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

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

ATT: FÁCILIT NAME: ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF AK-002295-1 PERMIT NUMBER

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

OMB No. 2040-0004

Approval Expires 05-31-98 **001 A**DISCHARGE NUMBER

						<u> ٣</u>	chments here,	(Kejerence all attachments here)		CNOTABLIA	COMMENT AND EXPERIENCE OF ANY VIOLATIONS
DAY	Mo	YEAR		IZED AGENT	OFFICER OR AUTHORIZED AGENT		ns.	nt for knowing violatio	of fine and imprisonmen	including the possibility of fine and imprisonment for knowing violations	TYPED OR PRINTED
D I	PHONE NUMBER DATE	AREA CODE		OR PARCITIVE	NATURE OF PRIMITION	SIGNATUR	nformation he system, information l complete. l complete.	ther and evaluate the inther and evaluate the increases who manage in the information, the life fune, accurate, and submitting false informations.	d personnel property gad d personnel property ga d personnel property as negative of the person or responsible for gatherin f my knowledge and be significant penalties for	to assure that the qualified personnel properly activative with the System designation to assure that the qualified personnel properly agther 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, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	ntendent
	TELEPHONE				2		ere	and all attachments w	law that this document	I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
			MG/L	DATLY MAX	MO AVG	*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	RAW SEW/INFLUENT
COMP 24	٤		of section 4	REPORT	REPORT			REPORT	REPORT	PERMIT	00530 G 0 0
	1/7		,	:		*****	,			MEASUREMENT	SUSPENDED
		0	(19)	249.0	225.0		(26)	4166.0	3778.5	SAMPLE	SOLIDS, TOTAL
	MONTH		MG/L	DAILY MAX	MO AVG	***	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
сомр 24	ONGE/		alon.	REPORT	REPORT					PERMIT	00425 1 0 0
	1/30		•			****	* * *	****	****	MEASUREMENT	as CaCO3
		0	(19)	136,0	136.0					SAMPLE	ALKALINITY, BICARBONATE
	DAYS		SU	MAXIMUM	*****	MIN.	***	*****	*****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	WEEK		,,,,,	8.5		6.5				PERMIT	00400 1 0 0
	5/7				****		***	****	****	MEASUREMENT	
		0	(12)	6.7		6.5				SAMPLE	pH
			MG/L	DAILY MAX		*****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMP 24	WEEKLY .			60	30			2452	1226-	PERMIT	00310 1 0 0
	1/7		,			****				MEASUREMENT	(20 DEG. C)
,		0	(19)	20.0	17.0		(26)	340.3	284.0	SAMPLE	BOD, 5-DAY
			MG/L	* * * * *	WKLY AVG	* * * * *	LBS/DAY	*****	WKLY AVG	REQUIREMENT	SEE COMMENTS BELOW
COMP 24	WEEKLY				45				1839	PERMIT	00310 W 0 0
	1/7	,		****		*****		****		MEASUREMENT	(20 DEG. C)
		0	(19)		20.0		(26)		340.3	SAMPLE	BOD, 5-DAY
() () ()			MG/L	DAILY MAX	MO AVG	* * * * *	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	RAW SEW/INFLUENT
COMP 24	WEEKIY			REPORT	REPORT			REPORT	REPORT	PERMIT	00310 G 0 0
	1/7	,		,		****	,			MEASUREMENT	(20 DEG. C)
		0	(19)	347.0	304.0		(26)	5498.6	5096.1	SAMPLE	BOD, 5-DAY
i i	DAYS		DEG. C	DAILY MAX		* * * * *	***	*****	****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAR	WEEK			REPORT	REPORT					PERMIT	00010 1 0 0
	5/7		,			*****	**	****	****	MEASUREMENT	DEG, CENTIGRADE
		0	(04)	16.2	14.6					SAMPLE	TEMPERATURE, WATER
7	0.0	ţ	UNITS	MAXIMUM	AVERAGE	MINIMUM	STINU	MAXIMUM	AVERAGE		
SAMPLE	FREQUENCY OF ANIAL YEAR	R.O.		RATION	LITY OR CONCENTRATION	QUALITY		LOADING	QUANTITY OR LOADING		PARAMETER
31	5	2005	от	1	σ	2005	FROM	ent	tilities Superintende	Scott Jeffers WW Utilities Superintendent	ATT:
DAY	MO	YEAR		DAY	MO	¥			99801	JUNEAU, ALASKA 99801	LOCATION:
		PERIOD	RING P	MONITORING PERIOD				REA	LLEY SERVICE A	MENDENHALL VALLEY SERVICE AREA	FACILITY:
									10861	JUNEAU, ALASKA 99801	

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

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

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

Wastewater Utilities Superintendent **EFFLUENT GROSS VALUE** EFFLUENT GROSS VALUE Scott Jeffers NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 01119 1 0 0 TOTAL RECOVERABLE COPPER TOTAL RECOVERABLE 01114 1 0 0 TOTAL RECOVERABLE ZINC **EFFLUENT GROSS VALUE** EFFLUENT GROSS VALUE TOTAL (as N) EFFLUENT GROSS VALUE SILVER NITROGEN AMMONIA 01094 1 0 0 01079 1 0 0 TOTAL RECOVERABLE 00610100 **EFFLUENT GROSS VALUE** 00530 G 0 0 SEE COMMENTS BELOW SUSPENDED SOLIDS, TOTAL 00530 G 0 0 SUSPENDED SOLIDS, TOTAL LOCATION: FACILITY: **ADDRESS** PARAMETER 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 to assure that the qualified personnel properly gather and evaluate the information submitted is, to the best of my knowledge and belief, true, accurate, and complete including the possibility of fine and imprisonment for knowing violations am aware that there are significant penalties for submitting false information, prepared under my direction or supervision in accordance with the system designed certify under penalty of law that this document and all attachments were MENDENHALL VALLEY SERVICE AREA Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT PERMIT PERMIT PERMIT SAMPLE SAMPLE SAMPLE PERMIT PERMIT SAMPLE PERMIT PERMIT SAMPLE SAMPLE 0.311 MO AVG MO AVG MO AVG 390.6 MO AVG WKLY AVG 0,011 0.056 293.3 0.225 0.76 MO AVG MO AVG 1839 394,6 AVERAGE 0.342 2.92 0.0361079 1226 **QUANTITY OR LOADING** DAILY MAX DAILY MAX DAILY MAX DAILY MAX DAILY MAX 0.311 6.09 0.056 DAILY MAX 0.858 0.011 390.6 0.76 0.450 2452 394.6 MAXIMUM 1622 ***** 0.072 ***** LBS/DAY LBS/DAY LBS/DAY LBS/DAY LBS/DAY LBS/DAY LBS/DAY (26) SLINA FROM (26)(26) (26) (26) (26) (26) ***** MINIMUM ***** ***** ***** ***** ***** **** ***** ***** ***** ***** ***** **** **** 2005 ⋨ AK-002295-1 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION WKLY AVG MO AVG 16.70 MO AVG MO AVG 3,00 MO AVG 40.6 17.6 MO AVG MO AVG 26.4 21.0 24.9 AVERAGE 8.36 5.5 0.6 71,4 45 30 .87 종 'n DAILY MAX DAILY MAX EFFLUENT
*** NO DISCHARGE DAILY MAX NOTE: Read instructions before completing this form. DAILY MAX DAILY MAX DAILY MAX 149.0 16.7 11.0 3.00 20.1 40.6 21.0 MAXIMUM 0.6 60 24.9 ***** 1.75 39.7 ***** ΡĄ MONITORING PERIOD ug/L MG/L MG/L MG/L SLING ug/L ug/L J/gu (28) (28) (28) (28) (19) (19)(19) 딩 AREA CODE 2005 YEAR 2005 YEAR 0 ΠŠ 0 ω C 0 0 ONCE/ FREQUENCY OF ANALYSIS 586-0393 HINOM HINOM MONTH MONTH HINOM ONCE/ ONCE/ WEEKLY WEEKLY ONCE/ ONCE/ 1/30 1/30 1/30 1/30 PHONE NUMBER 1/30 1/7 17 ഗ 종 DISCHARGE NUMBER 001 A COMP 24 SAMPLE TYPE ΡĄ 3

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (03-99) Previous editions may be used *Concerning violations-please see attached. The reporting period was from 05/01/2005 through 05/28/2005

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

(Reference all attachments here)

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

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

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

* Concerning violations-please see attached. The reporting period was from 05/01/2005 through 05/28/2005. Scott Jeffers Wastewater Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **EFFLUENT GROSS VALUE** 82079 1 0 S N TURBIDITY, LAB PERCENT REMOVAL 81011 K 0 PERCENT REMOVAL SOLIDS, SUSPENDED PERCENT REMOVAL 81010 K 0 0 REMOVAL **EFFLUENT GROSS VALUE** RATIO SEE COMMENTS BELOW FLOW IN CONDUIT OR COMMENT AND EXPLANATION OF ANY VIOLATIONS BOD, 5-DAY PERCENT EFFLUENT GROSS VALUE M-FC BROTH 44.5C FECAL COLIFORM MF, 78480 1 0 0 EFFLUENT DILUTION 31616 1 0 0 SEE COMMENTS BELOW M-FC BROTH 44.5C 50050 P 0 0 31616 W 0 0 FECAL COLIFORM MF. THROUGH TREATMENT PLANT FACILITY: LOCATION: **ADDRESS** NAME: TYPED OR PRINTED PARAMETER 0 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 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. certify under penalty of law that this document and all attachments were Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT PERMIT PERMIT PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT SAMPLE SAMPLE PERMIT SAMPLE SAMPLE PERMIT MEASUREMENT ***** MO AVG 2.03 ***** **** REPORT **** AVERAGE ***** ***** **** **** **QUANTITY OR LOADING** **** **** **** ***** (Reference all attachments here) DAILY MAX REPORT MAXIMUM 2.23 ***** ***** ***** **** **** ***** **** ***** ***** **** ***** *** **** **** *** **** SLING **** **** *** MGD *** **** *** FROM *** (03) MIN % REMOVAL MIN % REMOVAL MUMUM 1266.5 92.2 94,4 MINIMUM ***** ***** ***** **** 10 ***** ***** ***** ***** 2005 85 85 ⋨ AK-002295-1 PERMIT NUMBER SIGNATURÉ OF/PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION MO GEO WKLY GEO MO AVG REPORT 400 17.8 ***** ***** 29.6 AVERAGE ***** ري و. ***** ***** **** ***** **** 200 ∽종 EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY GEO DAILY MAX REPORT 32.4 MAXIMUM **** ***** ***** ***** ***** 53.3 **** ***** ***** 480 ***** ***** MONITORING PERIOD
DAY YEA PERCENT. PERCENT PERCENT #/100MI #/100ML SLIND UTN **** (43) *** (23)(13)(23) (13)(23)힉 ARED CODE YEAR 2005 2005 YEAR 0 ΜŞ 0 0 0 0 CONTINUOSEY FREQUENCY OF ANALYSIS THREE TIMES/ THREE TIMES *** 586-0393 MONTH ONCE/ MONTH DAYS WEEK ONCE/ DAILY WEEK WEEK PHONE NUMBER 5/7 1/30 1/30 7/7 3/7 3/7 ᄶᅵᅗ DISCHARGE NUMBER 001 A CALCULATED CALCULATED CALCULATED RECORDED . GRAB SAMPLE TYPE GRAB GRAB DAY 3

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

PERNITTEE NÂME/ADDRESS(Include Facility name/Location if different)

A 5 F ADDRESS: NAME: MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, AK-002295-1
PERMIT NUMBER

MAJOR
(SUB 01)
F- FINAL
EFFLUENT
**** NO DISCHARGE
NOTE: Read instructions before completing this form.

		300 1004	00010001000		į.	1AY NOT RE LICED	T-40 WHICH M	(REPLACES EPA FORM T-40 WHICH MAY NOT RELIGED)		y be used.	EPA Form 3320-1 (03-99) Previous editions may be used.
					л «	11ch 05/28/200	77005 +450	was from 05/01/2005 through 05/28/2005		e attached. The re	* Concerning violations-please see attached. The reporting period
DAT	MO			CED MOLINI	0 (hments here	(Reference all attachments here)		VIOLATIONS	COMMENT AND EXPLANATION OF ANY VIOLATIONS
9	6	2005	_	TED ACENT	TURE OF PRINCIPAL EXECUTIVE	SIGNATUR	nation,	 submitting false inform t for knowing violation 	significant penalties for fine and imprisonment	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
BER	PHONE NUMBER DATE	CODE		16	XXX//	Ocal	nformation complete.	ne the information, the i	responsible for gathering f my knowledge and bel	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.	
	586-0393	907 AREA		, -		7	em designed formation	ccordance with the syst ther and evaluate the in	tion or supervision in ac d personnel properly gat	prepared under my direct to assure that the qualified submitted Based on my in	Scott Jeffers Wastewater Utilities Superintendent
	TEI EPHONE)		те	and all attachments we	law that this document	I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
			i e e e e e e e e e e e e e e e e e e e	****	*****	* * * * *	***	*****	****	PERMIT	
				* * * * *	****	****	***	****	****	MEASUREMENT	
		3	av					7		SAMPLE	
			iligani e amu	****	***	*****	***	XXXXXX	****	PERMIT	
				****	** ** ** **	****	***	****	****	MEASUREMENT	
122										SAMPLE	
			na n	****	*****	*consta	* * *	*****	*****	PERMIT REQUIREMENT	
				****	****	****	***	*****	****	MEASUREMENT	
			1							SAMPLE	
			Million en	***************************************	**	****	* * *	XXXXX	***************************************	PERMIT REQUIREMENT	
				****	****	****	***	****	****	MEASUREMENT	
										SAMPLE	
	YEAR		TUC	MUMIXAM	****	****	* * *	**	රි	REQUIREMENT	EFFLUENT GROSS VALUE
	1/182									PIRMIII	61406
		0	(73)	NO PO	* * * * *	* * * * *	* * * *	****	****	SAMPLE	CERIODAPHNIA CHRONIC
	QUARTER		MG/L	DAILY MAX	MO AVG	MUNIMUM	***			CANDIE	TOVICITY
	ONCE/			REPORT		REPORT	* * *	****	******	PERMIT	00300 EFFLUENT GROSS VALUE
	1/90	0	(19)	4.1	2.5	1.1	***	****	****	SAMPLE MEASUREMENT	DISSOLVED OXYGEN
Ċ	HILNOM		MG/L	DAILY MAX		****	**	*****	****	REQUIREMENT	EFFLUENT GROSS VALUE
avae.	ONGE/		danie I	REPORT	REPORT					PERMIT	82394 1 0 0
	1/30	0	(19)	51.0	51.0	****	* * *	****	****	MEASUREMENT	as CaCO3
:		!	STINU	MAXIMUM	AVERAGE	MINIMUM	SLIND	MAXIMUM	AVERAGE	CAMPIE	HARDNESS
SAMPLE	FREQUENCY OF ANALYSIS	NO.		TATION	JTY OR CONCENTRATION	QUALITY		LOADING	QUANTITY OR LOADING		PARAMETER
31	5	2005	ఠ		5	2005	FROM	ent	tilities Superintende	Scott Jeffers WW Utilities Superintendent	АПТ:
DAY	MO	YEAR		DAY	MO	ΥR			99801	JUNEAU, ALASKA 99801	LOCATION:
		ERIOD	RING P	MONITO				REA	LLEY SERVICE A	MENDENHALL VALLEY SERVICE AREA	FACILITY:
DISCHARGE NUMBER	DISCHARG				PERMIT NUMBER	PERMIT			D,	155 SOUTH SEWARD,	
>	90				7295-1	AK-002	-		ATMENT PLANT	MENDENHALL TREATMENT PLANT	ADDRESS:

00434/981209 1904

MENDENHALL WASTEWATER TREATMENT FACILITY

							r			I W I Imm I	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Junes	au, Alas	ka									May	2005
EPA R	EPURI	.09001202206.000					<u> </u>					NFLUE		aa, / (iac							ENT.				MISC
		WEA	A STATE OF THE PARTY OF THE PAR			FLOW:								l					TURBID.	∵s.s.	-: s:s: ∵	B.O.D.	···B.O.D.	FECAL	POWER
			RAIN	∷SBR	Mend.	∷:SBR	Receiving	SBR	rekin		D.Ø,	S.S;	S:S.	B.O.D.	B.O.D.	::TEMP	pΗ	D,O;	MAX	g,g,					
DAY	DATE	TEMP	FALL INCHES	INFLUENT MGD	River CFS	TTLEFFL MGD	Water Dilution	:WASTE:	TEMP:	pΗ	mg/L	mg/L	LBS	mg/L	LBS	°C		mg/L	NTU	mg/L	LBS	.∵.mg/L		/100 ml	
SUN	1	50	0.00	2.22	4493	2.22	1308.4 /1	0.0724																	101
MON	2	51	0.00	2.15	4387	2.15	1319.1 /1	0.0646	12.7	7.6	5.0	J., .,p.				14.1	6.7	2.7	12.7						84
TUE	3	50	0.04	2.23	4371	2.23	1267.2 /1	0.0456	13.2	7.0	5.2	224	4166	292	5431	13.5	6.5	1.1	19.3	13.8	256.7	13.8	256.7	13	100
WED	4	50	0.00	2,16	4771	2.16	1427.9 /1	0.0688	14.0	7.0	5.7					13.3	6.6	2.5	12.2					53	95
THU	5	48	0.00	2.17	4251	2,17	1266.5 /1	0.0814	12.7	6.9	5.5					14.1	6.6	2.5	12.5					37	103
FRI	6	52	0.00	2.05	4347	2.05	1370.8 /1	0.1025	13.1	6.9	4.8					13.7	6.5	1.6	12.8						96
SAT	7	54	0.00	1,98	4266	1.98	1392.8 /1	0.0959												·					98
SUN	8	54	0.00	1.96	4251	1.96	1402.1 /1	0.0715																	98
MON	9	56	0.00	1.95	4417	1.95	1464.3 /1	0.0629	12.6	7.0	3.7					13.5	6.5	2.5	13,2					ļ	102
TUE	10	57	0.00	1.89	4616	1.89	1578.7 /1	0.0678	14.5	7.1	4.9	249	3925	289	4555	14.8	6.7	4.1	11.3	13.9	219.1	14.1	222.3		89
WED	11	56	0.00	1.97	4802	1.97	1575.7 /1	0.0741	14.2	7.0	5.1					15.6	6.6	3.5	13.2					3	98
THU	12	55	0.00	1.99	4849	1,99	1575.1 /1	0.0799	13.8	6.7	4.8					14.1	6.5	3,1	16.2					10_	89
FRI	. 13	54	0.06	2.16	5055	2.16	1512.8 /1	0.0932	14.2	6,9	4.5					14.7	6.5	1.5	19.5						84
SAT	14	54	0.23	2.11	5691	2.11	1743.4 /1	0.0893								ļ									87
SUN	. 15	52	0.00	2.15	6113	2.15	1837.7 /1	0.0851																	86
MON	16	53	0.00	2.06	6028	2.06	1891.3 /1	0.0717	13.8	7.0	5.0					14.2	6.5	2.4	14.9						96
TUE	17	52	0.00	2.04	5960	2.04	1888.3 /1	0.0815	13.5	6.9	5.0	220	3743	288	4900	14.7	6.6	2.3	16.4	17.8	302.8	20.0	340.3		100
WED	18	55	0.00	2.06	5575	2.06	1749.3 /1	0.0864	14.4	7.0	5.5					15.2	6.6	2.1	19.3					2	103
THU	19	50	0.03	2.11	5394	2.11	1652.4 /1	0.0880	14.8	6.4	4.9					14.7	6.6	1.9	20.8					3	102
FRI	20	57	0.00	2.00	5394	2.00	1743.3 /1	0.0993	15.0	6.9	5.8					15.7	6.5	1.2	23.3					<u> </u>	98 93
SAT	21	52	0.00	1.95	5361	1.95	1777.0 /1	0.0834											 						100
SUN	22	54	0,00	1.96	5199	1.96	1714.5 /1	0.0677											10.0						96
MON	23	55	0.09	1.89	5199	1.89	1778.0 /1	0.0521	13.7	6.9	7.8					14.9	6.6	2.5		04.0	204.6	20.0	316.9	3	96
. TUE	24	51	0.00	1.90	5361	1,90	1823.7 /1	0.0558	14.8	7.1	7.2	207	3280	347	5499	15.2	6.6	3.5	21.2	24.9	394.6	20.0	3.10.8	3	98
WED	25	54	0.00	1.85	4975	1.85	1738.2 /1	0.0689	14.7	7.0	7.6			<u> </u>		15.0	6.6	3.2	26.3					3	106
THU	26	61	0.07	1.89	5055	1.89	1728.8 /1	0.0737	15.4	7.0	8.5				<u> </u>	15.4	6.6	2.2	32.4					- 3	99
FRI	27	51	0.03	1.95	5892	1.95	1952.9 /1	0.0958	15.7	7.1	7.7		-			16.2	6.5	3.5	21.8					· ·	99
SAT_	28	53	0.02	1.93	5774_	1.93	1933.6 /1	0.0938		55,000,000	55000000000	ret, made blis	Talk Salation (In 1916)					100							2696
TO	AL		0.57	56.73	141847	56.73	45414.2 /1	2.1731							20523544					MAN STREET, ST				r ingelialities legisionals	2000

249

207

225.0

8.5

3.7

5.7

MAXIMUM

MINIMUM

AVERAGE

2.23

1.85

2.0

0.23

0.00

0.0

61

48

53.3

4251

May 20	5
Hrd. mg/l	51.0
Alk. mg/l	136.0
D.O.mg/l	8.9
Turb.ntu	91.0

7.6

6.4

7.0

15.7

12.6

14.0

0.1025

0.0456

2.23

1.85

2.0261

1952.9 /1

1266.5 /1

!	

Medical	ay 2005	
	ug/L@	LBS
Copper	16.70	0.31
Lead	0.57	0.01
Silver	3.00	0.05
Zinc	40.60	0.75
NH3 mg/L	21.00	390.5

347

288

304.0

4166

3280

3778.5

		WEEKLÝ	AVERAGE		WEEKLY
WEEK	В	OD:	Ť	SS.	COLIFORM
	mg/l	lbs	mg/l	lbs	Geb Mean
1	13.8	256.7	13.8	256.7	29.6
2	14.1	222.3	13.9	219.1	4.0
3	20.0	340.3	17.8	302.8	3.0
4	20.0	316.9	24.9	394.6	3.3
A√G	17.0	284.0	17.60	293.3	9.987
MAX	20.0	340.3	24,9	394.6	29,6

4.1

1.1

6.7

6.5

6.6

16.2

13.3

5499

4555

5096.1

32.4

11.3

17.8

24.9

13.8

17.6

394.6

219.1

293.3

20.0

13.8

17.0

340.3

222.3

284.0

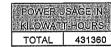
% REM	10VAL
B.O.D.	94
S.S.	92

5.9

106

84

96.3



^{*} GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES