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

FACILITY: LOCATION: Ä NAME: **ADDRESS:** MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

MAJOR (SUB 01) F - FINAL Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

AK-002295-1
PERMIT NUMBER

	155 SOUTH SEWARD,	ğ			PERMIT	PERMIT NUMBER				DISCHARGE NUMBER	MRER
FACILITY:	MENDENHALI VALLEY	JUNEAU, ALASKA 99801 MENDENHALI VALLEY SEDVICE ADEA	D								
LOCATION:	JUNEAU, ALASKA	99801	Š	-	¥	MO	MONIT	MONITORING PERIOD	FAR	80	
АП:	Scott Jeffers WW U	Scott Jeffers WW Utilities Superintendent	ent	FROM	2008	5	-	70	2008	ъ	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUA	QUALITY OR CONCENTRATION	TRATION		NO.	FREQUENCY	SAMPLE
Chloring total residual	2000	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			:
Circline, total residual	MEASUREMENT	N/A	N/A	(26)	* * * * *	N/A	N/A	(28)	0		
50060 S 0	PERMIT	4.09	4.09	•		100	100			CHARTERY	2
See Comments	REQUIREMENT	MO AVG	DAILY MX	₽/d	* * * * *	MO AVG	DAII Y MX	<u> </u>		QUANTER I	CUMP24
Dilution factor	SAMPLE			•	23.0	233.3		1/6	O		
	MEASUREMENT	****	****	***		!	****	4,6	c		
80093 1 0	PERMIT			-7-	Req. Mon.	Reg. Mon.				DATIV	MEACOD
Effluent Gross	REQUIREMENT	* * * *	****	* * *	DAILY MN	MO AVG	* * * *	_		2	
BOD,5-day, percent removal	SAMPLE				90.6			(23)	0		
81010 K O	PERSONELLE	***************************************	*****	**		****	****	T			
Percent Removal	REQUIREMENT	***	* * * *	* * *	MN % DMV	* * * * *	****	23		Once Per	CALCTO
Solids, suspended percent removal					88.2			(22)		Month	
	MEASUREMENT	****	****	**		****	****	Į	ć		
81011 K 0 0	PERMIT				85			23		Once Per	CA T
Percent Removal	REQUIREMENT	****	****	**	MN % RMV	** * * *	* * * *	8		Month :	Š
Chlorine usage	SAMPLE	N/A		(26)					0		
81400 × 0	MEASUREMENT		****		***	* * * * *	****	T			
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	****	lb/d	* * * *	** ** ** **	** ** **			DAILY	MEASRD
Oil and grease visual	SAMPLE	****					0	(93)	0		
84066 1 0	PERMIT					3	2				
Effluent Gross	REQUIREMENT	***	****	* * *	* * * *	** ** **	DATI Y MY			Once Per	VISUAL
Toxicity, Chronic	SAMPLE							(2G)	0	riging	
TT000 1 8	MEASUREMENT	****	****	**	***	****					
Effluent Gross	PERMIT	** ** **	** ** **	* * *	+ + + + + + + + + + + + + + + + + + +		Req. Mon.			Semiannual	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	law that this document	and all attachments w	ere		-	DAILTIMA	ox chronic		TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent	to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inpurity of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person or persons who manage the content of the person of	d personnel properly ga	columne with the syst ther and evaluate the in persons who manage the	em designed iformation				T	907 AREA	586-0393	
	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	esponsible for gatherin f my knowledge and be	g the information, the i	nformation complete	150	-0/16-	•	T.	CODE	PHONE NUMBER DATE	70
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information, uncluding the possibility of fine and imprisonment for knowing violations.	significant penalties for fine and imprisonmer	t for knowing violation	nation,	SIGNATUR	SNATURE OF PRINCIPAL EXECUTIVE	TED AGENT	- T-	SCA C	8	5
COMMENT AND EXPLANATION OF ANY VIOLATIONS	VIOLATIONS				<u> </u>	(C) A(C)	ZEO AGENT	-	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 05/04/2008 through 05/31/2008.

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

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

FACILITY: LOCATION AT. ADDRESS: NAME: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

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

DISCHARGE NUMBER

AK-002295-1
PERMIT NUMBER

FACILITY:	MENDENHALL V	MENDENHALL VALLEY SERVICE AREA	762								
LOCATION:	JUNEAU ALASKA	99801	\$		S		MONIT	MONITORING PERIOD	RIOD		
ATT:	Scott Jeffers WW L	Scott Jeffers WW Utilities Superintendent	n t	TROM	2008	л	- 2	_⊦- 5	7008	п	DAY
PARAMETER		QUANTITY OR LOADING	LOADING		QUA	QUALITY OR CONCENTRATION			5 6	יים בטוובאויי	SVADIU
	X	VALUE	VALUE	SIINO	VALUE	VAIUE	VAI I IAV	INITIO	Σ,	OF ANALYSIS	TYPE
Coliform, fecal - % sample exceeds	SAMPLE							(22)	0		- tools
limit	MEASUREMENT	* * * * *	****	* * *	****	* * * *	([c		
30500 O 0	PERMIT						j j			Tues C.	3
See Comments	REQUIREMENT	* * * *	* * * *	* * *	***	* * * *	DAII Y MX	\$		Week	GRA-6
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE					Z	N/A	(13)	D	11000	
	MEASUREMENT	****	****	* * *	****	,	7	(1)	-		
31615 O 0	PERMIT					161	Reg Mon	ಪ		Twice Every	20,00
See Comments	REQUIREMENT	***	****	* * *	* * * *	MO GEO	DAILY MX	#/100mL		Week	6535
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				N/A	N/A	N/A	(13)	0	36 000	
	MEASUREMENT	***	***	**							
31615 P 0	PERMIT				460	200	800			Twice Every	GRAB
see comments	REQUIREMENT	****	****	**	WKLY GEO	MO GEO	DAILY MX	#/100mL		₩eek	
recal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	* * * * *	****	* * *	N/A	N/A	N/A	(13)	0		
31615 Q 0	PERMIT				400	2000	800			1	
See Comments	REQUIREMENT	****	****	* * *	WKLY GEO	MO GEO	DATI Y MX	#/100ml		Wice Every	GRAP B
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				19.7	7.3	34.8	(13)	0	AXCON	
	MEASUREMENT	****	****	***			1	(•		
31615 R 0	PERMIT			97	800	4 60	1200	. T		Twice Every	GRAR
See Comments	REQUIREMENT	* * * *	* * * *	* * *	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	Ş
Floating solids or visible foam-visual	SAMPLE						0		0		
	MEASUREMENT	****	****	* *	****	****					
45613 1 0	PERMIT						Req. Mon.			Once Per	VISUAI
Effluent Gross	REQUIREMENT	****	****	* *	****	****		/=1; N=0		Month	į
Flow, in conuit or thru treatment plant	SAMPLE	1.82	2.48	(03)					0		
	MEASUREMENT				***	****	*****	**			
50050 1 0	PERMIT	Req. Mon.	4.9	ω				T		Continuous	RCORDR
	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	****	****	****	*			
	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	law that this document tion or supervision in ac	and all attachments we cordance with the syste	are an designed						TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent	to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or person who manage the system, or those organs directly responsible for rethering the formation of the person	d personnel properly gat nquiry of the person or p	ther and evaluate the in	formation le system,	\		1	[AREA CODE	PHONE NUMBER	77
	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.	f my knowledge and bel significant penalties for	lief, true, accurate, and submitting false inform	complete nation,	SIGNATUR	URE OF PRINCIPA	FXECUTIVE		200	DATE	3
COMMENT AND EXPLANATION OF ANY VIOLATIONS	including the possibility of fine and imprisonment for knowing violations. VIOLATIONS	of fine and unprisonmen	t for knowing violation	įs.	OFFI	OFFICER OR AUTHORIZED AGENT	ZED AGENT		YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (03-99). Previous editions may be used * The reporting period was from 05/04/2008 through 05/31/2008.

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

ATT: FACILITY: ADDRESS: LOCATION: NAME: PARAMETER JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERV JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT Scott Jeffers WW Utilities Supe JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD,

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

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

DISCHARGE NUMBER

NOTE: Read instructions before completing this form. 001 A

AK-002295-1 PERMIT NUMBER

Y VIOLATIONS	including	submitted	submitted	to assure t	I certify u	REQU	P	MEAS	Ş	REQL		MEAS	Ş	REQL	70	MEAS	S NEW	, 2 -	MEA	15	REQ		MEA		REC		MEA		REC		ME.				ocott.	JUNE
SNO	the possibility o	ersons directly I	Based on my i	hat the qualified	inder penalty of	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE	REQUIREMENT	PERMIT	MEASUREMENT	SAMPLE		$\left\langle \right\rangle$	Jellers AAAA C	JUNEAU, ALASKA 99801
	significant penalties for fine and imprisonme	esponsible for gathering my knowledge and b	nquiry of the person of	d personnel properly g	law that this documen	MO AVG	3.54		0.30	MO AVG	REPORT		0.015	MO AVG	REPORT	01.0	0 40	REPORT		0.014	****		****		MO AVG	1164		231.4	WKLY AVG	1829		343.4	VALUE	QUANTITY OR LOADING	Scort Jeilers WWW Dulides Superintendent	JUNEAU, ALASKA 99801
Please see letter dated Nov. 9th, 2006	including the possibility of fine and imprisonment for knowing violations	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.	submitted. Based on my inquiry of the person or persons who manage the system,	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	certify under penalty of law that this document and all attachments were	DAILY MX	7.63		0.30	DAILY MX	REPORT		0.015	DAILY MX	REPORT	0+.0	DAILY MX	REPORT		0.014	****		****		DAILY MX	1963		231.4	* * * *		****		VALUE	RLOADING	lent	
ted Nov. 9th,	rmation,	information id complete	the system,	stem designed	were	lb/d			(26)	lb/d		(1)	(26)	lb/d	. 1	(20)	D/d			(26)	* * *		***	-	lb/d			(36)	E T		(1)	(26)	STINU		FROM	 ,
	SIGNA	1	*	√* ₩		****		****		****		****		****		** ** **	****		****		* * * * *		* * * * *		****		****		** ** **		****		VALUE	Ð	2008	¥
	SIGNATURE OF PRINCIPAL EXECUTIVE		ナーナート	ノニ		MO AVG	86.7		19.4	MO AVG	REPORT	ŀ	1.0	MO AVG	REPORT	28.8	MO AVG	REPORT	!	1.00	MO AVG	Reg. Mon.		1100	MO AVG	28.5		1 T X Y G	אייאן א איים	4 5) 2C	VALUE	QUALITY OR CONCENTRATION	5	MO
The Court of the C	AL EXECUTIVE	`	7			DAILY MX	187	!	19.4	DAILY MX	REPORT	-	10	DATE ON	REPORT	28.8	DAILY MX	REPORT	!	1.00	DAILY MX	Ren		1100	DAILY MX	48	TO:0	in D	¥ ¥ ¥ ¥		****		VALUE	TRATION	Ľ	DAY
		<u>-</u>			1	ua/l	28	[(28)	ua/l	28	(62)	(36) 1/6n	2 6	28	(28)	ug/L	28	(63)	(38)	ma/l		(6.1)	(10)	B :	ō	(FT)	mg/L		<u>.</u>	(41)	300	IINT'S		7	AY ORLING PE
TEAK	San	כטטר	AREA	907				•	0			c	>			0			c	0			c	>			c	>			c	>	Ω,	NO.	2008	YEAR
MO	ce	DATE NUMBER	DECONFE NI IN	586-0393	TELEBHONE	Month d	Once Der		9	Year 1	Three Per		Year	iniree Per	7		Year	Three Per	•	11000	Once rer	2	`	7.00	Month of			Month	wice rer	1			OF ANALYSIS	FREQUENCY	5	MO
DAY	2	SCX.	ř.			CO[11724	COMBOA			CONTRACT	COMBDA			COMP24	3			COMP24			GRAB)			COMP24	200			COMP24				TYPE	-	31	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

TYPED OR PRINTED

Wastewater Utilities Superintendent

Scott Jeffers

Effluent Gross

01119 1 0

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Copper, total recoverable

Effluent Gross 01114 1 0 Lead, total recoverable

Effluent Gross

01094 1 0

Zinc, total recoverable

Effluent Gross

01079 1 0

Silver, total recoverable

Effluent Gross 00900 1 6 Hardness, total (as CaCO3)

Effluent Gross

00610 1 0

Nitrogen, ammonia total (as N)

See Comments

00530 W 0

Solids, total suspended

EPA Form 3320-1 (03-99). Previous editions may be used. * The reporting period was from 05/04/2008 through 05/31/2008.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Please see letter dated Nov. 9th, 2006

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

FACILITY: NAME: ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER

MAJOR
(SUB 01)
Form Approved.
(SUB 01)
F - FINAL
EFFLUENT
Approval Expires 05-31-98
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

DISCHARGE NUMBER 001 A

FACILITY:	MENUENHALL VALLEY SERVICE AREA	LLEY SERVICE A	REA				MONI	MONITORING PERIOD	FRIOD		
LOCALION:	JUNEAU, ALASKA	99801			Ϋ́R	МО	DAY		YEAR	MO	DAY
AII:	Scott Jeffers WW Utilities Superintendent	tilities Superintende	ent	FROM	2008	5	Ľ	づ	2008	5	31
PARAMETER		QUANTITY OR LOADING	LOADING		مران	QUALITY OR CONCENTRATION	RATION		ex .	FREQUENCY	SAMPLE
1		VALUE	VALUE	SLIND	VALUE	VALUE	VALUE	STINU	,	מייטוט מייטוט	77
ו עודסומונץ	SAMPLE	* * * * *	***	÷		12.1	16.0	(43)	0		
00070 1 0	PERMIT					D S	D S				
Effluent Gross	REQUIREMENT	* * * *	* * * *	* * *	* * * *	MO AVG	DAILY MX	Z -		conunuous	RCCRUR
Oxygen, dissolved (DO)	SAMPLE				3.8	 	100	(19)	D		
	MEASUREMENT	****	****	**	***************************************		****	3	(
00300 1 0	PERMIT				Req. Mon.	Req. Mon.		19		Once Per	GB/B
Effluent Gross	REQUIREMENT	* * * *	****	* * *	DAILY MN	MO AVG	* * * *	ma/		Month (<u> </u>
BOD, 5-Day, 20 deg. C	SAMPLE	443.1	519.5	(26)		29.4	34.8	(19)	0		
	MEASUREMENT				***	1			•		
00310 1 0	PERMIT	1226	2452			30	60	19		Twice Per	COMP34
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	** ** *	MO AVG	DAILY MX	mg/L		Month	i P
BOD, 5-Day, 20 deg. C	SAMPLE	519.5		(26)		34.8		(19)	0		
00310 W 0	PERMIT	1829			**************************************	<u>\</u>	** ** **	;			
See Comments	REQUIREMENT	WKLY AVG	* * * * * * * * * * * * * * * * * * * *	lb/d	* * * * *	WKIY AVG	****************	3 5		Wice Per	COMP24
PH	SAMPLE				6.8		7.0	(12)	o	MOIIGI	
	MEASUREMENT	****	****	**		****	į	((
00400 1 0	PERMIT				6,5		9.0	13		Weekdaye	o va
Effluent Gross	REQUIREMENT	****	****	* * *	INST MIN	* * * *	INST MAX	S I		- Conday	<u> </u>
Alkalinity, total (asCaCo3)	SAMPLE					NT	N T	(19)	0		
1	MEASUREMENT	** ** **	****	* * *	***						
00410 1 /	PERMIT					Req. Mon.	Req. Mon.	19		Quarterly	COMP24
Cilidelit Gloss	REQUIREMENT	***	****	***	****	MO AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE	325.1	343.4	(26)		21.5	23.0	(19)	0		
00530 1 0	PERMIT	1776	7457	,	1	2	3	;			
Effluent Gross	REOUTREMENT	MO AVG	DATIVMY	7	* * * * *		0	. 19		Twice Per	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	law that this document	and all attachments w	ID/U		MO AVG	DAILY MX	mg/L		Month	
Scott Jeffers Wastewater Utilities Superintendent	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 inquirity of the person or property that the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquirity of the person or property that the system of the system	ion or supervision in a personnel properly ga	ccordance with the sys	tem designed nformation	~				907 AREA	TELEPHONE 586-0393	
second or control of the second of the secon	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 orgalities for submitting takes information.	nquiry of the person or esponsible for gatherir f my knowledge and be	 persons who manage to ng the information, the clief, true, accurate, and or submitting false information. 	he system, information d complete	# 4 C	11/10	1	 - -	CODE	PHONE NUMBER	1 1
TYPED OR PRINTED COMMENT AND EXPLANATION OF AN	Including the possibility of fine and imprisonment for knowing violations	f fine and imprisonme	nt for knowing violatic	ns	OFF	OFFICER OR AUTHORIZED AGENT	ZED AGENT		YEAR	C/6	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	Y VIOLATIONS										

00434/981209 1904

Wastewater Utilities Superintendent TYPED OR PRINTED Including the possibility of fine and imprisonment for knowing violations
COMMENT AND EXPLANATION OF ANY VIOLATIONS
TYPED OR PRINTED Scott Jeffers NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments See Comments Fecal coliform, MPN, EC med, 44.5 31615 T 9 31615 S Fecal coliform, MPN, EC med, 44.5 C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: ATI: LOCATION: FACILITY: ADDRESS: ဖ PARAMETER or those persons directly responsible for gathering the information, the information submitted. Based on my inquity of the person or persons who manage the system, to assure that the qualified personnel properly gather and evaluate the information submitted is, to the best of my knowledge and belief, true, accurate, and complete I certify under penalty of law that this document and all attachments were I am aware that there are significant penalties for submitting false information. prepared under my direction or supervision in accordance with the system designed MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF 155 SOUTH SEWARD, REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT SAMPLE PERMIT SAMPLE PERMIT QUANTITY OR LOADING ***** ***** ***** ***** VALUE ***** ***** ***** VALUE ***** SLIND *** *** FROM WKLY GEO WKLY GEO N/A N/A VALUE 2008 800 8 ⋨ SIGNATURE OF PRINCIPAL EXECUTIVE AK-002295-1 PERMIT NUMBER OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION MO GEO MO GEO N/A N/A VALUE 8 200 ر ا MAJOR (SUB 01) F - FINAL NOTE: Read instructions before completing this form. EFFLUENT
*** NO DISCHARGE DAILY MX DAILY MX N/A N/A 1200 VALUE 800 DAY MONITORING PERIOD #/100mL #/100ml STINU ಟ (13) 7 Form Approved.
OMB No. 2040-0004 Approval Expires 05-31-98 2008 AREA CODE YEAR 2008 YEAR 0 ωŠ 0 586-0393 OF ANALYSIS 300 ELEPHONE Once Every DATE Once Every PHONE NUMBER Week Week 8 G DISCHARGE NUMBER 001 A DAY SAMPLE TYPE 5 GRAB GRAB <u>μ</u> DAY

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

COMMENTS	AVEKAGE	AVED A CE	MINIMINA	MAYIMI	SAI	FR.	Ŧ	WED	JUE	MON	SUN	SAT	FRI	THU	WED	JUE.	MON	SUN	SAT	Æ	H	WED	TUE:	MON	SUN	SAT	Æ	HE	WED	JUE	MON	SUN		DAY		
Ś	AGE	2 2	NOW.	A P	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4		DATE		
	49	4	3 2	3	52	51	56	59	55	55	57	56	53	48	49	53	48	44	47	44	47	43	43	44	50	50	47	44	43	4	44	41	°F.	TEMP	VITA	ָּהְיֹגְיּהְ הַיּ
	0.13	0.00	7.29	3.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.00	0.00	0.00	0.16	1.29	0.20	0.66	0.21	0.46	0.03	0.00	0.00	0.00	0.00	0.01	0.30	0.09		FAL Z		<u>!</u>]
	2.11	76.1	2.54	58.95	2.01	2.06	2.03	2.03	2.03	2.08	2.01	2.12	2.09	2.17	2.17	2.22	2.31	2.50	2.54	2.41	2.05	2.06	2.02	1.95	1.97	1.99	1.92	2.05	2.13	2.08	1.95	2.00	MGD	SBR		
	655.52	5/	0881		1880	1790	1490	1360	1300	1320	812	829	894	718	812	788	861	1080	475	386	271	71	70	72	67	57		58	57	60	58	64		Mend.	1	
	1.82	1.67	2.48	51.05	1.69	1.70	1.71	1.70	1.75	1.83	1.75	1.80	1.81	1.88	1.88	1.95	1.95	2.15	2.48	2.00	1.84	1.79	1.75	1.74	1.68	1.69	1.68	1.67	1.84	1.85	1.72	1.77	MGD	TTL EFFL	-FLOWS	!!
	233.3 /1	23.0 /1	- i	<u></u>	719.6 /1	681.2 /1	563.9 /1	517.8 /1	480.9 /1	467.0 /1	300.7 /1	298.5 /1	320.1 /1	247.7 /1	280.0 /1	262.1 /1	286.2 /1	325.5 /1	124.7 /1		1	1	26.7 /				1		21.0 /		22.7	24.2		Receiving Water	· G	
	0.0685	0.0487	+	1	0.0760	0.0721			†	<u> </u>				_						/1 0.0787	/1 0.0762	/1 0.0755	/1 0.0665	/1 0.0571	/1 0.0602	/1 0.0639	/1 0.0548			/1 0.0709	/1 0.0546	/1 0.0576	MGD	SBR		
	10.5	10.0	12.0			12.0	11.0	12.0	11.0	11.0						-	10.0							10.0							10.0	. ,	ి			
May	7.5	7.2	7.8			7.5	7.4	7.2	7.4	7.7			7.7	7.4	7.5	7.6	7.4			7.3	7.5	7.6	7.3	7.8			7.3	7.5	7.3	7.3	7.5			2		
9000	6.7	6.7	6.7																										6.7				mg/L	D.O.		
	183	175	190																			175							190				mg/L	S.S.	INFLUE	
	2764	2613	2916										-			-						2613							2916				LBS	S.S.	ENT	00116
	311	300	322																			300							300				₹	B.O.D.		oulleau, Alaska
	4710	4479	4941																i			4479						1	4941					B.O.D.		ona
	11.0	10.0	12.0			12.0	12.0	12.0	11.0	12.0			12.0	11.0	11.0	10.0	11.0			11.0	11.0	11.0	11.0	11.0			11.0	10.0	100	10.0	10.0		ကိ [T T		
	6.9	6.8	7.0			6.9	6.8	6.9	7.0	7.0			6.8	6.8	6.8	6.9	6.9			6.9	6.9	7.0	7.0	6.9			6.0	5 0	60	6.9	7.0		<u>.</u>) E		
	3.8	3.8	3.8																									Ç	بر 00			9	 8	D.O		
	12.1	9.9	16.0			12.8	12.5	11.9	11.3	10.5			10.3	10.5	10.1	9.9	100		-	111	11.0	110	11.8	3			13 1	16.0	15.7	14.8	15.9		z §	TURBID.		
	21.5	20.0	23.0																			23.0						20.0	3			i i	3	s.s.	EFFLUENT	
	325	306	340					T														2						٥				ŗ	- P	S.S	ENT	

<u>COMMENTS:</u>
• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

Turb.NTU	D.O.mg/l	Alk. mg/l	Hrd. mg/l	May
16.0	3.8	N	110.0	May 2008

Tox. TU: NO TEST

 NH3 mg/ L 15.00 231.44	Zinc 28.80 0.40	Silver 1.00 0.01	Lead 1.00 0.01	Copper 19.40 0.30	ug/L LBS	May ZUUG
31.44	0.404	0.014	0.015	0.300	SS	

		WEEKLY	WEEKLY AVERAGE
WEEK	OD:	BOD	SST
	mg/i	lbs	mg/l
	23.9	366.8	20.0
2	34.8	519.5	23.0
3			
4			
AVG	29.4	443.1	21.50
MAX	34.8	5195	23.0