

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: Tom Trego WW Utilities Superintendent

AK-002295-1 PERMIT NUMBER
001 A DISCHARGE NUMBER
MAJOR (SUB 01)
F - FINAL EFFLUENT
 *** NO DISCHARGE
NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YEAR	MO	DAY	TO
2010	9	26	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	REQ/ENC F ANALYS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	PERMIT MEASUREMENT	*****	*****	****	*****	6.7	11.5	(43)	0		
00070 1 0	PERMIT MEASUREMENT	*****	*****	****	*****	4.8	*****	NTU	0	Continuous	RCORDR
Effluent Gross Oxygen dissolved (DO)	PERMIT MEASUREMENT	*****	*****	****	Req. Mon. DAILY MN	11.7	12.3	(19)	0	Once Per Month	GRAB
00300 1 0	PERMIT MEASUREMENT	*****	*****	****	Req. Mon. MO AVG	30	60	19	0	Twice Per Month	COMP24
BOD-5-Day, 20 deg. C	PERMIT MEASUREMENT	213.0	220.6	(26)	*****	12.3	*****	(19)	0	Twice Per Month	COMP24
00310 1 0	PERMIT MEASUREMENT	1226	2452	lb/d	*****	45	*****	19	0	Twice Per Month	COMP24
Effluent Gross BOD-5-Day, 20 deg. C	PERMIT MEASUREMENT	220.6	*****	(26)	*****	6.8	7.3	(12)	0	Twice Per Month	COMP24
00310 W 0	PERMIT MEASUREMENT	1829	*****	lb/d	*****	6.3	9.0	12	0	Weekdays	GRAB
See Comments	PERMIT MEASUREMENT	*****	*****	****	INST MIN	*****	INST MAX	SU	0		
00400 1 0	PERMIT MEASUREMENT	*****	*****	****	*****	no test	no test	(19)	0		
Effluent Gross Alkalinity, total (asCaCO3)	PERMIT MEASUREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19	0	Quarterly	COMP24
00410 1 7	PERMIT MEASUREMENT	*****	*****	****	*****	11.0	15.0	(19)	0		
Effluent Gross Solids, total suspended	PERMIT MEASUREMENT	199.9	269.0	(26)	*****	30	60	19	0	Twice Per Month	COMP24
00530 1 0	PERMIT MEASUREMENT	1226	2452	lb/d	*****	*****	*****	*****	0		
Effluent Gross	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		

Tom Trego
Wastewater Utilities Superintendent

Nathan D. McCombs
 Digitally signed by Nathan D. McCombs
 DN: cn=Nathan D. McCombs, o=CBI, ou=CBI Public Utilities, email=nathan_mccombs@cbi.juneauak.us, c=US
 Date: 2010.11.08 10:42:49 -09'00'

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 * The reporting period was from 09/27/2009 through 10/31/2009.
 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*)
 EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904 PAGE 1 OF 5

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: Tom Trego WW Utilities Superintendent

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

001A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	9	26	
YR	MO	DAY	TO
2010	10	30	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	PERMIT MEASUREMENT	269.0	*****	(26)	*****	15.0	*****	(19)	0		
00530 W 0	PERMIT REQUIREMENT	1829	*****		*****	45	*****	19			
See Comments	SAMPLE MEASUREMENT	262.9	*****	(26)	*****	16.0	*****	(19)	0	Twice Per Month	
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1164	*****		*****	28.5	*****	19			
00610 1 0	PERMIT REQUIREMENT	MO AVG	*****		*****	70.0	*****	(19)	0	Once Per Month	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	lb/d	*****	70.0	*****	19		Once Per Month	
Hardness, total (as CaCO3)	PERMIT REQUIREMENT	*****	*****		*****	Report MO AVG	*****	19		Once Per Month	
00900 1 6	PERMIT REQUIREMENT	*****	*****		*****	Report MO AVG	*****	19		Once Per Month	
Effluent Gross	SAMPLE MEASUREMENT	no test	*****	(26)	*****	no test	*****	28	0	GRAB	
Silver, total recoverable	PERMIT REQUIREMENT	no test	*****		*****	no test	*****	(28)		Once Per Month	
01079 1 0	PERMIT REQUIREMENT	no test	*****		*****	no test	*****	28	0	Three Per Year	
Effluent Gross	SAMPLE MEASUREMENT	no test	*****	lb/d	*****	no test	*****	28		Three Per Year	
Zinc, total recoverable	PERMIT REQUIREMENT	no test	*****		*****	no test	*****	(28)		Three Per Year	
01094 1 0	PERMIT REQUIREMENT	no test	*****		*****	no test	*****	28	0	Three Per Year	
Effluent Gross	SAMPLE MEASUREMENT	no test	*****	lb/d	*****	no test	*****	28		Three Per Year	
Lead, total recoverable	PERMIT REQUIREMENT	no test	*****		*****	no test	*****	(28)		Three Per Year	
01114 1 0	PERMIT REQUIREMENT	no test	*****		*****	no test	*****	28	0	Three Per Year	
Effluent Gross	SAMPLE MEASUREMENT	no test	*****	lb/d	*****	no test	*****	28		Three Per Year	
Copper, total recoverable	PERMIT REQUIREMENT	0.227	*****		*****	13.80	*****	(28)	0	Once Per Year	
01119 1 0	PERMIT REQUIREMENT	0.227	*****		*****	13.80	*****	28		Once Per Year	
Effluent Gross	SAMPLE MEASUREMENT	0.227	*****	(26)	*****	13.80	*****	28		Once Per Year	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX	lb/d	*****	Report MO AVG	Report DAILY MX	28		Once Per Year	

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.

Nathan D. McCombs
Digitally signed by Nathan D. McCombs
DN: cn=Nathan D. McCombs, o=CBI, ou=CBI Public Utilities, email=nathan.mccombs@cbl.juneau.ak.us, c=US
Date: 2010.11.08 10:43:44 -09'00'

Tom Trego
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
566-0393
PHONE NUMBER
DATE

2010
YEAR
11
MO
10
DAY

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: MENDEHALL TREATMENT PLANT
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: MENDEHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

FROM

MONITORING PERIOD				
YR	MO	DAY	TO	DAY
2010	9	26		30

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE 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

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE	VALUE			
Coliform, fecal - % sample exceeds limit	*****	*****	*****	****	*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT MEASUREMENT	PERMIT MEASUREMENT	PERMIT MEASUREMENT	****	*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	REQUIREMENT	REQUIREMENT	REQUIREMENT	****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med. 44.5 C	SAMPLE	SAMPLE	SAMPLE	****	*****	161 MO GEO	Req. Mon. DAILY MX	#/100ml	0	Twice Every Week	GRAB
See Comments	PERMIT MEASUREMENT	PERMIT MEASUREMENT	PERMIT MEASUREMENT	****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med. 44.5 C	REQUIREMENT	REQUIREMENT	REQUIREMENT	****	*****	400 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
31615 P 0	SAMPLE	SAMPLE	SAMPLE	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT MEASUREMENT	PERMIT MEASUREMENT	PERMIT MEASUREMENT	****	*****	400 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med. 44.5 C	REQUIREMENT	REQUIREMENT	REQUIREMENT	****	*****	400 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
31615 Q 0	SAMPLE	SAMPLE	SAMPLE	****	*****	800 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
See Comments	PERMIT MEASUREMENT	PERMIT MEASUREMENT	PERMIT MEASUREMENT	****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med. 44.5 C	REQUIREMENT	REQUIREMENT	REQUIREMENT	****	*****	800 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
31615 R 0	SAMPLE	SAMPLE	SAMPLE	****	*****	800 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
See Comments	PERMIT MEASUREMENT	PERMIT MEASUREMENT	PERMIT MEASUREMENT	****	*****	800 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	REQUIREMENT	REQUIREMENT	REQUIREMENT	****	*****	800 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
45613 1 0	SAMPLE	SAMPLE	SAMPLE	*****	*****	800 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
Effluent Gross	PERMIT MEASUREMENT	PERMIT MEASUREMENT	PERMIT MEASUREMENT	*****	*****	800 WPLY GEO	MO GEO	#/100ml	0	Twice Every Week	GRAB
Flow in conduit or thru treatment plant	REQUIREMENT	REQUIREMENT	REQUIREMENT	(03)	*****	*****	Req. Mon. DAILY MX	Y=1, N=0	0	Once Per Month	VISUAL
50050 1 0	SAMPLE	SAMPLE	SAMPLE	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
Effluent Gross	MEASUREMENT	MEASUREMENT	MEASUREMENT	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	PERMIT REQUIREMENT	PERMIT REQUIREMENT	3	*****	*****	*****	*****	0	Once Per Month	VISUAL
Tom Trego	Req. Mon. MO AVG	4.9 DAILY MX	Mgal/d	3	*****	*****	*****	*****	0	Once Per Month	VISUAL
Wastewater Utilities Superintendent					*****	*****	*****	*****	0	Once Per Month	VISUAL

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS

#REF! 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*)

PREVIOUS EDITIONS MAY BE USED.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 3 OF 5

Nathan D. McCombs
 Digitally signed by Nathan D. McCombs
 DN: cn=Nathan D. McCombs, o=BJ, ou=BJ Public Utilities, email=nathan.mccombs@ci.juneau.ak.us, c=US
 Date: 2010.11.08 10:50:30 -0900

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2010 11 0

907 586-0393

AREA CODE PHONE NUMBER DATE

2010 11 0

YEAR MO DAY

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: Tom Trego WW Utilities Superintendent

FROM

YR	MO	DAY
2010	9	26

TO	YEAR	MO	DAY
	2010	10	30

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE 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

PARAMETER

QUANTITY OR LOADING

QUALITY OR CONCENTRATION

PARAMETER	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Chlorine, total residual	*****	(26)	*****		*****		0		
50060 S 0	4.09		4.09	lb/d	100	100	0	QUARTERLY	COMP24
See Comments	MO AVG		DAILY MX		MO AVG	DAILY MX			
Dilution factor	*****		*****		67.0	376.6	0		
80093 1 0	*****		*****		Req. Mon. DAILY MN	Req. Mon. MO AVG			
Effluent Gross	*****		*****		95.8	*****	0	DAILY	MEASRD
BOD 5-day, percent removal	*****		*****		85	*****	0		
81010 K 0	*****		*****		MN % RMV	*****	23	Once Per Month	CALCTD
Percent Removal	*****		*****		93.5	*****	0		
Solids, suspended percent removal	*****		*****		85	*****	0	Once Per Month	CALCTD
81011 K 0 0	*****		*****		MN % RMV	*****	23	Once Per Month	CALCTD
Percent Removal	*****		*****		85	*****	0		
Chlorine usage	N/A	(26)	*****		*****	*****	0	Once Per Month	
81400 X 0	*****		*****	lb/d	*****	*****	0	DAILY	MEASRD
End of Chlorine Contact Chamber	Req. Mon. MO AVG		*****		*****	*****	0		
Oil and grease visual	*****		*****		*****	0	0	Once Per Month	VISUAL
84066 1 0	*****		*****		*****	*****	0	Semiannual	COMP24
Effluent Gross	*****		*****		*****	*****	0		
Toxicity, Chronic	*****		*****		*****	*****	0		
TT000 1 8	*****		*****		*****	*****	0		
Effluent Gross	*****		*****		*****	*****	0		
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.								
Tom Trego	<p>Nathan D. McCombs Digitally signed by Nathan D. McCombs DN: cn=Nathan D. McCombs, o=CBI, ou=CBI Public Utilities, email=nathan_mccombs@ci.juneau.ak.us, c=US Date: 2010.11.08 10:56:22 -09'00'</p>								
Wastewater Utilities Superintendent	<p>Signature of Principal Executive Officer or Authorized Agent: Nathan D. McCombs 907 586-0393 Area Code: 907 Phone Number: 586-0393 Date: 2010.11.08</p>								
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
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*)								

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
ATTN: Tom Trego WW Utilities Superintendent

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form.

MONITORING PERIOD			
FROM	TO	YEAR	DAY
2010	9	2010	10
			30

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C		*****	*****		N/A	N/A	N/A	(13)	0	Once Every Week	GRAB
31615 S 9		*****	*****		400 WKL Y GEO	200 MO GEO	800 DAILY MX	#/100ml (13)	0	Once Every Week	GRAB
See Comments					7.1	2.6	7.1				
Fecal coliform, MPN, EC med, 44.5 C		*****	*****		800 WKL Y GEO	400 MO GEO	1200 DAILY MX	#/100ml		Once Every Week	GRAB
31615 T 9		*****	*****								
See Comments											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Nathan D. McCombs, o=C(B), ou=C(B) Public Utilities, email=nathan_mccombs@ci.juneau.ak.us, c=US
 Digitally signed by Nathan D. McCombs
 Date: 2010.11.08 11:01:29 -09'00'

Tom Trego
Wastewater Utilities Superintendent

907 TELEPHONE **586-0393**
AREA CODE
PHONE NUMBER
DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS
 #REF!
 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*)

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
 00434/981209 1904 PAGE 5 OF 5

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

October 2010

DAY	DATE	FLOWS										INFLUENT										EFFLUENT									
		SBR INFLUENT MGD	River CFS	Mend CFS	SBR Ttl Effl MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	SS mg/L	BOD mg/L	BOD mg/L	TEMP °C	pH	D.O. mg/L	TURBID MAX NTU	SS mg/L	SS lbs	BOD mg/L	BOD mg/L	BOD mg/L	BOD mg/L	FECAL COLIFORM /100 ml							
SUN	26	2.02	1310	180	471.1	0.1032	15.5	7.8	6.1	178	3192	301	5397	18.0	6.9	4.1	5.7	15.0	289.0	12.3	220.6	7.1									
MON	27	2.03	1460	181	522.1	0.0945	15.7	7.4	5.7	158	2982	250	4670	18.3	6.9	5.0	6.1	15.0	289.0	12.3	220.6	7.1									
TUE	28	2.16	2580	197	847.0	0.0741	15.7	7.4	5.7	178	3192	301	5397	18.0	6.9	4.1	5.7	15.0	289.0	12.3	220.6	7.1									
WED	29	2.22	3790	211	1161.4	0.1484	15.5	7.1	7.0	168	3072	276	5034	17.2	7.0	4.8	6.7	11.0	199.9	11.7	213.0	2.0									
THU	30	2.11	3060	193	1025.2	0.1083	15.9	7.4	5.3	168	3072	276	5034	18.0	7.1	5.6	7.8	11.0	199.9	11.7	213.0	2.0									
FRI	1	2.00	2820	181	1007.5	0.1110	14.9	7.5	4.8	168	3072	276	5034	16.9	7.0	4.1	7.9	11.0	199.9	11.7	213.0	2.0									
SAT	2	2.08	3300	192	1111.3	0.1061				168	3072	276	5034	16.8	6.9	4.1	5.7	15.0	289.0	12.3	220.6	7.1									
SUN	3	2.14	2020	189	691.4	0.0978				16.8	3192	301	5397	18.0	6.9	5.0	6.1	15.0	289.0	12.3	220.6	7.1									
MON	4	2.09	1360	194	453.9	0.1097	15.2	7.6	5.2	158	2982	250	4670	18.0	6.9	5.0	6.1	15.0	289.0	12.3	220.6	7.1									
TUE	5	2.36	1300	214	393.4	0.1087	15.7	7.2	5.3	168	3072	276	5034	18.0	6.9	5.0	6.1	15.0	289.0	12.3	220.6	7.1									
WED	6	2.18	1280	215	379.5	0.1171	15.5	7.2	5.2	178	3192	301	5397	18.3	6.9	5.2	5.9	15.0	289.0	12.3	220.6	7.1									
THU	7	2.15	1250	197	410.9	0.0148	15.1	7.3	4.8	168	3072	276	5034	16.7	7.0	3.7	6.9	15.0	289.0	12.3	220.6	7.1									
FRI	8	2.14	1170	204	371.5	0.0955	15.6	7.5	4.8	189	3564	331	6045	18.9	7.0	4.7	8.1	15.0	289.0	12.3	220.6	7.1									
SAT	9	2.29	919	217	274.6	0.1052				168	3072	276	5034	16.8	6.9	5.1	7.4	15.0	289.0	12.3	220.6	7.1									
SUN	10	2.58	958	233	286.6	0.0708				16.6	3192	301	5397	16.3	7.0	4.7	5.1	15.0	289.0	12.3	220.6	7.1									
MON	11	2.43	1310	242	350.7	0.0540	15.2	7.4	5.6	181	3564	331	6045	17.4	6.9	4.3	6.3	15.0	289.0	12.3	220.6	7.1									
TUE	12	2.61	1120	234	310.2	0.0582	15.6	7.3	5.2	174	3564	331	6045	17.4	6.9	4.3	6.1	15.0	289.0	12.3	220.6	7.1									
WED	13	2.72	2350	259	587.1	0.1233				16.8	3192	301	5397	17.3	6.9	5.2	7.4	15.0	289.0	12.3	220.6	7.1									
THU	14	2.49	1210	245	320.0	0.1216	15.2	8.4	6.0	168	3072	276	5034	18.1	6.8	5.4	5.2	15.0	289.0	12.3	220.6	7.1									
FRI	15	2.52	1240	246	328.6	0.0739	14.7	7.4	5.2	174	3564	331	6045	17.4	6.9	4.3	6.1	15.0	289.0	12.3	220.6	7.1									
SAT	16	2.86	958	276	225.2	0.0894	15.2	7.4	5.2	168	3072	276	5034	16.8	6.8	6.2	8.4	15.0	289.0	12.3	220.6	7.1									
SUN	17	2.81	919	262	227.6	0.0839	15.6	7.6	6.4	173	3564	331	6045	17.3	6.8	5.4	5.1	15.0	289.0	12.3	220.6	7.1									
MON	18	2.97	958	281	221.2	0.0774	15.6	7.5	4.0	158	2982	250	4670	15.8	7.0	3.9	4.1	15.0	289.0	12.3	220.6	7.1									
TUE	19	2.76	1120	258	281.4	0.1120	15.1	7.3	5.8	179	3564	331	6045	15.8	7.0	3.6	4.0	15.0	289.0	12.3	220.6	7.1									
WED	20	2.48	873	236	240.0	0.1026	14.7	7.6	5.8	16.0	3192	301	5397	16.0	6.9	3.7	7.3	15.0	289.0	12.3	220.6	7.1									
THU	21	2.56	793	224	229.7	0.0813	14.1	7.4	5.2	173	3564	331	6045	17.3	6.9	5.2	7.4	15.0	289.0	12.3	220.6	7.1									
FRI	22	2.31	590	219	175.0	0.0933	14.7	7.4	5.1	168	3072	276	5034	16.8	6.8	6.2	8.4	15.0	289.0	12.3	220.6	7.1									
SAT	23	2.34	552	224	160.2	0.0833				16.8	3072	276	5034	16.8	6.8	6.2	8.4	15.0	289.0	12.3	220.6	7.1									
SUN	24	2.39	353	206	110.1	0.0671				16.5	2982	250	4670	16.2	7.0	5.6	6.6	15.0	289.0	12.3	220.6	7.1									
MON	25	2.20	311	215	94.4	0.0678	14.3	7.9	5.6	168	3072	276	5034	16.0	6.8	3.5	7.4	15.0	289.0	12.3	220.6	7.1									
TUE	26	2.22	292	201	94.8	0.0763	14.2	7.5	6.0	16.0	3192	301	5397	16.0	6.8	3.5	7.4	15.0	289.0	12.3	220.6	7.1									
WED	27	2.13	255	203	85.6	0.0583	15.7	6.9	2.4	18.3	3564	331	6045	18.3	7.3	5.6	8.1	15.0	289.0	12.3	220.6	7.1									
THU	28	2.08	251	194	84.6	0.0762	15.6	9.5	6.4	14.3	3192	301	5397	14.3	7.0	4.8	7.6	15.0	289.0	12.3	220.6	7.1									
FRI	29	2.12	211	203	68.1	0.0795	14.9	7.7	6.1																						
SAT	30	2.19	164	210	57.6	0.0827																									
TOTAL		81.55	44418	7639	31252		15.9	9.5	7.0	178	3192	301	5397	18.9	7.3	6.2	11.5	15.0	289.0	12.3	220.6	7.1									
MAXIMUM		2.97	3790	281	872.3	0.1484	14.1	6.9	2.4	158	2982	250	4670	18.3	6.8	3.5	4.0	7.0	130.8	11.0	205.5	2.0									
MINIMUM		2.00	184	180	67.0	0.0148	15.2	7.5	5.4	168	3072	276	5034	17.2	7.0	4.8	6.7	11.0	199.9	11.7	213.0	2.0									
AVERAGE		2.33	1268	216	376.6	0.0933				16.8	3072	276	5034	17.2	7.0	4.8	6.7	11.0	199.9	11.7	213.0	2.0									
Number of Analyses		35	35	35	35	35	26	26	26	2	2	2	2	26	26	26	34	2	2	2	2	2	5								

• GEOMETRIC MEANS WERE USED TO CALCULATE THE AVERAGE FECAL COLIFORM COL
• SEE ENCLOSED LETTER FOR ADDITIONAL COMMENTS

Parameter	October 2010	no test
Hrd mg/L	70.0	
Alk mg/L	no test	
D.O mg/L	4.8	
Turbidity	11.5	

Parameter	October 2010	no test
Copper	13.80	0.227
Lead	no test	
Silver	no test	
Zinc	no test	
NH3 mg/L	16.00	282.88

WEEK	mg/L	BOD lbs	TSS mg/L	TSS lbs	WEEKLY COLIFORM	WEEKLY Coliform Mean	% REMOVAL
1	12.3	220.6	15.0	269.0	12.3	220.6	7.1
2	11.0	205.5	7.0	130.8	11.0	205.5	2.0
3	11.0	205.5	7.0	130.8	11.0	205.5	2.0
4	11.0	205.5	7.0	130.8	11.0	205.5	2.0
5	11.7	213.0	11.0	199.9	11.7	213.0	2.6
AVG	11.7	213.0	11.0	199.9	11.7	213.0	2.6
MAX	12.3	220.6	15.0	269.0	12.3	220.6	7.1