NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

ADDRESS: NAME: 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

AK-002295-1

MAJOR (SUB 01) F - FINAL

OMB No. 2040-0004 Form Approved.

Approval Expires 05-31-98

EFFLUENT
*** NO DISCHARGE

NOTE: Read instructions before completing this form.

DISCHARGE NUMBER

PERMIT NUMBER

MONITORING PERIOD

AT: LOCATION FACILITY: PARAMETER JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 om Trego WW Utilities Superintendent

QUANTITY OR LOADING FROM

Tom Trego Wastewater Utilities Superintendent Solids, total suspended NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Alkalinity, total (asCaCo3) Oxygen, dissolved (DO) BOD, 5-Day, 20 deg. BOD, 5-Day, 20 deg. . O 0 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 unquiry of the person or persons who manage the system, or those persons directly responsible for eathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. am aware that there are significant penalties for submitting false information, useluding the possibility of fine and imprisonment for knowing violations. certify under penalty of law that this document and all attachments were MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE MO AVG WKLY AVG 254.7 1226 263 MO AVG 254.7 **** **** ***** ***** 1829 1226 ***** VALUE **** ***** ***** DAILY MX DAILY MX 2452 316 **** ***** ***** 316.2 ***** ***** ***** ***** 2452 ***** VALUE ***** ***** *** lb/d **** **** (26)**** *** *** SLINO b/d (26)lb/d (26)*** **** NIM TSNI DAILY MN Req. Mon ***** ***** **** **** 6.7 ***** ***** ***** **** 4.5 VALUE 6.5 ***** ***** 2011 ¥ QUALITY OR CONCENTRATION Req. Mon. Req. Mon. MO AVG WKLY AVG MO AVG 15.0 MO AVG N/A 14.5 MO AVG 14.5 MO AVG Req. Mon ***** 6.2 6.2 ***** 30 VALUE 45 30 3 DAILY MX DAILY MX Req. Mon. 17.0 NST MAX DAILY MX Req. Mon. DAILY MX N/A 7.4 ***** ***** VALUE ***** ***** 9.9 60 9.0 17 8 DAY 30 mg/L mg/L mg/L mg/L mg/L 19 (19)(19) (19) Z SLING (19)12 SU (12)19 (19) 19 19 19 (43) ō AREA CODE 2011 YEAR 0 0 0 0 E N C TELEPHONE 586-0393 FREQUENCY OF ANALYSIS Twice Per Continuous Quarterly Weekdays Month Twice Per Once Per wice Per Month Month Month PHONE NUMBER 3 COMP24 COMP24 COMP24 COMP24 RCORDR SAMPLE TYPE GRAB GRAB DAY 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS

YPED OR PRINTED

Effluent Gross

00530 1 0

Effluent Gross

00410 1 7

Effluent Gross

00400 1 0

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See Comments

00310 W 0

Effluent Gross

00310 1 0

Effluent Gross

00300 1 0

Effluent Gross

00070 1 0

Turbidity

EPA Form 3320-1 (03-99) Previous editions may be used. * The reporting period was from 1/30/2011 through 2/26/2011.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

300

DAY.

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

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

FACILITY: LOCATION: Ä ADDRESS: NAME: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 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.

	¥		PERMI	AK-00
	MO		PERMIT NUMBER	AK-002295-1
	DAY	MONITORING PERIOD		
		DRING P		
	YEAR	ERIOD		
	MO		DISCHARGE NUMBER	00
77	DAY		E NUMBER	001 A

	JUNEAU, ALASKA 99801	99801					ι				
LOCATION:	MENDENHALL VALLEY	MENDENHALL VALLEY SERVICE AREA	AREA		5		MONIT	MONITORING PERIOD	RIOD		
ATT:	Tom Tream W/M/ III	Tom Tread W/W Hillities Superintendent	+	E OM	2011	- 30	DAY	1	YEAR	MO	DAY
PARAMETER		QUANTITY OR LOADING	RLOADING		QU	QUALITY OR CONCENTRATION	TRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	SJINN	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE	316.2		(26)		17.0		(19)	0		
	MEASUREMENT		****		****	, a common	* * * * * *				
00530 W 0	PERMIT	1829				45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	****	WKLY AVG	****	ma/L		Month	
Nitrogen, ammonia total (as N)	SAMPLE	228.9	228.9	(26)		15.0	15.0	(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	mq/L		Month	
Hardness, total (as CaCO3)	SAMPLE					91	91	(19)	0		
	MEASUREMENT	****	****	***	****						
00900 1 6	PERMIT			1		Reg. Mon.	Reg. Mon.	19		Once Per	GRAB
Effluent Gross	REQUIREMENT	****	****	***	****	MO AVG	DAILY MX	mq/L		Month	
Silver, total recoverable	SAMPLE	N/A	N/A	(26)		N/A	N/A	(28)	0		
	MEASUREMENT				****						
01079 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Ib/d	*****	MO AVG	DAILY MX	ug/L		Year	
Zinc, total recoverable	SAMPLE	N/A	N/A	(26)		Z/A	N/A	(28)	0		
	MEASUREMENT				*****		•				
01094 1 0	PERMIT	Req. Mon.	Req. 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	
Lead, total recoverable	SAMPLE	N/A	N/A	(26)		N/A	N/A	(28)	0		
Addresses a la companya de la compan	MEASUREMENT				****						
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		Year	
Copper, total recoverable	SAMPLE	0.336	0.336	(26)	****	22.0	22.0	(28)	0		
01119 1 0	PERMIT	3.54	7.63			86.7	187	28		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 prepared under my direction or supervision in accordance with the exception	f law that this documen	t and all attachments w	ere				ļ		TELEPHONE	
Tom Trego	to assure that the qualified personner of the property gather and evaluate the information	ed personnel properly g	gather and evaluate the	nformation	and the	D Moder	1		907 AREA	586-0393	
wastewater Otlities 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	responsible for gatheri	r persons who manage ing the information, the	the system.	Marion		\$		CODE	PHONE NUMBER	BER
n.	submitted is, to the best of my knowledge and belief, true, accurate, and complete a may aware that there are significant penalties for submitting false information	of my knowledge and b	elief, true, accurate, an	d complete.	SIGN	STANATION OF DEVINITION OF STANATOR	AL EXECUTIVE			2	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	of fine and imprisonme	nt for knowing violatio	ns.	OF	OFFICER OR AUTHORIZED AGENT	IZED AGENT		YEAR	MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	IV VIOI ATTONS										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 1/30/2011 through 2/26/2011.

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

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

AT. LOCATIO **ADDRESS** NAME: FACILIT JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

AK-002295-1 PERMIT NUMBER

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

DISCHARGE NUMBER 001 A

FACILITY:	MENDENHALL VALLEY	MENDENHALL VALLEY SERVICE AREA	AREA				MOM	ONT DE	DOTO		
LOCATION:	JUNEAU, ALASKA	99801			¥	MO	DAY	DAY YE	YEAR	MO O	DAY
ATT:	Tom Trego WW U	Tom Trego WW Utilities Superintendent	ent	FROM	2011	ja	30	70	2011	2	26
PARAMETER		QUANTITY OR LOADING	RLOADING		QUAL	LITY OR CONCENTRATION	TRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	EX	OF ANALYSIS	HAPE
Coliform, fecal - % sample exceeds	SAMPLE						0	(22)	0		
limit	MEASUREMENT	****	****		****	****	•	(62)	C		
30500 O 0	PERMIT						10			1	CDAB
See Comments	REQUIREMENT	****	****		****	***	DATIVAN	2		I WICE EVERY	
Fecal coliform, MPN, EC med, 44.5 (SAMPLE					2	DAIL! NA	%0	,	Week	
	MEASUREMENT	****	****	* * *	****	N/A	N/A	(13)	0		
31615 0 0	PERMIT					161	Dog Mon	5		1	COAD D
See Comments	REQUIREMENT	****	****	***	****	MOGEO	DAILY MY	#/100ml		Wice Every	GRAÐ
Fecal coliform, MPN, EC med, 44.5 (SAMPLE				2/2	N/A	N/A	(13)		AACCX	
	MEASUREMENT	****	****	***				(**)	•		
31615 P 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	****	****	***	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 (SAMPLE				N/A	N/A	Z/A	(13)	0		
	MEASUREMENT	****	****		,		•				
31615 Q 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	****	****		WKLY GEO	MO GEO	DAILY MX	#/100mL		Wook	
Fecal coliform, MPN, EC med, 44.5 (SAMPLE				8.5	5.7	12	(13)	0		
	MEASUREMENT	****	****	***		,		(-0)	•		
31615 R 0	PERMIT			***************************************	800	400	1200		A	Twice Every	GRAB
See Comments	REQUIREMENT	****	****	***	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Floating solids or visible foam-visual	SAMPLE						0		0		
	MEASUREMENT	****	****		****	****	((
45613 1 0	PERMIT						Reg. Mon.			Once Par	VISUA
Effluent Gross	REQUIREMENT	****	*****		****	****	DAILY MX	(=1 : N=0		Month	i i
Flow, in conuit or thru treatment plan	SAMPLE	1.9	2.2	(03)					0		
	MEASUREMENT				****	****	* * * * *	* * *			
50050 1 0	PERMIT	Req. Mon.	4.9	ω						Continuous	RCORDR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	****	****	****	* * *			
	 I certify under penaity 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 rather and evaluate the information 	certify under penaity of law that this document and all attachments were brepared under my direction or supervision in accordance with the system of assure that the qualified personnel properly gather and evaluate the info	t and all attachments w accordance with the system ather and evaluate the i	tem designed	Soft	3	A A . L		907	TELEPHONE 586-0393	
Wastewater Utilities Superintendent	submitted. Based on my unquiry of the person or persons who manage the system, or those persons directly responsible for eathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	inquiry of the person or responsible for gatheri of my knowledge and b	r persons who manage ng the information, the elief, true, accurate, an	the system, information d complete.	1/acou		(//:00		CODE	PHONE NUMBER)ER
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.	of fine and imprisonme	r submitting false infor nt for knowing violatio	mation,	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AL EXECUTIVE		2011 YFAR	3 ω	10 DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	VIOLATIONS						H				

* The reporting period was from 1/30/2011 through 2/26/2011.

EPA Form 3320-1 (03-99) Previous editions may be used

(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

EFFLUENT
*** NO DISCHARGE

NOTE: Read instructions before completing this form.

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

JUNEAU, CITY AND BOROUGH OF

NAME:

Tom Trego Wastewater Utilities Superintendent Effluent Gross Effluent Gross NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Toxicity, Chronic Oil and grease visual Chlorine usage End of Chlorine Contact Chamber Solids, suspended percent removal TT000 1 8 81400 X 0 Percent Removal Percent Removal 84066 1 0 81011 K 0 81010 K 0 BOD,5-day, percent removal Effluent Gross Dilution factor See Comments 50060 S 0 Chlorine, total residual 80093 1 0 ATT: LOCATION: ADDRESS: FACILITY: TYPED OR PRINTED PARAMETER 0 to assure that the qualified personnel properly eather 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. prepared under my direction or supervision in accordance with the system designed ncluding 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 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, Tom Trego WW Utilities Superintendent MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT PERMIT PERMIT SAMPLE PERMIT SAMPLE Req. Mon. MO AVG ***** ***** ***** N/A MO AVG ***** ***** QUANTITY OR LOADING ***** ***** ***** ***** ***** N/A VALUE 4.09 ***** DAILY MX **** ***** ***** ***** ***** N/A VALUE ***** ***** ***** ***** ***** **** 4.09 *** **** *** *** *** **** **** *** SLIND lb/d (26)*** *** FROM b/d (26)MN % RMV MN % RMV DAILY MN Req. Mon. 92.2 ***** 96.5 ***** **** **** **** ***** 0.1 VALUE 2011 ***** 85 85 ⋨ AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PERMIT NUMBER QUALITY OR CONCENTRATION Req. Mon MO AVG 45.0 MO AVG **** ***** ***** ***** ***** **** N/A ***** VALUE 100 중 Req. Mon. DAILY MX Req. Mon. DAILY MX DAILY MX N/A ***** **** ***** ***** ***** ***** **** N/A ***** VALUE 100 0 DAY YE 30 ox chronic pccur/mo SLINO (2G)(93) J/gu % (23)(23)/gu (28) 23 % 23 Z 7 AREV CODE 2011 0 0 0 0 МS 0 0 0 FREQUENCY OF ANALYSIS Semiannual 586-0393 QUARTERLY TELEPHONE Once Per Once Per Once Per Month DAILY Month PHONE NUMBER Month DAILY 3 MO 2 DISCHARGE NUMBER 001 A COMP24 VISUAL MEASRD CALCTD MEASRD COMP24 SAMPLE TYPE CALCTD DAY DAY DAY 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS

^{*}The reporting period was from 1/30/2011 through 2/26/2011

MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska

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NATE PLONG SUM PROPERTY SUM PRO									5															
California Cal				8.5					4		228.9	15.0			H	Tox Tu								
Substitution Subs				6.3	316.2	17.0	316.2	17.0	2		N/A					Turb.NT.								
DATE SHAN May SHA SHAN SHAN	32	0.0	_	4.0	-	13.0	193.2	12.0			N/A			-		D O.mg/l								
DATE NAME NAME TIME NAME TO THE NAME NAME NAME TO THE NAME NAME NAME NAME NAME NAME NAME NAM	8 8	80.0		OLIFORM	7	ma/l	los I	ma/l	***		0.33	220	Copper		z	Alk. mg/l	•							
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SHAPE Marie SHAPE Marie SHAPE Marie SHAPE SHAP		8	2	2	2	2	28	21	21	21	2	2	2	2	21	21	21	28	28	28	17	07	Maiyodo	OMMENT OF
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	ļ	120	316.2	17.0	316.2	17.0	9.9	8.1			8256	444	4120	212				0.110		2.23	262	2 40	MUM	MAXI
DATE NULLEY NULLEY NAME SAME NAME SAME NAME SAME NAME SAME NULLEY NAME SAME NAME SAME NAME N																	01	1 788		52 59		57.53	[AL	101
		Management of the same	The state of the s				4.00				ř							0.047	33.8 /1	1.83	93	2.00	26	SAT
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DATE NATURE NAT		120					41	70		12								0.104	31.7 /1	1.77	20	2.06	23	WED
Cate Natural Ram Natural N						-	4.00	52		120								0.059		1.80	103	2.01	22	TUE
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DATE NFLUENT Rave TILEFEL Water Washer Wash		S 0					74			12				(J)	8				0.1 /1	1.88	125	2.02	15	TUE
BANE NACH							6.2			10				9	7			-	53.0 /1	1.85	149	1.87	14	MON
DATE INFLUENT Ryes TILEFH Wales WASTE TeMP MGD CF MGD MGD CF MGD							71									- 1	ω	-	70.7 /1	1.90	205	2.09	13	SUN
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FLOWS				4			ω ω			13				ω				-	43.1 /	1.75	114		30	SUN
SBR Mend SBR Receiving SBR DO SS. SS BOD BOD TURBIO SS SS BOD BOD FECAL		COLIFORM	S	mod	LBS	mo/L	NTU NAX	mg/L		.). Mal	LBS	mg/L	SBJ		ng/L			MGD	Dilution	MGD		MGD		
INFLUENT		FECAL	0	8 O.D.	00 00	SS	TURBIO	DO			BOD	800	SS	S.S.	D.0			SBR	Receiving			SBR	2) \
The same of the sa					Z	EFFLUE							Z	INFLUE				1		FLOWS				