

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

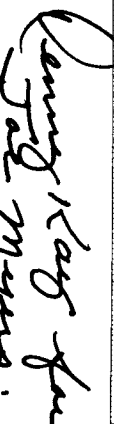
AK-002295-1
PERMIT NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2009	5	1	2009
			2009
			5
			31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	PERMIT	*****	*****	****	*****	11.0	17.4	(43)	0		
00070 1 0	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE	*****	*****	****	3.5	3.5	*****	(19)	0		
00300 1 0	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Once Per Month	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	*****	25.1	33.6	(19)	0		
BOD, 5-Day, 20 deg. C	SAMPLE	376.2	462.4	(26)	*****	30	60	19		Twice Per Month	COMP24
00310 1 0	PERMIT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L	0		
Effluent Gross	REQUIREMENT	462.4	*****	(26)	*****	33.6	*****	(19)			
BOD, 5-Day, 20 deg. C	SAMPLE	*****	*****	****	*****	45	*****	19		Twice Per Month	COMP24
00310 W 0	PERMIT	1829	*****	lb/d	*****	WKLY AVG	*****	mg/L	0		
See Comments	REQUIREMENT	*****	*****	****	6.5	*****	6.9	(12)			
PH	SAMPLE	*****	*****	****	6.5	*****	9.0	12		Weekdays	GRAB
00400 1 0	PERMIT	*****	*****	****	6.5	*****	*****	SU			
Effluent Gross	REQUIREMENT	*****	*****	****	INST MIN	*****	INST MAX	(19)	0		
Alkalinity, total (asCaCo3)	SAMPLE	*****	*****	****	*****	N/A	N/A				
00410 1 7	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19		Quarterly	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	23.8	36.0	(19)	0		
Solids, total suspended	SAMPLE	358.0	531.4	(26)	*****	30	60	19		Twice Per Month	COMP24
00530 1 0	PERMIT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L			
Effluent Gross	REQUIREMENT	*****	*****	****	*****	30	60	19			
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 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.										
Joe Myers	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
Wastewater Utilities Superintendent	 Denny Kay for Joe Myers										
TYPED OR PRINTED	907 ARCA CODE										
COMMENT AND EXPLANATION OF ANY VIOLATIONS	586-0393 TELEPHONE										
	2007 YEAR										
	4 MO										
	8 DAY										
	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*)										

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

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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

001 A
DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
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OMB No. 2040-0004
Approval Expires 05-31-98

MONITORING PERIOD			
YR	MO	DAY	TO
2009	5	1	2009
YEAR	MO	DAY	DAY
2009	5	31	31

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, total suspended	SAMPLE MEASUREMENT	428.1	*****	*****	(26)	29.0	*****	*****	0	Twice Per Month	COMP24
00530 W 0	PERMIT REQUIREMENT	1829	*****	*****		45	*****	*****			
See Comments	PERMIT REQUIREMENT	WKL Y AVG	*****	*****	lb/d	WKL Y AVG	*****	*****			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	198.9	*****	*****	(26)	15.0	*****	*****	0	Twice Per Month	COMP24
00610 1 0	PERMIT REQUIREMENT	1164	*****	*****		28.5	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	MO AVG	*****	*****	lb/d	MO AVG	*****	*****			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	****	82.0	*****	*****	0	Once Per Month	COMP24
00900 1 6	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	*****		Once Per Month	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	0.00	*****	*****	0	Three Per Year	COMP24
Silver, total recoverable	SAMPLE MEASUREMENT	0.000	*****	*****	(26)	0.00	*****	*****			
01079 1 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	*****		REPORT MO AVG	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	MO AVG	*****	*****	lb/d	MO AVG	*****	*****			
Zinc, total recoverable	SAMPLE MEASUREMENT	0.00	*****	*****	(26)	0.0	*****	*****	0	Three Per Year	COMP24
01094 1 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	*****		REPORT MO AVG	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	MO AVG	*****	*****	lb/d	MO AVG	*****	*****			
Lead, total recoverable	SAMPLE MEASUREMENT	0.000	*****	*****	(26)	0.0	*****	*****			
01114 1 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	*****		REPORT MO AVG	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	MO AVG	*****	*****	lb/d	MO AVG	*****	*****			
Copper, total recoverable	SAMPLE MEASUREMENT	0.27	*****	*****	(26)	20.2	*****	*****	0	Three Per Year	COMP24
01119 1 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	*****		REPORT MO AVG	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	MO AVG	*****	*****	lb/d	MO AVG	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	3.54	7.63	*****	lb/d	86.7	187	*****		Once Per Month	COMP24
Joe Myers	REQUIREMENT	MO AVG	DAILY MX	*****		MO AVG	DAILY MX	*****			
Wastewater Utilities Superintendent	REQUIREMENT	MO AVG	DAILY MX	*****		MO AVG	DAILY MX	*****			
COMMENT AND EXPLANATION OF ANY VIOLATIONS	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.										
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
	Denny Kay for Joe Myers										
	907	TELEPHONE									
	586-0393	AREA CODE									
	5009	DATE									
	4	PHONE NUMBER									
	8	MO									
		DAY									

* The reporting period was from 05/03/2009 through 05/30/2009.

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ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY LOCATION: MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATT: Denny Kay / Mendenhall WWTF Supervisor

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
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2009	5	1	2009
YEAR	MO	DAY	DAY
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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	SAMPLE 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	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	5.5	3.9	8.57	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL	0	Twice Every Week	GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	1.80	2.19	(03)	*****	*****	*****		0	Once Per Month	VISUAL
50050 1 0	PERMIT REQUIREMENT	Req. Mon.	4.9	3	*****	*****	*****		0	Continuous	RCORPDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	4.9	3	*****	*****	*****		0	Continuous	RCORPDR
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 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.										
Joe Myers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
907	TELEPHONE										
586-0393	AREA CODE										
2009	DATE										
4	MO										
8	DAY										

* The reporting period was from 05/03/2009 through 05/30/2009.

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MAJOR (SUB 01)
 F - FINAL
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YR	MO	DAY	TO
2009	5	1	2009
YEAR	MO	DAY	NO. EX
2009	5	31	0

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0	PERMIT REQUIREMENT	4.09	4.09		*****	100	100			QUARTERLY	COMP24
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l	0		
Dilution factor	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
80093 1 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U		DAILY	MEASRD
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(23)	0		
BOD,5-day, percent removal	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(23)	0	Once Per Month	CALCTD
81010 K 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	23 %		Once Per Month	CALCTD
Percent Removal	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(23)	0		
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	23 %		Once Per Month	CALCTD
Percent Removal	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		0		
Chlorine usage	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
81400 X 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	(93)	0	DAILY	MEASRD
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
84066 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(26)	0		
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			Semiannual	COMP24
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				

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Denny Kay
 Denny Kay
 Joe Myers
 Joe Myers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 907 AREA CODE
 586-0393 TELEPHONE
 2009 YEAR
 4 MO
 8 DAY

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*)

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ATT: Denny Kay / Mendenhall WWTF Supervisor

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MAJOR (SUB 01)
 F - FINAL
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PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****						
31615 S 9	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****						
See Comments	SAMPLE MEASUREMENT	*****	*****	800	400	1200		Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	WPLY GEO	MO GEO	DAILY MX	#/100ml		
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****						
	PERMIT REQUIREMENT	*****	*****						
31615 T 9	SAMPLE MEASUREMENT	*****	*****						
	PERMIT REQUIREMENT	*****	*****						
See Comments	SAMPLE MEASUREMENT	*****	*****						
	PERMIT REQUIREMENT	*****	*****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
Wastewater Utilities Superintendent

Denny Kay for Joe Myers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
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8 DAY

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EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

				WEATHER				FLOWS				INFLUENT				EFFLUENT					
DAY	DATE	TEMP °F	RAIN INCHES	SBR INFILTRANT 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	3	47	0.18	2.14	552	1.67	215 /1	0.1432	9.0	7.3						11.0	6.7		17.4		
MON	4	44	0.05	2.09	610	1.69	234 /1	0.1656	9.0	7.3						11.0	6.7		17.4		
TUE	5	48	0.00	2.03	575	1.59	235 /1	0.1320	10.0	6.8						11.0	6.6		9.8		
WED	6	47	0.20	2.02	563	1.65	221 /1	0.1370	9.0	7.1	8.2	248	3413	354	4871	11.0	6.6	3.5	12.4	24.0	3
THU	7	46	0.32	2.20	592	1.76	218 /1	0.1960	9.0	7.0						12.0	6.6		11.8		
FRI	8	47	0.01	2.16	580	1.77	213 /1	0.1910	8.0	9.4		302	4458	359	5299	12.0	6.6		11.5	25.0	3
SAT	9	44	0.00	2.08	580	1.63	231 /1	0.1084													
SUN	10	45	0.00	2.13	497	1.63	198 /1	0.1183								11.0			9.5		
MON	11	47	0.00	2.14	455	1.67	177 /1	0.1302	10.0	7.8						13.0	6.7		10.2	19.0	2
TUE	12	46	0.00	2.06	455	1.79	165 /1	0.1267	11.0	7.2		236	3523	250	3732	11.0	6.6		10.9		
WED	13	45	0.00	1.99	471	1.77	173 /1	0.1190	10.0	6.8						12.0	6.7		11.9	20.0	3
THU	14	44	0.00	2.02	481	1.81	173 /1	0.1190	10.0	7.0		304	4589	512	7729	12.0	6.5		11.9		
FRI	15	44	0.08	2.01	455	1.82	163 /1	0.1890	10.0	8.9						12.0	6.5		11.9		
SAT	16	50	0.02	1.99	445	1.73	167 /1	0.0839													
SUN	17	51	0.00	2.09	445	1.84	157 /1	0.1198													
MON	18	47	0.00	1.99	518	1.80	187 /1	0.1175	11.0	7.4						12.0	6.8		10.4	22.0	3
TUE	19	48	0.00	1.99	502	1.77	184 /1	0.1139	11.0	7.3		292	4310	225	3321	12.0	6.8		10.1		
WED	20	49	0.00	2.09	529	1.89	182 /1	0.1488	11.0	7.2						12.0	6.6		11.7	36.0	5
THU	21	51	0.00	1.96	563	1.77	206 /1	0.1476	11.0	7.2		290	4281	416	6141	12.0	6.6		10.9		
FRI	22	49	0.00	1.91	540	1.84	191 /1	0.1322	11.0	7.2						13.0	6.6				
SAT	23	51	0.00	1.87	563	1.79	204 /1	0.1289													
SUN	24	53	0.00	1.83	610	1.69	234 /1	0.1291													
MON	25	57	0.00	1.97	772	1.78	281 /1	0.1425	9.0	7.3						12.0	6.7		9.7		
TUE	26	49	1.02	1.95	934	1.95	310 /1	0.1196	11.0	7.3		212	3448	325	5285	13.0	6.9		9.0	23.0	3
WED	27	48	0.20	1.98	1230	1.98	402 /1	0.1488	10.0	7.2						13.0	6.7		9.7		
THU	28	52	0.04	1.97	873	1.99	284 /1	0.1590	12.0	7.3		280	4647	390	6473	13.0	6.7		9.1	21.0	3
FRI	29	46	0.48	2.09	1400	2.09	434 /1	0.1794	12.0	7.3						13.0	6.9		11.4		
SAT	30	49	0.07	2.14	1240	2.19	367 /1	0.1151													
TOTAL			2.67	56.89		50.35		3.8715													
MAXIMUM		57	1.02	2.20	1400	2.19	414 /1	0.1960	12.0	9.4	8.2	304	4647	512	7729	13.0	6.9	3.5	17.4	36.0	5
MINIMUM		44	0.00	1.83	445	1.59	182 /1	0.0939	8.0	6.8	8.2	212	3413	225	3321	11.0	6.5	3.5	9.0	19.0	2
AVERAGE		48	0.10	2.03	643.93	1.80	232 /1	0.1383	10.3	7.4	8.2	271	4084	354	5357	12.1	6.7	3.5	11.0	23.8	3

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

May 2009	
Hrd. mg/l	82.0
Alk. mg/l	N/A
D.O. mg/l	3.5
Turb. NTU	17.4
Tox. TUc	NO TEST

May 2009	
Copper ug/L	LBS
Lead	0.268
Silver	0.000
Zinc	0.000
NH3 mg/L	15.00
	198.91

WEEK	WEEKLY AVERAGE		
	BOD	TSS	
1	mg/l	lbs	lbs
2	30.4	432	24.5
3	24.0	360	19.5
4	23.6	360	28.0
AVG	22.3	360	22.0
MAX	25.1	378	23.75
	30.4	432	29.0