

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

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

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

AK-002295-1
 PERMIT NUMBER

MONITORING PERIOD
 YR 2005 MO 9 DAY 1
 TO 2005 YEAR 2005 MO 9 DAY 30

DISCHARGE NUMBER
 001 A

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION				MONITORING PERIOD			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM	REPORT MO AVG	REPORT DAILY MAX	YR	MO				DAY
TEMPERATURE, WATER DEG, CENTIGRADE	00010 1 0 0	*****	*****	****	*****	*****	*****	*****	15.5	16.5	0	0	0	5/7	GRAB
EFFLUENT GROSS VALUE	BOD, 5-DAY (20 DEG. C)	5678.2	7055.0	****	*****	*****	*****	*****	266.3	311.0	0	0	0	1/7	GRAB
RAW SEW/INFLUENT	BOD, 5-DAY (20 DEG. C)	490	*****	(26)	*****	*****	*****	*****	20.4	*****	0	0	0	1/7	COMP 24
SEE COMMENTS BELOW	00310 W 0 0	1839	*****	(26)	*****	*****	*****	*****	45	*****	0	0	0	1/7	COMP 24
BOD, 5-DAY (20 DEG. C)	00310 1 0 0	398	490	****	*****	*****	*****	*****	18.6	20	0	0	0	1/7	COMP 24
EFFLUENT GROSS VALUE	00400 1 0 0	*****	*****	****	*****	*****	*****	*****	6.2	6.7	0	0	0	5/7	GRAB
ALKALINITY, BICARBONATE as CaCO3	00425 1 0 0	*****	*****	****	*****	*****	*****	*****	140.0	140.0	0	0	0	1/30	GRAB
EFFLUENT GROSS VALUE	SUSPENDED SOLIDS, TOTAL	*****	*****	****	*****	*****	*****	*****	140.0	140.0	0	0	0	1/30	GRAB
RAW SEW/INFLUENT	00530 G 0 0	4009.8	4718.4	(26)	*****	*****	*****	*****	187.5	208.0	0	0	0	1/7	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Scott Jeffers Utilities Superintendent	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	MINIMUM	REPORT MO AVG	REPORT DAILY MAX	MG/L	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	0	1/7	COMP 24
COMMENT AND EXPLANATION OF ANY VIOLATIONS	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 read 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.														
TYPED OR PRINTED	Reference all attachments here)														
CONCERNING VIOLATIONS-please see attached. The reporting period was from 09/04/2005 through 10/01/2005. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT														
907	586-0393	2005	10	17	0	0	0	0	0	0	0	0	0	0	0
AREA CODE	PHONE NUMBER	YEAR	MO	DAY	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK

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: MENDENHALL VALLEY SERVICE AREA
 LOCATION: JUNEAU, ALASKA 99801
 ATT: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01) F-FINAL EFFLUENT
 *** NO DISCHARGE
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 Form Approved: OMB No. 2040-0004
 Approval Expires 05-31-98
 Form No. 001A
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2005	9	1	2005
YEAR	MO	DAY	YEAR
2005	9	30	2005

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	473	*****	*****	(26)	*****	19.7	*****	(19)	0	1/7	COMP 24
00630 G 0 0	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L	0	WEEKLY	COMP 24
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	314	473	(26)	*****	14.5	20	(19)	0	1/7	
SOLIDS, TOTAL SUSPENDED	314	*****	*****	(26)	*****	10.0	10.0	(19)	0	1/30	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L	0	WEEKLY	COMP 24
EFFLUENT GROSS VALUE	227	*****	*****	(26)	*****	10.0	10.0	(19)	0	1/30	COMP 24
NITROGEN AMMONIA TOTAL (as N)	0.035	*****	*****	(26)	*****	1.52	1.52	(28)	1	1/30	COMP 24
00610 1 0 0	PERMIT REQUIREMENT	1079 MO AVG	1622 DAILY MAX	LBS/DAY	*****	26.4 MO AVG	39.7 DAILY MAX	MG/L	1	ONCE/MONTH	COMP 24
SILVER	0.32	*****	*****	(26)	*****	13.9	13.9	(28)	0	1/30	COMP 24
TOTAL RECOVERABLE EFFLUENT GROSS VALUE	0.32	*****	*****	(26)	*****	1.0	1.0	(28)	0	1/30	COMP 24
01094 1 0 0	PERMIT REQUIREMENT	2.92 MO AVG	6.09 DAILY MAX	LBS/DAY	*****	71.4 MO AVG	149.0 DAILY MAX	UG/L	0	ONCE/MONTH	COMP 24
LEAD	0.023	*****	*****	(26)	*****	1.0	1.0	(28)	0	1/30	COMP 24
TOTAL RECOVERABLE EFFLUENT GROSS VALUE	0.393	*****	*****	(26)	*****	17.30	17.3	(28)	2	1/30	COMP 24
01114 1 0 0	PERMIT REQUIREMENT	0.225 MO AVG	0.450 DAILY MAX	LBS/DAY	*****	5.5 MO AVG	11.0 DAILY MAX	UG/L	2	ONCE/MONTH	COMP 24
COPPER	0.393	*****	*****	(26)	*****	8.36 MO AVG	20.1 DAILY MAX	UG/L	2	1/30	COMP 24
TOTAL RECOVERABLE EFFLUENT GROSS VALUE	0.342	*****	*****	(26)	*****	17.30	17.3	(28)	2	1/30	COMP 24
01119 1 0 0	PERMIT REQUIREMENT	0.342 MO AVG	0.858 DAILY MAX	LBS/DAY	*****	8.36 MO AVG	20.1 DAILY MAX	UG/L	2	1/30	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Scott Jeffers
 Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 907 586-0393
 AREA CODE: 907
 PHONE NUMBER: 586-0393
 DATE: 10/10/05
 YEAR: 2005
 MO: 10
 DAY: 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 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.
 (Reference all attachments here)
 was from 09/04/2005 through 10/01/2005.
 CONCERNING VIOLATIONS-please see attached. The reporting period was from 09/04/2005 through 10/01/2005.
 (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)

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
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

YR	MO	DAY
2005	9	1

MONITORING PERIOD

YEAR	MO	DAY
2005	9	30

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM			
FECAL COLIFORM MF, MFC BROTH 44.5C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	3/7	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	3/7	GRAB
FECAL COLIFORM MF, MFC BROTH 44.5C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	3/7	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	3/7	GRAB
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT	PERMIT REQUIREMENT	2.5782	3.3100	(03) MGD	*****	*****	*****	0	7/7	RECORDED
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	7/7	RECORDED
EFFLUENT DILUTION RATIO	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	7/7	RECORDED
78480 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	7/7	RECORDED
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	1/30	CALCULATED
TURBIDITY, LAB NTU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	5/7	GRAB
82079 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	5/7	GRAB

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
DATE
10 MO
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* Concerning violations-please see attached. The reporting period was from 09/04/2005 through 10/01/2005. (Reference all attachments here)

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

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

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		AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM	REPORT DAILY MAX				REPORT DAILY MAX
HARDNESS as CaCO3 82394 1 0 0	PERMIT MEASUREMENT	*****	*****	*****	****	*****	*****	*****	60.6	60.6	*****	1/30	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	3.1	5.0	*****	1/90	
EFFLUENT GROSS VALUE DISSOLVED OXYGEN 00300	PERMIT MEASUREMENT	*****	*****	*****	****	*****	*****	*****	NA	10:0	*****	1/182	
	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	NA	10:0	*****	1/182	
EFFLUENT GROSS VALUE TOXICITY, CERIODAPHNIA CHRONIC 61406	PERMIT MEASUREMENT	*****	*****	*****	****	*****	*****	*****	*****	*****	*****	1/182	
	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	*****	*****	*****	1/182	
EFFLUENT GROSS VALUE	PERMIT MEASUREMENT	*****	*****	*****	****	*****	*****	*****	*****	*****	*****	1/182	
	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	*****	*****	*****	*****	*****	1/182	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
* Concerning violations-please see attached. The reporting period was from 09/04/2005 through 10/01/2005.
(Reference all attachments here)
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

TELEPHONE
907 AREA CODE 586-0393
PHONE NUMBER
DATE 2005 10 MO 10 DAY

NO. EX 0
FREQUENCY OF ANALYSIS 1/30
SAMPLE TYPE GRAB

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

September 2005

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	4	56	0.01	2.20	5280	2.04	1673.0 /1	0.0501																	101	
MON	5	53	0.30	2.43	5040	2.13	1529.6 /1	0.0830	16.0	7.1	5.4				16.3	6.6	2.7	8.3							98	
TUE	6	53	0.66	2.72	5870	2.72	1395.1 /1	0.0699	15.7	6.7	5.8	208	4718	311	7055	16.5	6.6	1.5	9.1	10.5	238.2	17.4	394.7	3	98	
WED	7	54	0.78	3.08	9590	3.08	2012.4 /1	0.0821	16.1	6.8	5.3				16.3	6.5	1.1	9.3							10	130
THU	8	52	0.06	2.83	12900	2.69	3098.9 /1	0.0865	14.9	6.8	6.4				16.1	6.5	4.6	8.0							5	106
FRI	9	52	0.00	2.48	8350	2.39	2257.9 /1	0.0796	15.7	6.8	5.5				15.5	6.4	2.0	8.6								107
SAT	10	51	0.11	2.45	7120	2.29	2009.5 /1	0.0645																		101
SUN	11	54	0.03	2.45	6550	2.30	1840.7 /1	0.0576																		102
MON	12	54	0.34	2.37	6350	2.19	1874.1 /1	0.0593	15.0	7.2	5.7				16.2	6.5	2.5	9.2								108
TUE	13	53	0.14	2.52	6710	2.19	1980.3 /1	0.0711	14.7	6.7	5.6	204	3726	283	5169	16.2	6.7	4.5	9.3	11.3	206.4	18.2	332.4	2	104	
WED	14	56	0.00	2.38	6410	2.14	1936.0 /1	0.0727	15.1	6.8	9.8				15.9	6.6	3.3	11.2							100	104
THU	15	54	0.00	2.28	5880	2.07	1836.0 /1	0.0728	16.2	6.9	5.4				16.2	6.5	1.2	12.3							7	101
FRI	16	52	0.30	2.29	4740	2.10	1459.1 /1	0.0646	16.4	6.8	4.6				16.4	6.5	2.0	13.0								100
SAT	17	51	0.95	2.58	5360	2.38	1455.9 /1	0.0549																		98
SUN	18	51	0.80	2.79	7320	2.64	1792.2 /1	0.0471																		107
MON	19	49	1.16	3.09	9890	2.88	2219.4 /1	0.0593	14.9	7.2	5.5				15.2	6.5	1.2	15.7								110
TUE	20	48	0.87	3.05	9890	2.88	2219.4 /1	0.0767	13.9	7.0	6.1	181	4347	224	5380	15.2	6.5	3.9	10.1	19.7	473.2	20.4	490.0	13	102	
WED	21	50	0.02	3.09	7460	2.88	1674.3 /1	0.0670	14.6	6.9	6.4				15.0	6.6	4.8	9.4							3	105
THU	22	48	0.39	2.89	5390	2.63	1324.9 /1	0.0479	14.9	7.0	5.5				15.2	6.5	3.8	11.3							3	108
FRI	23	50	0.48	3.04	6120	2.93	1350.3 /1	0.0395	14.8	6.6	5.1				15.2	6.5	2.2	12.8								123
SAT	24	50	0.17	3.09	8580	3.09	1790.6 /1	0.0567																		101
SUN	25	48	0.07	2.92	10110	2.81	2325.2 /1	0.0411																		107
MON	26	48	0.10	2.71	7520	2.42	2008.4 /1	0.0523	13.3	6.8	6.5				14.1	6.7	3.4	9.6								101
TUE	27	46	0.62	2.66	6390	2.48	1665.5 /1	0.0729	14.0	6.7	6.4	157	3247	247	5109	14.8	6.5	4.7	9.3	16.3	337.1	18.2	376.4	10	117	
WED	28	50	0.75	2.96	8760	2.36	2398.9 /1	0.0787	13.7	6.5	6.7				15.3	6.6	5.0	8.2							10	100
THU	29	48	0.53	3.43	8760	3.31	1710.7 /1	0.0837	13.5	6.6	5.7				14.8	6.5	3.9	7.9								107
FRI	30	47	0.12	3.19	9350	3.19	1894.4 /1	0.0661	15.0	6.6	5.0				14.3	6.2	3.1	7.4								118
SAT	1	45	0.00	2.98	7280	2.98	1579.1 /1	0.0337																		
TOTAL			9.76	76.95	208950	72.19	52311.9 /1	1.7914																		2864
MAXIMUM		56	1.16	3.43	12900	3.31	3098.9 /1	0.0865	16.4	7.2	9.8	208	4718	311	7055	16.5	6.7	5.0	15.7	19.7	473.2	20.4	490.0	225	130	
MINIMUM		45	0.00	2.20	4740	2.04	1324.9 /1	0.0337	13.3	6.5	4.6	157	3247	224	5109	14.1	6.2	1.1	7.4	10.5	206.4	17.4	332.4	2	98	
AVERAGE		50.8	0.3	2.7		2.5782		0.1	14.9	6.8	5.9	187.5	4009.8	266.3	5678.2	15.5	6.5	3.1	10.0	14.5	313.7	18.6	398.4	9.5	106.1	

COMMENTS:

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

September 2005	
Hrd. mg/l	60.6
Alk. mg/l	140.0
D.O. mg/l	3.1
Turb. NTU	15.7
Tox. TUc	N/A

September 2005		
	ug/L	LBS
Copper	17.30	0.393
Lead	1.00	0.023
Silver	1.52	0.035
Zinc	13.90	0.316
NH3 mg/L	10.00	226.85

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geom. Mean
	BOD		TSS		
	mg/L	lbs	mg/L	lbs	
1	17.4	394.7	10.5	238.2	5.0
2	18.2	332.4	11.3	206.4	11.0
3	20.4	490.0	19.7	473.2	5.1
4	18.2	376.4	16.3	337.1	28.2
AVG	18.6	398.4	14.45	313.7	12.350
MAX	20.4	490.0	19.7	473.2	28.2

% REMOVAL	
B.O.D.	93
S.S.	92

POWER USAGE IN KILOWATT-HOURS	
TOTAL	458240