

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

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

**NAME:** JUNEAU CITY AND BOROUGH OF  
**ADDRESS:** MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY LOCATION:** MENDENHALL VALLEY SERVICE AREA  
JUNEAU, ALASKA 99801  
**ATTN:** Scott Jeffers WW Utilities Superintendent

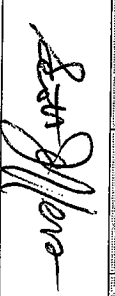
MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE  
NOTE: Read instructions before completing this form.

Form Approved.  
OMB No. 2040-0004  
Approval Expires 05-31-98

001 A  
DISCHARGE NUMBER

AK-002295-1  
PERMIT NUMBER

MONITORING PERIOD  
YR MO DAY TO YR MO DAY  
2005 8 1 2005 8 31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG, CENTIGRADE	PERMIT REQUIREMENT	*****	*****	****	*****	17.7	19.0	(04)	0	5/7	GRAB
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. C	0	WEEKLY DAYS	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4901.3	5875.9	(26)	*****	319.8	427.0	(19)	0	1/7	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	WEEKLY	COMP 24
00310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	25.1	*****	(19)	0	1/7	
RAW SEW/INFILTRANT	SAMPLE MEASUREMENT	368	*****	(26)	*****	45	*****	MG/L	0	WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	****	*****	WEEKLY AVG	*****	MG/L	0	WEEKLY	COMP 24
00310 W 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	21.3	25	(19)	0	1/7	
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	328	368	(26)	*****	30	60	MG/L	0	WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	****	*****	6.5	6.9	(12)	0	5/7	GRAB
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	MINI	MAXIMUM	SU	0	1/30	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	180.0	180.0	(19)	0	1/30	
ALKALINITY as CaCO3	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	ONCE/MONTH	COMP 24
00425 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	192.8	211.0	(19)	0	1/7	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2992.2	3415.5	(26)	*****	*****	*****	MG/L	0	WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L	0	1/7	
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L	0	1/7	
RAW SEW/INFILTRANT	SAMPLE MEASUREMENT	2992.2	3415.5	(26)	*****	192.8	211.0	(19)	0	1/7	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 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.										
Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
COMMENT AND EXPLANATION OF ANY VIOLATIONS	* Concerning Violations-please see attached. The reporting period was from 07/31/2005 through 09/03/2005. (Reference all attachments here) (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).										

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)  
 JUNEAU, CITY AND BOROUGH OF  
 MENDENHALL TREATMENT PLANT  
 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
**MENDENHALL VALLEY SERVICE AREA**  
 JUNEAU, ALASKA 99801  
 Scott Jeffers WW Utilities Superintendent

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

AK-002295-1  
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MONITORING PERIOD  
 YR MO DAY TO YEAR MO DAY  
 2005 8 1 2005 8 31

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	MINIMUM	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM				AVERAGE	MAXIMUM					
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	309	*****		(26)	*****	20.6	*****	(19)	0	1/7	COMP 24	
00530 G 0 0	PERMIT REQUIREMENT	1839	*****		(26)	*****	45	*****	(19)	0	1/7	COMP 24	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839	*****		(26)	*****	45	*****	(19)	0	1/7	COMP 24	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	257	309		(26)	*****	16.7	21	(19)	0	1/7	COMP 24	
00530 G 0 0	PERMIT REQUIREMENT	1226	2452		(26)	*****	30	60	(19)	1	1/30	COMP 24	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1079	1622		(26)	*****	26.4	39.7	(28)	1	1/30	COMP 24	
00610 1 0 0	PERMIT REQUIREMENT	1079	1622		(26)	*****	26.4	39.7	(28)	1	1/30	COMP 24	
SILVER	SAMPLE MEASUREMENT	0.012	0.012		(26)	*****	0.90	0.90	(28)	1	1/30	COMP 24	
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.036	0.072		(26)	*****	87	175	(28)	0	1/30	COMP 24	
01079 1 0 0	PERMIT REQUIREMENT	0.036	0.072		(26)	*****	87	175	(28)	0	1/30	COMP 24	
ZINC	SAMPLE MEASUREMENT	0.23	0.23		(26)	*****	16.6	16.6	(28)	0	1/30	COMP 24	
TOTAL RECOVERABLE	PERMIT REQUIREMENT	2.92	6.09		(26)	*****	71.4	149.0	(28)	0	1/30	COMP 24	
01094 1 0 0	PERMIT REQUIREMENT	2.92	6.09		(26)	*****	71.4	149.0	(28)	0	1/30	COMP 24	
LEAD	SAMPLE MEASUREMENT	0.005	0.005		(26)	*****	0.4	0.4	(28)	0	1/30	COMP 24	
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.225	0.450		(26)	*****	5.5	11.0	(28)	1	1/30	COMP 24	
01114 1 0 0	PERMIT REQUIREMENT	0.225	0.450		(26)	*****	5.5	11.0	(28)	1	1/30	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.263	0.263		(26)	*****	19.10	19.1	(28)	1	1/30	COMP 24	
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.342	0.858		(26)	*****	8.36	20.1	(28)	1	1/30	COMP 24	
01119 1 0 0	PERMIT REQUIREMENT	0.342	0.858		(26)	*****	8.36	20.1	(28)	1	1/30	COMP 24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.263	0.263		(26)	*****	19.10	19.1	(28)	1	1/30	COMP 24	
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.342	0.858		(26)	*****	8.36	20.1	(28)	1	1/30	COMP 24	
01119 1 0 0	PERMIT REQUIREMENT	0.342	0.858		(26)	*****	8.36	20.1	(28)	1	1/30	COMP 24	

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

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

PARAMETER

QUANTITY OR LOADING

QUALITY OR CONCENTRATION

UNITS

MINIMUM

AVERAGE

MAXIMUM

UNITS

NO. EX

FREQUENCY OF ANALYSIS

SAMPLE TYPE

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

Signature of Principal Executive Officer or Authorized Agent: *Scott Jeffers*

907 AREA CODE, 586-0393 TELEPHONE, 9 MO, 8 DAY

2005 YEAR, 9 MO, 8 DAY

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 2 OF 4

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**FACILITY LOCATION:** MENDENHALL VALLEY SERVICE AREA  
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**ATT:** Scott Jeffers WW Utilities Superintendent

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

MONITORING PERIOD			
YR	MO	DAY	TO
2005	8	1	2005

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS					
FECAL COLIFORM MF, M-F-C BROTH 44.5C	PERMIT REQUIREMENT	*****	*****	****	*****	41.4	*****	400	*****	(13)	0	3/7	GRAB
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	7.7	*****	WKLY GEO	*****	#/100ML	0	THREE TIMES/WEEK	GRAB
FECAL COLIFORM MF, M-F-C BROTH 44.5C	SAMPLE MEASUREMENT	*****	*****	****	*****	7.7	*****	200	*****	400	0	3/7	GRAB
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	7.7	*****	MO GEO	*****	DAILY GEO	0	THREE TIMES/WEEK	GRAB
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	7.7	*****	MO GEO	*****	DAILY GEO	0	THREE TIMES/WEEK	GRAB
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT	1.96	2.39	(03)	*****	*****	*****	*****	*****	****	0	7/7	RECORDED
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	****	0	7/7	RECORDED
EFFLUENT DILUTION RATIO	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	****	0	7/7	RECORDED
78480 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	****	0	7/7	RECORDED
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	93.4	*****	*****	*****	PERCENT	0	DAILY	CALCULATED
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	93.4	*****	*****	*****	PERCENT	0	DAILY	CALCULATED
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	91.3	*****	*****	*****	PERCENT	0	1/30	CALCULATED
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	91.3	*****	*****	*****	PERCENT	0	1/30	CALCULATED
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	91.3	*****	*****	*****	PERCENT	0	1/30	CALCULATED
TURBIDITY, LAB NTU	SAMPLE MEASUREMENT	*****	*****	****	*****	12.3	*****	*****	*****	PERCENT	0	5/7	GRAB
82079 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	12.3	*****	*****	*****	PERCENT	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	12.3	*****	*****	*****	PERCENT	0	5/7	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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.

Signature of Principal Executive Officer or Authorized Agent: *Scott Jeffers*

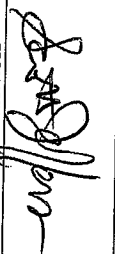
907 AREA CODE 586-0393 TELEPHONE  
2005 YEAR 9 MO 8 DAY DATE  
\* Concerning violations - please see attached. The reporting period was from 07/31/2005 through 09/03/2005. (Reference all attachments here)  
EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00-434/981209 1904 PAGE 3 OF 4

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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NAME: JUNEAU, CITY AND BOROUGH OF  
 ADDRESS: MENDENHALL TREATMENT PLANT  
 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
 FACILITY LOCATION: MENDENHALL VALLEY SERVICE AREA  
 JUNEAU, ALASKA 99801  
 ATT: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)  
 F - FINAL EFFLUENT  
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 NOTE: Read instructions before completing this form.  
 Form Approved, OMB No. 2040-0004  
 Approval Expires 05-31-98  
 PERMIT NUMBER: AK-002295-1  
 MONITORING PERIOD: YR 2005 MO 8 DAY 1 TO YEAR 2005 MO 8 DAY 31  
 DISCHARGE NUMBER: 001 A

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
HARDNESS as CaCO3	PERMIT MEASUREMENT	*****	*****	****	*****	82.0	82.0	(19)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO.AVG	REPORT DAILY MAX				
EFFLUENT GROSS VALUE DISSOLVED OXYGEN	PERMIT MEASUREMENT	*****	*****	****	1.4	3.2	6.3	(19)	0	1/90	
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT MO.AVG	REPORT DAILY MAX				
EFFLUENT GROSS VALUE TOXICITY, CERIODAPHRINA CHRONIC	PERMIT MEASUREMENT	*****	*****	****	*****	*****	10.0	TUC	0	1/182	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	MAXIMUM				
EFFLUENT GROSS VALUE	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
Scott Jeffers Wastewater Utilities Superintendent	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 TYPED OR PRINTED  
 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 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.  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:   
 TELEPHONE: 907 586-0393  
 AREA CODE: 907  
 PHONE NUMBER: 586-0393  
 DATE: 2005 9 8  
 YEAR: 2005 MO 9 DAY 8  
 \* Concerning violations-please see attached. The reporting period was from 07/31/2005 through 09/03/2005.  
 (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED).  
 EPA Form 3320-1 (03-99) Previous editions may be used.  
 00434/981209 1904 PAGE 4 OF 4



MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

2005

EPA REPORT

DAY	DATE	WEATHER		FLOWS					INFLUENT								EFFLUENT						MISC			
		TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend River CFS	SBR Ttl Effl MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	PH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	PH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS	B.O.D. mg/L		B.O.D. LBS	FECAL COLIFORM /100 ml	POWER METER READING
SUN	31	55	0.05	2.15	6460	1.86	2244.6 /1	0.0640							17.3	6.7	2.6	12.7							101	
MON	1	53	0.00	2.06	6290	1.74	2336.3 /1	0.0665	16.6	7.3	5.0													3	103	
TUE	2	58	0.00	2.02	5910	1.65	2314.9 /1	0.0651	16.3	6.8	5.9	211	2904	427	5876	18.1	6.7	2.7	13.2	14.5	199.5	20.2	278.0	5	103	
WED	3	55	0.55	2.42	5640	1.90	1918.6 /1	0.0805	17.3	6.9	4.4					17.8	6.7	3.8	14.4					10	105	
THU	4	55	0.54	2.41	8100	2.15	2434.8 /1	0.0744	17.0	6.8	4.5					18.6	6.6	2.8	16.9						105	
FRI	5	55	0.35	2.20	6130	1.97	2011.1 /1	0.0716	16.8	6.9	4.8					17.7	6.5	1.4	13.8						102	
SAT	6	59	0.00	2.16	6650	1.89	2274.0 /1	0.0669																	104	
SUN	7	59	0.00	2.09	8240	1.86	2862.8 /1	0.0496																	100	
MON	8	60	0.00	2.12	7930	1.88	2725.9 /1	0.0562	16.8	7.3	4.7					17.2	6.5	2.5	14.7						105	
TUE	9	65	0.00	2.10	8120	1.81	2899.1 /1	0.0539	17.5	7.0	5.1	177	2672	321	4846	18.7	6.7	3.0	13.9	18.0	271.7	24.4	368.3	33	99	
WED	10	64	0.00	2.01	8350	1.79	3014.5 /1	0.0701	18.2	7.1	6.2					17.9	6.7	5.0	15.2					7	103	
THU	11	66	0.00	2.13	8480	1.83	2994.5 /1	0.0639	18.3	7.2	5.2					18.4	6.8	6.3	12.6						102	
FRI	12	66	0.00	1.97	8630	1.74	3205.0 /1	0.0635	17.6	6.9	4.1					17.9	6.5	2.0	13.6						101	
SAT	13	65	0.00	2.04	8780	1.77	3205.5 /1	0.0643																	94	
SUN	14	63	0.00	2.09	8460	1.83	2987.4 /1	0.0576																	97	
MON	15	57	0.01	2.02	8080	1.76	2966.7 /1	0.0601	16.7	7.2	4.4					17.7	6.6	2.4	12.6						96	
TUE	16	60	0.00	2.02	7040	1.74	2614.7 /1	0.0638	16.7	7.4	5.5	194	2815	288	4179	17.6	6.9	4.7	12.2	20.6	298.9	25.1	364.2	3	103	
WED	17	60	0.02	2.00	6790	1.76	2493.2 /1	0.0701	17.3	7.1	5.7					18.0	6.7	3.0	13.4						102	
THU	18	57	0.56	2.06	7180	2.06	2252.6 /1	0.0755	17.0	6.8	5.3					18.1	6.6	3.5	13.5						104	
FRI	19	56	0.78	2.12	8690	2.12	2649.0 /1	0.0733	17.7	4.2	6.6					18.4	6.5	1.5	13.8						99	
SAT	20	54	0.23	2.21	8520	2.21	2491.5 /1	0.0524																	100	
SUN	21	56	0.41	2.19	7320	2.19	2160.2 /1	0.0564																	103	
MON	22	53	0.20	2.30	8040	1.99	2611.0 /1	0.0632	16.7	7.3	4.0					16.9	6.7	3.0	12.2						101	
TUE	23	55	0.00	2.17	7400	1.94	2465.1 /1	0.0643	17.0	6.9	5.2	195	3155	325	5258	17.3	6.5	2.1	11.2	19.1	309.0	18.4	297.7	30	104	
WED	24	56	0.22	2.16	7540	1.90	2564.6 /1	0.0812	16.6	7.2	6.2					19.0	6.6	5.3	13.6						8	104
THU	25	54	1.13	2.41	8270	2.10	2545.0 /1	0.0675	16.2	7.2	6.2					19.0	6.6	5.3	10.3						3	104
FRI	26	53	0.09	2.29	9260	2.11	2836.1 /1	0.0585	17.1	7.1	4.6					16.9	6.6	3.1	7.4							102
SAT	27	54	0.00	2.23	9210	2.07	9210.0 /1	0.0514																		98
SUN	28	55	0.00	2.21	6730	1.98	2196.7 /1	0.0485																		97
MON	29	50	0.69	2.24	6670	2.02	2134.1 /1	0.0617	15.8	7.2	5.6					17.0	6.6	1.8	9.1						102	
TUE	30	53	0.54	2.48	7520	2.19	2219.2 /1	0.0686	16.1	6.8	5.4	187	3415	238	4347	16.7	6.7	4.1	8.2	11.4	208.2	18.2	332.4	3	104	
WED	31	51	0.26	2.54	10150	2.39	2744.5 /1	0.0688	15.3	6.8	5.9					17.4	6.5	2.9	9.9						2	104
THU	1	51	0.16	2.51	10180	2.29	2872.7 /1	0.0668	15.1	6.6	6.2					16.9	6.6	3.2	9.9						3	114
FRI	2	53	0.00	2.33	6710	2.22	1953.5 /1	0.0647	16.8	7.0	4.7					16.6	6.5	2.2	7.9							101
SAT	3	55	0.00	2.23	5770	2.05	1819.3 /1	0.0558																		98
TOTAL				6.79	76.69	269240	68.76	95228.6 /1	2.2407																	3556
MAXIMUM		66	1.13	2.54	10180	2.39	9210.0 /1	0.0812	18.3	7.4	6.6	211	3415	427	5876	19.0	6.9	6.3	16.9	20.6	309.0	25.1	368.3	320	114	
MINIMUM		50	0.00	1.97	5640	1.65	1819.3 /1	0.0485	15.1	4.2	4.0	177	2672	238	4179	16.6	6.5	1.4	7.4	11.4	199.5	18.2	278.0	2	94	
AVERAGE		56.9	0.2	2.2		1.9646		0.1	16.8	6.9	5.3	192.8	2992.2	319.8	4901.3	17.7	6.6	3.2	12.3	16.7	257.5	21.3	328.1	7.7	101.6	

COMMENTS:

\* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

August 2005	
Hrd. mg/l	82.0
Alk. mg/l	180.0
D.O. mg/l	3.2
Turb. NTU	16.9

Tox. TUc	3.3
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August 2005		
	ug/L	LBS
Copper	19.10	0.263
Lead	0.39	0.005
Silver	0.90	0.012
Zinc	16.60	0.229
NH3 mg/L	28.00	385.31

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geom. Mean
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	
1	20.2	278.0	14.5	199.5	5.3
2	24.4	368.3	18.0	271.7	41.4
3	25.1	364.2	20.6	298.9	5.5
4	18.4	297.7	19.1	309.0	9.0
5	18.2	332.4	11.4	208.2	2.5
AVG	21.3	328.1	16.72	257.5	12.717
MAX	25.1	368.3	20.6	309.0	41.4

% REMOVAL	
B.O.D.	93
S.S.	91

POWER USAGE IN KILOWATT HOURS	
TOTAL	568960