

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

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 ***

NOTE: Read instructions before completing this form.

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

AK-002295-1

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2007	5	1		2007	5	31

PARAMETER	<div></div>	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Turbidity	SAMPLE MEASUREMENT	*****	*****	****	*****	11.4	15.6	(43)	0				
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		NTU		Continuous	RCORDR	
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.9	3.9	*****	(19)	0				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	Req. Mon. MO AVG	*****		19 mg/L		Once Per Month	GRAB	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	338	340	(26)	*****	19.0	19.1	(19)	0				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX		lb/d	*****	30 MO AVG		60 DAILY MX	19 mg/L		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	340	*****	(26)	*****	19.1	*****	(19)	0				
00310 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****		lb/d	*****	45 WKLY AVG		*****	19 mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	6.7	(12)	0				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	6.5 INST MIN	*****		9.0 INST MAX	12 SU		Weekdays	GRAB
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0				
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	*****	Req. Mon. MO AVG		Req. Mon. DAILY MX	19 mg/L		Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	401	414	(26)	*****	23	23	(19)	0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX		lb/d	*****	30 MO AVG		60 DAILY MX	19 mg/L		Twice Per Month	COMP24
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE			
Scott Jeffers Wastewater Utilities Superintendent										907		586-0393	
										AREA CODE		PHONE NUMBER	
										DATE		DATE	
TYPED OR PRINTED										2007	6	7	
										YEAR	MO	DAY	

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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
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	414	*****	(26)	*****	23.0	*****	(19)	0		
00530 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	270	270	(26)	*****	15.0	15.0	(19)	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MX	lb/d	*****	28.5 MO AVG	48 DAILY MX	19 mg/L		Once Per Month	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	****	*****	101	101	(19)	0		
00900 1 6 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Once Per Month	GRAB
Silver, total recoverable	SAMPLE MEASUREMENT	0.019	0.019	(26)	*****	1.04	1.04	(28)	0		
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	0.77	0.77	(26)	*****	42.80	42.80	(28)	0		
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0.01	0.01	(26)	*****	0.625	0.625	(28)	0		
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0.32	0.32	(26)	*****	17.8	17.8	(28)	0		
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	3.54 MO AVG	7.63 DAILY MX	lb/d	*****	86.7 MO AVG	187 DAILY MX	28 ug/L		Once Per Month	COMP24
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Scott Jeffers Wastewater Utilities Superintendent											
TYPED OR PRINTED											
COMMENT AND EXPLANATION OF ANY VIOLATIONS											
* Concerning violations-please see attached. The reporting period was from 04/29/07 through 06/02/07.											

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393

AREA CODE
PHONE NUMBER
DATE

2007 6 7
YEAR MO DAY

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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155 SOUTH SEWARD,
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PARAMETER	<div></div>	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % samples exceeds limit 30500 0 0 See Comments	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(23)	0		
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 DAILY MX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 0 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****		*****	161 MO GEO	Req. Mon. DAILY MX	13 #/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****		400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 Q 0 See Comments	SAMPLE MEASUREMENT	*****	*****		N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****		400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	41.0	12.4	120	(13)	0		
	PERMIT REQUIREMENT	*****	*****		800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual 45613 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****		Y=1 ; N=0	0		
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX			Once Per Month	VISUAL
Flow, in conuit or thru treatment plant. 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.07	2.72	(03)	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****			Continuous	RCORDR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent	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		
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TYPED OR PRINTED									2007	6	7
								YEAR	MO	DAY	

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0	PERMIT REQUIREMENT	4.09	4.09		*****	100	100			QUARTERLY	COMP24
See Comments		MO AVG	DAILY MX	lb/d		MO AVG	DAILY MX	ug/l			
Dilution factor	SAMPLE MEASUREMENT	*****	*****	****	361	781	*****	ug/L	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon.	Req. Mon.	*****			DAILY	MEASRD
Effluent Gross					DAILY MN	MO AVG	*****	1U			
BOD,5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	93	*****	*****	(23)	0		
81010 K 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	23		Once Per Month	CALCTD
Percent Removal					MN % RMV	*****	*****	%			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	****	88	*****	*****	(23)	0		
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	23		Once Per Month	CALCTD
Percent Removal					MN % RMV	*****	*****	%			
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		0		
81400 X 0	PERMIT REQUIREMENT	Req. Mon.	*****		*****	*****	*****			DAILY	MEASRD
End of Chlorine Contact Chamber		MO AVG	*****	lb/d	*****	*****	*****				
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	(93)	0		
84066 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon.			Once Per Month	VISUAL
Effluent Gross					*****	*****	DAILY MX	occur/mo			
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	(26)	0		
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon.			Semiannual	COMP24
Effluent Gross					*****	*****	DAILY MX	bx chronic			
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Scott Jeffers									907	586-0393	
Wastewater Utilities Superintendent									AREA CODE	PHONE NUMBER	
										DATE	
TYPED OR PRINTED									2007	6	7
									YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* Concerning violations-please see attached. The reporting period was from 04/29/07 through 06/02/07.

		WEATHER		FLOWS					INFLUENT						EFFLUENT								MISC		
DAY	DATE	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	29	41	0.10	2.52	1750	2.62	432.5 /1	0.0603																	51
MON	30	41	0.09	2.47	1990	2.72	473.6 /1	0.0661	11.0	7.2						12.0	6.6		10.8						52
TUE	1	43	0.00	2.35	1950	2.16	584.2 /1	0.0725	10.0	7.1		190	3423	304	5476	12.0	6.7		9.8	23.0	414	18.9	340	120.0	53
WED	2	48	0.00	2.40	1740	1.88	598.9 /1	0.0742	10.0	8.2	8.2					11.0	6.7	3.9	11.9					14.0	48
THU	3	41	0.01	2.48	1780	1.89	609.4 /1	0.0742	10.0	7.1						12.0	6.7		11.1						79
FRI	4	44	0.01	2.39	1740	1.80	625.5 /1	0.0793	11.0	6.9						11.0	6.5		11.5						23
SAT	5	44	0.13	2.49	1910	1.93	640.3 /1	0.0700																	50
SUN	6	41	0.98	2.71	2080	2.09	643.9 /1	0.0654																	53
MON	7	43	0.14	2.82	2370	2.34	655.3 /1	0.0657	10.0	6.9						12.0	6.6		9.2						53
TUE	8	41	0.01	2.61	2080	2.11	637.8 /1	0.0559	10.0	6.9		178	3132	213	3748	11.0	6.6		9.4	22.0	387	19.1	336	2.0	49
WED	9	44	0.01	2.63	1780	2.03	567.4 /1	0.0532	10.0	7.0						11.0	6.6		9.6					11.7	54
THU	10	44	0.06	2.69	1740	2.07	544.0 /1	0.0634	10.0	7.0						12.0	6.6		15.6						52
FRI	11	44	0.29	2.35	1760	1.97	578.1 /1	0.0634	11.0	6.9						12.0	6.6		12.7						53
SAT	12	45	0.06	2.54	2020	2.02	647.0 /1	0.0518																	51
SUN	13	44	0.04	2.53	1970	1.95	653.6 /1	0.0542																	51
MON	14	48	0.15	2.47	1940	1.91	657.1 /1	0.0567	11.0	7.2						12.0	6.6		9.8						51
TUE	15	49	0.00	2.49	2100	1.94	700.3 /1	0.0588	12.0	6.9						13.0	6.6		14.1					13.3	51
WED	16	44	0.34	2.51	2250	1.99	731.4 /1	0.0891	11.0	6.8						13.0	6.5		11.4					50.0	52
THU	17	43	0.15	2.40	2350	2.02	752.5 /1	0.0852	10.0	6.7						11.0	6.5		11.1						57
FRI	18	46	0.00	2.48	2280	2.00	660.0 /1	0.0840	11.0	6.7						14.0	6.5		11.2						50
SAT	19	51	0.00	2.45	2370	1.96	782.1 /1	0.0742																	48
SUN	20	51	0.00	2.48	2310	2.03	736.1 /1	0.0720																	50
MON	21	48	0.00	2.43	1120	2.01	361.0 /1	0.0852	12.0	7.2						13.0	6.5		13.4						50
TUE	22	51	0.00	2.34	2550	1.99	828.8 /1	0.0864	11.0	7.0						12.0	6.6		13.7					16.7	49
WED	23	56	0.00	2.48	2760	1.98	901.5 /1	0.1020	11.0	6.8						13.0	6.5		11.6					4.0	51
THU	24	55	0.00	2.54	2700	2.00	873.1 /1	0.0846	11.0	6.9						13.0	6.5		11.1						49
FRI	25	53	0.12	2.41	3170	1.98	1035.3 /1	0.0810	13.0	6.8						14.0	6.6		10.5						48
SAT	26	48	0.72	2.68	3680	2.22	1071.8 /1	0.0957																	51
SUN	27	47	0.14	2.62	4160	2.26	1190.1 /1	0.0954																	50
MON	28	49	0.10	2.62	3800	2.26	1087.2 /1	0.0819	12.0	7.0						13.0	6.5		10.1						50
TUE	29	49	0.74	2.66	3840	2.35	1056.6 /1	0.0886	11.0	7.0						12.0	6.6		10.9					8.0	53
WED	30	50	0.50	2.64	4190	2.23	1214.8 /1	0.1020	11.0	6.8						13.0	6.5		11.4					6.0	54
THU	31	51	0.00	2.77	4130	2.06	1296.1 /1	0.1070	12.0	6.7						13.0	6.5		12.2						54
FRI	1	57	0.00	2.46	3660	1.85	1279.0 /1	0.0762	13.0	6.8						14.0	6.5		11.4						48
SAT	2	51	0.00	2.55	3750	1.95	1243.3 /1	0.0766																	50
TOTAL			4.89	88.46		72.57	/1	2.6522																	1788
MAXIMUM		57	0.98	2.82	4190	2.72	1296.1 /1	0.1070	13.0	8.2	8.2	190	3423	304	5476	14.0	6.7	3.9	15.6	23.0	414	19.1	340	120.0	79
MINIMUM		41	0.00	2.34	1120	1.80	361.0 /1	0.0518	10.0	6.7	8.2	178	3132	213	3748	11.0	6.5	3.9	9.2	22.0	387	18.9	336	2.0	23
AVERAGE		47	0.14	2.53	2508	2.07	781.4 /1	0.0758	11.0	7.0	8.2	184	3278	259	4612	12.4	6.6	3.9	11.4	22.5	401	19.0	338	24.6	51

COMMENTS:

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

May 2007	
Hrd. mg/l	101
Alk. mg/l	N/A
D.O. mg/l	3.9
Turb. NTU	15.6

Tox. TU _c	N/A
----------------------	-----

May 2006		
	ug/L	LBS
Copper	17.80	0.32
Lead	0.625	0.01
Silver	1.04	0.02
Zinc	42.80	0.77
NH ₃ mg/L	15.00	270

WEEK	WEEKLY AVERAGE				WEEKLY
	BOD		TSS		COLIFORM
	mg/l	lbs	mg/l	lbs	Geo. Mean
1	18.9	340	23.0	414	41.0
2	19.1	336	22.0	387	4.8
3					25.8
4					8.2
5					6.9
AVG	19.0	338	22.5	401	17.3
MAX	19.1	340	23.0	414	41.0

% REMOVAL	
B.O.D.	93
S.S.	88

POWER USAGE IN KILOWATT-HOURS	
TOTAL	286080