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

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME:	JUNEAU, CITY AND BOROUGH OF	
ADDRESS:		-
	155 SOUTH SEWARD,	-
	JUNEAU, ALASKA 99801	
FACILITY:	JUNEAU-DOUGLAS TREATMENT PLANT	
LOCATION:	JUNEAU, ALASKA 99801	
ATT:	Scott Jeffers WW Utilities Superintendent	

	2321-3 NUMBER				DISCHARG	
			ONITORING PERIO	ac		
YR	МО	DAY	IONITORING PERIO	OD YEAR	MO	DAY

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION					T T	NO.	FREQUENCY	SAMPLE	
		N. 150.40E	MANUALINA	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
		AVERAGE	MAXIMUM	UNITS	MIMIMON	AVERAGE	10.7	(04)	0		
TEMPERATURE, WATER	SAMPLE	*****	*****	*****	*****	*****	10.7	(04)	•	5/7	
DEG, CENTIGRADE	MEASUREMENT	****					REPORT			WEEK	GRAB
00010 1 0 0	PERMIT	*****	*****	*****	*****	*****	DAILY MAX	DEG. C		DAYS	
EFFLUENT GROSS VALUE	REQUIREMENT				5.9		9.2	(10)	0	1 2/110	
OXYGEN, DISSOLVED	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****		(1-7		1/7	
(DO)	PERMIT				2.0		17.0	Ì		ONCE/	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	DAILY MIN.	*****	DAILY MAX	MG/L		WEEK	
	SAMPLE				D/ VIL I WII V.	342.5	2 / (12.1 1/10.0 t	(19)	0		
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	*****	*****	*****	*****		*****	(/		1/7	
00310 G 0 0	PERMIT					REPORT				ONCE/	COMP 24
RAW SEW/INFLUENT	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	MG/L		MONTH	
BOD. 5-DAY	SAMPLE	79.3		(26)		8,8		(19)	0		
(20 DEG. C)	MEASUREMENT	10.0	*****	\/	*****		*****	, ,		1/30	
00310 W 0 0	PERMIT	1035				45				ONCE/	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	****	WKLY AVG	*****	MG/L		MONTH	
BOD. 5-DAY	SAMPLE	79.3	79.3	(26)		8.8	8.8	(19)	0		
(20 DEG. C)	MEASUREMENT			, ,	*****			L		1/30	
00310 1 0 0	PERMIT	690	1380			30	60			ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH	
pH	SAMPLE				6.0		7.5	(12)	0		
F	MEASUREMENT	*****	*****	*****		*****				5/7	
00400 1 0 0	PERMIT				6.0		8.5			WEEK	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MIN.	*****	MAXIMUM	SU		DAYS	
SOLIDS, TOTAL	SAMPLE					286		(19)	0		
SUSPENDED	MEASUREMENT	*****	*****	*****	*****		*****	ļ ļ		5/7	COMP 24
00530 G 0 0	PERMIT					REPORT				ONCE/	COMP 24
RAW SEW/INFLUENT	REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	MG/L		MONTH	
I CERTIFY UNDER PENALTY OF LAW THAT I H	AVE PERSONALLY EXAM	INED AND AM FAMILIAR	WITH THE INFORMATIO	N SUBMITTED HEREIN:	AND BASED ON MY IN	QUIRY OF THOSE INDIV	/IDUALS IMMEDIATELY I R SUBMITTING FALSE	RESPONSIBLE INFORMATION,			
I CERTIFY UNDER PENALTY OF LAW THAT I H. FOR OBTAINING THE INFORMATION. I BEL. INCLUDING THE POSSIBILITY OF FINE AND II	APRISONMENT. SEE 18 L	J.S.C. 1001 AND 33 U.S.	. c7819. ///		(Penalties under these	statutes may include fine	s up to \$10.000 and or n	naximum imprisonment of	between 6 months and	5 years.	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE		X .	\ \ //				TELEPHONE		2004	DATE	9
Scott Jeffers			# Ilen			(907)	586-	-0393	2004	2	9
Wastewater Utilities Superintend	lent			PRINCIPAL EXECUTIV		AREA			VEAD		DAY
TYPED OR PRINTED				AUTHORIZED AGENT		CODE PHONE NUMBER			YEAR	MO	DAY
COMMENT AND EXPLANATION OF AN'	VIOLATIONS		(REFERENCE ALI	L ATTACHMENTS H	ERE)						
				DM T 40 WILICH MAY	HOT DE HOED)		00434/981209 1904				PAGE 1 OF 3

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

FROM

00434/981209 1904

PAGE 1 OF 3

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

PARAMETER

FROM

QUANTITY OR LOADING

MAJOR (SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE Form Approved. OMB No. 2040-0004

001 A DISCHARGE NUMBER

SAMPLE

FREQUENCY

NOTE: Read instructions before of

NO.

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 FACILITY: LOCATION: ATT:

MONITORING PERIOD											
YR	MO	DAY		YEAR	MO	DAY					
2004	1	1	TO	2004	1	31					

		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL	SAMPLE	179.1		(26)	1	8.9		(19)	0		
SUSPENDED	MEASUREMENT		*****		*****		*****			5/7	
00530 W 0 0	PERMIT	1035		1		45		1 [ONCE/	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L		MONTH	i
SOLIDS, TOTAL	SAMPLE	105.5	485.3	(26)		6.7	19.6	(19)	0		
SUSPENDED	MEASUREMENT				*****]		5/7	
00530 1 0 0	PERMIT	690	1380	1		30	60	1 [ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH	İ.
NITROGEN, AMMONIA	SAMPLE	N/A	N/A			N/A	N/A	(19)	0	T	
TOTAL (AS N)	MEASUREMENT			*****	*****	Ì				1/180	
00610 1 0 0	PERMIT	REPORT	REPORT	I		REPORT	REPORT	1		SEMI-	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	*****	*****	MO AVG	DAILY MAX	MG/L		ANNUAL	
COLIFORM, FECAL MF,	SAMPLE					50		(13)	0		
M-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****		*****			1/7	
31616 W 0 0	PERMIT	, , , , , , , , , , , , , , , , , , ,		1		800		Ι		ONE /	GRAB
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****	#/100ML		WEEK	
COLIFORM, FECAL MF,	SAMPLE					22	50	(13)	0		
M-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****					1/7	
31616 1 0 0	PERMIT					400	1200			ONE /	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	#/100ML		WEEK	
FLOW, IN CONDUIT OR	SAMPLE	1.558	3.060	(3)					0		
THRU TREATMENT PLANT	MEASUREMENT				*****	*****	*****	*****		7/7	
50050 1 0 0	PERMIT	2.76	6.0	1						CONTINUOS	RECORDED
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	*****			
BOD, 5-DAY PERCENT	SAMPLE				97			(23)	0		
REMOVAL	MEASUREMENT	*****	*****	*****		*****	*****	Ĺ		1/30	
81010 K 0 0	PERMIT				85					ONCE/	CALCTD
PERCENT REMOVAL	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTH	
I CERTIFY UNDER PENALTY OF LAW THAT I HE FOR OBTAINING THE INFORMATION. I BELL	VE PERSONALLY EXAMI	NED AND AM FAMILIAR	WITH THE INFORMATIO	N SUBMITTED HEREIN	: AND BASED ON MY IN	QUIRY OF THOSE INDIV	DUALS IMMEDIATELY	RESPONSIBLE			
INCLUDING THE POSSIBILITY OF FINE AND IN	IPRISONMENT. SEE 18 U	.S.C. 1001 AND 3510 S.	C. & 1319	TIE. TAWAVARE II	(Penalties under these :	statutes may include fine	s up to \$10,000 and or n	naximum imprisonment of L	between 6 months and	d 5 years.	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE		V		7			TELEPHONE			DATE	
Scott Jeffers		88		KN		(907)	586	-0393	2004	2	9
Wastewater Utilities Superintend	ent		SIGNATI/RE/OF	PRINCIPAL EXECU	TIVE	AREA					
TYPED OR PRINTED			OFFICERON	AUTHORIZED AGE	NT	CODE	PHON	E NUMBER	YEAR	MO	DAY
COMMENT AND EXPLANATION OF ANY VIC	DLATIONS			ATTACHMENTS HER						· · · · · · · · · · · · · · · · · · ·	
11			1								

AK-002321-3 PERMIT NUMBER

QUALITY OR CONCENTRATION

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

PAGE 2 OF 3

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

MAJOR (SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE

MONITORING PERIOD

то

Form Approved. OMB No. 2040-0004

NOTE: Read instructions before completing this form.

YEAR 2004

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT JUNEAU, ALASKA 99801 Coott Jeffers WW Utilitics Superintondent FACILITY: LOCATION: ATT:

AK-002321-3 PERMIT NUMBER

FROM

МО 1

DAY 1

001 A DISCHARGE NUMBER MO 1

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION							NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	98	*****	*****	(23)	0	1/30	
01011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT		ONCE/ MONTH	CALCTD
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	(28)	0	1/90	COMP 24
01119 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L		ONCE/ QUARTER	
TOXICITY, M.galloprovincialis	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	(73)	0	1/90	
TKG3P 1 0 0	PERMIT REQUIREMENT	Start 1/02	/2004 through 4/3	0/2005			REPORT MAXIMUM	TUc		ONCE/ QUARTER	COMP 24
TOXICITY, D.excentricus	SAMPLE MEASUREMENT	*****	******	*****	*****	*****	N/A	(73)	0	1/90	
TKF3N 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Start 1/02	/2004 through 4/3	0/2005			REPORT MAXIMUM	TUc		ONCE/ QUARTER	COMP 24
	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT SAMPLE										
	MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT										
I CERTIFY UNDER PENALTY OF LAW THAT I HA	REQUIREMENT	INED AND AM FAMILIAR	WITH THE INFORMATIO	N SUBMITTED HEREIN:	AND BASED ON MY IN	QUIRY OF THOSE INDIV	IDUALS IMMEDIATELY	RESPONSIBLE			
FOR OBTAINING THE INFORMATION. I BELLII	EVE THE SUBMITTED I IPRISONMENT, SEE 18 (NFORMATION IS TRUE,	ACCURATE AND COM					INFORMATION, neximum imprisonment of t	etween 6 months ar	d 5 years.	
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER	₂ X	- of 1	Pero		(907)		-0393	2004	2	9
Scott Jeffers Wastewater Utilities Superintendent			SIGNATURE OF	PRINCIPAL EXECU	TIVE	AREA		F NUMBER	YEAR	MO	DAY
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY		L		LATTACHMENTS H			1	L 14GWALIT			

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

PAGE 9 OF 9

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00434/961209 1904

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

JUNEAU, CITY AND BOROUGH OF

JUNEAU-DOUGLAS TREATMENT PLANT

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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

NAME:

ADDRESS.

FACILITY

MAJOR (SUB 01) F - FINAL Form Approved.

OMB No. 2040-0004

MO

DAY

31

DAY

00434/981209 1904

MONITORING PERIOD

то

UPSTREAM RECEIVING WATER

XXXXXXXXX *** *** NO DISCHARGE

YEAR

2003

NOTE, Read instructions b

REC1 DISCHARGE NUMBER

JUNEAU, ALASKA 99801 LOCATION: Scott Jeffers WW Utilities Superintendent ATT: NO. FREQUENCY SAMPLE QUALITY OR CONCENTRATION QUANTITY OR LOADING PARAMETER UNITS AVERAGE N/A MAXIMUM MINIMUM MAXIMUM UNITS AVERAGE 0 COLIFORM, FECAL MF, M-FC BROTH, 44.5C 1/30 ONCE/MONTH SAMPLE ***** ***** **** MEASUREMENT GRAB REPORT REPORT 31616 1 0 0 MAY-SEPT #/100ML MO AVG DAILY MAX ***** ***** EFFLUENT GROSS VALUE REQUIREMENT GRAB 2 TIMES OCT-APRIL CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SLIBMITTED HEREIN: AND BASED ON MY INQUIRTY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE.
FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE. ACCUPATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND INFRISONMENT. SEE 18 U.S.C. 1001 AND SSUBJ.C. \$119.

INFORMATIVE PERINCIPAL FXFCUTTURE OFFICER IS UNKEDIATELY EXAMINED AND AM FAMILIAR WITH THE INFORMATION, SUBMITTED HERDINA ON DADGED ON MY INQUIRTY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE TELEPHONE INCREMENT OF THOSE INFORMATION, INCLUDING THE UNIVERSAL SITE OF THOSE INFORMATION, IS TRUE. AND CONTACT AND CONTACT AND CONTACT INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. I SELLIEVE THE SUBMITTED INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. IS CONTACT INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. IS CONTACT INFORMATION. IN THE INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. IN THE INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. IN THE INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. IS CONTACT IN THE INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION. IN THE INFORMATION IS TRUE. ACCUPATE INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION IS TRUE. ACCUPATE AND CONTACT IN THE INFORMATION IS TRUE. ACCUPATE INFORMATION IS TRUE. ACCUPATE IN THE INFORMATION IN THE INFORMATION IS TRUE. ACCUPATE IN THE INFORMATION IN THE INFORMATION IS DATE DATE Scott Jeffers AREA SIGNATURE OF PRINCIPAL EXECUTIVE Wastewater Utilities Superintendent МО DAY YEAR OFFICER ON AUTHORIZED AGENT PHONE NUMBER CODE TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS PAGE 10F 1

(2-16) AK-002321-3

PERMIT NUMBER

2003

FROM

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

MO

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA REPORT

Juncau, Alaska

JANUARY 2004

EPA R	EPORT		Juncau, Alaska								JANUARY 2004						
		V	/EATHEI				INFLUE						EF	FLUENT	•		
DAY	DATE	TEMP ∘F	RAIN FALL INCHES	HIGH TIDE FEET	J-D TTL EFFL MGD	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pН	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL Coliform /100 ml
SUN	4		0.00	15.8	0.9320	700	5441						4.6	36	1		
MON	5	25	0.00	16.3	1.0090	292	2457						4.0	34			
TUE	6	25	0.00	16.8	0.9880	956	7877			10.1			6.2	51			
WED	7	19	0.26	17.1	1.0800	258	2324	880	7926	9.8	6.0	6.6			8.8	79	17.0
THU	8	27	0.09	17.3	1.1450	230	2196			9.5	7.2	8.3	6.2	59			
FRI	9	32	0.02	17.2	1.1390					9.7	7.2	6.4					
EAT	10		0.12	16.9	2.107								1				
SUN	11		0.01	16.2	1.326	250	2765						4.4	49			
MON	12	35	0.41	15.6	1.782	276	4102			10.7	7.3	9.2	6.8	101			
TUE	13	39	0.76	15.7	3.060	397	10132			10.4	6.9	6.4	7.6	194			
WED	14	47	1.31	15.7	2.969	200	4952	140	3467	9.3	6.9	6.2	19.6	485			17.0
THU	15	34	0.06	15.7	1.329	243	2693			9.7	6.8	7.0	6.0	67			
FRI	16	29	0.10	15.8	1.698					9.5	7.2	6.6					
SAT	17		0.50	16.1	1.437												
SUN	18		0.00	16.8	2.109	172	3025						7.8	137			
MON	19	34	0.00	17.7	2.238	182	3397			9.1	7.2	6.5	5.2	97			
TUE	20	40	0.58	18.5	2.510	216	4522			9.7	7.0	7.3	10.2	214			
WED	21	43	0.25	19.1	2.223	94	1733	170	3152	9.8	7.1	6.3					50
THU	22	10	0.00	19.3	2.090	85	1482			10.1	7.1	6.2	8.2	143			
FRI	23	38	0.02	19.0	1.510					10.6	7.1	6.0					
SAT	24		0.00	18.1	1.199												
SUN	25		0.01	17.2	1.176	213	2089						4.4	43			
MON	26	4	0.01	16.7	1.193	179	1781			7.5	7.3	8.8	2.8	28			·
TUE	27	8	0.01	16.0	1.153	343	3298			6.8	7.3	6.5	3.6	35			
WED	28	10	0.01	15.2	1.171	245	2393	180	1758	7.9	7.5	6.9	7.0	68			2
THU	29	16	0.01	14.4	1.054	188	1653			7.8	7.5	6.6	6.8	60			
FRI	30	21	0.04	13.8	0.973					8.9	7.4	7.5		- 50			
SAT	31		0.01	13.6	0.948												
TO	ΓAL		4.59		43.628												
MAXI	MUM	47	1.31	19.3	3.060	956	10132	880	7926	10.7	7.5	9.2	19.6	485	9	79	50
MINI	MUM	4	0.00	13.6	0.932	.85	1482	140	1758	6.8	6.0	5.9	2.8	28	9	79	2
AVEF	RAGE	27	0.16	16.6	1.558	286	3516	343	4076	9.3	7.1	6.9	6.7	106	9	79	22

COMMENTS:

% REM	IOVAL
B.O.D.	97.4
S.S.	97.6

Соррег	N/A	ug/L
NH3	N/A	mg/L
NH3	N/A	lbs

Weekly TSS,BOD	Т	TSS BOD								
Aver.	mg/l	lbs	mg/t	lbs	Geo. Mean					
WEEK1	5	45	9	79	17					
WEEK2	9	179			17					
WEEK3	8	148			50					
WEEK4	5	47			2					
Max	9	179	9	79	50					