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

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

AT. FACIL LOCAT ADDRESS: NAME: 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

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.

AK-002295-1 PERMIT NUMBER

	O VASV IV IVENIA	2001									
FACILITY:	MENDENHALL VALLEY SERVICE AREA	LLEY SERVICE AR	ÉA				MONITO	DRING P	MONITORING PERIOD		
LOCATION:	JUNEAU, ALASKA 99801	99801			⋨	MO	DAY		YEAR	MO	DAY
ATT:	Scott Jeffers WW Utilities Superintendent	lities Superintender	Ħ	FROM	2008	6	F		2008	6	30
PARAMETER		QUANTITY OR LOADING	OADING		QUALITY	LITY OR CONCENTRATION	RATION		E S	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	SLINO	VALUE	VALUE	VALUE	STINU			
Turbidity	SAMPLE					11.9	14.6	(43)	0		
	MEASUREMENT	****	****	**	***						
00070 1 0	PERMIT					Reg. Mon.	Req. Mon.			Continuous	RCORDR
Effluent Gross	REQUIREMENT	** ** *	****	* * *	** ** **	MO AVG	DAILY MX	PLN			
Oxygen, dissolved (DO)	SAMPLE				3.1	3.1		(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	297	325	(26)		21	23	(19)	0		
00310 1 0	PERMIT	1006	2452			8	60	19		Twice Per	COMP24
ଦ୍ର	REQUIREMENT	MO AVG	DAILY MX	lb/d	** **	MO AVG	DAILY MX	mg/L		Month	
BOD, 5-Day, 20 deg. C	SAMPLE	325		(26)		23		(19)	0		
	MEASUREMENT		****		****		***				
00310 W 0	PERMIT	1829				45		. 19		IWICE PER	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	****	WKLY AVG	***   ***	mg/L		Month	
PH	SAMPLE	* * * * *	* * * * *	* * * *	6.7	* * * * *	7.0	(12)	0		
00400 1 0	PERMIT				6.4		9,0	12		Weekdays	GRAB
Effluent Gross	REQUIREMENT	* * * *	****	* * *	INST MIN	* * *	INST MAX	SU			
Alkalinity, total (asCaCo3)	SAMPLE					145	145	(19)	0		-
	MEASUREMENT	***	****	**	****			<b></b>			
00410 1 7	PERMIT					Req. Mon.	Req. Mon.	19		Quarterly	COMP24
Effluent Gross	REQUIREMENT	***	****	***	***	MO AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE	292	314	(26)	** ** **	21	22	(19)	0		
00530 1 0	DERMIT	1006	7457			30	8	19		Twice Per	COMP24
	REQUIREMENT	MO AVG	DATI Y MX	lb/d	***	MO AVG	DAILY MX	ma/L	=	Month	
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	- 1						TELEPHONE	
Scott Jeffers	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	tion or supervision in a	ccordance with the syst	tem designed nformation	0	) ≥		· · · · · · · · · · · · · · · · · · ·	AREA	586-0393	AEB.
Mastematel Cillides Subcillicement	or those persons directly responsible for gathering the information, the information or those persons directly responsible for gathering the information, the information or those persons directly responsible for gathering the information, the information or those persons directly responsible for gathering the information, the information or those persons directly responsible for the persons directly responsible for gathering the information, the information or those persons directly responsible for gathering the information, the information or those persons directly responsible for gathering the information, the information or those persons directly responsible for gathering the information or the persons directly responsible for gathering the information or the persons directly responsible for gathering the information of the persons directly responsible for the persons directly respon	responsible for gatherin of my knowledge and be	g the information, the lief, true, accurate, and	information d complete	Trate	TA /UV	AI EXECUTIVE		4300	DATE	09
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	of fine and imprisonmen	nt for knowing violatio	ns.	OFF	OFFICER OR AUTHORIZED AGENT	UZED AGENT	2	YEAR	_ MO	DAY
		,					0				*

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* Concerning violations-please see attached. The reporting period was from 06/01/2008 through 06/28/2008.

O=<15:1,P=>15:1 and <30:1, R=>30:1 (O,P,and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used \*no chlorine\*)

00434/981209 1904

# VATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

A FAC: ADDRESS: NAME: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

AK-002295-1 PERMIT NUMBER NOTE: Read instructions before completing this form. DISCHARGE NUMBER 001 A

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

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

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	155 SOUTH SEWARD,	ŗ			PERMIT NOME	אסויוטרא				מנטכו והייטי	11011011
	JUNEAU, ALASKA 99801	9801	•				MONT		DIOD		
FACILIT:	MENUENHALL VALLET SERVICE AREA	COSO 1	Ŝ		ş	30	DAY	MAY YE	YFAR	MO	DAY
ATT:	Scott Jeffers WW Utilities Superintendent	ilities Superintende	Pŧ	FROM	2008	6	н.	70	2008	6	30
PARAMETER		QUANTITY OR LOADING	LOADING		AUD	QUALITY OR CONCENTRATION	RATION		E S	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU			
solids, total suspended	SAMPLE	314		(26)		22		(19)	0		
	MEASUREMENT		****		****		***				
00530 W 0	PERMIT	1829				\$		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	** ** **	WKLY AVG	* * *	mg/L		Month	
Nitrogen, ammonia total (as N)	SAMPLE	285	285	(26)	,	20	20	(19)	0		
	MEASUREMENT				****						
00610 1 0	PERMIT	1164	1963			28.5	<b>&amp;</b>	19		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * * *	MO AVG	DAILY MX	mg/L		Month	
Hardness, total (as CaCO3)	SAMPLE					68	68	(19)	0		
	MEASUREMENT	****	****	* *	**			;		)	
00900 1 6	PERMIT	* * * * *	** ** **	* * *	* * * * *	MO AVG	DAH Y MY	ma/ 19		Once Per	GKAB
Silver, total recoverable	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(28)	0		
	MEASUREMENT				***						
01079 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * * *	MO AVG	DAILY MX	ug/L		Year	
Zinc, total recoverable	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(28)	0		
	MEASUREMENT				*****						
01094 1 0	PERMIT	Reg. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
:ffluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/L		Year	
ead, total recoverable	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(28)	0		
	MEASUREMENT				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			3		,	2
01114 1 0	PERMIT	Req. Mon.	Req. Mon.	:		Req. Mon.	Req. Mon.	28		Inree Per	COMP24
ffluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/L	>	Year	
Sopper, total recoverable	SAMPLE	0.405	0.405	(26)	* * * *	20.4	20.4	(28)			
01119 1 0	PERMIT	Report	Report			Report	Report	28		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L		Month	
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	law that this document tion or supervision in a	t and all attachments w accordance with the syst	ere em designed	)	) =			907	586-0393	
cott Jeffers Vactewater litilities Superintendent	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.	inquiry of the person of	ather and evaluate the in	nformation he system.	K	* X / X	7		AREA	PHONE NUMBER	ĒR
	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	responsible for gatheri	ng the information, the elief, true, accurate, and	information I complete	8		CV		3	DATE	20
TYPED OR PRINTED	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 of fine and imprisonment	or submitting false infor ent for knowing violatio	mation, ns.	SIGNATURE		OF PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT		YEAR	MO -	DAY
SINCE ON THE STATE OF THE STATE	VIOI ATIONS	0=<15	0=<15:1 P=>15:1 and <30:1 R=>30:1 (O P and R used Nov 1-May 31 & T lim 1- Oct 31 O and S are never used *no chlorine*)	0-1 R=>30	1 (OP and Rus	ed Nov 1-May 31	& T lim 1- Oct	31 O and	S are never us	ed *no chlorine*	

COMMENT AND EXPLANATION OF ANY VIOLATIONS O=<15:1,P=>15:1 and <30:1, R=>30:1 (O,P,and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used \*no chlorine\*)

PAGE 2 OF 5

00434/981209 1904

Wastewater Utilities Superintendent Scott Jeffers Flow, in conuit or thru treatment plan Floating solids or visible foam-visual NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Effluent Gross Effluent Gross 45613 1 0 COMMENT AND EXPLANATION OF ANY VIOLATIONS 50050 1 0 See Comments Fecal coliform, MPN, EC med, 44.5 C 31615 Fecal coliform, MPN, EC med, See Comments See Comments 31615 Q Fecal coliform, MPN, EC med, 44.5 See Comments Fecal coliform, MPN, EC med, 44.5 See Comments 31615 P 0 3 Coliform, fecal - % sample exceeds 31615 0 0 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) 30500 O PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) ATT: NAME: LOCATION ADDRESS: FACILITY: R O YPED OR PRINTED PARAMETER 44.5 C 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 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 JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT PERMIT Req. Mon. MO AVG 1.6 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* QUANTITY OR LOADING \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\* \*\*\*\*\* O=<15:1,P=>15:1 and <30:1, R=>30:1 (O,P,and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used \*no chlorine\* DAILY MX 1.8 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE 4.9 \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* Mgal/d \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\* \*\*\* \*\*\* \*\*\* SLIND \*\*\* FROM ω (03) \*\*\* \*\*\* \*\*\* WKLY GEO WKLY GEO WKLY GEO N/A N/A \*\*\*\*\* \*\*\*\* Z/A \*\*\*\* VALUE \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 2008 800 60 400 ⋨ AK-002295-1 SIGNATURE PERMIT NUMBER QUALITY OR CONCENTRATION MO GHO MO GEO MO GEO \*\*\*\*\* Z/A N/A \*\*\*\* \*\*\*\* \*\*\*\*\* N/A MO GEO N/A \*\*\*\*\* \*\*\*\*\* VALUE 8 200 200 161 이중 AUTHORIZED AGENT PRINCIPAL EXECUTIVE MAJOR (SUB 01) F - FINAL \*\*\* NO DISCHARGE NOTE: Read instructions before completing this form. Req. Mon. Req. Mon. DAILY MX DAILY MX DAILY MX DAILY MX DAILY MX DAILY MX Z A \*\*\*\*\* \*\*\*\*\* N/A Z A 1200 ×× 800 900 VALUE 0 DAY ö 0 MONITORING PERIOD ′=1 ; N=0 #/100ml #/100mL #/100mL \*\*\* \*\*\* #/100ml SLINO (13) (13) (13)<u>u</u> (23) % ü 7 OMB No. 2040-0004 Form Approved Approval Expires 05-31-98 1200X 200 AREA 2008 YEAR 0 0 0 0 0 Ωõ 0 0 TELEPHONE **586-0393** FREQUENCY OF ANALYSIS Continuous Twice Every \*\*\* Twice Every Once Per Twice Every Twice Every Twice Every Month Week Week Week PHONE NUMBER Week Week 중 DISCHARGE NUMBER 001 A RCORDR 60 VISUAL SAMPLE TYPE DAY GRAB GRAB **GRAB GRAB** GRAB DAY 30

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

Scott Jeffers Wastewater Utilities Superintendent COMMENT AND EXPLANATION OF ANY VIOLATIONS Effluent Gross Effluent Gross Oil and grease visual NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TT000 1 8 Toxicity, Chronic End of Chlorine Contact Chamber Chlorine usage 84066 1 0 Solids, suspended percent removal BOD,5-day, percent removal 81400 X 0 Percent Removal 81011 K 0 Percent Removal Dilution factor 50060 S Effluent Gross See Comments 81010 K 0 80093 10 Chlorine, total residual PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: ATT: ADDRESS: LOCATION FACILITY: 0 TYPED OR PRINTED PARAMETER 0 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. prepared under my direction or supervision in accordance with the system designed am aware that there are significant penalties for submitting false information, certify under penalty of law that this document and all attachments were JUNEAU, ALASKA 99801 Scott Jeffers WW Utilities Superintendent MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT cluding the possibility of fine and imprisonment for knowing violations JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE PERMIT PERMIT SAMPLE PERMIT SAMPLE PERMIT PERMIT SAMPLE SAMPLE Req. Mon. MO AVG \*\*\*\*\* \*\*\*\* MO AVG QUANTITY OR LOADING \*\*\*\* N/A \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* Z A VALUE \*\*\*\*\* \*\*\*\*\* 4.09 O=<15:1,P=>15:1 and <30:1, R=>30:1 (O,P,and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used \*no chlorine\* DAILY MX \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* Z/A \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE 4.09 \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* SLIND P/4 \*\*\* \*\*\* \*\*\* FROM (26) ₽/4 (26) MN % RMV MN % RMV DAILY MN Req. Mon. \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* VALUE 171 \*\*\*\* 2008 89 94 85 85 ⋨ AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE PERMIT NUMBER QUALITY OR CONCENTRATION OFFICER OR AUTHORIZED AGENT Req. Mon MO AVG \*\*\*\*\* MO AVG \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* N/A \*\*\*\* VALUE 394 100 8 6 Req. Mon. MAJOR (SUB 01) F - FINAL EFFLUENT
\*\*\* NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILY MX Req. Mon. DAILY MX ω \*\*\*\* \*\*\*\*\* N/A VALUE \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 100 DAY 0 MONITORING PERIOD ox chronic occur/mo (2G) SLINA (93) (23) J/gu l/gu % 23 % 23 (23)(28) ť 7 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 2008 CORE AREA 2008 0 YEAR 0 0 0 0 0 Εŏ 0 Semiannual FREQUENCY OF ANALYSIS 586-0393 QUARTERLY TELEPHONE Once Per Once Per Once Per Month DAILY Month Month DAILY PHONE NUMBER MO 6 DISCHARGE NUMBER 001 A COMP24 60 MEASRD CALCID COMP24 VISUAL CALCID MEASRD SAMPLE TYPE DAY 30 DAY

EPA Form 3320-1 (03-99). Previous editions may be used \* Concerning violations please see attached. The reporting period was from 06/01/2008 through 06/28/2008 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

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

TYPED OR PRINTED | Including the possibility of fine and imprisonment for knowing violations. OFFICER VIK AUTHORIZED AGENT OF ANY VIOLATIONS O=<15:1,P=>15:1 and <30:1, R=>30:1 (O.P. and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used \*no chlorine\*)

\* Concerning violations-please see attached. The reporting period was from 06/01/2008 through 06/28/2008. Vastewater Utilities Superintendent cott Jeffers NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments 31615 T 9 ecal coliform, MPN, EC med, 44.5 C See Comments 31615 S ecal coliform, MPN, EC med, 44.5 C ATT: LOCATION: NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) ADDRESS: NAME: FACILITY: 9 PARAMETER submitted. Based on my inquiry of the person or persons who manage the system, I am aware that there are significant penalties for submitting false information, 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 prepared under my direction or supervision in accordance with the system designed I certify under penalty of law that this document and all attachments were JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF Scott Jeffers WW Utilities Superintendent 155 SOUTH SEWARD, REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT SAMPLE SAMPLE PERMIT QUANTITY OR LOADING \*\*\*\* \*\*\*\*\* VALUE \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\*\* \*\*\*\* \*\*\* \*\* ROM \*\*\* WKLY GEO WKLY GEO N/N VALUE 2008 800 38 8 ⋨ AK-002295-1 PERMIT NUMBER SIGNATURE OF QUALITY OR CONCENTRATION OFFICER OR AUTHORIZED AGENT MO OFFO MO GEO N N VALUE 200 60 4 증 σ MAJOR (SUB 01) F - FINAL NOTE: Read instructions before completing this form. EFFLUENT
\*\*\* NO DISCHARGE EXECUTIVE DAILYMX DAILY MX 1200 Z/A VALUE 38 800 DA A **MONITORING PERIOD** #/100mL #/100ml SLING (<del>L</del> (<del>1</del>3) ŏ Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 2008 YEAR AREA CODE 2008 YEAR 贝증 0 0 FREQUENCY OF ANALYSIS TELEPHONE **586-0393** Once Every Once Every 0,7 Week Week PHONE NUMBER ₹ o § DISCHARGE NUMBER 001 A DAY SAMPLE TYPE GRAB B GRAB 30 ΡĄ

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

(REDIACES EDA FORM TIAO WHICH MAY NOT BE USED)

00434/981209 1904

PAGE SOF S

## MENDENHALL WASTEWATER Juneau, Alask

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CALLYNGE	AVED ACT	MINIMIM	MAYIMI II	SAI	2	돧	WED	JUE	MON	SUN	SAT	Æ	돧	WED	TUE	MON	SUN	SAT	23	크	WED	TUE	MON	SUN	SAT	꿆	된	WED	TUE	MON	SUN		DAY		
YOU	201	A SOR	4	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	S	2	-		DATE		
9	£ 5	57	}	51	55	2	53	54	53	52	53	54	52	52	57	52	51	50	50	50	49	47	43	47	49	46	49	48	51	57	51	J.	TEMP	֭֭֭֭֭֭֓֞֞֞֟֟֓֓֟	V 1/V
0.1	0.00	0.56	1.64	0.56	0.27	0.01	0.00	0.00	0.00	0.04	0.12	0.01	0.00	0.03	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.10	0.06	0.02	0.03	0.37	0.01	0.00	NCHES	7 7	Y	ב כ
1.93	1.78	2.10	53.95	2.01	1.80	1.87	1.88	1.85	1.87	1.83	1.85	1.81	1.84	1.78	1.89	1.88	1.90	1.95	1.85	2.02	1.97	1.95	1.97	1.98	2.03	2.02	2.08	2.10	1.99	1.97	2.01	MGD	INFLUENT	y L	
979	424	1880		1180	1200	1330	1060	1040	1050	837	861	812	920	894	749	643	556	424	449	468	577	710	878	1090	1080	1110	1140	1210	1490	1780	1880		Mend.		
1.61	1.47	1.79	44.97	1.64	1.47	1.51	1.53	1.47	1.55	1.53	1.58	1.47	1.53	1.55	1.54	1.57	1.58	1.61	1.55	1.62												MGD	SBR I	FLOWS	!!
393.8	171.1	732.6		465.8	528.3	1	448.6	458.0	438.6	354.4	353.0	357.8	389.4	373.6	315.2	265.6	228.3						-								732.6	Dilution	Receiving	· S	
/1 0.0727	/1 0.0484	/1 0.1018	2.0365	/1 0.0647	/1 0.0709	/1 0.0778	/1 0.0895	/1 0.0788	/1 0.0599		7	7	7			/1 0.0668	/1 0.0589	/1 0.0649	/1 0.0738	7	7	_				$\neg$	1	_	-	$\dashv$	2		SBR		
27 12.8	12.0	8 14.0	Ğ	17					99 14.0	2	1	1	1		7	68 12.0	89			7		1	79 120	84	1			1	1	83 120	$\dashv$	က <sub>်</sub> ကြိန်			
8 7.2	7.0	7.6							0 7.5		1		1			0 74	_		1			0 70	1		1			12.0 7.1	1	0 7 5		5			
6.0	6.0	6.0																	3				"			<b>5</b> .	1	80	3 0	л 	g,	3	<u>0</u> .0		
190	175	204																			102	32			1			170	176		3	3	S.S.	INFLUE	
2626	2496	2756																			2130	2756						2490	3			ი ი	S.S.	JENT	Julie
335	324	345																			940	346						324	3		1.181	}	B.O.D.		Juliedu, Alask
																T		T	T		1		1	$\top$		$\top$		$\top$	+	+	+				S.

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

Turt	D.O.mg/	Alk.	Hrd	
Turb.NTU	.mg/	mg/l	Hrd. mg/l	June 2
14.6	3.1	145	68	008

Tox. Tue	
3.3	

NH3 mg/L 20	Zinc NO TEST	Silver NO TEST	Lead NO TEST	Copper 28.40	1/gu	ouie zogo
	ST NO TE	ST NO TI	ST NO TI	3.40 0	r Le	2000