*****	MG/L		ONCE/ MONTH	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	740.9	(26)		10.8	37.5	(19)	0		
SOLIDS, TOTAL	SAMPLE	122.6	740.9	(20)	*****	10.0		,		1/30	
SUSPENDED	MEASUREMENT	690	1380			30	60			ONCE/	COMP 24
00530 1 0 0	PERMIT			LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LDO/DAT		2.6	2.6	(19)	0		
NITROGEN, AMMONIA	SAMPLE	25.3	25.3	*****	*****	2.0		(,	-	1/180	
TOTAL (AS N)	MEASUREMENT		252057			REPORT	REPORT	1		SEMI-	COMP 24
00610 1 0 0	PERMIT	REPORT	REPORT	*****	*****	MO AVG	DAILY MAX	MG/L		ANNUAL	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	*****	******		DAILT MAX	(13)	0	70000	
COLIFORM, FECAL MF,	CAMPLE				*****	500	*****	(10)	· ·	1//	
M-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	******			{		ONE/	GRAB
31616 W 0 0	PERMIT					800	*****	#4400041		WEEK	0.010
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	WKLY GEO		#/100ML		VVEEN	
COLIFORM, FECAL MF,	SAMPLE					38	500	(13)	0	1/7	
M-FC BROTH, 44.5C	MEASUREMENT	*****	*****	****	*****			ļ		ONE /	GRAB
31616 1 0 0	PERMIT					400	1200				GRAD
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	#/100ML		WEEK	
FLOW, IN CONDUIT OR	SAMPLE	1,1659	2.3690	(3)				1	0		İ
	MEASUREMENT	111000		` '	*****	*****	*****	*****		7/7	
THRU TREATMENT PLANT		2.76	6.0]		CONTINUOS	RECORDED
50050 1 0 0	PERMIT REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	****	*****			
EFFLUENT GROSS VALUE	11111111111111	WOAVO	D) GET WEST		94			(23)	0		
BOD, 5-DAY PERCENT	SAMPLE	*****	4****	*****		*****	*****	1		1/30	
REMOVAL	MEASUREMENT				85			1 [ONCE/	CALCTD
81010 K 0 0	PERMIT	*****	*****	****	MN % RMV	*****	*****	PERCENT		MONTH	<u> </u>
PERCENT REMOVAL I CERTIFY UNDER PENALTY OF LAW THAT IS	REQUIREMENT		WITH THE INFORMATIO	N SUBMITTED HEREIN	AND BASED ON MY IN	UIRY OF THOSE INDIV	IDUALS IMMEDIATELY	RESPONSIBLE			
PERCENT REMOVAL 1 CERTIFY UNDER PENALTY OF LAW THAT IS FOR OBTAINING THE INFORMATION. 1 BE INCLUDING THE POSSIBILITY OF FINE AND	JEVE THE SUBMITTED I	NFORMATION IS TRUE,	ACCURATE AND COM	PLETE. I AM AWARE T	HAT THERE ARE SIGNII	FICANT PENALTIES FO	R SUBMITTING FALSE	INFORMATION, neximum imprisonment of	between 6 months an	d 5 years.	
INCLUDING THE POSSIBILITY OF FINE AND	MPRISONMENT, SEE 18 L	J.S.C. 1001 AND 33 U.S.	C(8\319.//		(Perialities unitid) triese .	I May morado mile	TELEPHONE			DATE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFI	CER	J. J.		_		(907)		-0393	2003	8	8
Scott Jeffers		CXX	7 4 1700	DOWNSON EVES	ITIVE	AREA					
Wastewater Utilities Superinten	dent	1 /		PRINCIPAL EXECU		CODE	PHON	E NUMBER	YEAR	МО	DAY
TYPED OR PRINTEL		1	L / OMERCED OR	AUTHORIZED AGE	NT.	I CODE	I PHON	E IACIAIDEIZ	, , , , , , , , , , , , , , , , , , , ,		

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

FROM

00434/981209 1904

PAGE 2 OF 3

ATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) ISCHARGE MONITORING REPORT (DMR)

VAME:

ADDRESS:

Form Approved. MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE OMB No. 2040-0004 NOTE: Read instructions before 001 A DISCHARGE NUMBER MONITORING PERIOD

:RMITTEE NAME/ADDRESS(Include Facility name/Location if different) AK-002321-3 PERMIT NUMBER JUNEAU, CITY AND BOROUGH OF 155 9OUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 Scott Jeffers WW Utilities Superintendent YEAR 2003 то FROM

	JUNEAU, ALASK	A 99801				140	DAY		YEAR	NIC	
	JUNEAU-DOUGL	AS TREATMEN	T PLANT		YR	MO	UA1	то Г	2003	7	31
FACILITY:	JUNEAU, ALASK	A 00801	• • • • • • • • • • • • • • • • • • • •	FROM	2003	1	<u> </u>	ן וט נ			
LOCATION:	Scott Jeffers WW	Utilities Superint	endent	1							
ATT:	Scott Jetters VVVV	Ounties Superint	Gridorit	J					NO.	FREQUENCY	SAMPLE
			ANTITY OR LOA	DING	QUALI	ITY OR CONCEN	1		OF ANALYSIS	TYPE	
PARAMETER		QU	ANTITY OR LOA	DING					EX	OF ANALTSIS	
	$\perp \times \downarrow$		1	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
		AVERAGE	MAXIMUM	UNITS	98	11111111111		(23)	0		
SOLIDS, SUSPENDED	SAMPLE			*****	30	*****	****	1		1/30	ONICTO
PERCENT REMOVAL	MEASUREMENT	*****	*****			 		1 i		ONCE/	CALCTD
	PERMIT				85	*****	*****	PERCENT		MONTH	
31011 K 0 0	REQUIREMENT	*****	*****	*****	MN % RMV		11	(28)	0		COMP 24
PERCENT REMOVAL					1	11	''	(20)		1/90	
COPPER	SAMPLE	*****	*****	*****	*****			4 }		ONCE/	
TOTAL RECOVERABLE	MEASUREMENT			1		REPORT	REPORT	1 . 1		QUARTER	
11119 1 0 0	PERMIT	*****	*****	*****	*****	MO AVG	DAILY MAX	ug/L		QUARTER	
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rKG3P 1 0 0	PERMIT	l			1		MAXIMUM	TUc		QUARTER	
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TOXICITY,	MEASUREMENT	*****	*****	*****	*****		REPORT	-		ONCE/	COMP 24
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rkf3N 1 0 0	PERMIT	Stort 1/0	2/2004 through 4/	30/2005	l		MAXIMUM	100			
EFFLUENT GROSS VALUE	REQUIREMENT	Start 170	2/2004 tillough 4	T					ı		
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	REQUIREMENT			TON BURNITTED HEDE	IN: AND BASED ON MY	INQUIRY OF THOSE IN	DIVIDUALS IMMEDIATEL	Y RESPONSIBLE			
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I CERTIFY UNDER PENALTY OF LAW THAT FOR OBTAINING THE INFORMATION. I I INCLUDING THE POSSIBILITY OF PINE AL	BELIEVE THE SUBMITTED	INFORMATION IS TRU	S.C. 1319.	TH	(Penalties under thes	e statutes may include f	ines up to \$10,000 and o	or maximum imprisonment	1		
FOR OBTAINING THE INFORMATION. IS	DIMPRICONMENT, SEE 18	1	V _ 11	Iller		(007)	T ELEFTICING	6-0393	2003	8	8
NAME/TITLE PRINCIPAL EXECUTIVE	COPPICER		POTIT	MINUV		(907)	30	0-0000	+		
Scott Jeffers			SIGNATINE	F FRINCIPAL EXEC	CUTIVE	AREA			YEAR	MO	DAY
Wastewater Utilities Superinte	endent	4	OFFICED OF	RUTHORIZE	D AGENT	CODE	PHO	NE NUMBER	1 1 1 1		
TYPED OR PRIN	TED		OF TORSE	ALLATTACHMENTS	HERE)						
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(REPLACES EPA FURM 1-40 WHICH MAY NOT DE USED).

00434/981209 1904

PAGE 3 OF 3

IATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) ISCHARGE MONITORING REPORT (DMR)

JUNEAU, CITY AND BOROUGH OF

ERMITTEE NAME/ADDRESS (Include Facility name/) ocation if different)

NAME: ADDRESS:

MAJOR OMB No. 2040-0004 (SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE NOTE: Read instructions b

Form Approved.

REG 1 DISCHARGE NUMBER

ACRUSTY: JUNEAU, ALASKA 98901 TO TO ZO33 7 3 TO ZO33 7 TO ZO33 7 3 TO ZO33 7 3 TO ZO33 7 3 TO ZO33 7 TO ZO33 TO T	ADDRESS:	155 SOUTH SEW	ARD.		_				NITORING PERK	מס		
FROM 2003 7 31 COCATION: JUNEAU, ALASK 98901 Soot Jeffers WW Usities Superinment ATT: COLFORM, FECAL MF, AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS PARAMETER QUANTTY OR LOADING AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SOUTH HASHINGTON OR AVERAGE MAXIMUM UNITS MAXIMU		DINEAU ALASKA	A 99801				MO		Julio Carto		MO	
LICCATION JUNEAU, ALSKA 98801 ATT: Soot Jeffers WV Utilities Superintendent QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPIP	EACH ITY	JUNEAU-DOUGL	AS TREATMENT	T PLANT					то Т	2003	7	31
ATT: Socit Jeffers WW Utilities Supermindent PARAMETER		HINEAH ALASK	A 99801		FROM [2003		L	, , ,			
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EPA Form 332D-1 (03-99) Previous editions ma Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).	EPA Form 3320-1 (03-99) Previous editi	ons ma Previous editions ma	ay be used.	(REPLACES EPA F	OKM 1-40 WAIGH MAT	HO! DE COLD!						

AK-002321-3 PERMIT NUMBER

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

PA RE	PORT							ıu, Alas	ka					LUCKIT	JULY		
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DAY	DATE	TEMP °F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TTL EFFL MGD	S.S.	S.S. LBS	B.O.D. mg/L	B.O.D.	TEMP °C	рН	D.O. mg/L	S.S. mg/L	S.S.	B.O.D. mg/L	LBO	Coliform /100 ml
	200	P	0.00	16.4	0.9860	414	3404						12.0	98.7			
SUN	29		0.00	16.7	1.0990	350	3208			16.0	6.4		6.4	58.7			
MON	30	62 63	0.00	16.7	1.0320	216	1859			15.9	6.5		0.4	55.1			
TUE		56	0.34	16.6	1.5310	560	7150	110	1405	16.1	6,5	4.1	7.0	89.4	12.0	153.2	5
WED	2		0.32	16,2	1.5750	396	5202			16.8	6.7		6.4	84.1			
THU	3	53	0.32	15.6	1.1390	- 000				15.6	5.4						
FRI	4	54	-	15.2	0.9490												
SAT	5		0.00	15.4	0.9180	582	4456						5.2	39.8			
SUN	6		0.01	15.4	1.0210	392	3338			15.3	0.5		7.0	59.6			
MON	7	66	0.00		1.0600	343	3032			16.6	6.3		8.0	70.7			
TUE	8	64	0.00	16.1	0.9370	316	2469	119	930	17.4	6.6	6.8	8.0	62.5			500
WED	9	63	0.00	16.7	0.9370	460	3760	110		17.9	6.0		6.8	56.6			
THU	10	66	0.00	17.3		400	3700			16.1	6.4						
FRI	11	68	0.00	14.1	1.0800					- 10::-							
SAT	12		0.00	18.0	0.9710		6849						8.6	70.8			
SUN	13		0.01	18.4	0.9870	832				17.4	6.5		5.2	44.3			
MON	14	58	0.03	18.6	1.0220	468	3989	-		18.0	6.5		5.0	45.2			
TUE	15	60		18.4	1.0850	560	5067	308	2926	18.0	0.4	4.7	7.6	72.2			13
WED	16	59	0.04	17.8	1.1390	442	4199	306	2520	17.4	6.4		10.4	94.0			
THU	17	54	0.06	16.8	1.0840	668	6039			16.8	6.3		10.7				
FRI	18	63	0.00	15.5	1,0600					10.8	6.3	 					
SAT	19		0.00	14.2	0.6900												
SUN	20		0.04	14.3	1.1580			ļ			0.5	 	23.4	323.6			
MON	21	55	0.25	13.8	1.6580					17.4	6.5		8.4	68.7		 	
TUE	22	57	0.06	13.7	0.9810	802	6562			16.5	6.4	4.0	12.0	97.3	 		8
WED	23	63	0.00	13.7	0.9720	414	3356	391	3170	17.3	6.5	4.0	9.2	73.4			
THU	24	61	0.00	14.2	0.9560	550	4385			17.2	6.4		9.2	/3.4	-		
FRI	25		0.00	14.1	0.8490					17.5	6.4	 	 				_
SAT	26		0.52	12.8	1.3800					Ļ			ļ	400.4	 		
SUN	27		0.01	15.6	0.9970	254	2112						12.4	103.1		+	
MON	28			16.3	2.3690	400	7903			17.3	7.1		37.5				
TUE	29		0.74	16.9	1.5280	350	4460			17.4	6.6		20.8		+	 	300
WED	30			17.3	1,2940	323	3486	152	1640	17.6	7.0	-	8.4				300
THU	31			17.4		384	4173			16.8	7.1		16.5	179.3		+-	
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			0.69	16.6						1		1	1		1		
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		68	-	18.60			7903	391	3170	18.6			+				
	XIMUM	53		12.80			1859	110	930	15.6	6.3	4.0		1			
	NIMUM ERAGE	60.0		+			4368		2014	17.0	6.6	4.9	10.8	122.	3 12.	153.	2 3

COMMENTS: No Inf. Or Eff. Comp. Samples on 07/21/03 samplers not reset, also no Inf. Comp. On 07/22/03 sampler

was not reset.

% REN	IOVAL
B.O.D.	94.4
S.S.	97.6

Copper	10.6	ug/L
NH3	2.6	mg/L
NH3	25.3	lbs

Weekly					Weekly		
Coliform)	BOD	s	TS	TSS.BOD		
Geo. Mean	lbs	mg/i	lbs	mg/l	Aver.	ug/L	10.6
5	153.2	12.0	57.6	7.6	WEEK1	mg/L	2.6
500		12.0	57.6	7.0	WEEK2		25.3
13		12.0	63.8	7.4	WEEK3	100	20.0
8		12.0	140.7	13.3	WEEK4		
300		12.0	275.8	19.1	WEEK5		
500	153.2	12.0	275.8	19.1	Max		

8 300 500

Tax TII	NI/A