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

DAY

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

МО

YR

001 A DISCHARGE NUMBER

DAY

МО

LOCATION.	JUNEAU, ALAJIVA	JJ001		!	- 110			-∤			
ATT:	Scott Jeffers WW U	tilities Superintend	lent	FROM	2007	5	11	то	2007	5	31
PARAMETER		QUANTITY O	R LOADING		QUAI	LITY OR CONCENT	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]	0, , , , , , , , , , , ,	
Turbidity	SAMPLE					11.4	15.6	(43)	0		
·	MEASUREMENT	*****	*****	****	*****			ŀ			
00070 1 0	PERMIT					Req. Mon:	Req. Mon.			Continuous	RCORDR
Effluent Gross	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	NTU			
Oxygen, dissolved (DO)	SAMPLE				3.9	3.9		(19)	0		
	MEASUREMENT	****	*****	****			*****				
00300 1 0	PERMIT:				Req. Mon.	Req. Mon.		19		Once Per	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	DAILY MN	MO AVG	********	mg/L		Month	
BOD, 5-Day, 20 deg. C	SAMPLE	338	340	(26)		19.0	19.1	(19)	0		
	MEASUREMENT				*****	!					
00310 1 0	PERMIT	1226	.2452			30	60	19		Twice Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	******	MO AVG	DAILY MX	mg/L		Month	
BOD, 5-Day, 20 deg. C	SAMPLE	340	·	(26)		19.1		(19)	0		
	MEASUREMENT	<u> </u>	*****		*****		*****				
00310 W 0	PERMIT	1829				45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	*****	WKLY AVG	******	mg/L		Month	
pH	SAMPLE	,	· .		6.5		6.7	(12)	, 0		
	MEASUREMENT	*****	*****	****		*****					and the state of t
00400 1 0	. PERMIT				6.5		9.0	12		Weekdays	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	INST MIN	*****	INST MAX.	SU		-28 [5]	
Alkalinity, total (asCaCo3)	SAMPLE	•				N/A	N/A	(19)	0		
	MEASUREMENT	*****	*****	****	*****	Newsympton of the second course in the					
00410 1 7	PERMIT					Req. Mon.	, Req. Mon.	19		Quarterly	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE	401	414	(26)		23	23	(19)	0		•
	MEASUREMENT				*****		ranifican olimpias anamatini ra			Supplemental Control of the Control	Anti-ci-analisi massairam arrainair
00530 1 0	PERMIT	1226	2452			30	60	19		Twice Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	mg/L		Month	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	law that this documention or supervision in a	t and all attachments we accordance with the syst	ere tem designed		•			907	TELEPHONE 586-0393	
Scott Jeffers	prepared under my direct to assure that the qualified submitted. Based on my in	personnel properly g	ather and evaluate the i	nformation					AREA CODE	PHONE NUM	RED
Wastewater Utilities Superintendent	for those persons directly r	esponsible for gatheri	ng the information, the	information				.]	CODE	DATE	DLR
•	submitted is, to the best of I am aware that there are s				SIGNA	TURE OF PRINCIP	AL EXECUTIVE		2007	6	7 .
TYPED OR PRINTED	including the possibility o	f fine and imprisonme	nt for knowing violation	OFF	ICER OR AUTHOR	IZED AGENT		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.

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

NAME:

JUNEAU, CITY AND BOROUGH OF

MENDENHALL TREATMENT PLANT

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

MENDENHALL VALLEY SERVICE AREA

LOCATION: JUNEAU, ALASKA 99801

ADDRESS:

FACILITY:

MAJOR (SUB 01) F - FINAL EFFLUENT

DAY

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

YEAR

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

MONITORING PERIOD

AK-002295-1 PERMIT NUMBER

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DAY

אוכרבה, הבחבווים	99001			IIX	1110	DAI		ILAK	110	D/(1
Scott Jeffers WW Utilities Superintendent				2007	5	1 1	то	2007	5	31
	QUANTITY O	R LOADING	· · · · · · · · · · · · · · · · · · ·	QUA	LITY OR CONCEN	Y OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		Of AWALIGIO	'''-
SAMPLE	414		(26)		23.0		(19)	0		
MEASUREMENT		*****		*****		*****				
PERMIT.	1829				45	source from the	19 .		Twice Per	COMP24
REQUIREMENT	WKLY AVG	*****	lb/d	*****	WKLY AVG	*****	mg/L		Month	
SAMPLE	270	270	(26)		15.0	15.0	(19)	0		
MEASUREMENT				*****						
PERMIT	1164	1963			28.5	48	19		Once Per	COMP24
REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	mg/L		; · Month	
SAMPLE					101	101	(19)	0		
MEASUREMENT	*****	*****	****	*****			<u> </u>			
PERMIT					Req. Mon.	Req. Mon.	19		Once Per	GRAB
REQUIREMENT	*****	*******	****	*****	MO AVG	DAILY MX	mg/L		Month:	
SAMPLE	0.019	0.019	(26)		1.04	1.04	(28)	0		
MEASUREMENT				*****						
PERMIT	Req. Mon.	Req. Mon.							Three Per	COMP24
REQUIREMENT	MO AVG	A	lb/d	*****	I I I I I I I I I I I I I I I I I I I				Year	
SAMPLE	0.77	0.77	(26)		42.80	42.80	(28)	0		
MEASUREMENT				*****		POLICE STRUCK TO A STRUCK TO THE STRUCK		nieksiainimenkerintleikiindois	d luxingsimus auturus singting inniviti	inskijaksanijākonikoliski
	and the contract of the contra						1			COMP24
. Shiteacakita antinantandi intinas astrockit		adaminamentaning, at minimum		*****	TOTAL CONTRACTOR OF THE PARTY O	ALCO DE CONTRACTOR DE CONTRACT			: Year	
	0.01	0.01	(26)		0.625	0.625	(28)	0		
	an kontroler i kritika kwa kwa ka maja ma ma ma ma			*****	CRANICA UNITED A SECURITOR DE COMP	lookto woodkood waxaaliikka				
										COMP24
annumana-annumananananananana		- Chambanana and Cham	`	777777	CALIFORNIA DI ANTANA DI CALIFORNIA DI CALIFO	manda a sa			: Year	
1	0.32	0.32	(26)		17.8	17.8	(28)	U		
			ŀ			207	20	######################################		GOMBOA!
			0.73				l l			COMP24
	HILDER BERNELLE STERNE	CHIEF COM CONT. PROGRAMMENT CONTROL OF CONTR			MO AVG	DAILY MX	ug/L		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							Į	907	586-0393	
							1	AREA	DHONE NUM	IDED
							ŀ	CODE	DATE	IDEN
submitted is, to the best o	f my knowledge and b	oelief, true, accurate, an	d complete.		TIPE OF SETTION	AL EVECTOR		2027		-
I am aware that there are	significant penalties for of fine and imprisonme	or submitting false infor	mation,	SIGNA	TURE OF PRINCIP	AL EXECUTIVE	L	2007	6 1	DAY
	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE TO SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT TO THE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT TO THE MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT I Certify under penalty of prepared under my direct to assure that the qualifies submitted. Based on my if or those persons directly submitted is, to the best of I am aware that there are	SAMPLE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT MO AVG SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT MO AVG SAMPLE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT	Scott Jeffers WW Utilities Superintendent QUANTITY OR LOADING VALUE VALUE SAMPLE 414 MEASUREMENT PERMIT PERMIT PERMIT PERMIT PERMIT REQUIREMENT MO AVG MEASUREMENT PERMIT REQUIREMENT MO AVG DAILY MX SAMPLE 0.77 0.77 MEASUREMENT PERMIT REQ. MON. REQ. MON. REQ. MO	Scott Jeffers WW Utilities Superintendent FROM	Scott Jeffers WW Utilities Superintendent	Scott Jeffers WW Utilities Superintendent QUANTITY OR LOADING	SCORT JEFFER WW Utilities Superintendent	Count Definition Count Count	Country Or Loading	SCORT Jeffers WW Utilities Superintendent

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

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

NAME:

FACILITY:

JUNEAU, CITY AND BOROUGH OF

ADDRESS: MENDENHALL TREATMENT PLANT

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

MENDENHALL VALLEY SERVICE AREA

LOCATION: JUNEAU, ALASKA 99801

Scott Jeffers WW Utilities Superintendent ATT:

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.

AK-002295-1	
PERMIT NUMBER	

001 A DISCHARGE NUMBER

	MONITORING PERIOD											
YR	MO	DAY		YEAR	MO	DAY						
2007	5	1	то	2007	5	31						
QUAL	ITY OR CONCENT	RATION	NO.	FREQUENCY OF ANALYSIS	SAMPLE							

ATT:	Scott Jeffers WW U	Scott Jeffers WW Utilities Superintendent FROM					1 1	2007		21	
PARAMETER		QUANTITY O	R LOADING	•	QUA	LITY OR CONCENT	FRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % samples exceeds	SAMPLE						0	(23)	0		
limit	MEASUREMENT	*****	*****		*****	*****		_			
30500 O 0	PERMIT						10.			Twice Every	GRAB.
See Comments	REQUIREMENT	*****	*****		*****	*****	DAILY MX	%		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE					N/A	N/A	(13)	0		
	MEASUREMENT	*****	*****	****	*****			_			
31615 O 0	PERMIT					161	Req. Mon.	13		Twice Every	GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY-MX	#/100ml		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				N/A	N/A	N/A	(13)	0	1	
	MEASUREMENT	****	*****	****							
31615 P 0	PERMIT				400	200	800			Twice Every	GRAB.
See Comments	REQUIREMENT	***********	\$24.XX	****	WKLY GEO -	MO GEO	DAILY MX	#/100ml		. Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE		1		N/A	N/A	N/A	(13)	Ó		
	MEASUREMENT	*****	*****								Section with the second second second
31615 Q 0	PERMIT				400	200	800	.		Twice Every	GRAB
See Comments	REQUIREMENT	*****	*****		WKLY GEO	MO GEO	TEHNINGSHIMMENDINGSHIMME	#/100ml		Week /	
Fecal coliform, MPN, EC med, 44.5 C					41.0	12.4	120	(13)	0		
	MEASUREMENT	*****	*****	****	poplespeningenerons	benneskings (militis) (militis) militis	, Accidenticani substituti and tringgini		nani suga, luoksenanni suopuanan		
31615 R 0	PERMIT			, .	800	400	1200			Twice Every	GRAB
See Comments	REQUIREMENT:	******	*****	****	WKLY GEO	MO GEO	- DAILY MX	#/100ml		Week	
Floating solids or visible foam-visual	SAMPLE				-	ļ			0	ļ	
	MEASUREMENT	*****	*****		*****	*****	erminorii)				
45613 1 0	PERMIT			,	1,1,1,1		Req. Mon.			Once Per	VISUAL
Effluent Gross	REQUIREMENT	*****	******		*****	*****	DAILY MX	Y=1; N=0		- Month	
Flow, in conuit or thru treatment plant	SAMPLE	2.07	2.72	(03)					. 0	}	
	MEASUREMENT		TIPHOLES - PROTECTION OF THE	ļ. ļ	*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	4.9	3						Continuous	RCORDR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	******	*****	****		TELEBUONE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my direct	tion or supervision in a	ecordance with the sys	stem designed				-	907	TELEPHONE 586-0393	
Scott Jeffers Wastewater Utilities Superintendent	to assure that the qualified	d personnel properly g	ather and evaluate the	information the system			•		AREA CODE	PHONE NUME	3FR
Trastewater Otinites Superintelluent	or those persons directly i	responsible for gathering	ng the information, the	information				ļ	COUL	DATE	(-1)
•	submitted is, to the best o I am aware that there are	significant penalties fo	r submitting false info	rmation,	SIGNA	TURE OF PRINCIPA	AL EXECUTIVE	2007	6	7	
	including the possibility o	of fine and imprisonme	nt for knowing violation	ons.	OFF	ICER OR AUTHOR	IZED AGENT		YEAR	MÖ	DAY
COMMENT AND EXPLANATION OF ANY V	TOLATIONS										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

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

ATT:

•	
IAME:	JUNEAU, CITY AND BOROUGH OF
ADDRESS:	MENDENHALL TREATMENT PLANT
	155 SOUTH SEWARD,
•	JUNEAU, ALASKA 99801
ACILITY:	MENDENHALL VALLEY SERVICE AREA
OCATION:	JUNEAU, ALASKA 99801

Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

*** NO DISCHARGE ***

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001 A AK-002295-1 DISCHARGE NUMBER PERMIT NUMBER

MONITORING PERIOD											
YR	MO	DAY		YEAR	MO	DAY					
2007	5	1	то	2007	5	31					

Alli	Scott Jeners WW U	tilities Superintena	ent] 1,000	2007		<u>.</u>	J .0			
PARAMETER		QUANTITY OR LOADING			QUA	LITY OR CONCENT	RATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		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	4.09	4.09			100	100			QUARTERLY	COMP24 .
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l			
Dilution factor	SAMPLE	,			361	781		ug/L	0		
	MEASUREMENT	*****	*****	****]	*****				
80093 1 0	PERMIT				Reg. Mon.	Req. Mon.				DAILY.	MEASRD
Effluent Gross	REQUIREMENT	*****	*****	****	DAILY MN	MO AVG	*****	1U			
BOD,5-day, percent removal	SAMPLE				93			(23)	0		
	MEASUREMENT	*****	*****	****		*****	*****				
81010 K 0	PERMIT				85			23		, Once Per	CALCTD
Percent Removal	REQUIREMENT	*****	*****	****	, MN % RMV	*****	*****	%		: Month	
Solids, suspended percent removal	SAMPLE	30.00 (10			88			(23)	0 ·		
	MEASUREMENT	*****	*****	****		*****	*****	-			
81011 K 0 0	PERMIT				85			23		- Once Per	CALCTD
Percent Removal	REQUIREMENT	*****	*****	****	MN % RMV	*****	*****	%		Month	
Chlorine usage	SAMPLE	N/A		(26)		-			0		
	MEASUREMENT	•	*****		*****	*****	*****				
81400 X 0	PERMIT	Reg. Mon.								- DAILÝ	MEASRD
End of Chlorine Contact Chamber	REQUIREMENT	. MO AVG	*****	lb/d	*****	*****	*****				
Oil and grease visual	SAMPLE						0	(93)	0		
	MEASUREMENT	*****	*****	****	*****	*****					
84066 1 0	PERMIT						Req. Mon.			Once Per	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	occur/mo		Month	
Toxicity, Chronic	SAMPLE						N/A	(2G) ·	0		·
	MEASUREMENT	*****	*****	****	*****	*****	•				j
TT000 1 8	PERMIT						Reg. Mon.			Semiannual	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	ox chroni	2		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of								007	TELEPHONE 586-0393	
Scott Jeffers	prepared under my direct to assure that the qualified	tion or supervision in a d personnel properly ga	ccordance with the syst ather and evaluate the i	nformation				ŀ	907 AREA		
Wastewater Utilities Superintendent	submitted. Based on my in	nquiry of the person or	persons who manage t	he system,				}	CODE	PHONE NUME DATE	SER
	submitted is, to the best of	f my knowledge and be	elief, true, accurate, and	d complete.					2007		
TYPED OR PRINTED	I am aware that there are s including the possibility o					TURE OF PRINCIPA ICER OR AUTHOR		}	2007 YEAR	6 MO	DAY
THE SKINHILD								'			

FROM

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

MENDENHALL WASTEWATER TREATMENT FACILITY

EPA R	EPORT	•								141111	12	17 VI V		au, Alas	ska	7 I IVII 1 V	TIAC	11 <u></u> []						Mav	2007
		WEA:	THER			FLOWS	5 40 544 5	X				INFLUE				P				EFFLUI	=Nitt			IVIAY	·
			RAIN	∷∷SBR∷∷	Mend	paramanan paramana	Receiving	∷SBR∷			.::o:::	∷s.s.∷	::::s:s::::	∴B;O;D;∷	::B:0.D:::				itiinnin	1					MISC
DAY	DATE	TEMP	FALL	INFLUENT	River	TTL EFFL	Water	WASTE	TEMP	pHq		3.5		Б.О.Д	بن بن ه	TEMP	pH⋅⋅	D.Ø;	TURBID. MAX	S.S.	S.S	B.O.D.	B.O.D.	FECAL	POWER:
		°F	INCHES	∴MGD	:∷:CFS::::	∴MGD:::	Dilution	::MGD:	°C		∵mg/L	::mg/L:::	LBS	.∵mg/L	LBS:	°C	P(1	mg/L	NTU	mg/L	LBS	mg/L	LBS	COLIFORM 1100 ml	METER
SUN	29	41	0.10	2.52	1750	2.62	432.5 /1	0.0603	ļ <u>.</u>																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	ļ																50
SUN	6	41	0.98	2.71	2080	2.09	643.9 /1	0.0654																	53
MON		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 12	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		45	0.06	2.54	2020	2.02	647.0 /1	0.0518																	51
MON	13 14	44	0.04	2.53	1970	1.95	653.6 /1	0.0542																	51
TUE		48	0.15	2.47	1940	1.91	657.1 /1	0.0567	11.0	7.2	·······					12.0	6.6		9.8						51
WED	15 16	49 44	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
THU	17	43	0.34 0.15	2.51 2.40	2250 2350	1.99	731.4 /1	0.0891	11.0	6.8						13.0	6.5		11.4					50.0	. 52
FRI	18	46	0.00	2.40	2280	2.02	752.5 /1	0.0852	10.0	6.7						11.0	6.5		11.1						57
SAT	19	51	0.00	2.45	2370	2.00 1.96	660.0 /1	0.0840	11.0	6.7						14.0	6.5		11.2						50
SUN	20	51	0.00	2.48	2310	2.03	782.1 /1 736.1 /1	0.0742				· · ·													48
MON	21	48	0.00	2.43	1120	2.03	361.0 /1	0.0720	12.0	7.0															50
TUE	22	51	0.00	2.34	2550	1.99	828.8 /1	0.0864	11.0	7.2						13.0	6.5		13.4						50
WED	23	56	0.00	2.48	2760	1.98	901.5 /1	0.1020	11.0	7.0 6.8						12.0	6.6		13.7					16.7	49
THU	24	55	0.00	2.54	2700	2.00	873.1 /1	0.0846	11.0	6.9						13.0	6.5		11.6					4.0	51
FRI	25	53	0.12	2.41	3170	1.98	1035.3 /1	0.0810	13.0	6.8						13.0	6.5		11.1	············					49
SAT	26	48	0.72	2.68	3680	2.22	1071.8 /1	0.0957	15.0	- 0.5						14.0	6,6		10.5						48
SUN	27	47	0.14	2.62	4160	2.26	1190.1 /1	0.0954																	51
MON	- 28	49	0.10	2.62	3800	2.26	1087,2 /1	0.0819	12.0	7.0				·		13.0	6.5		40.4						50
TUE	29	49	0.74	2.66	3840	2,35	1056,6 /1	0.0886	11.0	7.0						12.0	6.6		10.1	-			<u>-</u>		50
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					8.0	53
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					6.0	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						. 54
SAT	2	51	0.00	2.55	3750	1.95	1243.3 /1	0.0766					-			14.0	3.3		11.4						48
1 TOT	AL .		4.89	88.46		72.57	/1	2.6522																	50
MXAM	/UM	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	10.4	340	400.0	1788
אוואוא	IUM 🐫	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	19.1 18.9	340	120.0	79
AVER	AGE	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	336 338	2.0	23
													02,01		70121	12.4	0.01	0.5]	11.41	22,0	401	19.0	338	24.6	<u>51</u> .

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

Tox. TUc	N/A

	May 2006	
	ug/L	LBS
Copper	17.80	0.32
Lead	0.625	0.0
Silver	1.04	0.02
Zinc	42.80	0.77
NH3 mg/L	15.00	270

WEEK	WEEKLY AVERAGE				WEEKLY
	В				
	mg/l	lbs	mg/t	lbs	Geo, Mear
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
ÁVG	19.0	338	22.5	401	17:3
MAX	19.1	340	23.0	414	41.0

% REN	10VAL
B.O.D.	93
s.s.	88

POWER	JSAGE IN
KII OWAT	T-HOLIRS
22.00.00	1
TOTAL	286080