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

ADDRESS:

MAJOR Form Approved.
(SUB 01) OMB No. 2040-0004
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form. JUNEAU, CITY AND BOROUGH OF 001 A DISCHARGE NUMBER AK-002321-3 155 SOUTH SEWARD, PERMIT NUMBER JUNEAU, ALASKA 99801 JUNEAU-DOUGLAS TREATMENT PLANT MONITORING PERIOD

FACILITY:	JUNEAU, ALASKA ! JUNEAU-DOUGL		MONITORING PERIOD								
LOCATION:	JUNEAU, ALASKA	EAU, ALASKA 99801			YR MO		DAY		YEAR	MO	DAY
ATT:	Scott Jeffers WW L	FROM	2005	3	11	TO	2005	3	31		
PARAMETER		QUANTITY O	R LOADING	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG, CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.9	(04)	0	5/7	
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MAX	DEG. C		WEEK DAYS	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.3	*****	6.6	(19)	0	1/7	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0 DAILY MIN.	*****	17.0 DAILY MAX	MG/L		ONCE/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	109.0	*****	(19)	0	1/30	
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	132.1	*****	(26)	*****	9.1	*****	(19)	0	1/30	
00310 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	****	MG/L		ONCE/ MONTH	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	132.1	132.1	(26)	*****	9.1	9.1	(19)	0	1/30	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
рН	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.3	(12)	0	5/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	****	*****	****	*****	190	****	(19)	0	1/30	
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L		ONCE/ MONTH	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent	I certify under penalty of law that this document and all attachments w prepared under my direction or supervision in accordance with the syst to assure that the qualified personnel properly gather and evaluate the in			tem designed information the system, information d complete.	, Sa	m Selle	ellero		907 AREA CODE	TELEPHONE 586-0393 PHONE NUM DATE	
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY	I am aware that there are including the possibility	significant penalties fo of fine and imprisonme	or submitting false infor ent for knowing violatio (Reference all att	mation, ns.		TURE OF PRINCIP ICER OR AUTHOR			2005 YEAR	4 MO	8 DAY

The reporting period was from 02/27/2005 through 04/02/2005. On March 3/24/2005 no effluent test results due to lab error, test invalid.

EPA Form 3220-1 (03-09) Previous additions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904

PAGE 1 OF 3

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) JUNEAU, CITY AND BOROUGH OF NAME: ADDRESS:

FACILITY:

JUNEAU, ALASKA 99801
JUNEAU, ALASKA 99801
JUNEAU-DOUGLAS TREATMENT PLANT
JUNEAU, ALASKA 99801 MONITORING PERIOD
DAY YE

AK-002321-3

PERMIT NUMBER

LOCATION:	Juneau, Alaska	99801		1 [YR	MO	DAY		YEAR	MO	DAY
ATT:	Scott Jeffers WW U	FROM	2005	3	1] TO	2005	3	31		
PARAMETER			QUA	ALITY OR CONCEN	TRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	540.6	*****	(26)	*****	33.6	*****	(19)	0	5/7	
00530 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1035 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MĜ/L		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	324.0	815.7	(26)	*****	24.7	41.2	(19)	0	5/7	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	690 MO AVG	1380 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		ONCE/ MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(19)	0	1/180	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		SEMI- ANNUAL	COMP 24
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	1/90	
01119 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	***	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ QUARTER	GRAB
TOXICITY M.galloprovinciallis	SAMPLE MEASUREMENT	*****	*****	****	*****	NEOC TU's= IC25 TU's=	N/A N/A	(2F)	0	1/90	
TKG3P 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ACCUTE TOXICITY		ONCE/ QUARTER	COMP 24
TOXICITY S.purpuratus or D.excentricus	SAMPLE MEASUREMENT	*****	*****	****	*****	NEOC TU's= IC25 TU's=	N/A N/A	(2F)	0	1/90	
TKF3N 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	ACCUTE TOXICITY	5.00	ONCE/ QUARTER	COMP 24
COLIFORM, FECAL MF M-FC BROTH, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	*****	40	*****	(13)	0	1/7	
31616 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/ ML100		ONCE/ WEEK	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT Jeffers Wastewater Utilities Superintendent	I certify under penalty of prepared under my direct to assure that the qualifisubmitted. Based on my or those persons directly submitted is, to the best	ection or supervision in ied personnel properly inquiry of the person of y responsible for gather of my knowledge and	accordance with the sy gather and evaluate the or persons who managering the information, the belief, true, accurate, a	ystem designed e information e the system, le information and complete.	, G -	wolks			907 AREA CODE	586-0393 PHONE NUI	
TYPED OR PRINTED	I am aware that there ar including the possibility	e significant penalties of fine and imprisonm	for submitting false infi ent for knowing violati (Reference all att	ions.	OF	ATURE OF PRINCI FFICER OR AUTHO			2005 YEAR	4 MO	8 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 02/27/2005 through 04/02/2005. On March 3/24/2005 no effluent test results due to lab error, test invalid.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904

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

PAGE 2 OF 3

NAME:

JUNEAU, CITY AND BOROUGH OF

AK-002321-3

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

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

REFLUENT GROSS VALUE REQUIREMENT ****** ***** ***** ***** ***** ****	ADDRESS:	155 SOUTH SEWARD		PERMIT NUMBER					DISCHARGE NUMBER			
DUTION JUNEAU ALSKA 9801 FROM 2005 3 1 TO 2005 3 3 3 3 3 3 3 3 3 3				N ANT				MONTE	ODING D	EDIOD		
ATT: Scott Jeffers WW Utilities Superintendent FROM 2005 3 1 TO 2005 3 TO 2005 3 3 1 TO 2005 3 T				LANI		YR	MO		OKTING P		MO	DAY
PARAMETER QUANTITY OR LOADING AVERAGE MAXIMUM AVERAGE A		•		ient	FROM			1	то	2005	3	31
COLIFORM, FECAL MF M-FC BROTH, 44.5 C 31916 1 0 0 FERENTT REQUIREMENT ****** ***** ***** ***** ***** ****						QUAL	ITY OR CONCEN	TRATION		NO.		
### SAMPLE MASUREMENT ##### ##### ##### ###### ######		$\mid \times \mid$	AVEDACE	MAYIMIM	LINITE	MINIMUM	AVEDAGE	MAYTMIM	LINTES	EX	OF ANALYSIS	TYPE
MESUREMENT ###### ###### ###### ####### ######	COLIECDIM EECAL ME	SAMDI F	AVERAGE	PIAAIPIOPI	UNITS	PILINIPION				0	-	
PERMIT		1 .	*****	*****	****	*****		40	(13)	1	1/7	
REFULIUN GONODUIT, OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT REMOVAL BIO10 K 0 0 PERCENT REMOVAL BOLISS, SUSPENDED REQUIREMENT SAMPLE MASUREMENT WASHEN WASHENENT REMOVAL BOD, 5-DAY PERCENT REMOVAL REAUREMENT REMOVAL REAUREMENT REMOVAL REAUREMENT REMOVAL REAUREMENT REMOVAL REAUREMENT REMOVAL REAUREMENT REMOVAL REMOV	•						400	1200	#/			COMP 24
THRU TREATMENT PLANT 50050 1 0 0 FERNIT 2.76 6.0 REQUIREMENT MO AVG DAILY MAX MGD ******* ****** ****** ****** ***** CONTINUOS GRAB BOD, 5-DAY PERCENT REMOVAL BOD, 5-DAY PERCENT REMOVAL MEASUREMENT ***** ***** ***** REMOVAL MEASUREMENT ***** ***** ***** REMOVAL REQUIREMENT ****** ***** REMOVAL REQUIREMENT ****** ***** REMOVAL MASSIBLE REQUIREMENT ****** ***** REMOVAL REQUIREMENT ****** ***** REMOVAL MASSIBLE REQUIREMENT ****** ***** REMOVAL MONTH RESULTING REPORT REPORT REPORT REPORT REPORT REPORT REPORT REMOVAL REMOVAL REMOVAL REMOVAL REMOVAL REPORT REMOVAL REMOVA	EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****		Control of the Contro			WEEK	
FERMIT 2.76 6.0 PERMIT 2.76 6.0 REQUIREMENT MO AVG DAILY MAX MGD ******* ****** ****** ****** ****** ****	FLOW, IN CONDUIT, OR	SAMPLE	1.3538	2.3740	(03)					0		
REFUENT GROSS VALUE REQUIREMENT SAMPLE MEASUREMENT ****** ***** ***** ***** ***** ****	THRU TREATMENT PLANT	MEASUREMENT			, ,	*****	*****	*****	****		7/7	
BOD, 5-DAY PERCENT REMOVAL BIOLO K 0 0 PERCENT REMOVAL SOLIDS, SUSPENDED PERCENT REMOVAL BIOLI K 0 0 PERCENT REMOV	50050 1 0 0	PERMIT	2.76	6.0							CONTINUOS	GRAB
REMOVAL 81010 K 0 0 PERRIT 85 MIN. 96 REQUIREMENT 85 MIN. 96 REPORT 85 MIN. 96 REPORT 86 MIN. 96 REPORT 86 MIN. 96 REPORT 86 MIN. 96 REPORT 87.0 87.0 87.0 87.0 87.0 88 MIN. 96 REPORT 86 MIN. 96 REPORT 86 MIN. 96 REPORT 96 MONTH 87.0 1/30 1/30 1/30 1/30 1/30 1/30 1/30 1/3	EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	****			
REMOVAL PERCENT REMOVAL REQUIREMENT ******* ***** ***** ***** ***** ****	BOD, 5-DAY PERCENT	SAMPLE				91.7		:	(23)	0		
PERCENT REMOVAL SOLIDS, SUSPENDED SAMPLE MEASUREMENT ****** ***** ***** ***** ***** ****	REMOVAL	MEASUREMENT	*****	*****	****		*****	*****			1/30	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL 87011 K 0 0 PERCENT REMOVAL 87011 K 0 0 PERCENT REMOVAL 887.0 ****** 887.0 ****** **** 887.0 ****** **** **** **** **** **** ****	81010 K 0 0				-	Conversion Contract C	Parties of the second		%			COMP 24
PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL MEASUREMENT ***** ***** ***** ***** ***** ****	PERCENT REMOVAL	REQUIREMENT	*****	*****	****	REMOVAL	*****	*****	PERCENT		MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly wather and evaluate the information submitted. Based on my montry of the person or persons who manufacture, the information submitted is as to the best of my incorporation than the complete of the person or persons who manufacture the information submitted. Based on my montry of the person or persons who manufacture the information submitted. Based on my montry of the person or persons who manufacture the system designed to assure that the qualified personnel properly wather and evaluate the information submitted. Based on my montry of the person or persons who manufacture the system designed to assure that the qualified personnel properly wather and evaluate the information submitted is not better of my considered and being from accurate and complete.	SOLIDS, SUSPENDED	SAMPLE				87.0			(23)	0		
PERCENT REMOVAL REQUIREMENT ***** **** REMOVAL ******* DAILY MAX PERCENT MONTH Percent Percent Perce	PERCENT REMOVAL	MEASUREMENT	*****	*****	****		*****		l			Ĺ
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Scott Jeffers Wastewater Utilities Superintendent to assure that the qualified personnel property asther and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for pathering the information, the information submitted is not the best of my knowledge and belief time.	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	law that this docume	ent and all attachments	were		^ l	To a supplied supplied to	1			
Wastewater Utilities Superintendent 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.	Scott loffore	to accure that the qualified	i nersonnel properly	pather and evaluate the	information	0	011			907 AREA	586-0393	*****
Isothemitted is to the best of my knowledge and belief, true, accurate, and complete.	Wastewater Utilities Superintendent	submitted. Based on my	nquiry of the person	or persons who manage	the system,	1 Pex	KON 181	A CONTRACTOR OF THE PARTY OF TH				1BER
I am aware that there are significant penalties for submitting false information. SIGNATURE OF/PRINCIPAL EXECUTIVE 2005 4 8		submitted is, to the best of r	ny knowledge and bel	ief, true, accurate, and cor	mplete.		7] [[]				PAIE	_
TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT YEAR MO DAY	TOPED OR POTATED				ion,					2005 YEAR	4 MO	8 DAY
TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT YEAR MO DAY COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			inie and miprisonmen		chments hor		ACEN ON AUTHO	MALU AGENT		I III	1 110	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from 02/27/2005 through 04/02/2005. On March 3/24/2005 no effluent test results due to lab error, test invalid.

EPA Form 3320-1 (09-00) Provious editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904

PAGE 3 OF 3

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

MAJOR (SUB 01) F - FINAL

Form Approved.
OMB No. 2040-0004

EFFLUENT

*** NO DISCHARGE XXXXX ***
NOTE: Read instructions before completing this form.

REC-1 AK-002321-3 JUNEAU, CITY AND BOROUGH OF NAME: DISCHARGE NUMBER PERMIT NUMBER ADDRESS: 155 SOUTH SEWARD. JUNEAU, ALASKA 99801 MONITORING PERIOD FACILITY: JUNEAU-DOUGLAS TREATMENT PLANT MO DAY МО YFAR LOCATION: JUNEAU, ALASKA 99801 31 TO 2005 3 FROM 2005 Scott Jeffers WW Utilities Superintendent ATT: FREQUENCY OF ANALYSIS SAMPLE TYPE QUALITY OR CONCENTRATION PARAMETER QUANTITY OR LOADING NO. EX MINIMUM AVERAGE MUMIXAM UNITS AVERAGE MAXIMUM UNITS 0 (13)COLIFORM, FECAL MF SAMPLE 1/30 ***** ***** N/A MEASUREMENT M-FC BROTH, 44.5 C ONCE/MO GRAB REPORT #/ 31616 1 0 0 PERMIT ***** ***** DAILY MAX ML100 MAY-OCT ***** **** ***** EFFLUENT GROSS VALUE REQUIREMENT AND SAMPLE ***** ***** ***** *** 1/180 ***** ***** MEASUREMENT 2 TIMES PERMIT ***** ***** ***** **** NOV- APR ***** REQUIREMENT SAMPLE ***** ***** **** ***** MEASUREMENT ***** PERMIT **** ***** ***** ***** **** ***** REQUIREMENT SAMPLE ***** ***** ***** *** ***** MEASUREMENT PERMIT **** ***** **** **** ***** REQUIREMENT SAMPLE ***** ***** ***** **** ***** MEASUREMENT PERMIT ***** ***** **** ***** **** ***** REQUIREMENT ***** ***** **** ***** **** MEASUREMENT PERMIT ***** ***** ***** **** REQUIREMENT SAMPLE **** ***** **** ***** ***** MEASUREMENT PERMIT **** REQUIREMENT I certify under penalty of law that this document and all attachments were TELEPHONE 586-0393 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penaity of law that this document and an attacaments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted Based on my induity 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, 907 ARFA Scott Jeffers Wastewater Utilities Superintendent CODE PHONE NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

The reporting period was from 02/27/2005 through 04/02/2005. On March 3/24/2005 no effluent test results due to lab error, test invalid.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904

PAGE 1 OF 1

JUNEAU-DOUGLAS WASTEWATER TREATMENT FACILITY

EPA R	EPORT			00.12	AU-DO			au, Alas							March				
		M	/EATHER	₹		- 11	NFLUEN	T						E	FFLUE	NT .			
DAY	DATE	TEMP °F	RAIN FAI1 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	рН	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL Coliform /100 ml	Ammonia as N mg/i 1/180 days	Ammonia as N lbs/day 1/180 days
SUN	27	40	0.01	17.0	1.7520								33.0	482.2					
MON	28	39	0.56	16.9	2.3070					10.2	7.0	5.6	38.5	740.8					
TUE	1	40	0.21	16.6	1.7910					9.8	7.3	5.3	29.5	440.6					
WED	2	42	0.16	16.1	1.7410	190	2759	109	1583	10.1	7.0	5.2	18.4	267.2	9	132			
THU	3	39	0.12	15.3	1.9860				_	9.8	7.2	6.3	26.4	437.3			40		
FRI	4	39	0.44	14.5	1.9390					11.9	7.1	6.0							ļ
SAT	5	41	0.04	14.3	1,2020														
SUN	6	38	0.21	15.0	1.4440								22.6	272.2					ļ
MON	7	39	0.08	16.3	1.4900					9.9	7.1	5.1	31.6	392.7					
TUE	8	42	0.29	17.6	1.7150					9.8	7.1	4.7	35.0	500.6					
WED	9	42	0.33	18.5	2.2930					9.4	7.0	5.6	37.8	721.9			3		ļ
THU	10	40	0.83	18.8	2.3740					9.3	7.0	5.2	41.2	815.7		,			
FRI	11	41	0.20	18.9	1.5220					9.0	7.1	5.8							
SAT	12	42	0.07	19.0	1.3590														
SUN	13	43	0.01	18.6	1.2640								17.4	183.4					ļ
MON	14	39	0.00	17.7	1.1700					10.1	7.0	5.6	10.0	97.6			<u> </u>		
TUE	15	36	0,00	16.5	1.0390					9.7	7.1	5.6	12.6	109.2			1		
WED	16	34	0.00	15.1	0.9710					9.8	7.1	5.2	11.8	95.6			10		
THU	17	34	0.00	13.7	0.8770					7.9	7.1	5.9	12.2	89.2					
FRI	18	33	0.00	12.5	0.8280					10.0	7.1	5.1					ļ		
SAT	19	29	0.00	12.1	0.8390											ļ			
SUN	20	27	0.00	12.6	0.8940								19.3	143.5					ļ
MON	21	32	0.00	13.6	0.8440					10.3	7.2	4.9	15.2	107.0					
TUE	22	40	0.01	14.7	0.9510					10.7	7.1	4.2	20.4	161.8					<u> </u>
WED	23	35	0.00	15.6	0.9180					10.6	7.1	3.3	22.0	168.4			13		
THU	24	34	0.00	16.2	0.9580					10.3	7.0	4.0						<u> </u>	
FRI	25	35	0.00	16.6	0.8710					10.8	7.0	4.5	ļ						
SAT	26	43	0.01	17.2	1.1720												ļ		
SUN	27	40	0.15	17.7	1.2540								22.5	234.8			.		
MON	28	35	0.22	17.8	1.2800					10.4	7.0	3.9	24.6	262.6					
TUE	29	37	0.18	17.6	1.0590					10.0	7.0	4.8	28.0	247.3			ļ		
WED	30	38	0.05	17.1	1.6030					10.0	7.0	6.6	30,5	407.8			3		
THU	31	39	0.46	16.2	1.5150					9.8	7.0	5.0	31.4	396./			ļ	ļ	
FRI	1	34	0.01	15.1	1.0520					10.0	6.8	4.6					<u> </u>	ļ	
SAT	2	37	0.12	14.1	1.1080														
) TAL		4.77	-	47.3820	90		10 T		=		18	: E	and the second					150,050
MA	A STATE OF THE PARTY OF THE PAR	43	0.83	19.00	2.3740	190	2759	109	1583	11.9	7.3	6.6	41.2	815.7	9.1	132.1			
	VIMUM -	27		12.10	0.8280	190	2759	109	1583	7.9	6.8	3.3	10.0	89.2	9.1	132.1			
	RAGE	38		16.09	1.3538	190	2759	109	1583	10.0	7.1	5.1	24.7	324.0	9.1	132.1	9		

COMMENTS:

OVAL
91.7
87.0

		(2)
Copper	N/A	ug/L
NH3	N/A	mg/L
NH3	N/A	IDS

	100		Weekly			
150			55 800		55	
er	N/A	ug/L	Aver	mg/l	lbs	mg/l
	N/A	mg/L	WEEK1	29.2	473.6	9.1
	N/A	IDS	WEEK2	33.6	540.6	
			WEEK3	12.8	115.0	
			WEEK4	19.2	145.2	
			WEEK5	27.4	0.600	

AVG 24.4 316.8

540.6

9.1

9 10

14

132.1

132.1

50 M	
IOX. IUc	N/A