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

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

ADDRESS: NAME: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, זי וויובאווי או אכצא ממאחן JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instruct Form Approved.

		ctions before completing this form.		Approval Expires 05-31-98	
DISCHARGE NUMBER	001 A	pleting this form.	***	05-31-98	,

TYPED OR PRINTED including the po		Scott Jeffers Wastewater Utilities Superintendent	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Effluent Gross	00530 1 0		Solids, total suspended	Effluent Gross	00410 1 7		Alkalinity, total (asCaCo3)	Effluent Gross	00400 1 0		pH	See Comments	00310 W 0		BOD, 5-Day, 20 deg. C	Effluent Gross	00310 1 0		BOD, 5-Day, 20 deg. C	Effluent Gross	00300 1 0		Oxygen, dissolved (DO)	Effluent Gross	00070 1 0		Turbidity		PARAMETER	АТТ:	LOCATION:	FACILITY:
including the possibility of fine and imprisonment for knowing violations.	submitted is, to the best of my knowledge and belief, true, accurate, and compl I am aware that there are significant penalties for submitting false information,		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	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE			Scott Jeffers WW Utilities Superintendent	JUNEAU, ALASKA	JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA
of fine and imprisonme	of my knowledge and be significant penalties for	ed personnel properly grinquiry of the person or responsible for gathering	I law that this document tion or supervision in a	MO AVG	1226		289	****		****		*************************************		****		WKLY AVG	1829		607	MO AVG	1226		498	****		****	,	***		****		VALUE	QUANTITY OR LOADING	tilities Superintende	99801	LLEY SERVICE AI
ent for knowing violatic	whelef, true, accurate, an or submitting false info	ather and evaluate the i r persons who manage t ng the information, the	t and all attachments was cordance with the sys	DAILY MX	2452		377	****		****		* * * * * * * * * * * * * * * * * * * *		****		*****		****		DAILY MX	2452		607	*****		*****		* * * *		****		VALUE	LOADING	int		REA
ins.	d complete.	nformation he system, information	⁄cre tem designed	lb/d			(26)	***		* * *		**		***		lb/d			(26)	lb/d			(26)	***		***		**		* * *		STINU		FROM		
OFF	SIGNA			**		*****		****		****		NIM ISNI	6.3		6 <u>.</u> 3	****		****		****		****		DAILY MN	Req. Mon.		4.1	* * * *		****		VALUE	QUALITY	2007	¥	
OFFICER OR AUTHORIZED AGENT	TURE OF PRINCIP	TX Mere)	MO AVG	30		21	MO AVG	Req. Mon.		140	* * * *		*****		WKLY AVG	\$		45.2	MO AVG	30	,	36	MO AVG	Req. Mon.		4.1	MO AVG	Req. Mon.		10.8	VALUE	LITY OR CONCENTRATION	9	MO	
IZED AGENT	AL EXECUTIVE	7		DAILY MX	60		26	DAILY MX	Req. Mon.		140	INST MAX	9.0		6.6	****		****		DAILY MX	60		45	* * * *		****		DAILY MX	Req. Mon.	:	15.1	VALUE	RATION	1	DAY	MONITORING PERIOD
				mg/L	16		(19)	mg/L	19		(19)	S	12		(12)	mg/L	19		(19)	mg/L	19		(19)	mg/L	19		(19)	Z		•	(43)	STINU		о _Т		RING PE
YEAR	2007	AREA CODE	907				0				0				0				1				1				0				0	ļ	P, NO	2007	YEAR	RIOD
MO OM	//	PHONE NUMBER	TELEPHONE	Month	Twice Per				Quarterly				Weekdays			Month	Twice Per			Month	Twice Per			Month	Once Per				Continuous				FREQUENCY OF ANALYSIS	9	MO	
DAY	90	BER			COMP24				COMP24				GRAB				COMP24				COMP24				GRAB				RCORDR			:	SAMPLE	30	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

00434/981209 1904

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if diffe

NAME: FACILITY: LOCATION: ADDRESS: PARAMETER MENDENHALL VALLEY MENDENHALL TREATMEN 155 SOUTH SEWARD, Scott Jeffers WW Utilities JUNEAU, ALASKA 9980 JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOR

MAJOR (SUB 01)

Form Approved.

OMB No. 2040-0004

Icility name/Location if different) JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT	f different) BOROUGH OF TMENT PLANT			AK-00	AK-002295-1	F - FINAL EFFLUENT *** NO DISCHARGE NOTE: Read instruc	IARGE nstructio	Approval Expires 05-31-98 *** ins before completing	(SOB OL) F - FINAL Approval Expires 05-31-98 ### NO DISCHARGE NOTE: Read instructions before completing this form. COMB NO. 2040-0004 Approval Expires 05-31-98 *** ** *** *** *	T m.
JUNEAU, ALASKA 99801	9801	!		PEKMI	PERMIT NUMBER				DISCHARGE NUMBER	8
JUNEAU, ALASKA 99801	99801	REA		æ	MO	DAY	MONITORING PERIOD	YEAR	MO.	_
Scott Jeffers WW Utilities Superintendent	ilities Superintende	int	FROM	2007	9	₽	70	2007	9	
	QUANTITY OR LOADING	LOADING		QUA	QUALITY OR CONCENTRATION	TRATION		NO.	FREQUENCY	<u></u>
	VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STIND	5	OF AWALI OR	
SAMPLE MEASUREMENT	377	** ** **	(26)	****	26	** ** ** **	(19)	0		
PERMIT	1829	*****	:		45		19		Twice Per	
	20100		in/u		VVNLT AVG	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mg/L		Month	
SAMPLE MEASUREMENT	295	295	(26)	******	22	22	(19)	0		
PERMIT	1164	1963			28.5	48	19		Once Per	
REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILY MX	mg/L		Month	<u> </u>
SAMPLE MEASUREMENT	******	****	* * * *	****	167	272	(19)	0		
PERMIT					Reg. Mon.	Reg. Mon.	19		Once Per	<u></u>
REQUIREMENT	* * * * * * * * * * * * * * * * * * *	****	**	* * * *	MO AVG	DAILY MX	mg/L		Month	
SAMPLE MEASUREMENT	0,014	0,014	(26)	****	1.0	1.0	(28)	0		
PERMIT	Req. Mon.	Req. Mon.	7	£	Req. Mon.	Req. Mon.	28		Three Per	
SAMPLE	0.314	0.314	(26)		C Sec	C CC	799) 1/6n		Year	
MEASUREMENT	i i	0.014	(20)	*****	7:07	23.2	(28)	. c		
PERMIT	Req. Mon. MO AVG	Req. Mon.	lb/d	** ** **	Req. Mon.	Req. Mon:	28 ua/l		Three Per	
SAMPLE	0.053	0.053	(26)		3.98	3.98	(28)	0		
PERMIT	Reg. Mon.	Reg. Mon.			Red Mon	E Mon	28		Three or	-
REQUIREMENT	MOAVG	DAILY MX	lb/d	* * * * * * * * * * * * * * * * * * *	MO AVG	DAILY MX	ug/L		Year	
SAMPLE MEASUREMENT	0.212	0.213	(26)	****	15.2	15.7	(28)	0		
REQUIREMENT	3.54 MO.AVG	7.63 DAILY MX	ib/d	* * * * * *	86.7 MO AVG	187 DAILY MX	28 ug/L		Once Per Month	
a cetury under penatry of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed	ion or supervision in a	t and all attachments we coordance with the sys	/ere tem designed	3))),			907	TELEPHONE 586-0393	
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,	i personnel properly g nquiry of the person o	ather and evaluate the i	nformation he system,			LA P		AREA CODE	PHONE NUMBER	돪
submitted is, to the best of my knowledge and belief, true, accurate, and complete.	my knowledge and b	elief, true, accurate, an	d complete.	Jex	/ 4//			3	DATE	
I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	significant penalties for fine and imprisonment	er submitting false infor nt for knowing violation	mation,	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	VIZED AGENT	:	YEAR YEAR	MO /	$\vdash \vdash$
VIOLATIONS										ŀ

COMMENT AND EXPLANATION OF ANY VIOLATIONS

TYPED OR PRINTED

Wastewater Utilities Superintendent

Effluent Gross

01119 1 0

Copper, total recoverable

Effluent Gross 01114 1 0 Lead, total recoverable Effluent Gross 01094 1 0 Silver, total recoverable Effluent Gross 00900 1 6 Hardness, total (as CaCO3)

Effluent Gross

00610 1 0

Zinc, total recoverable Effluent Gross 01079 1 0 See Comments

00530 W 0

Solids, total suspended

Nitrogen, ammonia total (as N)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

EPA Form 3320-1 (03-99) Previous editions may be used.

* Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

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

Scott Jeffers Wastewater Utilities Superintendent Effluent Gross Flow, in conuit or thru treatment plan COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 50050 Effluent Gross Floating solids or visible foam-visual See Comments 31615 R 0 Fecal coliform, MPN, EC med, 44.5 C See Comments 45613 1 0 31615 Q 0 Fecal coliform, MPN, EC med, 44.5 C See Comments Fecal coliform, MPN, EC med, 44.5 C See Comments 31615 P 0 Fecal coliform, MPN, EC med, 44.5 imit 31615 0 See Comments Coliform, fecal - % sample exceeds 30500 O PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) FACILITY: LOCATION: ATT: ADDRESS NAME: _ TYPED OR PRINTED 0 PARAMETER 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. prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information including the possibility of fine and imprisonment for knowing violations. l am aware that there are significant penalties for submitting false information certify under penalty of law that this document and all attachments were MENDENHALL VALLEY SERVICE AREA Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT PERMIT SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT SAMPLE SAMPLE PERMIT Req. Mon. MO AVG QUANTITY OR LOADING 2.1 **** ***** ***** ***** ***** VALUE ***** ***** ***** ***** **** DAILY MX 2.9 ***** ***** **** **** ***** **** ***** **** ***** ***** VALUE 49 ***** Mgal/d *** *** SLIND **** **** *** **** *** *** FROM 8 ω *** *** WKLY GEO WKLY:GEO WKLY: GEO N/A **** N/A ***** VALUE N/A ***** 800 400 **** **** 2007 8 ⋨ AK-002295-1
PERMIT NUMBER SIGNATURE QUALITY OR CONCENTRATION OFFICER OR ***** MO GEO MO GEO ***** ***** MO GEO MO GEO N/A N/A N/A Z/A ***** VALUE **** 200 8 200 16 9 8 AUTHORIZED AGENT UNCIPAL EXECUTIVE EFFLUENT
*** NO DISCHARGE MAJOR (SUB 01) F - FINAL NOTE: Read instructions before completing this form DAILY MX DAILY MX Req. Mon. DAILY MX DAILY MX Req. Mon. DAILY MX DAILY MX N/A ***** N/N N/A N/A 1200 VALUE 800 800 0 DAY 5 MONITORING PERIOD Y=1; N=0 #/100ml #/100mt #/100ml #/100ml **** *** STINU (13) (13)(23) (13)(13)% ц 딩 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 12007 **967** 2007 0 0 0 Ωĕ YEAR 0 0 0 c FREQUENCY OF ANALYSIS Continuous 586-0393 *** Тмісе Еуегу Once Per wice Every Twice Every fwice Every Twice Every ELEPHONE Month Week Week Week PHONE NUMBER Week Week O) 9 중 DISCHARGE NUMBER 001 A RCORDR VISUAL SAMPLE TYPE **GRAB GRAB** GRAB GRAB GRAB: DAY 30

* Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007.

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 5

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

MAJOR

Scott Jeffers Wastewater Utilities Superintendent Oil and grease visual NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Effluent Gross Solids, suspended percent removal COMMENT AND EXPLANATION OF ANY VIOLATIONS TT000 1 8 Toxicity, Chronic Effluent Gross 84066 1 0 End of Chlorine Contact Chamber 81400 X 0 Chlorine usage Percent Removal BOD,5-day, percent removal 81011 K 0 0 Percent Removal See Comments 81010 K 0 Effluent Gross Dilution factor 50060 S 0 Chlorine, total residual PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 80093 1 0 FACILITY: ADDRESS: LOCATION TYPED OR PRINTED PARAMETER 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. including the possibility of fine and imprisonment for knowing violations. I certify under penalty of law that this document and all attachments were arn aware that there are significant penalties for submitting false information, Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE PERMIT SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE PERMIT Req. Mon MO AVG QUANTITY OR LOADING ***** ***** N/A MO AVG N/A XXXX ***** ***** ***** VALUE **** ***** 4.09 DAILY MX ***** ***** **** ***** ***** **** ***** ***** N/A VALUE ***** **** ***** 4.09 **** **** **** *** **** *** **** SLIND **** *** FROM b/d (26) *** *** ఠ (26) MN % RMV MN % RMV 1000.5 DAILY MN Req. Mon. ***** ***** ***** VALUE ***** ***** ***** ***** 2007 89 85 85 ⋨ AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PERMIT NUMBER QUALITY OR CONCENTRATION 2015.5 Req. Mon. MO AVG MO AVG ***** ***** ***** ***** Z/A ***** VALUE ***** ***** ***** 100 9 중 (SUB 01) F - FINAL *** NO DISCHARGE NOTE: Read instructions before completing this form. Req. Mon. DAILY MX DAILY MX Req. Mon DAILY MX N/A ***** ***** ***** ***** N/A VALUE ***** ***** 100 0 DAY MONITORING PERIOD ox chronic occur/mo SLIND (2G) (93) ug/L 1/gu (23) (23) (28)% % 23 7 23 Ħ Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 2007 AREA CODE 0 0 0 YEAR 0 0 0 0 ΨŞ. FREQUENCY OF ANALYSIS TELEPHONE **586-0393** Semiannual QUARTERLY Once Per Once Per Once Per Month DAILY Month Month DAILY 30 PHONE NUMBER 9 8 DISCHARGE NUMBER 001 A COMP24 **YEASRD** CALCID MEASRD COMP24 SAMPLE TYPE VISUAL CALCID DAY 8

* Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007

EPA Form 3320-1 (03-99) Previous editions may be used.

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

EPA Form 3320-1 (03-99) Previous editions may be used. Wastewater Utilities Superintendent * Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007 Scott Jeffers TYPED OR PRINTED | linchding the po NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments 31615 T 9 Fecal coliform, MPN, EC med, 44.5 C See Comments Fecal coliform, MPN, EC med, 44.5 C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 31615 S 9 AT: LOCATION: NAME: FACILITY: ADDRESS PARAMETER submitted. Based on my inquiry of the person or persons who manage the system, submitted is, to the best of my knowledge and belief, true, accurate, and complete or those persons directly responsible for gathering the information, the information to assure that the qualified personnel properly gather and evaluate the information 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 including the possibility of fine and imprisonment for knowing violations. I am aware that there are significant penalties for submitting false information, MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT SAMPLE SAMPLE PERMIT PERMIT VALUE QUANTITY OR LOADING ***** ***** **** ***** ***** ***** **** VALUE **** SLINO *** *** FROM WKLY GEO WKLY GEO N/A VALUE 800 2007 400 ⋨ AK-002295-1 SIGNATURÉ OF PERMIT NUMBER QUALITY OR CONCENTRATION OFFICER OR AUTHORIZED AGENT MO GEO MO:GEO N/A VALUE 400 200 œ 9 8 AL EXECUTIVE (SUB 01) F - FINAL NOTE: Read instructions before completing this form. *** NO DISCHARGE MAJOR DAILY MX DAILY MX 1200 N/A VALUE 66 800 DAY MONITORING PERIOD #/100mL #/100ml STINU (13)(13)占 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 2007 AREA CODE 907 2007 贝증 YEAR 0 0 * * 586-0393 FREQUENCY OF ANALYSIS Once Every Опсе Еуегу ELEPHONE Week Week MO PHONE NUMBER 9 8 DISCHARGE NUMBER 001 A Ø SAMPLE TYPE GRAB GRAB! 30 DAY

MENDENHALL WASTEWATER TREATMENT FACILITY

SAT TO MAX MIM	SAT Tr	TAS	SAT		丑	캠	WED	JUE TUE	MON	SUN	SAT	됬	H	WED	∃UT	MON	SUN	SAT	꿆	돧	WED	TUE.	MOM	SUN	SAT	됬	蒫	WED	Į.	MON	SUN	DAY			EPA
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2015 5 /1	1000.5 /1	3301.5 /1		1412.6 /1	1811.5 /1	1664.9 /1	2122.2 /1	1598.9 /1	1070.2 /1	1000.5 /1	1186.6 /1	1876.0 /1	2086.7 /1	2075.4 /1	2206.1 /1	2090.0 /1	2426.0 /1	1851.7 /1	2063.5 /1	1950.7 /1	3040.6 /1	3301.5 /1	2701.0 /1	2385.7 /1	2361.0 /1	2501.3 /1	2094.8 /1	2219.3 /1	1738.4 /1	1662.7 /1	1934.6 /1	Water Dilution	▓.		
0 0501	0.0418	0.0891	1.6559	0.0424	0.0565	0.0891	0.0738	0.0627	0.0691	0.0438	0.0499	0.0713	0:0718	0.0673	0.0554	0.0700	0.0703	0.0603	0.0696	0.0605	0.0597	0.0594	0.0481	0.0427	0.0483	0.0593	0.0689	0.0577	0.0444	0.0418	0.0418	WASTE	SBR		
14 8	13.0	16.0			15.0	13.0	14.0	14.0	14.0			15.0	14.0	14.0	14.0	15.0			15.0	15.6	15.0	14.0	16.0			16.0	16.0	16.0	16.0	15.0		°C P			
6.7	6.4	7.2			6.4	6.6	6.6	6.6	6.6	-		6.6	6.6	6.6	6.6	6.8			6.8	6.6	6.6	6.5	6.8			6.6	6.7	6.8	6.9	7.2		PΗ			
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4444	4109	4179								_												4179							4109			EBS	B.O.D		Ø
7	14.7	15.7																				14.7							15.7			ug/L	CU		
3	0.211	0.213																				0.213							0.211				Cu H		
167	62	272					-															62	-					_	272				HARD		
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		6.6			6.4	6.5	6.3	6.6	6.4			6.3	6.3	6.5	6.5	6.4			6.5	6.4	6.4	6.5	6.5			6.6	6.5		6.5	6.5			DO		
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no n	46	62	1503	55	55	58	60	93	58	55	52	56	62	58	4	5	5	5	51	5	56	52	50	50	49	51	52	49	50	49	46	METER READING	POWER	200	2007

<u>COMMENTS:</u>
* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
* CONCERNING VIOLATIONS PLEASE SEE ATTACHED

Tox. T∪c N/A

MAX	AVG	4	ω	N			WEEK	
45.2	36.0		:	26.8	45.2	mg/l	œ.	
607	498			389	607	lbs	BOD	WEEKLYA
26	21			26	15	mg/l	Ŧ	AVERAGE
377	289			377	201	lbs	TSS	
66.0	8.1	2.0	4.0	8.0	66.0	Geo. Mean	COLIFORM	WEEKLY

S.S.	B.O.D.	% REV
89	88	TOVAL

TOTAL	POWER I	o,	B.O.D.	
240480	JSAGE IN T-HOURS	. 89	88	