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

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

*** NO DISCHARGE

**

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

See Comments Effluent Gross Effluent Gross Oxygen, dissolved (DO) Effluent Gross FACILITY: LOCATION: Solids, total suspended Alkalinity, total (asCaCo3) Effluent Gross BOD, 5-Day, 20 deg. C BOD, 5-Day, 20 deg. 00070 1 0 Furbidity Effluent Gross 00300 1 0 AT Tom Trego Wastewater Utilities Superintendent Effluent Gross 00410 1 7 00310 W 0 00310 1 0 NAME: COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 00530 1 0 00400 1 0 ADDRESS: TYPED OR PRINTED PARAMETER JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF I am aware that there are significant penalties for submitting false information. including the possibility of fine and imprisonment for knowing violations. to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manate the system, or those persons directly responsible for gathering the information, the information but morn along 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 Tom Trego WW Utilities Superintendent I certify under penalty of law that this document and all attachments were MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT PERMIT PERMIT SAMPLE PER MIT 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*) WKLY AVG QUANTITY OR LOADING MO AVG MO AVG VALUE 293 1226 249 1829 1226 241 ***** **** **** **** **** **** ***** DAILY MX DAILY MX VALUE 293 259 ***** ***** **** ***** **** **** 2452 ***** ***** 2452 SLIN *** *** *** *** *** FROM *** *** lb/d b/d b/d (26)(26)(26)the city of Man DAILY MN Req. Mon NST MIN **** VALUE 2010 ***** **** ***** 2.7 6.7 ***** ***** 6,5 ⋨ AK-002295-1 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION Req. Mon. y Molent WKLY AVG Req. Mon Req. Mon. MO AVG MO AVG MO AVG 5.0 7.7 MO AVG MO AVG VALUE Z/A ***** 19 16 16 ဗ ω ₹ 8 5 NOTE: Read instructions before completing this form. Req. Mon. Req. Mon. DAILY MX DAILY MX INST MAX DAILY MX DAILY MX 11.4 N/A VALUE 7.8 **** **** ***** **** 19 DAY 9.0 8 28 8 MONITORING PERIOD SLINO mg/L mg/L mg/L mg/L mg/L S (43) (12) (19) (19) (19) (19)7 (19)S 19 19 19 19 12 19 A O LA 2010 POPE AREA ΩS 0 0 0 0 0 0 0 FREQUENCY OF ANALYSIS TELEPHONE 586-0393 Continuous Weekdays Once Per Quarterly Twice Per Twice Per Twice Per Month Month Month Month PHONE NUMBER DATE ₹ S DISCHARGE NUMBER COMP24 SAMPLE TYPE RCORDR COMP24 COMP24 COMP24 **GRAB** GRAB DAY

* Concerning violations-please see attached. The reporting period was from 03/28/10 through 05/01/10.

EDA Form 3320 1 /03 QQ) Previous editions may be used

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

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

FACILITY: LOCATION: NAME: A ADDRESS: JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

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

NOTE: Read instructions before completing this form.

	AK-002295-1 PERMIT NUMBER	NK-002295-1 PERMIT NUMBER				DISCHARGE NUMBER	NUMBER
			MONITORING PERIOD	ORING P	ERIOD		
	¥	MO	DAY		YEAR	Mo	DAY
	2010	ω	28	70	2010	ഗ	Ľ
i	QUAL	QUALITY OR CONCENTRATION	RATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
- 1	VALUE	VALUE	VALUE	STINU			
١					,		

ATT:	Tom Trego WW Utilities Superintendent	ties Superintenden		FROM	2010	3	28	_ე	2010	5	<u></u>
PARAMETER		QUANTITY OR LOADING	LOADING		QUALITY	ITY OR CONCENTRATION	RATION		ΝÕ	FREQUENCY OF ANIAL YEIG	SAMPLE
	X	VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	5		
Solids, total suspended	SAMPLE	259		(26)		17		(19)	0		
	MEASUREMENT		****		***		****				
00530 W 0	PERMIT	1829				45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	***	WKLY AVG	**	mg/L		Month	
Nitrogen, ammonia total (as N)	SAMPLE	261	261	(26)		17.0	17	(19)	0		
(MEASUREMENT				****						
00610 1 0	PERMIT	1164	1963			28.5	48	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					76	76	(19)	0		
	MEASUREMENT	****	****	**	****			1			
00900 1 6	PERMIT					Req. Mon.	Req. Mon.	19		Once Per	GRAB
Effluent Gross	REQUIREMENT	****	****	***	****	MO AVG	DAILY MX	mg/L		Month	
Silver, total recoverable	SAMPLE	N/A	N/A	(26)		N/A	N/A	(28)	0		
01079 1 0	PERMIT	Reg. Mon.	Reg. Mon.			Req. Mon.	Reg. 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	N/A	A/N	(26)		Z/A	Z/A	(28)	0		
	MEASUREMENT				****			1			
01094 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	
Lead, total recoverable	SAMPLE	N/A	N/A	(26)		N/A	N/A	(28)	0		
	MEASUREMENT				****			}		,	2
01114 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	No. of the last of	Year	
Copper, total recoverable	SAMPLE	0.20	0.20	(26)		13.3	13	(28)	0		
	MEASUREMENT				****	2		; 		7	COMPON
01119 1 0	PERMIT	3.54	7.63			86.7	18/	8		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 premared under my direction or supervision in accordance with the system designed	certify under penalty of law that this document and all attachments were renared under my direction or supervision in accordance with the system	accordance with the sv	stem designed	my Checo		O Mickey	. !	907	586-0393	
Tom Trego	to assure that the qualified personnel properly gather and evaluate the information submitted. Pased on my majory of the person or persons who manage the system.	ed personnel properly a	gather and evaluate the	information the system.	``	-:	,		AREA	PHONE NUMBER	BER
	or those persons directly responsible for gathering the information, the information	responsible for gather	ing the information, the	information	in court	of Tom Tree	1627			DATE	•
	I am aware that there are significant penalties for submitting false information.	e significant penalties f	or submitting false info	mation.	SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE	PAL EXECUTIVE		XC/C	N V	DAV
LYPEU OR PRINCEU	illehoung the possibility of the and impresonment of showing memoria	of this and military	THE TOTAL TOTAL TOTAL COLD TOTAL TOT	20.1 (2) 0	d D mad No. 1 Ma	May 31 8. T lins 1- 0-1 31 0	1 Oct 31 O an	d C are ne	wer liced *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*)

FPA Form 3320-1 (03-99). Previous editions may be used * Concerning violations-please see attached. The reporting period was from 03/28/10 through 05/01/10. (REPLACES EPA FORM T.40 WHICH MAY NOT BE USED

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

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

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

mit Fecal coliform, MPN, EC med, 44.5 C Coliform, fecal - % samples exceeds Fecal coliform, MPN, EC med, 44.5 C 30500 0 0 NAME: Fecal coliform, MPN, EC med, 44.5 C See Comments 31615 0 0 See Comments Floating solids or visible foam-visual See Comments See Comments 31615 Q 0 Fecal coliform, MPN, See Comments 31615 P 0 AT: ADDRESS: Flow, in conuit or thru treatment plant Effluent Gross 45613 1 0 LOCATION FACILITY: Tom Trego Wastewater Utilities Superintendent Effluent Gross 50050 1 0 31615 R 0 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER COMMENT AND EXPLANATION OF ANY VIOLATIONS TYPED OR PRINTED PARAMETER EC med, 44.5 C MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, CITY AND BOROUGH OF Tom Trego WW Utilities Superintendent JUNEAU, ALASKA 99801 155 SOUTH SEWARD, 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 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 including the possibility of fine and imprisonment for knowing violations am aware that there are significant penalties for submitting false information certify under penalty of law that this document and all attachments were MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT PERMIT SAMPLE PERMIT 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*) Req. Mon. QUANTITY OR LOADING **** VALUE MO AVG 1.85 ***** **** ***** **** **** ***** **** ***** **** ***** **** DAILY MX ***** VALUE 2.17 **** **** ***** ***** ***** ***** ***** ***** ***** 4.9 Mgal/d SLIN FROM *** **** *** *** *** *** (E) ω 1 WKLY GEO WKLY GEO WKLY GEO **** VALUE Z/A Z/A 2010 **** **** ***** ***** ***** **** 800 6 8 8 ⋨ SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT AK-002295-1 PERMIT NUMBER QUALITY OR CONCENTRATION MO GEO MO GEO MO GEO **** VALUE MO GEO Z/A N/A Z A **** の人がつます **** ***** **** 161 200 ω 200 8 2 EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. Req. Mon. DAILY MX Req. Mon. DAILY MX DAILY MX DAILY MX DAILY MX DAILY MX N/A Z/A VALUE Z/A **** ***** 1200 DAY 28 800 800 10 0 MONITORING PERIOD 7 #/100ml #/100mL #/100m #/100m Y=1; N=0 SLIND *** (13) (13) (13)(13)(23)₽ 13 % 10/0 2010 ARED YEAR 꼊중 0 0 0 0 0 0 0 FREQUENCY OF ANALYSIS Twice Every Twice Every Twice Every Twice Every Continuous Twice Every 586-0393 Once Per TELEPHONE Month Week Week Week Week Week PHONE NUMBER ₹ Сī DISCHARGE NUMBER 중 001 A SAMPLE TYPE RCORDR GRAB VISUAL GRAB **GRAB** GRAB **GRAB** DAY DAY

* Concerning violations-please see attached. The reporting period was from 03/28/10 through 05/01/10.

may be

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

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

D & 2 Ω FACILITY: NAME: ADDRESS: MENDENHALL TREATMENT PLANT MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF AK-002295-1 PERMIT NUMBER 중 MAJOR
(SUB 01)
Form Approved.
F-FINAL
F-FINAL
Approval Expires 05-31-98
FFI-UENT
*** NO DISCHARGE

NOTE: Read instructions before completing this form. MONITORING PERIOD YEAR 8 DISCHARGE NUMBER 001 A DAY

TACICIO	**************************************	2001			∌	3	DAY		TEAK	30	5
LOCATION:	JUNEAU, ALASNA 99001 Tom Treno WW Utilities Superintendent	ies Superintendeni		FROM	2010	ω	28	70	2010	5	1
PARAMETER		QUANTITY OR LOADING	LOADING		QUALITY	TY OR CONCENTRATION	RATION		щŞ	OF ANALYSIS	SAMPLE TYPE
	X	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU			
Chlorine, total residual	SAMPLE	N/A	N/A	(26)		N/A	N/A	(28)	0		
	MEASUREMENT				****		3	-1		CHARTERIA	COMB34
50060 S 0	PERMIT	4.09	4.09			100	100	<u>.</u>		QUARTERLI	COMPA
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILT MX	1/gu	5		
Dilution factor	SAMPLE				69	102	*****	ng/L	c		
	MEASUREMENT	****	****	**			*****	—		אזוע	MEASED
80093 1 0	PERMIT	,			Req. Mon.	Req. Mon.	+++++	<u>=</u>		DAILT	
Effluent Gross	REQUIREMENT	****	****	***	DAILY MN	MO AVG	****	5	>		
BOD,5-day, percent removal	SAMPLE				94		£	(23)	_		
	MEASUREMENT	****	****	* *		***************************************	1 1 1 1 1 1	3		Onco Dor	CAICH
81010 K 0	PERMIT			*	85	** ** *	**** ****	\$ C		Month	í
Percent Removal	REQUIREMENT	*****	1		2 20 20 10			(22)	0		
Solids, suspended percent removal	SAMPLE	****	* * * * *	* * *	ŀ	****	***				
)	MEASUREMENT				85			23		Once Per	CALCTD
81011 8 0 0	PEOLIFICATION	******	****	**	MN % RMV	****	****	%		Month	
Tercent Nemova	CAMDIE	N/A		(26)					0		
Cilcilia dagge	MEASUREMENT		****		****	****	****				a a series
81400 X 0	PERMIT	Req. Mon.								DAILY	MEASRU
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	****	lb/d	****	***	,	(5)	5		
Oil and grease visual	SAMPLE					*****	c	(55)	c		
	MEASUREMENT	***	*****	***	*******	4 4 4 4 4	N N			Once Der	VISIAI
84066 1 0	PERMIT					+++++)		Month	f
Effluent Gross	REQUIREMENT	****	****	**	****	******	7	OCCUT/THO	>	FIGURE	
Toxicity, Chronic	SAMPLE	* * * *	****	**	* * * * *	***	7	3			
11000 1 8	PERMIT						Req. Mon.			Semiannual	COMP24
Efflient Gross	REQUIREMENT	****	****	**	****	***	×	px chronic		1200	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	certify under penalty of law that this document and all attachments were	nt and all attachments	were	74-12	The Mark	Canh	•	907	586-0393	
Tom Trego 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 inquiry of the person or persons who manage the system.	ection or supervision in ied personnel properly inquiry of the person	accordance with the sy gather and evaluate the or persons who manage	ystem designed information e the system.	Jacoba	つ [†]	}	<u>-</u>	AREA CODE	PHONE NUMBER	BER
Wastewater Utilities Superintendent	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 and belief, true, accurate, and complete submitted is, to the best of my knowledge and belief, true, accurate, and complete submitting false information.	v responsible for gathe of mv knowledge and e significant penalties	ring the information. the belief, true, accurate, a for submitting false information violations.	ne information and complete ormation.	SIGNATU OFFIC	OFFICER OR AUTHORIZED AGENT	PAL EXECUTIVE RIZED AGENT		χορο YEAR	M √ S	DAY
TYPED OR PRINTED INCLUDING THE ANY VIOLATIONS	VIOLATIONS O=<15:1.P=>15:1 and <30:1, R=>30	O=<15:1.P=>15	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*)	>30:1 (O,P,a	and R used Nov 1	-May 31 & T Jur	1- Oct 31, Q ar	nd S are ne	ver used *no	chlorine*)	
COMMENT AND EXPENSE LOS OF THE	41000000		20,70		F 0E/01/10						

* Concerning violations-please see attached. The reporting period was from 03/28/10 through 05/01/10. COMMENT AND EXPLANATION OF ANY VIOLATIONS

10454,981209 1909

1. 東京 2011年

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) Fecal coliform, MPN, EC med, 44.5 C Fecal coliform, MPN, EC med, 44.5 C 31615 T 9 See Comments 31615 S 9 See Comments ADDRESS: NAME: **LOCATION**: FACILITY: Wastewater Utilities Superintendent fom Trego NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.

OFFICER OR AUTHORIZED AGENT

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, O and S are never used *no chlorine*

* Comment and Explanation of any VIOLATIONS

* Concerning violations-please see attached. The reporting period was from 03/28/10 through 05/01/10.

* Concerning violations-please see attached. The reporting period was from 03/28/10 through 05/01/10. PARAMETER MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, Tom Trego WW Utilities Superintendent or those persons directly responsible for gathering the information the information 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 certify under penalty of law that this document and all attachments were 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. I am aware that there are significant penalties for submitting false information. MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE PERMIT PERMIT QUANTITY OR LOADING ***** VALUE ***** ***** **** **** VALUE ***** SLIND FROM *** *** することと notanica moen WKLY GEO WKLY GEO Z/A Z/A VALUE 2010 8 80 숮 AK-002295-1 PERMIT NUMBER QUALITY OR CONCENTRATION SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MO GEO MO GEO Z/A VALUE N/A 200 ion Trego 8 ᆈᅗ MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILY MX Z/A N/A VALUE 1200 800 DAY 28 MONITORING PERIOD #/100ml #/100mL SLINO (13)(13) 5 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 J)/C YEAR 2010 YEAR 907 AREA CODE ΩŠ 0 FREQUENCY OF ANALYSIS ** Once Every Once Every 586-0393 TELEPHONE Week ₹ ιn DISCHARGE NUMBER PHONE NUMBER 001 A SAMPLE TYPE **GRAB** GRAB DAY DAY

Receivand	0,	
sceiving SBR	:	
DO		
DO SS SS BOD BOD	INFLUENT	Juneau, Alaska
co co	,	Junear
8 O.D		u, Alas
80D		ka
0.0		
DO TURBID S.S SS BOD	EFFLUENT	:
SS	FFLUEN	
(A)	====================================	
800		

	6 2	249 259	16 17	241 293	15.8 19.0	AVG															
	- 8	240	16	1 8 1	12.4	4 س		261	17.00	NH3 mg/L		N.A	Tox. Tue								
	20	250	1 6	293	190	. w				Zinc			-								
	 	2				2			N/A	Silver	L		Turb.NTU								
	5.5					_			N/A	Lead			D O mod								
S.S. 91	Geo Mean	ह्र	mg/i	BS	mg/	M EE 2		0.20	13.30	Comper		76 N/A	Alk man	OLIFORM	E FECAL C	E AVERAG!	ULATE TH	 GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM (Hrd. mg/l) 	N WAS US	ETRIC MEA	· GEON
% REMOVAL			KLY AVERAGE	100	0				April 2010			April 2010	Αp							NTS	COMMENTS
						0.0	0.0	1004	200	2047	0 10/	1.5	7.4	8 12.0	0.1318	101.5 /1	1.85	288	1.88	AVERAGE	AVE
	15.8 8	249		7.7	50.	n :	130					_					1.55	162	1.73	MUMINIM	- K-
186 1.4	12.4	240	60	4 4	27	6 7 · 0	17.4	5153	334	3092	206	08	7.9		0.8760	149.0 /1	2.17	497	2.18	MAXIMUM	MA)
293 7.1	190	250	170	:	2	1									4.6115		64.73		65.94	TOTAL	당
	+			8.3	5.4	7.0	15.9		1		1	8.2	7.7		0.1130	171.9 /1	1.78	471	1.81		SAT
				7.8	5.6	6.9	17.4						. :		0.0775	178.4 /1		497	1 89	3 k	E E
186 1.4	12.4	240	16.0	7.4	3.6	7.4	14.2	3573	238	3092	206	76	7.5	127	0.0998	156.5 /1	1.79	431	1.79	28	WED
				7.2	3 9	50	16.0					1 0.0	1.2		0.1153	133.1 /1	1.81	370	1.81	27	TUE
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				0 0	0 0	7.1	60		!			:	7.4	10.3	0.1258	159.0 /1	1.55	379	1.86	25	SUN
	1	-		2 6	s 0	3.9	16.4					7.1	7.4	14.3	0.1274	158.2 /1	1.73	421	1.73	24	SAT
:	:			2 6	0 0	0.0	15.6					6.3	7.4	14.1	0.0902	153.2 /1	1.85	436	1.85	23	70
		:	:	3 -	s 0	1.1	14.9	:		:		6.9	7.5	14.5	0.1031	159.9 /1	1.85	455	1.85	22	₹.
29	i c	22	17.0		2.7	6.7	14.6	3465	227	2701	177	6.7	6.7	14.2	0.1116	159.9 /1	1.83	4 50	1 93	21	WED.
3	i :	5		1.1	o o	7.0	14.6				1 .	7.3	6.7	13.2	0.0814	135.0 /1	1.87	388	1.87	20	TUE:
4.4	-	-		1 6.4	4.9	7.6	11.9					8.1	7.6	10.7		90.5 /1	<u>-</u> 2	255	83	16	MON I
	+			7.4	5.7	6.9	13.9		:			7.8	7.4	11.2	1	86.1 /1	83	241	1 89	1 .	2 (2
				9.8	3.6	0.8	13.9					8.2	7.4	11.9	0.1263	101.2 /1	1 76	273	1 76	17	Co.T
	-	-		10.1	5.9	6.9	13.4					ල ය	7.5	14.2	1	67.3 /1	200	ĝ	8 8	5 2	<u> </u>
293 1.4	19.0	247	16.0	8.8	3.6	6.7	11.7	5153	334	2746	178	7.5	7.2	12.9		59.3 /1	25.0	167	200	, F	VE C
		-		8.8	3.7	6.8	13.5					7.9	7.3	1	0.1053	594 /1	20 -	170			5 0
4.3		·	: -	8.2	7.2	7.1	12.2					7.7	7.4	11.4	0 1116	50 0	2 2	1 5	1 0		S C Z
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