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

NAME: JUNEAU, CITY AND BOROUGH OF ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD,

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

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

ADDRESS:	MENDENUAL TOE						NOIE: Read	instructio	ons before co	mpleting this f	form.
ADDRESS:	MENDENHALL TREA)2295-1	_			00)1 A
	155 SOUTH SEWAR JUNEAU, ALASKA 9				PERMI	T NUMBER				DISCHAR	ge number
FACILITY:	MENDENHALL VA		ARFA				MONT	ORING F	rnion		
LOCATION:	JUNEAU, ALASKA		AINER .		YR	МО	DAY	UKING F	YEAR	MO	DAY
ATT:	Scott Jeffers WW U	tilities Superinten	dent	FROM	2005	1	1	то	2005	1	31
PARAMETER		QUANTITY O	R LOADING		QUA	LITY OR CONCEN	TRATION		NO.	FREQUENCY	SAMPLE
	\rightarrow								EX	OF ANALYSIS	TYPE
TEMPERATURE, WATER	SAMPLE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DEG, CENTIGRADE	MEASUREMENT	*****	*****	****	*****	10.8	11.5	(04)	. 0		
00010 1 0 0	0.000.000.000.000.000.000.000.000.000	*****	******	****	*****					5/7	
EFFLUENT GROSS VALUE	PERMIT REOUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEK	GRAB
BOD. 5-DAY	CONTRACTOR OF THE PROPERTY OF	2000 AND 100 A			*****	MO AVG	DAILY MAX	DEG. C		DAYS	
/	SAMPLE	4464	5375	(26)	ļ	236.0	297.0	(19)	0		
(20 DEG. C) 00310 G 0 0	MFASURFMENT	er men	+ 6000000000000000000000000000000000000		*****			j		1/7	
RAW SEW/INFLUENT	PERMIT	REPORT	REPORT			REPORT	REPORT			WEEKLY	COMP 24
BOD, 5-DAY	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
1	SAMPLE	435		(26)		22.7		(19)	0		i
(20 DEG. C)	MEASUREMENT	583002	*****		*****		*****] [1/7	
00310 W 0 0	PERMIT	1839				45	11.0			WEEKLY	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L			
BOD, 5-DAY	SAMPLE	351	435	(26)	Ī	18.5	22.7	(19)	0		
(20 DEG. C)	MEASUREMENT				*****] [1//	
00310 1 0 0	PERMIT	1226	2452			30	60			WEEKLY	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
рН	SAMPLE				6.5		6.8	(12)	0		
	MEASUREMENT	*****	*****	****		*****				5/7	
00400 1 0 0	PERMIT	200 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			6.5		8.5			WEEK	GRAD
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	MIN.	*****	MAXIMUM	SU		DAYS	
ALKALINITY, BICARBONATE	SAMPLE		1			140.0	140.0	(19)	0		
as CaCO3	MEASUREMENT	******	****	****	*****					1/30	
00425 1 0 0	PERMIT	(4)	and the second			REPORT	REPORT	80		ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MAX	MG/L		MONTH	
SOLIDS, TOTAL	SAMPLE	3590	4335	(26)		189	226	(19)	0		
SUSPENDED	MEASUREMENT				*****		-	.		1/7	
00530 G 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT			WEEKLY	COMP 24
RAW SEW/INFLUENT	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of I	law that this documer	t and all attachments v	were		• • • • • • • • • • • • • • • • • • • •				TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent	prepared under my direct to assure that the qualified	personnel properly	ather and evaluate the	information	8 .	$\mathcal{N}H$.		-	907 AREA	586-0393	
Trascerator Ounces Subernitendent	submitted. Based on my ir or those persons directly r	esponsible for gather	ing the information, the	information	() E ()	ON MO	-		CODE	PHONE NUM DATE	BER
	submitted is, to the best of I am aware that there are s	f my knowledge and b	pelief, true, accurate, an	nd complete.	STONA	TURE OF PRINCIP	AL EYECUTDO		2005	- 1	
TYPED OR PRINTED	including the possibility of	f fine and imprisonme	ent for knowing violation	ons.	OFF	ICER OR AUTHOR	RIZED AGENT	h	2005 YEAR	MO	DAY
COMMENT AND EXPLANATION OF ANY	/ VIOLATIONS		(Reference all atta	chments here)			-			
* Concerning violations-pleas	se see attached.	The reporting r	period was from	01/01/2	005 through (01/31/2005					

* Concerning violations-please see attached. The reporting period was from 01/01/2005 through 01/31/2005. 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 4

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

MAJOR Form Approved.
(SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires 05-31-98
EFFLUENT
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

001 A

NAME: JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801 ADDRESS: FACILITY: LOCATION:

001 A DISCHARGE NUMBER AK-002295-1 PERMIT NUMBER MONITORING PERIOD МО DAY MO

ATT:	Scott Jeffers WW U	tilities Superintend	dent	FROM	2005	1	1	то	2005	1	31
PARAMETER		QUANTITY O	R LOADING		QUA	LITY OR CONCENT	FRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALTSIS	ITPE
SOLIDS, TOTAL	SAMPLE	627		(26)		32.4		(19)	U		
SUSPENDED	MEASUREMENT		*****		*****	1	*****			1/7	
00530 G 0 0	PERMIT	1839				45			ay in the second	WEEKLY	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L			
SOLIDS, TOTAL	SAMPLE	486.5	626.9	(26)		25.7	32.4	(19)	0		
SUSPENDED	MEASUREMENT				*****	İ				1/7	
00530 G 0 0	PERMIT	1226	2452			30	60			WEEKLY	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
NITROGEN AMMONIA	SAMPLE	348.3	348.3	(26)		18.0	18.0	(19)	0		
TOTAL (as N)	MEASUREMENT				*****					1/30	
00610 1 0 0	PERMIT	1079	1622			26.4	39.7			ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH	
SILVER	SAMPLE	0.025	0.025	(26)		1.27	1.27	(28)	1		
TOTAL RECOVERABLE	MEASUREMENT				***					1/30	
01079 1 0 0	PERMIT	0.036	0.072		The second	.87	1.75	Close		ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L		MONTH	
ZINC	SAMPLE	0.54	0.54	(26)		27.7	27.7	(28)	0		appearance of the contrast of
TOTAL RECOVERABLE	MEASUREMENT				*****					1/30	
01094 1 0 0	PERMIT	2.92	6.09			71.4	149.0		. 10431-1476	ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L		MONTH	
LEAD	SAMPLE	0.007	0.007	(26)		0.36	0.36	(28)	0		
TOTAL RECOVERABLE	MEASUREMENT				*****			' '		1/30	
01114 1 0 0	PERMIT	0.225	0.450		lista sa bilindi.	5.5	11.0			ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L		MONTH	
COPPER	SAMPLE	0.304	0.304	(26)		15.7	15.7	(28)	1		
TOTAL RECOVERABLE	MEASUREMENT				*****					1/30	
01119 1 0 0	PERMIT	0.342	0,858			8.36	20.1	8		ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L		MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of									TELEPHONE	
cott Jeffers	prepared under my direct to assure that the qualified				()	\bigcirc ///		F	907 AREA	586-0393	
Vastewater Utilities Superintendent	submitted. Based on my i	nquiry of the person o	or persons who manage	the system,	J-5-1	A-18///e/)	American	L	CODE	PHONE NUM	1BER
	or those persons directly is submitted is, to the best of					7 J// 1		-		DATE	I
	I am aware that there are	significant penalties fo	or submitting false info	ormation,	SIGNA	ATURE OF PRINCIP	AL EXECUTIVE		2005	2	10
TYPED OR PRINTED	including the possibility of	f fine and imprisonme	ent for knowing violati	ons.	OF	FICER OR AUTHOR	RIZED AGENT	Г	YEAR	MO	DAY

* Concerning violations-please see attached. The reporting period was from 01/01/2005 through 01/31/2005.

EPA Form 3320-1 (03-98) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 2 OF 4

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

NAME: JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 ADDRESS:

FACILITY:

LOCATION:

MAJOR Form Approved.
(SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires U5-31-98
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form. AK-002295-1 001 A DISCHARGE NUMBER PERMIT NUMBER

MONITORING PERIOD

LOCATION:	JUNEAU, ALASKA			1	YR	MO	DAY		YEAR	MO	DAY
ATT:	Scott Jeffers WW U	tilities Superinten	dent	FROM	2005	1	1	то	2005	1	31
PARAMETER		QUANTITY O	R LOADING		QUA	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	OF PHARIOIS	1175
FECAL COLIFORM MF,	SAMPLE					126.3		(13)	0		
M-FC BROTH 44.5C	MEASUREMENT	*****	*****	****	*****		*****			3/7	
31616 W 0 0 SEE COMMENTS BELOW	PERMIT	*****				400				THREE TIMES/	GRAB
	REQUIREMENT	******	*****	****	*****	WKLY GEO	*****	#/100ML	en esta località de se	WEEK	
FECAL COLIFORM MF,	SAMPLE					62.2	480.0	(13)	1		
M-FC BROTH 44.5C	MEASUREMENT	*****	*****	****	*****					3/7	
31616 1 0 0	PERMIT					200	400			THREE TIMES/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY GEO	#/100ML		WEEK	
FLOW IN CONDUIT OR	SAMPLE	2.29	2.63	(03)					0		
THROUGH TREATMENT PLANT	MEASUREMENT				*****	*****	*****	****		7/7	
50050 P 0 0	PERMIT	REPORT	REPORT							CONTINUOSLY	RECORDED
SEE COMMENTS BELOW	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	****			a, alem
EFFLUENT DILUTION	SAMPLE				398.7			(23)	0	200000	SHIRING TRUTHUM KINSH SCOTT KINS
RATIO	MEASUREMENT	****	*****	****		*****	*****			7/7	ŀ
78480 1 0 0	PERMIT				10		1112		Large to	DAILY	CALCULATEL
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	MINUMUM	*****	*****	PERCENT			
BOD, 5-DAY PERCENT	SAMPLE				92.2			(23)	0	2000 100 100 100 100 100 100 100 100 100	ECONOMIC POLICE AND
REMOVAL	MEASUREMENT	*****	*****	****	1	*****	*****			1/30	
81010 K 0 0	PERMIT				85	17.22				ONCE/	CALCULATED
PERCENT REMOVAL	REQUIREMENT	*****	*****	****	MIN % REMOVAL	*****	*****	PERCENT		MONTH	
SOLIDS, SUSPENDED	SAMPLE				86.4			(23)	0		kesbox.utnicientiji iki jenistili
PERCENT REMOVAL	MEASUREMENT	*****	*****	****		*****	*****	` '	ļ	1/30	
81011 K 0 0	PERMIT	Santa E.	Trough All Co.		85	- 400	1.77			ONCE/	CALCULATED
PERCENT REMOVAL	REQUIREMENT	*****	*****	****	MIN % REMOVAL	*****	*****	PERCENT		MONTH	
FÜRBIDITY, LAB	SAMPLE					19.5	24.9	(43)	0		# 10 E W. 10 E
NTU	MEASUREMENT	*****	*****	****	*****					5/7	
82079 1 0 0	PERMIT	Suppose and the second	425		The state of	REPORT	REPORT		Nation of	WEEK	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MAX	NTU		DAYS	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of I prepared under my direct	aw that this documen	t and all attachments w	vere		••			A STATE OF THE STA	TELEPHONE	08808400000000000000000000000000000000
cott Jeffers	to assure that the qualified	personnel property of	ather and evaluate the i	information	0 (\		-	907 AREA	586-0393	
	submitted. Based on my in or those persons directly r	arnoncible for eatheri		1-6	Asset	SP// lan -		-	CODE	PHONE NUM	BER
	submitted is, to the best of I am aware that there are s	my knowledge and b	elief, true, accurate an	d complete d	~ 	Je jeu				DATE	
TYPED OR PRINTED	including the possibility of	fine and imprisonme	nt for knowing violation	mation, ons.	SIGNA	TURE OF PRINCIP ICER OR AUTHOR	AL EXECUTIVE	-	2005 YEAR		10 DAY
COMMENT AND EXPLANATION OF ANY			(Reference all atta			V			I LAIS	PIO[UAT
* Concerning violations-please see	e attached. The re	porting period	was from ()1/()1	/2005 thro	Juah 01/31/200	15					
PA Form 3320-1 (03-99) Previous editions may	be used.		(REPLACES EPA FORM					00434/9812	200 1004		PAGE 3 OF 4

PAGE 3 OF 4

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

MAJOR (SUB 01) F - FINAL EFFLUENT

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

*** NO DISCHARGE

ISCHARGE ***

NAME: JUNEAU, CITY AND BOROUGH OF NOTE: Read instructions before completing this form. ADDRESS: MENDENHALL TREATMENT PLANT AK-002295-1 001 A 155 SOUTH SEWARD, PERMIT NUMBER DISCHARGE NUMBER JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA FACILITY: MONITORING PERIOD LOCATION: JUNEAU, ALASKA 99801 YR МО DAY MO DAY ATT: Scott Jeffers WW Utilities Superintendent FROM 2005 1 1 TO 2005 1 31 PARAMETER **OUANTITY OR LOADING** QUALITY OR CONCENTRATION FREQUENCY OF ANALYSIS SAMPLE TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM HATTS HARDNESS SAMPLE 76.8 76.8 (19) 0 as CaCO3 MEASUREMENT ***** ***** **** 1/30 82394 1 0 0 PERMIT REPORT REPORT ONCE/ GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **** MO AVG DAILY MAX MG/L MONTH DISSOLVED OXYGEN SAMPLE 0.6 2.5 7.5 (19)0 MEASUREMENT 1/90 00300 PERMIT REPORT REPORT REPORT ONCE/ EFFLUENT GROSS VALUE REQUIREMENT MINIMUM MO AVG DAILY MAX MG/L QUARTER TOXICITY. SAMPLE n/a (73)0 CERIODAPHNIA CHRONIC MEASUREMENT ***** ***** 1/182 61406 1035 PERMIT 10.0 TWICE/ ***** ***** **EFFLUENT GROSS VALUE** REQUIREMENT WKLY AVG **** ***** MUMIXAM TUC YEAR SAMPLE MEASUREMENT PERMIT REQUIREMENT ***** ***** ***** SAMPLE MEASUREMENT ***** ***** **** ***** ***** ***** REQUIREMENT SAMPLE ***** ***** MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT ***** ***** **** ***** ***** ***** PERMIT REQUIREMENT 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 eather 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 PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent PHONE NUMBER DATE CODE SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* Concerning violations-please see attached. The reporting period was from 01/01/2005 through 01/31/2005.

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

00434/981209 1904

PAGE 4 OF 4

PA R	EPORT			(Ţ				Junea	au, Alas	ka								Jar	nuary	2005
ولعبيت	ولجمنية	WEA	ALEXAN TO THE REAL PROPERTY.			FLOW	T		1		and the same of	INFLUE	NT							EFFLU	ENT				MISC
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TTL EFFL MGD	Receiving Water Ollution	SBR WASTE MGD	TEMP.	ρH	D.O.	s.s. mg/L	ES.S.	BLO.D. ma/L	BIO.D.	TEMP °C	рH	D,O mg/L	MAX MAX	e.s. mg/L	6.6. LBS	0.0.0	5.0.D. LBS	FEGAL COLIFORM	
SUN	2	17	0.00	2.50	2617	2.50	677.2 /1	0.0628				238.5						11000		· · · › Ingra	LDO	mg/L	- БРО	/100 ml	READI
MON	3	26	0.00	2.33	2408	2.33	668.6 /1	0.0663	9.7	6.9	4.9					10.8	6.6	7.4	14.0				 		
TUE	4	31	0.03	2.32	2218	2.32	618.6 /1	0.0596	11.2	6.7	5.5	151	2922	192	3715	10.9	6.6	7.5	16.0	17.0	328.9	14.5	280.6	16	-
WED	5	33	0.10	2,36	2136	2.38	585.7 /1	0.0681	11.3	7.7	5.2					11.4	6.6	2.0	15.6		920.0	14.5	200.0	100	
THU	6	22	0.13	2.36	2056	2.36	563.8 /1	0.0563	11.3	6.9	5.3					10.8	6,5	2.0	17.4					480	
FRI	7	22	0.00	2,33	1898	2.33	527.2 /1	0.0698	12.0	6.8	5.3					11.1	6.5	1,4	23.8			-	 	400	+
SAT	8	29	0.00	2.40	1854	2.40	500.0 /1	0.0752											20.0						+
SUN	9	23	0.00	2.41	1843	2.41	495.0 /1	0.0719															 		
MON	10	24	0.12	2.22	1833	2.22	534.4 /1	0.0709	10.7	6.9	4.9					11.1	6,6	2.7	23.6			ļ	 		+
IUE	11		0.00	2.32	1767	2.32	493.0 /1	0.0687	9.5	6.8	5.6	195	3773	220	4257	10.5	6,6	1.5	21.5	32.4	626.9	17.1	330.9	74	
WED	12	3	0.00	2.60	1789	2.60	445.5 /1	0.0711	10.7	6.7	5.4				`	9.8	6.6	1.5	20.8		020.0		000,0	237	
THU	13	10	0,00	2.63	1789	2.63	440.4 /1	0.0859	10,5	6.8	5.3					10.1	6.5	1.8	21.4			 		115	+
FRI	14	17	0.04	2.43	1496	2,43	398.7 /1	0.0901	10.5	6.8	5.2					10.0	6.5	1.7	21.7					115	
SAT	15	17	0.00	2.42	1800	2.42	481.5 /1	0.0871															<u> </u>		-
SUN	16	19	1.01	2.28	1767	2.28	501.7 /1	0.0754														-			
MON	17	24	0.58	2.31	1749	2.31	490.1 /1	0.0641	9,4	6.9	5.2					10.2	6.5	3.5	17.1						
TUE	18	20	0.82	2.30	1737	2.30	400.9 /1	0.0803	10.5	6.9	5.6	226	4335	235	4508	10.6	6.5	2.0	18.5	25.2	483.4	22.7	435.4	55	
WED	19	21	0.59	2.12	1732	2.12	528.8 /1	0.0925	10.8	6.8	5.8				1000	10,6	6,7	3.0	24.9	20.2	403,4	22.1	435.4		+
THU	20	26	0.25	2.15	1724	2.15	519.0 /1	0.0456	11.1	7.0	5.2					11.2	6.6	2.7	18.8					10	
FRI	. 21	32	0.06	2.08	1771	2.08	551,0 /1	0.0412	11.3	6,9	4.9					11.1	6.5	17	10.0					30	+
SAT	22	37	0.15	2.31	1762	2,31	493.7 /1	0.0465				-													+
SUN	23	34	0.00	2.22	1756	2.22	512.0 /1	0.0528															-		ļ
MON	24	36	0.11	2.10	1749	2.10	539.0 /1	0.0549	11.6	6.8	5.6					11.3	6.5	2.9	17.1						+
TUE	25	33	0.00	2.17	1943	2.17	570.4 /1	0.0360	10.7	6.8	4.8	104	2220	297	5375	11.1	0.7	2.3	17.1	28.0	506.7	19.7	356.5	26	+-
WED	26	33	0.52	2.06	1789	2.06	562.0 /1	0.0342	10.8	6.5	5.6					11.0	6.5	1.1	19.3	20.0	300.7	10.7	330,3	17	
THU	27	33	0.33	2,13	1865	2.13	566.6 /1	0.0496	11.7	6.9	5.1					11.5	6.5	1.1	20.4				+		-
FRI	28	32	0.47	2.00	1805	2.00	584.0 /1	0.0982	12.0	7.3	5.8					11.5	6.8	0.6	19.6					300	
SAT	29	34	0.07	2.22	1833	2.22	534.4 /1	0.0954		7						- 11.5	0.0	0.0	19.0				-		+-
TOTA	u j		5.38	64.08	52486	64.08		1.8714			1200	(Approximately)		100		100			E CONTROL	0.000			2010/08/2007	Bris Kaladia	-
MAXIM	UM	37	1,01	2.63	2617	2.63	677.2 /1	0.0982	12.0	7.7	5.8	226	4335	297	5375	11.5	6.8	7.5	24.9	Statementer		1	22.0 1 800 1000	40-31-6-2-32E	4-4
MINIMU	UM	3	0.00	2.00	1496	2.00	398.7 /1	0.0342	9.4	6.5	4.8	151	2922	192	3715	9.8	6.5	0.6	14.8	32.4 17.0	626.9				
AVERA	GE	24.8	0.19	2.29	1874.5	2.29	531.4 /1	0.0668	10.9	6.9	5.3	189	3590	236	4464	10.8	6.6	2.5	19.5	25.7	486.5			10	

COMMENTS:

GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FEGAL COLIFORM COLONIES

INFLUENT FLOW WAS USED TO CALCULATE EFFLUENT LOADING. EFFLUENT METER IS C.O.S.

January	2005
l Ird. mg/t	70.6
Alk. mg/l	140.0
D.O.mg/l	2.5
Turb.NTU	24.9

January	2005	;Ja	nuary 2005	
l Ird. mg/l	70.6		ug/L	LDA
Alk. mg/t	140.0	Copper	15.70	0.304
D.O.mg/l	2.5	Lead	0.36	0.007
Turb.NTU	24.9	Silver	1.27	0.025
		Zinc	27.70	0.536
Tox. TUe	n/a	NH3 mg/L	18.00	348.28

	100	WEEKLY.	AVERAGE		WEEKLY
WEEK:	B()Ð	TS	S	COLIFORM
	mga	lbs	mg/l	lbs	Geb, Mean
1	14.5	280.6	17.0	328.9	91.6
2	17.1	330.9	32.4	626.9	126.3
3	22.7	435.4	25.2	483.4	25.5
4	19.7	356.5	28.0	506.7	50.7
AVG	18.5	350.8	25.7	486.5	73.5
MAX	22.7	435.4	324	676.9	128.3

% REN	OVAL
B.O.D.	92.2
S.S.	86.4

POWER USAGE IN KLOWATT-HOURS TOTAL 453920