

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

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
ATT: Denny Kay / Mendenhall WWTF Supervisor

AK-002295-1
PERMIT NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	3	1	2009

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

Form Approved,
OMB No. 2040-0004
Approval Expires 05-31-98

001 A
DISCHARGE NUMBER

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	****	*****						
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			Continuous	RCORDR
00070 1 0											
Effluent Gross Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****						
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****			Once Per Month	GRAB
00300 1 0											
Effluent Gross BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	481	489	(26)	*****						
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24
00310 1 0											
Effluent Gross BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	489	*****	(26)	*****						
	PERMIT REQUIREMENT	1829 WKL Y AVG	*****	lb/d	*****	45 WKL Y AVG	*****	19 mg/L		Twice Per Month	COMP24
00310 W 0											
See Comments pH	SAMPLE MEASUREMENT	*****	*****	****	6.5						
	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	12 SU		Weekdays	GRAB
00400 1 0											
Effluent Gross Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	*****						
	PERMIT REQUIREMENT	*****	*****	****	*****	NO TEST	NO TEST	(19)			GRAB
00410 1 7											
Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	387	425	(26)	*****						
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24
00630 1 0											
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 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.											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Denny Kay SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT DATE 4/9/09											
AREA CODE 907 TELEPHONE 586-0393 PHONE NUMBER DATE YEAR 2009											

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*)

* The reporting period was from **03/01/2009** through **03/28/2009**.
 PERMITS ARE NOW 1-2 WKS IN ADVANCE OF 30 DAYS.
 EPA Form 3520-1 (03-99) Previous editions may be used.

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

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
LOCATION: MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATT: Denny Kay / Mendenhall WWTF Supervisor

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

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	3	1	2009

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS	UNITS			
Solids, total suspended	SAMPLE	425		(26)	26.0			(19)	0	Twice Per Month	COMP24
	MEASUREMENT										
00630 W 0	PERMIT	1829			45			19			
	REQUIREMENT	WKL Y AVG	*****		WKL Y AVG	*****		mg/L			
Nitrogen, ammonia total (as N)	SAMPLE	222		(26)	16.0			(19)	0	Once Per Month	COMP24
	MEASUREMENT										
00610 1 0	PERMIT	1164			28.5			19		Once Per Month	COMP24
	REQUIREMENT	MO AVG	*****		MO AVG	*****		mg/L			
Effluent Gross	SAMPLE				56.0			(19)	0	Once Per Month	GRAB
	MEASUREMENT										
00900 1 6	PERMIT	*****			*****			19		Once Per Month	GRAB
	REQUIREMENT							mg/L			
Silver, total recoverable	SAMPLE	NO TEST		(26)	NO TEST			(28)	0	Three Per Year	COMP24
	MEASUREMENT										
01079 1 0	PERMIT	Req. Mon.			Req. Mon.			28		Three Per Year	COMP24
	REQUIREMENT	MO AVG	*****		MO AVG	*****		ug/L			
Effluent Gross	SAMPLE	NO TEST		(26)	NO TEST			(28)	0	Once Per Year	COMP24
	MEASUREMENT										
01094 1 0	PERMIT	Req. Mon.			Req. Mon.			28		Three Per Year	COMP24
	REQUIREMENT	MO AVG	*****		MO AVG	*****		ug/L			
lead, total recoverable	SAMPLE	NO TEST		(26)	NO TEST			(29)	0	Once Per Year	COMP24
	MEASUREMENT										
01114 1 0	PERMIT	Req. Mon.			Req. Mon.			28		Three Per Year	COMP24
	REQUIREMENT	MO AVG	*****		MO AVG	*****		ug/L			
Effluent Gross	SAMPLE	0.49		(26)	35.3			(28)	0	Once Per Year	COMP24
	MEASUREMENT										
01119 1 0	PERMIT	3.54			86.7			28		Once Per Month	COMP24
	REQUIREMENT	MO AVG	*****		MO AVG	*****		ug/L			

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 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.

Signature of Joe Myers
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2009 YEAR
4/9/09 DATE

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*)
The reporting period was from 03/01/2009 through 03/28/2009.
EPA Form 3320-1 (03-99) Previous editions may be used.

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

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
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATT: Denny Kay / Mendenhall WWTF Supervisor

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	3	1	2009
			3
			31

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	****	*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	161 MO GEO	Req. Mon. DAILY MX	13	#/100ml	0	Twice Every Week	GRAB
31615 O 0	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	800 DAILY MX	#/100ml	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 P 0	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	800 DAILY MX	#/100ml	(13)	0	Twice Every Week	GRAB
See Comments	MEASUREMENT	*****	*****	****	200 MO GEO	43 DAILY MX	#/100ml	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	1200 DAILY MX	#/100ml	(13)	0	Twice Every Week	GRAB
31615 Q 0	SAMPLE MEASUREMENT	*****	*****	****	24	0	#/100ml	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	0	#/100ml	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
See Comments	MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Flow, in count or thru treatment plant	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
5613 1 0	SAMPLE MEASUREMENT	1.68	1.96	(03)	*****	*****	*****	*****	0	Twice Every Week	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Twice Every Week	GRAB
50050 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	Twice Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	Req. Mon. MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	0	Twice Every Week	GRAB

Joe Myers
Wastewater Utilities Superintendent

Signature: 
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 907 586-0393
PHONE NUMBER: 586-0393
DATE: 4/9/09
YEAR: 2009
DAY: 31

COMMENTS 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*)

FORM 376-6

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

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
ATT: Denny Kay / Mendenhall WWTF Supervisor

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

Form Approved:
OMB No. 2040-0004
Approval Expires 05-31-98

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	3	1	2009
			YEAR
			MO
			DAY
			YEAR
			MO
			DAY

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	MEASUREMENT	N/A	N/A	(26)				0	QUARTERLY	COMP24
	PERMIT	4.09	4.09	lb/d	*****	100	100			
Effluent Gross	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
30D,5-day, percent removal	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
Solids, suspended percent removal	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
Percent Removal	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
Chlorine usage	MEASUREMENT	N/A	*****	(26)				0		
	PERMIT	*****	*****	*****				0		
81400 X 0	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
End of Chlorine Contact Chamber	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
Oil and grease visual	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
84066 1 0	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
Toxicity, Chronic	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
T000 1 8	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
Effluent Gross	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	*****				0		
	PERMIT	*****	*****	*****				0		

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 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.

[Signature]
SIGNATURE OF PRINCIPAL/EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393
AREA CODE
PHONE NUMBER
DATE
4/19/09
YEAR
MO
DAY

* The reporting period was from 03/01/2009 through 03/28/2009
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*)
A Form 3320-1 (03-99) Previous editions may be used.

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

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
JUNEAU, ALASKA 99801
LOCATION: Denny Kay / Mendenhall WWTF Supervisor
ATT:

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

Form Approved:
OMB No. 2040-0004
Approval Expires 05-31-98

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	3	1	2009

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE				
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	N/A	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	400	200	800	#/100ml			
31615 S 9	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	N/A	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	800	400	1200	#/100ml			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	800	400	1200	#/100ml		Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	800	400	1200	#/100ml			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
Wastewater Utilities Superintendent

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 03/01/2009 through 03/28/2009.

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 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Joe Myers

907
AREA CODE
586-0393
TELEPHONE
4/9/09
PHONE NUMBER
DATE

2009
YEAR
4/9/09
MO
DAY



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907)269-4114

Fax: (907)269-4604

E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any):	
Applicant Company: City & Borough of Juneau, Alaska		Facility Name: Mendenhall WWTF	
Person Reporting: Denny Kay		Facility Location: 2009 Radcliffe Rd	
Date/Time Event was Noticed: March 25, 2009		Phone Numbers of Person Reporting: 907 586 0393	
		Reported How? (e.g. by phone) Contract laboratory (Analytica Enviromental)	
		Date/Time Reported: 1300 hrs	
		Name of DEC Staff Contacted: Chris Foley	

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)

Estimated Quantity Involved (volume or weight)

Cause of the event (be specific)

Low flow/ concentrated loading

Permit Condition Deviation (Identify each permit condition exceeded during the event)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
<u>Effluent BOD Monthly Average</u>	<u>30 MG/L</u>	<u>35.2 MG/L</u>	<u>3/4/2009</u>
		<u>29.9 MG/L</u>	<u>3/11/2009</u>
		<u>Average 32.3 MG/L</u>	

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Increased DO profile to completely metabolize the concentrated loading.

Environmental Damage: (if yes, provide details below)

Yes

No

Unknown

Actual /Potential Impact on Environment/Public Health (describe in detail)

Actions taken to reduce or eliminate Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)

COMMENTS

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: Denny Kay

Signature: 

Date:

March 26, 2009

FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

WEATHER				FLOWS				INFLUENT				EFFLUENT										
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend River CFS	SBR TTL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS	
SUN	1	26	0.01	1.94	101	1.69	39.6 /1	0.0307														
MON	2	28	0.20	1.89	96	1.64	38.8 /1	0.0526	10.0	7.3						10.0	6.7		12.9			
TUE	3	24	0.03	1.92	91	1.66	36.4 /1	0.0535	10.0	7.5						10.0	6.8		12.4			
WED	4	22	0.02	1.93	82	1.61	33.9 /1	0.0558	10.0	7.1	6.9	191	2565	267	3585	10.0	6.7	2.9	12.8		26	
THU	5	20	0.00	1.83	97	1.62	39.7 /1	0.0560	9.0	7.1						9.0	6.6		13.9			
FRI	6	32	0.36	1.84	101	1.57	42.6 /1	0.0579	9.0	7.1						9.0	6.6		13.1			
SAT	7	18	0.00	1.96	106	1.69	41.5 /1	0.0579														
SUN	8	13	0.00	1.89	101	1.68	39.8 /1	0.0458														
MON	9	12	0.00	1.89	86	1.67	34.3 /1	0.0498	9.0	7.4						9.0	6.7		12.4			
TUE	10	24	0.11	2.22	95	1.96	32.3 /1	0.0630	9.0	7.1		214	3498	328	5362	9.0	6.6		11.5		26	
WED	11	30	0.06	1.52	101	1.28	52.0 /1	0.0488	9.0	7.0						10.0	6.5		11.5			
THU	12	34	0.72	1.93	120	1.61	49.1 /1	0.0517	9.0	7.1						10.0	6.5		10.7			
FRI	13	34	0.09	2.11	176	1.85	62.5 /1	0.0544	9.0	7.0						10.0	6.6		9.9			
SAT	14	30	0.02	1.97	120	1.81	43.8 /1	0.0568														
SUN	15	27	0.00	1.92	114	1.68	44.8 /1	0.0425														
MON	16	26	0.00	1.84	114	1.62	46.5 /1	0.0581	9.0	7.3						10.0	6.8		10.5			
TUE	17	29	0.00	1.89	109	1.63	44.2 /1	0.0607	9.0	7.1						10.0	6.5		10.9			
WED	18	27	0.04	1.80	111	1.58	46.4 /1	0.0511	9.0	7.2						10.0	6.5		10.8			
THU	19	33	0.01	1.81	120	1.59	49.8 /1	0.0474	10.0	7.0						10.0	6.5		10.8			
FRI	20	32	0.10	1.85	106	1.66	42.3 /1	0.0509	8.0	7.4						10.0	6.7		9.7			
SAT	21	30	0.00	1.87	109	1.65	43.7 /1	0.0675														
SUN	22	32	0.00	1.81	111	1.64	44.7 /1	0.0364														
MON	23	35	0.06	1.83	105	1.61	43.1 /1	0.0523	9.0	7.7						10.0	6.6		11.5			
TUE	24	34	0.21	2.06	116	1.82	42.2 /1	0.0581	9.0	7.0						10.0	6.7		11.8			
WED	25	31	0.02	1.87	114	1.69	44.6 /1	0.0595	9.0	7.1						11.0	6.6		12.1			
THU	26	36	0.17	2.12	91	1.88	32.3 /1	0.0735	9.0	7.2						10.0	6.6		10.9			
FRI	27	36	0.11	2.07	86	1.82	31.5 /1	0.0638	9.0	7.2						10.0	6.7		9.7			
SAT	28	35	0.04	1.95	84	1.72	32.5 /1	0.0536														
TOTAL			2.38	53.53		46.93		1.5101														
MAXIMUM		36	0.72	2.22	176	1.96	59.0 /1	0.0735	10.0	7.7	6.9	214	3498	328	5362	11.0	6.8	2.9	13.9		26	4
MINIMUM		12	0.00	1.52	82	1.28	42.4 /1	0.0307	8.0	7.0	6.9	191	2565	267	3585	9.0	6.5	2.9	9.7		26	3
AVERAGE		28.0	0.09	1.91	105.8	1.68	41.8 /1	0.0539	9.2	7.2	6.9	203	3031	298	4473	9.9	6.6	2.9	11.5		26	3

COMMENTS:
* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

March 2009	
Hrd mg/l	56.0
Alk. mg/l	NO TEST
D.O. mg/l	2.9
Turb. NTU	13.9

March 2009	
Copper	35.3 ug/L
Lead	NO TEST
Silver	NO TEST
Zinc	NO TEST
NH3 mg/L	16.0

WEEK	WEEKLY AVERAGE BOD		TSS	
	mg/l	lbs	mg/l	lbs
1	35	473	26	34
2	30	489	26	42
3				
4				
AVG	33	481	26	34
MAX	35	489	26	42