Scott Jeffers Wastewater Utilities Superintendent Solids, total suspended Effluent Gross COMMENT AND EXPLANATION OF ANY VIOLATIONS Effluent Gross Alkalinity, total (asCaCo3) Effluent Gross NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments 00530 1 0 00410 1 7 00400 1 0 Ÿ Effluent Gross 00310 W 0 BOD, 5-Day, 20 deg. Effluent Gross 00310 1 0 BOD, 5-Day, 20 deg. C Oxygen, dissolved (DO) 00300 1 0 Effluent Gross 00070 1 0 Turbidity PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) FACILITY: LOCATION: ATT: ADDRESS: NAME: TYPED OR PRINTED PARAMETER ຸ ດ 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 certify under penalty of law that this document and all attachments were Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL WWTF JUNEAU, ALASKA 99801 2009 RADCLIFFE ROAD MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT SAMPLE PERMIT SAMPLE PERMIT PERMIT SAMPLE PERMIT SAMPLE PERMIT PERMIT SAMPLE WKLY AVG MO AVG 222 MO AVG 1226 \*\*\*\* 311 \*\*\*\*\* \*\*\*\*\* 1829 \*\*\*\* 1226 285 QUANTITY OR LOADING \*\*\*\*\* \*\*\*\* \*\*\*\*\* VALUE \*\*\*\* DAILY MX DAILY MX 2452 275 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 311 \*\*\*\* 2452 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\*\* Ы∕Ы \*\*\* \*\*\* \*\*\* (26) \*\*\* Ь/d \*\*\* \*\*\* \*\* \*\*\* SLINN (26) b/d FROM (26)\*\*\* DAILY MN Req. Mon. \*\*\*\* \*\*\*\*\* 6.6 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 6.5 \*\*\*\* \*\*\*\*\* \*\*\*\* 3.9 ĭ \*\*\*\*\* \*\*\*\*\* VALUE 2008 AK-002295-1
PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION MO AVG no test 13.0 Req. Mon WKLY AVG MO AVG Req. Mon. Req. Mon \*\*\*\*\* 16.6 MO AVG 16.3 MO AVG MO AVG \*\*\*\*\* 3.9 8 9.6 VALUE 30 3 **1** 8 MAJOR (SUB 01) F - FINAL EFFLUENT
\*\*\* NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILY MX Req. Mon. no test 17.0 DAILY MX Req. Mon. DAILY MX 6.9 16.6 \*\*\*\* \*\*\*\*\* 15.0 8 MAX 9.0 \*\*\*\* VALUE \*\*\*\* 60 DAY MONITORING PERIOD mg/L mg/L mg/L (19) mg/L mg/L (19) SLIND 19 (12) 19 12 SU (19) 3 19 (19) (19) 19 (43) 19 7 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 20.0% YEAR CORE POR 2008 0 0 0 0 YEAR 0 Mδ 0 0 586-0393 FREQUENCY OF ANALYSIS Twice Per Weekdays Quarterly Month Continuous 7 PHONE NUMBER DATE Twice Per Month Twice Per Once Per 30 Month Month 1 8 DISCHARGE NUMBER 001 A 09 COMP24 COMP24 COMP24 DAY COMP24 GRAB B RCORDR SAMPLE TYPE GRAB DAY 8

EPA Form 3320-1 (03-99). Previous editions may be used \* Concerning violations-please see attached. The reporting period was from 11/02/2008 through 11/29/2008.

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

FACILITY: LOCATION: ADDRESS: NAME: 2009 RADCLIFFE ROAD
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. 001 A

AK-002295-1 PERMIT NUMBER

	TINICALL ALACKA COCO				PEKMI	PERMIT NOMBER	1			DISCHAR	DISCHARGE NUMBER
FACILITY:	MENDENHALL WWTF	WTF 10866					NO.				
LOCATION:	JUNEAU, ALASKA 99801	99801			∌	MO	DAY	)AY YE	YEAR	MO	DAY
ATT:	Scott Jeffers WW L	Scott Jeffers WW Utilities Superintendent	nt	FROM	2008	11	1	ъ	2008	=	30
PARAMETER		QUANTITY OR LOADING	LOADING		مران	QUALITY OR CONCENTRATION	(RATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	SLIND	VALUE	VALUE	VALUE	STINU	,		:
Solids, total suspended	SAMPLE	275		(26)		17.0		(19)	0		
00530 W 0	MEASUREMENT	•	****		***		****				
00000	PEXIVE	1829				<b>4</b> 5		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	* * * *	lb/d	* * * *	WKLY AVG	* * * * *	ma/L		Month	
Nitrogen, ammonia total (as N)	SAMPLE	222	222	(26)		11.0	11.0	(19)	0		
	MEASUREMENT				****	1		1	,		
00610 1 0	PERMIT	1164	1963			28.5	<b>4</b> 6	19		Once Per	COMB34
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Ы/а	* * * *	MO AVG	DAILY MX	ma/:		Month (	CO.11.51
Hardness, total (as CaCO3)	SAMPLE					78	78	(19)	o		
	MEASUREMENT	****	****	* *	****		!	(	•		
00900 1 6	PERMIT					Req. Mon.	Req. Mon.	19		Once Per	GRAB
Cilitar total	VE COTVELLIEM!		7777	***	****	MO AVG	DAILY MX	mg/L		Month	
one of contractions	MEASUREMENT	no rest	no test	(26)	****	no test	no test	(28)	0		
01079 1 0	PERMIT	Req. Mon.	Reg. Mon.			Reg. Mon.	Reg. Mon.	28		Three Per	OMB34
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILY MX			ع دو	i i
Zinc, total recoverable	SAMPLE	no test	no test	(26)		no test	no test	(28)	0	ica	
	MEASUREMENT				****						
01094 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Reg. Mon.	28		Three Per	COMP34
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ام/ ام/		Year	
Lead, total recoverable	SAMPLE	no test	no test	(26)	****	no test	no test	(28)	0	3	
01114 1 0	PERMIT	Reg Mon	Ren Mon			Deg Man	D	3			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DATI Y MY	2 6		Inree Per	COMP24
Copper, total recoverable	SAMPLE	0.40	0.40	(26)		19.9	19.9	(38)	0	100	
	MEASUREMENT				****			[	(		
01119 1 0	PERMIT	3.54	7.63			86.7	187	28		Once Per	COMP24
NAME TITLE BRINCIPAL SYSTEM TO CETTOES	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILY MX	ug/L		Month	
NAME/ 11 LE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	law that this document	and all attachments w	cre						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 ac d personnel properly ga	ccordance with the syst	em designed	Í	クニ			907	586-0393	
Wastewater Utilities Superintendent	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	inquiry of the person or responsible for gatherin	persons who manage t g the information, the	he system, information	1 of	to love	r		CODE	PHONE NUMBER	3ER
	submitted is, to the best of my knowledge and belief, true, accurate, and complete are significant penalties for submitting false information,	of my knowledge and be significant penalties for	lief, true, accurate, and submitting false infor	nation,	SIGNA	TURE OF PRINCIP	N EXECUTIVE	i.	ラング	7	90
COMMENT AND EXEL ANATTON OF ANY	Including the possibility of fine and imprisonment for knowing violations	of fine and imprisonmen	it for knowing violatio	ns	OFF	OFFICER OR AUTHORIZED AGENT	IZED AGENT	-	YEAR	MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	YVIOLATIONS										

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

> E 7 NAME: ADDRESS: MENDENHALL TREATMENT PLANT 2009 RADCLIFFE ROAD JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF

MAJOR
(SUB 01)
F- FINAL
F- FINAL
EFFLUENT
\*\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form.

DISCHARGE NUMBER

AK-002295-1
PERMIT NUMBER

DAY	МО	YEAR		IZED AGENT	OFFICER OR AUTHORIZED AGENT	OFF	ons	it for knowing violation	including the possibility of fine and imprisonment for knowing violations	ncluding the possibility	TYPED OR PRINTED u
09	4	8307		AI EXECUTIVE	TURE OF PRINCIP	SIGNA	mation .	submitting talse info	submitted is, to the best of my knowledge and benefit they, accurate, and complete are submitted in formation	am aware that there are	<b>-</b> 0
	DATE				7	2	information	g the information, the	or those persons directly responsible for gathering the information, the information	r those persons directly	
BER	PHONE NUMBER	CODE		٠	XEN	XX	information the system,	ther and evaluate the persons who manage	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,	o assure that the qualifie ubmitted. Based on my	Scott Jeffers Wastewater Utilities Superintendent   s
	586-0393	907	;-1			راس	tem designed	cordance with the sys	prepared under my direction or supervision in accordance with the system designed	repared under my direc	
	TELEPHONE				-		vere	and all attachments w	I certify under penalty of law that this document and all attachments were	certify under penalty of	OAL EXECUTIVE OFFICER
			* *	****	****	* * * *	Mgal/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
RCORDR	Continuous						ω	4.9	Req. Mon.	PERMIT	50050 1 0
			* * *	****	****	* * * *				MEASUREMENT	
		0					(03)	2.65	2.17	SAMPLE	Flow, in conuit or thru treatment plant
	Month		Y=1; N=0	DAILY MX	****	***	**	* * * *	****	REQUIREMENT	Effluent Gross
VISUAL	Once Per			Req. Mon.						PERMIT	45613 1 0
			1		***	****	* * *	***	***	MEASUREMENT	
		0		0						SAMPLE	Floating solids or visible foam-visual
	Week		#/100mL	DAILY MX	MO GEO	WKLY GED	***	****	***	REQUIREMENT	See Comments
GRAB	Twice Every			1200	400	800				PERMIT	31615 R 0
							* * *	***	***	MEASUREMENT	
		0	(13)	7.1	2.1	2.9				SAMPLE	Fecal coliform, MPN, EC med, 44.5 C
	Week		#/100mL	DAILY MX	MO GEO	WKLY GEO	**	****	****	REQUIREMENT	See Comments
GRAB	Twice Every			800	200	400				PERMIT	31615 Q 0
							* * *	****	***	MEASUREMENT	
		0	(13)	N/A	N/A	N/A				SAMPLE	Fecal coliform, MPN, EC med, 44.5 C
	Week		#/100mL	DAILY MX	MO GEO	WKLY GEO	**	****	****	REQUIREMENT	See Comments
GRAB	Twice Every			800	200	400				PERMIT	31615 P 0
							* *	***	****	MEASUREMENT	
		0	(13)	N/A	N/A	N/A				SAMPLE	Fecal coliform, MPN, EC med, 44.5 C
	Week		#/100mL	DAILY MX	MO GEO	***	***	*****	*****	REQUIREMENT	See Comments
GRAB	Twice Every		13	Req. Mon.	161					PERMIT	31615 O 0
						***	* * *	*****	****	MEASUREMENT	
		0	(13)	N/A	N/A					SAMPLE	Fecal coliform, MPN, EC med, 44.5 C
	Week		%	DAILY MX	****	* * * *	* * *	* * * * *	****	REQUIREMENT	See Comments
GRAB	Twice Every			10						PERMIT	30500 O 0
					***	****	* * *	****	***	MEASUREMENT	limit
		0	(23)	0						SAMPLE	Coliform, fecal - % sample exceeds
			SLINO	VALUE	VALUE	VALUE	SLIND	VALUE	VALUE		
SAMPLE	FREQUENCY OF ANALYSIS	NO.		RATION	ITY OR CONCENTRATION	QUALITY		OADING	QUANTITY OR LOADING		PARAMETER
30	11	2008	_ _ _	<b>L</b>	111	2008	FROM	ř	Scott Jeffers WW Utilities Superintendent	Scott Jeffers WW Ut	АПТ:
DAY	MO	YEAR		DAY	Mo	¥			99801	JUNEAU, ALASKA 99801	LOCATION:
		RIOD	MONITORING PERIOD	MONITO					VIII	MENDENHALL WWTF	FACILITY:

COMMENT AND EXPLANATION OF ANY VIOLATIONS

00434/981209 1904

<sup>\*</sup> Concerning violations-please see attached. The reporting period was from 11/02/2008 through 11/29/2008.

EPA Form 3320-1 (03-99) Previous editions may be used (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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

FACILITY: LOCATION A NAME: ADDRESS: MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 2009 RADCLIFFE ROAD JUNEAU, CITY AND BOROUGH OF

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form.

DISCHARGE NUMBER

AK-002295-1 PERMIT NUMBER

EACTI TTV.	MENDENHALL WATE						NON THE	ODING DE	TOTAL		
LOCATION:	JUNEAU, ALASKA 99801	99801			∌	MO	DAY	AAA AERTON	YEAR	M O	DAY
ATT:	Scott Jeffers WW Utilities Superintendent	ilities Superintende	nt	FROM	2008	12	1	70	2008	11	31
PARAMETER		QUANTITY OR LOADING	OADING		QUALITY	LITY OR CONCENTRATION	RATION		Z Ö	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	SLIND			
Chlorine, total residual	SAMPLE	A/N	N/A	(26)		A/N	A/N	(28)	0		
	MEASUREMENT				****						
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				64	85		ug/L	0		
	MEASUREMENT	****	****	* *			***				
80093 1 0	PERMIT				Req. Mon.	Req. Mon.				DAILY	MEASRD
Effluent Gross	REQUIREMENT	** ** **	****	***	DAILY MN	MO AVG	***	10			
BOD,5-day, percent removal	SAMPLE				92			(23)	0		
	MEASUREMENT	****	****	* *		****	***				
81010 K 0	PERMIT	** ** ** **	* * * * *	* * * *	MZ % DMV	* * * * *	** ** **	° 23		Once Per	CALCTD
Solids suspended percent removal	+				92			(23)	0		
	M.	****	****	***		****	***				
81011 K O O	PERMIT				85			23		Once Per	CALCTD
Percent Removal	REQUIREMENT	***	****	**	MN % RMV	****	***	%		Month	
Chlorine usage	SAMPLE	N/A		(26)			•		0		
	MEASUREMENT		****		***	***	***				
81400 X 0	PERMIT	Req. Mon.								DAILY	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						3,03	(2G)	0		
	MEASUREMENT	***	****	* * *	****	***					
TT000 1 8	PERMIT						Req. Mon.			Semiannual	COMP24
Effluent Gross	REQUIREMENT	***	****	***	* * * *	****	DAILY MX	ox chronic			
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	vere		)			907	TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent	prepared unuer my direction of supervision in accomance with the system weather to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the nerson or nersons who manage the system submitted.	induity of the person or	ather and evaluate the i	information	< L		<b>A</b>	(-	AREA	PHONE NUMBER	FR
	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 gatherin of my knowledge and b	ng the information, the elief, true, accurate, an	information d complete	CXXX.	7/4//		<u> </u> 	O CONC	DATE	<u>ک</u>
TYPED OR PRINTED	i am aware that there are significant penalties for summiting tasse information, including the possibility of fine and imprisonment for knowing violations.	of fine and imprisonme	nt for knowing violation	ons	OFI	OFFICER OR AUTHORIZED AGENT	RIZED AGENT		YEAR	3 j	DAY
COMMENT AND EXPLANATION OF AND	2 A 1 2 5										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (03-99). Previous editions may be used \* Concerning violations please see attached. The reporting period was from 11/02/2008 through 11/29/2008 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations COMMENT AND EXPLANATION OF ANY VIOLATIONS

[TYPED OR PRINTED] Wastewater Utilities Superintendent Scott Jeffers NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments Fecal coliform, MPN, EC med, 44.5 C See Comments 31615 T 9 31615 S 9 Fecal coliform, MPN, EC med, 44.5 C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) ATT: FACILITY: LOCATION: **ADDRESS** 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 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 I am aware that there are significant penalties for submitting false information, JUNEAU, ALASKA 99801
MENDENHALL WWTF Scott Jeffers WW Utilities Superintendent 2009 RADCLIFFE ROAD MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF JUNEAU, ALASKA 99801 MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT PERMIT SAMPLE QUANTITY OR LOADING \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* VALUE \*\*\* \* \*\*\* SLIND FROM WKLY GEO WKLY GEO Z 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 8 MAJOR (SUB 01) F - FINAL EFFLUENT

\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form. DAILY MX DAILY MX 1200 N/A N/A VALUE DAY 800 MONITORING PERIOD #/100mL #/100mL SLINA (13) (£ 7 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 7032 YEAR AREA CODE 2008 YEAR 0 ΠŞ 0 586-0393 FREQUENCY OF ANALYSIS **TELEPHONE** 17 Once Every Once Every DATE PHONE NUMBER 3 Week Week 11 중 DISCHARGE NUMBER 001 A 00 DAY SAMPLE TYPE GRAB **GRAB** မ DAY

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#### Juneau, Alaska

AVEF	MIN	MAX	70.	SAT	FRI	THU	WED	TUE	MON	SUN	SAT	FRI	扫	WED	TUE	MON	SUN	SAT	FR	뒫	WED	TUE.	MON	SUN	SAT	FRI	뒫	WED	TUE:	MON	SUN	DAY		
AVERAGE	MINIMUM	MAXIMUM	TOTAL	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	œ	7	6	5	4	ω	2	DATE		
35	26	42		41	42	41	38	37	36	36	34	36	31	26	31	29	37	39	37	35	34	30	26	28	36	38	35	36	41	40	40	°F MP		WEA
0.20	0.00	0.81	5.47	0.07	0.62	0.11	0.35	0.24	0.30	0.81	0.49	0.12	0.29	0.00	0.01	0.00	0.00	0.17	0.76	0.05	0.17	0.04	0.00	0.00	0.00	0.02	0.23	0.01	0.00	0.43	0.18	INCHES	RAIN	WEATHER
2.38	2.11	2.83	66.67	2.51	2.52	2.51	2.69	2.54	2.51	2.36	2.23			2.20	2.17	2.32	2.45	2.62	2.24	2.11	2.13		2.31	2.32		2.23	2.30	2.43	2.57	2.83	2.80	MGD	SBR	
282	184	431	7901	251	221	379	266	258	251	237	213	202	221	248	184	221	244	231	221	416	407	231	319	231	244	277	385	407	431	361	344	CF's	Mend.	
2.17	1.90	2.65	60.67	2.43	2.30	2.41	2.65	2.32	2.28	2.21	2.06	1.98	1.95	1.95	1.92	2.03	2.20	2.44	1.91	1.90	1.94	1.98	1.95	1.95	2.09	2.07	2.10	2.25	2.42	2.56	2.42	MGD	SBR	FLOWS
85.1 /1	63.6 /1	106.1 /1	85.1 /1	67.7 /1	63.1 /1	102.6 /1	65.8 /1	72.8 /1	72.1 /1	70.3 /1	67.8 /1	66.9 /1	74.2 /1	83.2 /1	62.9 /1	71.3 /1	72.6 /1	62.2 /1	75.7 /1	142.4 /1	136.5 /1	76.4 /1	106.7 /1	77.5 /1	76.4 /1	87.4 /1	119.4 /1	117.9 /1	116.1 /1	92.1 /1	92.8 /1	Water Dilution	Receiving	S
0.0445	0.0343	0.0641	1.2450	0.0423	0.0634	0.0577	0.0641	0.0582	0.0489	0.0452	0.0463	0.0554	0.0535	0.0484	0.0398	0.0378	0.0388	0.0485	0.0511	0.0398	0.0348	0.0343	0.0395	0.0403	0.0346		0.0372	$\vdash$	0.0366	0.0373	<del> </del>	MGD	SBR	
11.2	10.0	12.0			10.0	10.0	10.0	11.0	11.0			12.0	11.0	11.0	11.0	11.0			12.0	12.0	11.0	11.0	12.0			11.0	12.0	11.0	11.0	12.0		° 7		
7.3	7.0	8.1			7.0	7.2	7.2	7.3	7.5			7.1	7.1	7.2	7.3	8.1			7.1	7.2	7.3	7.2	7.6			7.1	7.1	7.3	7.3	7.2		3		
5.8	5.8	5.8																			-							5.8				mg/L	D.O.	=
162	158	165																			165		ļ					158				mg/L	SS	NFLUEN
2817	2670	2965																			2670							2965				LBS	S.S.	T
207	138	275																			275							138				mg/L	<b>B</b> .O.D.	
3519	2590	4449																			4449							2590				LBS	8.O.D.	
11.9	11.0	13.0			11.0	11.0	11.0	11.0	12.0			13.0	12.0	12.0	12.0	12.0			12.0	12.0	12.0	12.0	12.0			12.0	12.0	12.0	12.0	12.0		္ကို နို	   	
6.8	6.6	6.9			6.7	6.7	6.7	6.8	6.8			6.7	6.8	6.8	6.9	6.8			6.8	6.8	6.8	6.7	6.8			6.7	6.6	6.7	6.8	6.8		<b>'</b>		
3.9	3.9	3.9															ļ											3.9				mg/L	D.O.	
9.6	8.1	15.0			9.0	9.8	9.5	9.7	9.1			10.2	9.8	8.7	9.9	8.1			11.9	15.0	11.7	8.2	8.6			8.7	8.2	8.4	8.2	8.3		Z Z	TURBID.	
13.0	9.0	17.0						_													17.0							9.0				mg/L	SS	EFFLUENT
222.0	168.9	275.1																			275							169				LBS	S.S.	UENT
																												ĺ				<b>a</b>	œ	

<sup>&</sup>lt;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	Novemb
15.0	3.9	no test	78	er 2008

Tox. TU₀		Turb.NTU	D.O.mg/l	Alk. mg/l
3.03		15.0	3.9	no test
NH3 mg/l	Zinc	Silver	Lead	Copper

Z	November 2008	08
	ug/L	LBS
Copper	19.9	0.40
Lead	no test	no test
Silver	no test	no test
Zinc	no test	no test
NH3 mg/L	11.00	222.0

MAX	AVG	4	З	2	_		WEEK	
16.6	16.3			16.0	16.6	mg/l	В	
311	285			259	311	ibs	ВОВ	WEEKLY AVERAGE
17.0	13.0			17.0	9.0	mg/l	75	<b>AVERAGE</b>
275	222			275	169	ibs	TSS	
						Geo	COL	¥∈