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

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

> AK-002295-1 PERMIT NUMBER MAJOR
> (SUB 01)
> F - FINAL
> F - FULLENT
> Approval Expires 05-31-98
> \*\*\* NO DISCHARGE
> NOTE: Read instructions before completing this form. 001 A

MONITORING PERIOD DISCHARGE NUMBER

Localion.	JUNEAU, ALASKA 99801	10866		_	ž	₹.	740	DAY PERSON	EKTOO		
	Tom Trego WW U	Tom Trego WW Utilities Superintendent	ent	FROM	2011	ω	27	 5 	7011	\ \ \	DAY
7.6元是第四十四元		BNICAYON NO ALTLINYND	RLOADING	İ	5	QUALITY OR CONCENTRATION	TRATION	    -	5		۶
1.	\  /	VALUE	VALUE	SLENA	VALUE	VALUE	VALLE	- Artini	œ	OF ANALYSIS	JAME
Porelary	SAMPLE			-		6.3	9.1	(43)	5		
00070 1 0	PERMIT	****	****	**	****		i	ĵ.	c		
	REQUIREMENT	****	***	**		Req. Mon.	Req. Mon.			Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE			1		MO AVG	DAILY MX	Z.			
	MEASUREMENT	***	****	- # #	4.0	5,5		(19)	0		
00300 1 0	PERMIT			-	Z.	,	****	. <u>.</u>			
Effluent Gross	REQUIREMENT	***	***	* * *	red Port	Keq. Mon.		19		Once Per	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE	784	77.1	(36)	DALLT MA	MO AVG	****	mg/∟		Month	
	MEASUREMENT		Į.	(20)	***	18	23	(19)	0		ļ
00310 1 0	PERMIT	1226	2452			3	;				
Effluent Gross	REQUIREMENT	MO AVG	DATIVMY	Î	*****	2	60	19		Twice Per	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE	284	2	(36)		MO AVG	DAILY MX	mg/L		Month	•
	MEASUREMENT		***	(10)	***	Ţā		(19)	0		
00310 W 0	PERMIT	1829		•		À	3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	<u> </u>			
See Comments	REQUIREMENT	WKLY AVG	*****	<u>-</u>	***	St. A LANG	**	19		Twice Per	COMP24
PI	SAMPLE				6.5	F 24	1	mg/L		Month	i
	MEASUREMENT	****	****	*		***	7.2	(77)	-		
00400 1 0	PERMIT				6.5		90	; ;			
All client Gloss	REQUIREMENT	****	****	*	INST MIN	***	INST MAY	2 ;	_	Weekdays	GRAB
Analitity, lotal (ascaco3)	SAMPLE					N/N	N / N	3 6	,		
	MEASUREMENT	****	***	*	***	3	7/2	(ET)	5		
00470 7 7	PERMIT					Day Was		; —			
Effluent Gross	REQUIREMENT	****	***	***	***	Not House	Reg. Mon.	, G		Quarterly	COMP24
Solids, total suspended	SAMPLE	339	430	26		1000	DAILY MX	mg/L			
	MEASUREMENT		į	(F0)	***		25	(19)	0		
00530 1 0 500 1 0	PERMIT	1226	2452			3	5	; T-			
NAME THE BOOKSTON DATE OF THE PROPERTY OF THE	REQUIREMENT	MO AVG	DAILY MX	ĭ5/d	****	MO AVG	7411			Twice Per	COMP24
SALITY OF THE CAMPAINE DANCE OF THE CAPTURE	I certify under penalty of law that this document and all attachments were	law that this document	and all attachments w	cre			7	1/611		Month	
Tom Trego Wastewater Utilities Superintendent	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly eather and evaluate the information	ton or supervision in a dersonnel property ga	ecordance with the system and evaluate the in	tem designed					907	TELEPHONE 586-0393	
	or those persons directly i	esponsible for gathering	persons who manage to be the information, the	he system, information		}		_	CODE	PHONE NUMBE	
	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	i my knowledge and be significant penalties for	plief, true, accurate, and	complete.	11000	The Ollows	36	- -		OATE	
COMMENT AND EXPLANATION OF ANY	including the possibility of fine and imprisonment for knowing violations.	f fine and imprisonmen	it for knowing violation	DS.	OFFICE	ICER OF PRINCIPAL EXECUTIV	AL EXECUTIVE		2011	<u>.</u>	10
	ATOTALIONS				•	I				100	UAT
* Do reporting poriod											

\* The reporting period was from 3/27/2011 through 04/30/2011.

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

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

FACILITY: LOCATION: NAME: ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT 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. MONITORING PERIOD

DISCHARGE NUMBER 001 A

	JUNEAU, ALASKA 99801	99801		_	5	5	-				
ATT:	Tom Trego WW Utilities Superintendent	lities Superintende	₹		301.	3 ا	DAY	<u>.</u>	YEAR	8	DAY
PARAMETER		Oli Autoria	200			١	- 2/	_ _	1107	4	30
	$\langle$	CONTINUE ON CONDING	V CONDING.		AUD.	QUALITY OR CONCENTRATION	TRATION		₹.5	FREQUENCY	SAMPLE
Solids total suspended		VALUE	VALUE	SLENO	VALUE	VALUE	VALUE	STINU	;	3	
on one of the order	MEASUREMENT	430	****	(26)		25		(19)	0		
00530 W 0	PERMIT	1829		J_			111111111111111111111111111111111111111				
See Comments	REQUIREMENT	WKI Y AVG	***	F		đ		19		Twice Per	COMP24
Nitrogen, ammonia total (as N)	SAMPLE	215	J15	D/G	***************************************	WKLY AVG	*****	mg/L		Month	
	MEASUREMENT	ļ	ļ	(60)	***	14	14	(19)	0		
00610 1 0	PERMIT	1164	1963			78.0	à	-1 5			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	 ₽	****	M CO	10			Once Per	COMP24
Hardness, total (as CaCO3)	SAMPLE			6,0		MV AVG	DATE Y MX	mg/L	•	Month	
	MEASUREMENT	***	****	* *	***	14	14	(19)	0		
00900 1 6	PERMIT			•		Reg. Mon.	Reg. Mon	<u>,</u>			3
Silver total recoverable	REQUIREMENT	长爷头爷爷	*****	***	****	MO AVG	DAILY MX	mg/L		Month	
	MEASUREMENT	N/A	Z/A	(26)	******	N/A	N/A	(28)	0		
01079 1 0	PERMIT	Req. Mon.	Reg. Mon.			Dag Mon	Dan Man	3			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	b/d	****	MO AVG	DATI Y MY	2 0		Inree Per	COMP24
Zinc, total recoverable	SAMPLE	N/A	N/A	(26)		N/A	N/A	(96)	>	I Ear	
	MEASUREMENT				****	3	2	(62)	c		
CTOST COST	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Par	COMP34
Lead total recoverable	VERTON THE NEW	MOAVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L		Year	!
	MEASUREMENT	A/N	N/A	(26)	***	N/A	N/A	(28)	0		
01114 1 0	PERMIT	Req. Mon.	Req. Mon.			Den Mon	Day Man	3			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	P/d	***	MO AVG	DATI Y MY	_ 6		I hree Per	COMP24
copper, total recoverable	SAMPLE	0.353	0.353	(26)		23.0	23.0	(36)	5	iddi	
	MEASUREMENT				****			(60)	•	-	
	PERMIT	3.54	7.63			86.7	187	<b>%</b>		P	COMPANIA OF
NAME / THE BRINGS	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	<u> </u>		Mont	COMPA
PARTY IN THE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	aw that this document	and all attachments w	ere			41 44	1,65		Monor	
Tom Trego	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	ion or supervision in ac I personnel properly ga	exordance with the system and evaluate the in	em designed					907	16LEPHONE	
wasswater utilities Superintendent	submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for pathering the information the information.	igury of the person or esponsible for patherin	persons who manage t	he system,	· •			_	AREA CODE	PHONE NUMBER	<del>,</del>
	submitted is, to the best of my knowledge and belief, true, accurate, and complete	my knowledge and be	lief, true, accurate, and	complete.	Matta	to- O moone		<u> </u>		DATE	
TYPED OR PRINTED	including the possibility of fine and imprisorment for knowing violations.	fine and imprisonmen	t for knowing riolanor	nacion, us.	/ SIGNA	SNATURE OF PRINCIP	OF PRINCIPAL EXECUTIVE	<del>_</del>	2011	Jul	10
COMMENT AND EXPLANATION OF ANY VIOLATIONS	YVIOLATIONS						7.00		TEAK	30	DAY

\* The reporting period was from 3/27/2011 through 04/30/2011. COMMENT AND EXPLANATION OF ANY VIOLATIONS Tom Tredo Wastewater Utilities Superintendent Effluent Gross Flow, in conuit or thru treatment plan Effluent Gross 45613 1 0 Floating solids or visible foam-visual NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments See Comments 50050 1 0 31615 R 0 Fecal coliform, MPN, EC med, 44.5 Fecal coliform, MPN, EC med, 44.5 See Comments 31615 Q 0 31615 P 0 Fecal coliform, MPN, EC med, 44.5 See Comments Fecal coliform, MPN, EC med, 44.5 31615 0 0 See Comments 30500 0 0 ₫ Coliform, fecal - % sample exceeds FACILITY: PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) Ě NAME: ADDRESS: TYPED OR PRINTED PARAMETER prepared under my direction or supervision in accordance with the system designed 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 nathering 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 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT Tom Trego WW Utilities Superintendent JUNEAU, CITY AND BOROUGH OF REQUIREMENT MEASUREMENT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE PER MIT SAMPLE SAMPLE PERMIT SAMPLE SAMPLE SAMPLE ELECTRICATES OF THE PROPERTY O REWIT Req. Mon. MO AVG 1.9 \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* VALUE QUANTITY OR LOADING \*\*\*\*\* \*\*\*\* DAILY MX \*\*\*\* 2,2 \*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* 4.9 \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* VALUE Mgal/d \*\*\* \*\*\* \*\*\* SLIND ω 8 \*\*\*\* \*\*\*\* \*\*\* ¥0¥ WKLY GEO WKLY GEO WXLY GEO 8 \*\*\*\* \*\*\*\* \*\*\*\* N/A N/A \*\*\*\*\* 800 \*\*\*\* \*\*\*\* \*\*\*\* VALUE ģ 2011 8 ∌ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AK-002295-1 PERMIT NUMBER QUALITY OR CONCENTRATION T MO GEO MO GEO \*\*\*\* NO GEO \*\*\*\* \*\*\*\* \*\*\*\*\* Z A VALUE Z/A NO OFFO 4 Z/A \*\*\*\*\* ģ 200 \*\*\*\* 8 161 mes 3 MAJOR (SUB 01) F - FINAL EFFLUENT
\*\*\* NO DISCHARGE NOTE: Read instructions before completing this form. Req. Mon. DAILY MX DAILY MX DAILY MX DAJLY MX DAILY MX Reg. Mon. DAILY MX \*\*\*\*\* \*\*\*\*\* Z/A 1200 N/A N/A VALUE 8 88 Ö 18 Ņ ö O MONITORING PERIOD
YEAR 27 =1; N=0 #/100mL #/100ml \*\*\* #/100mL \*\*\* #/100ml (13)(13) (13) UNITS  $\Xi$ (£ ដ ቆ ಠ Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 2011 0 0 0 0 o 0 ᅜᅙ O Continuous TELEPHONE 586-0393 Twice Every Twice Every FREQUENCY OF ANALYSIS Once Per Twice Every \*\* Twice Every Twice Every Month PHONE NUMBER Week Week ₩eek Week ₹ DISCHARGE NUMBER 001 A RCORDR VISUAL GRAB GRAB GRAB B SAMPLE GRAB GRAB Ž 30

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

ATT: FACILI NAME: ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF AK-002295-1

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

001 A

	JUNEAU, ALASKA 99801	99901			PERM	PERMIT NUMBER	<b>-</b>			DISCHARG	DESCHARGE NUMBER
FACILITY:	MENDENHALL V	MENDENHALL VALLEY SERVICE AREA	REA				TINOM	ORING P	RIOD		
ATT:	Tom Trego WW Utilities St	Tom Trega WW Utilities Superintendent	1		3	, <u>8</u>	DAY	DAY	YEAR	₩	DAY
PARAMETER	7	OLI PARAMETER AND			1107	3		_   	2011	4	30
	$\bigvee$	VALUE VALUADING	CLOADING		2	QUALITY OR CONCENTRATION	TRATION		25	FREQUENCY OF ANALYSIS	SAMPLE
Chlorine, totał residual	SAMPLE	N/A	N / A	SIN	VALUE	VALUE	VALUE	SLINO			:
	MEASUREMENT	3	7/2	(20)	**	N/A	N/A	(28)	0		
50060 S 0	PERMIT	4.09	4.09	<u> </u>		3	3	<u>'-</u>			
See Comments	REQUIREMENT	MO AVG	DATE Y MY	₹ ì	*	100	100			QUARTERLY	COMP24
Dilution factor	SAMPLE		מישבי ויאל	io/c	174	MO AVG	DAJLY MX	ug/I			
	MEASUREMENT	****	***	***	**:	47.5	### ## #	ng/L	0		
80093 1 0	PERMIT				Don Mon	200					
Effluent Gross	REQUIREMENT	****	****	* * *	DATI Y MN	MO ANO	* * * *	: :		DAILY	MEASRD
BOD,5-day, percent removal	SAMPLE				0	7.0		7			
	MEASUREMENT	***	****	***	(	***	<del>* * * * * * * * * * * * * * * * * * * </del>	(23)	_	···	
Percent Removal	PERMIT				85	ļ		23		Once Der	3
Solids, suspended percent removal	SAMDIE			1	MN % RMV	*****	****	8		Month	
	MEASUREMENT	***	***	*	91	* * *	₩ ¥ ¥ ¥	(23)	0		
81011 X 0 0	PERMIT			_	85			3		2	
reicent Removal	REQUIREMENT	*****	****	***	MN % RMV	***	***	۶ <u>۲</u>		Orce Per	CALCID
chlorite usage	SAMPLE	N/A		(26)				à		Month	
	MEASUREMENT		****		****	***	***		Ç		_
101400 X 0	PERMIT	Req. Mon.						<del></del>			
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	****	b/d	****	***	***		_	DAILY	MEASRIX
On alle grease visual	SAMPLE						0	9	3		
	MEASUREMENT	****	****	**	***	***	•	(20)	-	_	
84066 7 0	PERMIT						Dog Man	_			
Effluent Gross	REQUIREMENT	***	****	**	***	***				Once Per	VISUAL
l'oxicity, Chronic	SAMPLE						>	om/mo	)	Month	
	MEASUREMENT	***	****	***	****	***	N/A	(26)	o		
11000 1 8	PERMIT		į						  -		
Effluent Gross	REQUIREMENT	***	***	**	***	****				Semiannual	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were	law that this document	and all attachments w	g.		7 7 7	DAILY MX	ox chronic			
Tom Treoo Wastowater Utilities Superintendent   1	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 with manage the system, or those persons directly responsible for gathering the information the information and the persons of the persons of the information the information that is the persons of the persons of the information that is the persons of the persons o	tion or supervision in ac d personnel properly gat anguity of the person or a responsible for patherin	cordance with the syst ther and evaluate the ir persons who manage to the information the	em designed aformation he system,	1	)	•	7.	907 AREA CODE	TELEPHONE 586-0393	is
	submitted is, to the best of my knowledge and belief, true, accurate, and compile and applications are significant penalties for submitting false information	f my knowledge and bei significant penalties for	lief, true, accurate, and submitting false informations	complete.	1/action	ran Q mobile	Break			DATE	
COMMENT AND EXPLANATION OF ANY UTOL ATTOMS	including the possibility of fine and imprisonment for knowing violations.	of time and imprisonmen	t for knowing violation	<b>B</b>	) Off	ICER OR AUTHOR	IZED AGENT		2011	<b>₹</b> 07	
* The recording period was from a	ATOMICATORS										
The reporting period was from 3/27/2011 through 04/30/2011.	3/27/2011 throug	h 04/30/2011.									
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MAJOR (SUB 01) F - FINAL EFFLUENT

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

* GEOMETRIC MEAN WAS US THE AVERAGE FECAL COLIFORM COLONIES	COMMENTS.	AVERAGE	MINIMUM	MAXIMUM	TOTAL	Z Z	  -  -	WED	TUE	SCE	2 2	\$   E	Ę	WED	JUE	NON I	SUN	SAT	필	WED	JUE .	NOM	SUN	SAT	E   E	WED	3U,	MON	SUN	SAT	20 2	THI-		MON	SUN		DAY		EPA REPORT
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WAS US T	8	2.05	1.85	237	7 1 88	1.85	1.94	1.97	1.98	ء   پار	1 2	1.99	1.98	2.02	1.85	205	208	2 8 8	2.00	2.16	2.16	2.37	2.06	207	1.95	2.03	2.08	2.18	201	2.22	ر د د	2.33	2.10	2.01	1.93	MGD	SBR		]_
HE AVER	35	134	*1  8		125	116	129	8	114		<u> </u>	88	57	77	88	ا 19	[ 	10.00	120	129	119	126	149	146	176	88	139	170	187	٦. ا	†	T	1	50	<del> </del>	CFS		<b>!</b>	
AGE FEC	35	1.85	1.69	2 2	1.69	1.69	1.73	1.83	1 78	1 6		1.79	1.83		1.77	i	<u> </u>		Ī	i	<u> </u>	<b>[</b>	- 	† '				i	·-†		-+-	†	T	†— 	<u></u>	MGD		الم	
AT COTE	8	Ī	17.1		48.8	·		Ī	i	"					Ţ		1	178			' †		1 97		Ī		Ţ	ĺ	1 8 8				2	1.85		Dilution	70	FLOWS	
ORM COL	ō	3	<u>-</u>	<u>.</u>	=	<u> -</u>	=  :	3	<b>3</b>   <del>3</del>	_ <u>'</u> =	1	=	=	3	33.1 /1	1	- - - - -	: <u> </u> =	=	=	<u>&gt; '</u> :	<b>=</b>  =	49.6	<u>-</u>	=	167.3 /1		2   2 0   0 2   2	86.9	84.4	75.3 /1	17.1 /1	17.5 /1	18.5 /1	<b> </b> ≥				
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तृ टिल्≅ास्	25	11.7	5   5	-		13.9	12.8	3 6	14.	L	· <del> </del> -	  - 	10.7	- - - -	10.3	;	<u> </u>	11.6	11.6	12.2	- 1 1 1 1 1	<u>.</u>		10.8	122	10.7	10.4	:	_	10.9	13.6	12.2	14.5	11.6	,	ë MĐ			
April 2011 Hrd. mg/l Alk. mg/l D.O.mg/l Turb.vru Tox. Tua	25	7.3	9 2	 		6.7	6.9	3 6	7.2	<u> </u>		9	7.2	7.3	! !!?! 	  -		7.4	73	72	7.4	 3 <u>↓</u>	 +	7.2	7.3	7.2	73	3	Ĺ	7.3	7.4	7.1	7.4	7.9		포			
14 8.5 9.1	25	 	_	-	!       -	5.0	70	, <u>, , , , , , , , , , , , , , , , , , </u>	7.4			6.9	6 N	71	7.1	-	 <del> </del>	8	7.6		00 00	 	 ∔	8.7	8.3	00 C	9 C	3		8.3	7.8	5.8	7.5	66 -	re F	3	0.0		2
Copps Lead Silvet Zinc NH3 n	<b>55</b>		3 8	-	!     		228	+	  -	 	Ĺ,	  -  -	2		<u> </u>	!   -	! <b>⊢</b>	<u> </u>	 	ا ا		ļ	ļ 		222	  -			 	<u> </u>	234		   		10/1	{ 	SS	NEL IENT	NDEN
<u>                                    </u>	5	3694 7	4020	  -		 -   -	3480		! Li			 	36 26 26 1	 +	<u> </u>	<u> </u>	! ↓ .	 	100	7005	  -		! <u>L</u> .	    -	3388	    -		!	 		4020				60	5	S.S	ا <del>ا</del>	MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska
23.0 14.0	01 S	199	429	ļ i		! . L	429		· 			ļ.	!   8					!     ;	ا	3	ļ 			!     	317	İ	ļ				391				mg/L		<b>8</b> .0.D		ALL WASTEW/ Juneau, Alaska
LBS 0.353 N/A N/A N/A 214.B4	O1 1	3037	6718				6547			 	ļ	200	30	 	-				2808		<u> </u>				4838 		† 	-		† †	6718	<del> </del>	+	+	SB1		800	Č	EWAT
	25	11.1	15.0	İ	100	1 1 4 6	12.5	1 = 1	12.7	!   	†	140	14.9	12.7	15.0		 	13	13.8	T	12.2	- 	-  - 	' +	7	11.8	13.8	-   		<del> </del>	13.3	13.9	12.6	;	_  ျှ	TEMP	-		ER TR
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