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

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

NAME:

ADDRESS:

FACILITY:

LOCATION:

JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT

155 SOUTH SEWARD. JUNEAU, ALASKA 99801

MENDENHALL VALLEY SERVICE AREA

JUNEAU, ALASKA 99801

MAJOR (SUB 01) F - FINAL **EFFLUENT** 

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

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

MONITORING PERIOD

AK-002295-1 PERMIT NUMBER

МО

YR

001 A DISCHARGE NUMBER

YEAR MO DAY ATT: Scott Jeffers WW Utilities Superintendent 2006 FROM 10 TO 2006 10 31 PARAMETER **QUANTITY OR LOADING** QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE ΕX OF ANALYSIS TYPE **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS TEMPERATURE, WATER SAMPLE. 13.6 14.8 (04)0 DEG, CENTIGRADE MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* 00010 1\_0 0 PERMIT REPORT REPORT 5/WEEK GRAB **EFFLUENT GROSS VALUE** REQUIREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* MO AVG DAILY MAX DEG. C BOD, 5-DAY SAMPLE 3585 3961 (26)173.0 187.0 (19)0 (20 DEG, C) MEASUREMENT \*\*\*\* 00310 G 0 0 PERMIT REPORT REPORT REPORT REPORT 2/MONTH COMP 24 RAW SEW/INFLUENT REQUIREMENT MO AVG DAILY MAX LBS/DAY \*\*\*\*\* MO AVG DAILY MAX MG/L BOD, 5-DAY SAMPLE 262 (26)13.0 (19)0 (20 DEG, C) MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 00310 W 0 0 PERMIT 1829 45 2/MONTH COMP 24 SEE COMMENTS BELOW REQUIREMENT WKLY AVG \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* LBS/DAY WKLY AVG MG/L BOD, 5-DAY SAMPLE 242 262 (26)11.8 13.0 (19)0 (20 DEG. C) MEASUREMENT \*\*\*\*\* 00310 1 0 0 PERMIT 1226 2452 30 60 Ging Home 2/MONTH COMP 24 **EFFLUENT GROSS VALUE** REQUIREMENT MO AVG DAILY MAX LBS/DAY \*\*\*\*\* MO AVG DAILY MAX MG/L SAMPLE 6.3 6.9 (12)O MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* 00400 1 0 0 PERMIT 6.3 9.0 5/WEEK GRAB. **EFFLUENT GROSS VALUE** REQUIREMENT \*\*\*\*\* \*\*\* \*\*\*\*\* MIN. MAXIMUM: SU ALKALINITY, BICARBONATE SAMPLE N/T N/T (19)0 as CaCO3 MEASUREMENT \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* 00425 1 0 0 PERMIT REPORT REPORT 1/QUARTER COMP 24 **EFFLUENT GROSS VALUE** \*\*\*\*\* REQUIREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\* MO AVG DAILY MAX MG/L SOLIDS, TOTAL SAMPLE 2667 2669 (26)129.0 132.0 (19)Ω SUSPENDED MEASUREMENT \*\*\*\* 00530 G 0 0 PERMIT REPORT REPORT REPORT REPORT COMP 24 -2/MONTH 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 law that this document and all attachments were TELEPHONE prepared under my direction or supervision in accordance with the system designed 907 586-0393 Scott Jeffers to assure that the qualified personnel properly gather and evaluate the information AREA submitted. Based on my inquiry of the person or persons who manage the system. Wastewater Utilities Superintendent CODE PHONE NUMBER 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, SIGNATURE OF PRINCIPAL EXECUTIVE 2006 11 MO 8 DAY TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

\* The reporting period was from 10/01/2006 through 10/28/2006.

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

#### 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** 

LOCATION: JUNEAU, ALASKA 99801

NAME:

ADDRESS:

**FACILITY:** 

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

\*\*\* NO DISCHARGE

MONITORING PERIOD

NOTE: Read instructions before completing this form.

YEAR

AK-002295-1 PERMIT NUMBER

YR

МО

001 A DISCHARGE NUMBER

DAY

МО

ATT:	Scott Jeffers WW L	FROM	2006	10	1	то	2006	10	31		
PARAMETER		QUANTITY OF	R LOADING		QUA	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MUMIXAM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL	SAMPLE	254.2		(26)		12.0		(19)	0		
SUSPENDED	MEASUREMENT		*****		*****		*****				
00530 G-0 0	PERMIT	1829				45				2/MONTH	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L			
SOLIDS, TOTAL	SAMPLE	217.9	254.2	(26)		10.5	12.0	(19)	0		
SUSPENDED	MEASUREMENT				*****						
00530 G 0 0	PERMIT	1226	2452			30	60:			2/MONTH	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DATLY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
NITROGEN AMMONIA	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(19)	0		
TOTAL (as N)	MEASUREMENT				*****						
00610 1 0 0	PERMIT: ::-	ELS REPORT	REPORT			REPORT	REPORT			1/MONTH	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO¹AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
SILVER	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(28)	0		
TOTAL RECOVERABLE	MEASUREMENT				*****						
01079 1 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT			3/YEAR	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	· *****	MO AVG	DAILY MAX	ug/L			
ZINC	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(28)	0		
TOTAL RECOVERABLE	MEASUREMENT	• .			*****						
01094 1 0 0	PERMIT:	REPORT	REPORT			REPORT	REPORT			3/YEAR	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	.: MO AVG	DAILY MAX	ug/L			
LEAD	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(28)	0		
TOTAL RECOVERABLE	MEASUREMENT				*****						
01114 1 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT	i		3/YEAR	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L			
COPPER	SAMPLE	0.250	0.250	(26)		11.80	11.8	(28)	0		
TOTAL RECOVERABLE	MEASUREMENT				*****			. [			
01119 1 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT			1/MONTH	COMP 24
EFFLUENT GROSS VALUE	· REQUIREMENT	MO AVG	- DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L		i kwa Tati Alianta Awas	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	law that this document	t and all attachments v	vere				-	907	TELEPHONE <b>586-0393</b>	
Scott Jeffers	prepared under my direct to assure that the qualifie							ŀ	AREA	<u> </u>	
Wastewater Utilities Superintendent	submitted. Based on my	inquiry of the person or	r persons who manage	the system,				ļ.	CODE	PHONE NUM	BER
	or those persons directly submitted is, to the best of							}	T	DATE	
	I am aware that there are	significant penalties for	r submitting false info	mation,		TURE OF PRINCIP			2006	11	8
TYPED OR PRINTED	including the possibility of				OFF	ICER OR AUTHOR	RIZED AGENT		YEAR	MO	DAY

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

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

ORT (DMR)

Acility name/Location if different)

JUNEAU, CITY AND BOROUGH OF

FROM

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

*** NO DISCHARGE	***
	ons before completing this form.

AK-002295-1 PERMIT NUMBER 001 A
DISCHARGE NUMBER

FACILITY: LOCATION:

NAME:

ATT:

**ADDRESS:** 

JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA

JUNEAU, ALASKA 99801

155 SOUTH SEWARD,

Scott Jeffers WW Utilities Superintendent

MENDENHALL TREATMENT PLANT

		MONIT	ORING P	RIOD		
YR	MO	DAY		YEAR	МО	DAY
2006	10	1	] то [	2006	10	31
QUAL	TY OR CONCENT	RATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	

PARAMETER		QUANTITY OF	RLOADING		QUA	LITY OR CONCEN	TRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FECAL COLIFORM MF,	SAMPLE					22.5		(13)	0		
M-FC BROTH 44.5C	MEASUREMENT	*****	*****	****	*****		*****	_			
31616 W 0 0	PERMIT					800				1/WEEK	GRAB
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	****	*****	WKLY GEO	*****	#/100ML			
FECAL COLIFORM MF,	SAMPLE				1	3.7	22.5	(13)	0		
M-FC BROTH 44.5C	MEASUREMENT	*****	*****	****	*****						
31616 1 0 0	PERMIT					400.	1200			1/WEEK	GRAB -
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	MO:GEO	DAILY GEO	#/100ML	Had Sv B		Estate and the second
FLOW IN CONDUIT OR	:SAMPLE	2.87	3.80	(03)	ļ				0		
THROUGH TREATMENT PLANT	MEASUREMENT				*****	*****	*****	****		<u></u>	
50050 P 0 0	. PERMIT : -	REPORT	REPORT	,						CONTINUOSLY	RECORDED
SEE COMMENTS BELOW	REQUIREMENT.	MO*AVG	DAILY MAX	MGD	*****	*****	******	****			
EFFLUENT DILUTION	SAMPLE				602.8			(23)	0		
RATIO	MEASUREMENT	*****	*****	****		*****	*****			Co. St panisman annual action to	
78480 1 0 0	PERMIT				10					DAILY	CALCULATE
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	MINUMUM	*****	*****	PERCENT	Self (Laff		
BOD, 5-DAY PERCENT	SAMPLE				93.2			(23)	0		
REMOVAL	MEASUREMENT	*****	*****	****		*****	*****				ha interesting of management
81010 K 0 0	PERMIT				85					TWICE/	CALCULATED
PERCENT REMOVAL	REQUIREMENT	*****	*****	****	MIN % REMOVAL	*****	*****	PERCENT		MONTH	
SOLIDS, SUSPENDED	SAMPLE				91.9			(23)	0		
PERCENT REMOVAL	MEASUREMENT	*****	*****	****		*****	*****	1			and the same same reality and the same same same same same same same sam
81011 K 0 0	PERMIT				85			+		TWIGE/	CALCULATED
PERCENT REMOVAL	* REQUIREMENT	*****	*****	****	MIN % REMOVAL	*****	*****	PERCENT		MONTH	378 VS
TURBIDITY, LAB	SAMPLE				1	6.2	8.1	(43)	0		
NTU	MEASUREMENT	*****	*****	****	*****					Cara-again milingaga a paga a	o control via desa minera de 1000
82079 1 0 0	PERMIT					REPORT	REPORT			. 5/WEEK	RECORDED
EFFLUENT GROSS VALUE	REQUIREMENT	******	*****	****	*****	MO AVG	DAILY MAX	NTU			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my direct	law that this documen	t and all attachments w	vere stem designed					907	TELEPHONE 586-0393	
Scott Jeffers	to assure that the qualified	d personnel properly g	ather and evaluate the	information				AREA	PHONE NUM	RED	
•	submitted. Based on my i	responsible for gatheri	ing the information, the	information				CODE	DATE DATE	שבת	
•	submitted is, to the best of	f my knowledge and b	elief, true, accurate, an	d complete.	STON	ATURE OF PRINCI	DAL EYECUTIVE	2006	11	8	
TYPED OR PRINTED	I am aware that there are including the possibility of	significant penaities for If fine and imprisonme	or submitting taise infor-	madon,		FICER OR AUTHO			YEAR	MÖ	DAY
COMMENT AND EXPLANATION OF ANY			(Reference all atta		e)						

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

\* The reporting period was from 10/01/2006 through 10/28/2006. 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 3 OF 4

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

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

NAME:

ADDRESS:

FACILITY:

JUNEAU, CITY AND BOROUGH OF

MENDENHALL TREATMENT PLANT

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

**MENDENHALL VALLEY SERVICE AREA** 

LOCATION: JUNEAU, ALASKA 99801 MAJOR (SUB 01) F - FINAL **EFFLUENT**  Form Approved.

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

MONITORING PERIOD

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

AK-002295-1 PERMIT NUMBER

YR

МО

001 A DISCHARGE NUMBER

DAY

MO

LOCATION	JUNEAU, ALASKA	JJ001		1	LIK	I MO	DAI	l	IEAR	I MO	DAT
ATT:	Scott Jeffers WW Ut	ilities Superintend	dent	FROM	2006	10	1	то	2006	10	31
PARAMETER		QUANTITY O	R LOADING		QUA	LITY OR CONCEN	TRATION	·	NO.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
HARDNESS	SAMPLE	· · · · · · · · · · · · · · · · · · ·				80.0	80.0	(19)	0		<del>                                     </del>
as CaCO3	MEÁSUREMENT	*****	*****	****	*****			, ,			
82394 10 0	PERMIT					REPORT	REPORT			1/MONTH:	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MAX	MG/L		. 11 . TT	
DISSOLVED OXYGEN	SAMPLE				3.7	3.7	3.7	(19)	0		
	MEASUREMENT	*****	*****	****							
00300	PERMIT				REPORT	REPORT	REPORT			1/MONTH	
EFFLUENT GROSS VALUE	REQUIREMENT	******	*****	****	- MINIMUM -	MO AVG	DAILY MAX	MG/L			
TOXICITY,	SAMPLE						N/A	(73)	0		
CERIODAPHNIA CHRONIC	MEASUREMENT	*****	*****	****	*****	*****	i			1/182	İ
61406	PERMIT :-		(3.00) (3.00)				10.0			TWICE/	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	MAXIMUM	TUC		YEAR	
	SAMPLE										
	MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT										
	REQUIREMENT	******	*****	****	*****	*****	*****				
	SAMPLE							Î			
	MEASUREMENT	*****	*****	****	*****	*****	*****	]	· · · · · · · · · · · · · · · · · · ·		
	PERMIT	*****	*****	****		******		j.			
·	REQUIREMENT			****	. *****	******	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	ĺ	,		
	PERMIT		******	****		******* ##7750756 ####################################		· [	un inggever) - k-pp- strum sissi	. 180   120   140   150	fietja i todonyvistnejerejeri
	REQUIREMENT	*****	*****	****	*****	*****	*****	].			
	SAMPLE								Hally History (1988)		
	MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT	ingesta Mariaesien						ŀ		eregen uracijsk	
	REQUIREMENT	*****	*****	****	*****	*****	*****	- 1			
ME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of la	aw that this document	and all attachments w	ere	9559 (5000)000(000)000+550(5045) -	representation entropiete (699)			<u>interficial at estimate infe</u>	TELEPHONE	
ott Jeffers	prepared under my directi- to assure that the qualified	on or supervision in a	eccordance with the sys	tem designed				. [	907 AREA	586-0393	
astewater Utilities Superintendent	Isubmitted, Based on my in	ure that the qualified personnel properly gather and evaluate the initted. Based on my inquiry of the person or persons who manage th						Ļ	CODE	PHONE NUM	BER
	or those persons directly re submitted is, to the best of	my knowledge and be	elief, true, accurate, and	d complete.						DATE	
TYPED OR PRINTED	I am aware that there are si	gniticant penalties for fine and imprisonment	r submitting false infor nt for knowing violatio	mation,		TURE OF PRINCIP		-	2006 YEAR	11 MO	8 DAY
OMMENT AND EXPLANATION OF AN			(Reference all attac		<u> </u>	TO THON	ACED ACEIVI		TEAK 1	1-10	עאו
The reporting period was from											

# MENDENHALL WASTEWATER TREATMENT FACILITY

October 2006

										MEN	ファフィ	YLL VV	MOILV	VAILIX	11 (5/ ) 1	( 4 ) mm 1 x .								October	2006
	Juneau, Alaska EFFLUENT												MISC												
EPA R	EPORT	•						appearant, per p	+ + + + + + + + + + + + + + + + + + +	. The Table		NFLUE								FFLUE	NULL		<u> </u>		POWER
L1 / ( 1 )		WEAT	HER			FLOWS		ed to the least of	<u> V. J. J. a.</u>		age of the second			: 5 A D: 1	B.O.D.			D;O;	TURBID.	S.S.	∵S.S.∵	B.O.D.	B.O.D.	FECAL COLIFORM	
·	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	V-V-L-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-		SBR	Mend		Receiving	SBR			D.O. ::	∵ s.s;∵	S.S.	B.O.D	. טיטים	TEMP	Ha.:		MAX					100 ml	READING
			RAIN .	INFLUENT		TTL EFFL	. Water	WASTE	TEMP	pΗ			LBS	mg/L	LBS	°C		::mg/L::	NTU:	mg/L	LBS	:::mg/L:::	∴:LBS:::		95
DAY	DATE	TEMP °F	FALL INCHES	MGD	CFS	MGD	Dilution	∴MGD	°C		mg/L	mg/L	FBO	···.1919/	· . Fe										89
				3.33	5940	3.33	1153.3 /1	0.0656								13.2	6.4		4.5						<del> </del> -
SUN	1	44	0.00		4990	2.95	1093.7 /1	0.0583	12.6	6.6					0001	13.4	6.3		5.2	12.0	254.2	10.5	222.4		89
MON	2	47	0.00	3.08	3830	2.54	975.1 /1	0.0483	12.8	6.7		126	2669	187	3961	14.0	6.4	3.7	6.4			·		22.5	100
TUE	3	46	0.18	2.62		3.63	773.4 /1	0.0702	13.1	6.5	6.4						6.3		5.6						95
WED	4	47	2.60	3,59	4340		1143.1 /1	0.0879	12.4	6.4						13.4			6.4						94
THU	5	46	0.10	3.11	5640	3.19	1374.6 /1	0.0797	12.9	6.6						13.5	6.3								89
FRI	6	47	0.24	2.92	6060	2.85		0.0756																	86
SAT	7	41	0.00	2.78	4650	2.70	1113.6 /1														+				89
SUN	8	52	0.88	2.65	3540	2.56	894.3 /1	0.0713		6.6						14.2	6,3		5.6		104.6	13.0	262.4	1	88
MON	9	48	0.38	2.69	3130	2.56	790.8 /1	0.0687	14.1			132	2664	159	3209	13.9	6.3		6.0	9.0	181.6	13.0	202.	8.0	94
TUE	10		0.00	2.45	3660	2.42	978.0 /1	0.0600	12.4	6.5		102	200.			14.3	6.4		6.5		┼	<del> </del>	<del> </del>	+	93
	11	·	0.28	2,56	4600	2.48	1199.2 /1	0.0545	13.3	6.5		<del> </del>	-			14.0	6.4		7.6				<b>-</b>	+	90
WED	<del></del>		0.00	2.93	4630	2.34	1279.2 /1	0.0564	13.6	6.6		<del> </del>	<del> </del>	+	<b>—</b>	14.8	6.4		8.1					-	93
THU_	12		0.85	2.43	4770	2.35	1312.2 /1	0.0719	13.8	6.6		<del> </del>	-			<del>                                     </del>									
FRI	13	1		3.04	5440	2.95		0.0767				ļ	ļ	<del> </del>	<del> </del>										91
SAT	14		0.95		4720	2.91	1048.8 /1	0.0520								14.1	6.4		6.1		1				86
SUN	15		0.00	2.97		2.39		0.0482	14.1	6.5				<del> </del>	<del> </del>	14.1	<del></del>		6.0		1	T			94
MON	16	41	0.00	2.47	4340			<del>                                     </del>	13.0	6.5						13.5	- <del> </del>		6.0	1				1.0	
TUE	17	41	0.78	2.47	3080	2.26	755.0 /1	0.0483	12.9	6.3					<u> </u>	13.8			7.1						94
WED	18	43	0.33	2.81	3280	2.81		0.0458	13.0	6.2					ļ	13.6				<del>                                     </del>	+-	1			94
THU	19	48	0.27	2.79	3310	2.66			14.0	6.8						14.0	6.3	<del> </del>	6.4	<del> </del>	+	+			94
FRI	20	48	0.55	2.49	3170	2.49			14.0	1 - 0.0									<del> </del>	<del> </del>		-			87
SAT	21	50	1.17	2.83	4590	2.88		-	<del> </del>	<del> </del>										<u> </u>					98
SUN	22		0.45	3.21	6640	3.21			ļ			-				13.0	6.9		6.0			+	+		90
	23		0.96	3,38	6640	3.44			13.0	7.2						12.0	6.8	3	7.0			+		1.	.0 96
MON	24		0,37	3.29	5790	3.23	1159.0 /1			7.2			<del></del>			13.0	6.8	3	5.7						97
TUE			0.85	3.41	5840	3.56	1060.7 /1	0.0522	11.0	6.9						12.0	6.8	3	5.1						91
WED	25		0.17	3.59	5980	3.80	1.017.6 /	0.0602	11.0	6.8						14.0		7	6.3	<u> </u>					90
THU	26				3130		640.9 /	0.0585	13.0	7.1	<u> </u>	<b></b> _				<del>                                     </del>				1		TO DESCRIPTION OF	and managerality (4)	Para de de Salados	
FRI_	27		0.10	2.84	2590		T	0.0655			×	and the second of the	16 Physical 10	10.14.2714/2006		60 50 50 50	n karanta								
SAT	28	33	0.00				www.manasattenstalas	1,6983						COM DESCRIPTION OF THE PERSON			B 6.9	9 3.			2.0 254	1.2 13	3.0 262		
	OTAL		12.46	81.92					14.1	1	1 _	4 132	2 266								9.0 181	.6 11	0.5 22	-: -	.0 86
MA	XIMUM	55	2.60	3.59	6640			1			2 6.	4 120	6 266	4 159							0.5 217		1.8 24	2.4	3.7 92.4
Min	MUMIV	33	0.00	2.43								.4 129	.0 2666	.6 <u>173</u>	.0 3585	.2 13	.6  6	.5 3	.7 6		<u> = 17</u>	<u></u>			
AVE	ERAGE	44.3	0.45	2.93	4582.9	2.8	7 1030.6 /	1 0.060	12.	<u> </u>						****	Description Care	(##12.06.007.20	na na managaran	V AVEN	ACE SECTION	WEEK	₩.	% F	REMOVAL
Colonial margarithm											Annual Committee Committee	oceani I	220000000000000000000000000000000000000	A MEDICAL		148		12-14-12-12-12-12-12-12-12-12-12-12-12-12-12-	WEEKI	INAVEK/		45-00 TOURS HAND	1004000		00.0

COMMENTS:

<sup>\*</sup> GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

45.22	2008
Hrd. mg/l	80.0
Alk. mg/l	N/T
D.O.mg/l	3.7
Turb.ntu	8,1

Tox. TI	Jc	N/A	

0	ctober 2006	
	ug/L+	LBS
Copper	11.80	0.250
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	NO TEST	NO TEST

		COLFORM			
WEEK	* B(	OD Service		Land bollen Control of the Party of the Part	
	mg/l	ibs	mg/l	i ibs;√	Geo. Mean
1	10.5	222.4	12.0	254.2	22.5
	13.0	262.4	9.0	181.6	8.0
3					1.0
					1.0
4 	11.8	242.4	10.5	217.9	8.1
AVG MAX	12.0	262 4	12.0	254.2	22.

%REM	OVAL-
B.O.D.	93.2
S.S.	91.9

POWERU	SAGE IN
TOTAL	413760