

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  
**LOCATION:** MENDENHALL VALLEY SERVICE AREA  
JUNEAU, ALASKA 99801  
**ATT:** Tom Trepo 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  
001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2011	3	27	2011

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	*****	*****	****	*****	6.3	9.1	(43)	0		
00070 1 0	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Effluent Gross	SAMPLE	*****	*****	****	4.0	5.5	*****	(19)	0		
Oxygen, dissolved (DO)	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Once Per Month	GRAB
00300 1 0	PERMIT	*****	*****	****	*****	18	23	(19)	0		
Effluent Gross	SAMPLE	*****	*****	****	*****	30	60	mg/L		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	PERMIT	*****	*****	****	*****	MO AVG	DAILY MX	mg/L		Twice Per Month	COMP24
00310 1 0	PERMIT	*****	*****	****	*****	18	*****	(19)	0		
Effluent Gross	SAMPLE	*****	*****	****	*****	45	*****	mg/L		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	PERMIT	*****	*****	****	*****	WKLY AVG	*****	mg/L		Twice Per Month	COMP24
00310 W 0	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
See Comments	SAMPLE	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
pH	PERMIT	*****	*****	****	6.5	*****	7.2	(12)	0		
00400 1 0	PERMIT	*****	*****	****	6.5	*****	*****	mg/L		Twice Per Month	COMP24
Effluent Gross	SAMPLE	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
Alkalinity, total (asCaCo3)	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
00410 1 7	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
Effluent Gross	SAMPLE	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
Solids, total suspended	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
00530 1 0	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
Effluent Gross	SAMPLE	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
Tom Trepo Wastewater Utilities Superintendent	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
TYPED OR PRINTED	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT	*****	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24

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 Trepo*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907  
AREA CODE  
586-0393  
PHONE NUMBER  
2011  
YEAR  
5  
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:** MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**LOCATION:** MENDENHALL VALLEY SERVICE AREA  
JUNEAU, ALASKA 99801  
**ATTN:** 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  
001 A  
DISCHARGE NUMBER

MONITORING PERIOD			YEAR	MO	DAY
2011	3	27	2011	4	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	REQ. MON. MO AVG		VALUE	REQ. MON. DAILY MX	VALUE	REQ. MON. MO AVG	VALUE				REQ. MON. DAILY MX
Solids, total suspended	SAMPLE	430		(26)	*****								
	MEASUREMENT												
00530 W 0	PERMIT	1829			*****								
	REQUIREMENT	WKLY AVG	215		*****								
See Comments	SAMPLE	215		(26)	*****								
	MEASUREMENT												
Nitrogen, ammonia total (as N)	PERMIT	1164			*****								
	REQUIREMENT	MO AVG	1963		*****								
00610 1 0	SAMPLE	*****			*****								
	MEASUREMENT												
Effluent Gross	PERMIT	*****			*****								
	REQUIREMENT	MO AVG	*****		*****								
Hardness, total (as CaCO3)	SAMPLE	N/A		(26)	*****								
	MEASUREMENT												
00900 1 6	PERMIT	N/A			*****								
	REQUIREMENT	MO AVG	N/A		*****								
Effluent Gross	SAMPLE	N/A		(26)	*****								
	MEASUREMENT												
Silver, total recoverable	PERMIT	N/A			*****								
	REQUIREMENT	MO AVG	N/A		*****								
01079 1 0	SAMPLE	N/A		(26)	*****								
	MEASUREMENT												
Effluent Gross	PERMIT	N/A			*****								
	REQUIREMENT	MO AVG	N/A		*****								
Zinc, total recoverable	SAMPLE	N/A		(26)	*****								
	MEASUREMENT												
01094 1 0	PERMIT	N/A			*****								
	REQUIREMENT	MO AVG	N/A		*****								
Effluent Gross	SAMPLE	N/A		(26)	*****								
	MEASUREMENT												
Lead, total recoverable	PERMIT	N/A			*****								
	REQUIREMENT	MO AVG	N/A		*****								
01114 1 0	SAMPLE	0.353		(26)	*****								
	MEASUREMENT												
Effluent Gross	PERMIT	0.353			*****								
	REQUIREMENT	MO AVG	0.353		*****								
Copper, total recoverable	SAMPLE	3.54		(26)	*****								
	MEASUREMENT												
01119 1 0	PERMIT	7.63			*****								
	REQUIREMENT	MO AVG	7.63		*****								
Effluent Gross	SAMPLE	86.7		(28)	*****								
	MEASUREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	187			*****								
	REQUIREMENT	MO AVG	187		*****								

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Tom Trego  
Wastewater Utilities Superintendent

*Tom Trego*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907  
AREA CODE  
586-0393  
TELEPHONE  
5  
PHONE NUMBER  
2011  
YEAR  
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DATE  
DAY

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**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 Treago WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
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MONITORING PERIOD			
YR	MO	DAY	NO. YEAR
2011	3	27	2011
			4
			10
			DAY

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	MEASUREMENT	*****	*****		*****	*****	0	(23)	0	Twice Every Week	GRAB	
30500 O 0	PERMIT REQUIREMENT	*****	*****		*****	*****	10	%	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	Req. Mon. DAILY MX	(13)	0	Twice Every Week	GRAB	
31615 O 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	Req. Mon. DAILY MX	(13)	0	Twice Every Week	GRAB	
See Comments												
Fecal coliform, MPN, EC med, 44.5	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	Req. Mon. DAILY MX	(13)	0	Twice Every Week	GRAB	
31615 P 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	Req. Mon. DAILY MX	(13)	0	Twice Every Week	GRAB	
See Comments												
Fecal coliform, MPN, EC med, 44.5	SAMPLE MEASUREMENT	*****	*****	****	400	200	800	#/100mL	0	Twice Every Week	GRAB	
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	400	200	800	#/100mL	0	Twice Every Week	GRAB	
See Comments												
Fecal coliform, MPN, EC med, 44.5	SAMPLE MEASUREMENT	*****	*****	****	8.5	4.4	18	#/100mL	0	Twice Every Week	GRAB	
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
See Comments												
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
Flow, in conuit or thru treatment plan	SAMPLE MEASUREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
50050 1 0	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
Tom Treago	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
Wastewater Utilities Superintendent	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
TYPED OR PRINTED	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	Twice Every Week	GRAB	
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										2011	5	10
DATE										YEAR	MO	DAY

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

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

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

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MONITORING PERIOD			YEAR	MO	DAY
FROM	2011	3	27	TO	2011
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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24
50060 S 0	PERMIT	4.09	4.09	lb/d	*****	100	100	ug/l	0		
See Comments	REQUIREMENT	MO AVG	DAILY MX		*****	MO AVG	DAILY MX				
Dilution factor	SAMPLE MEASUREMENT	*****	*****	*****	17.1	47.5	*****	ug/l	0		
80093 1 0	PERMIT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	ug/l			
Effluent Gross	REQUIREMENT	*****	*****	*****	95	*****	*****	ug/l			
BOD 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	ug/l			
81010 K 0	PERMIT	*****	*****	*****	85	*****	*****	ug/l			
Percent Removal	REQUIREMENT	*****	*****	*****	91	*****	*****	ug/l			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****	ug/l			
81011 K 0 0	PERMIT	*****	*****	*****	MN % RMV	*****	*****	ug/l			
Percent Removal	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	ug/l			
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****	ug/l			
81400 X 0	PERMIT	*****	*****	*****	*****	*****	*****	ug/l			
End of Chlorine Contact Chamber	REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	ug/l			
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l			
84066 1 0	PERMIT	*****	*****	*****	*****	*****	*****	ug/l			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l			
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l			
TT000 1 8	PERMIT	*****	*****	*****	*****	*****	*****	ug/l			
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l			
Tom Trego Wastewater Utilities Superintendent	PERMIT	*****	*****	*****	*****	*****	*****	ug/l			

TYPED OR PRINTED

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

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EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

April 2011

DAY	DATE	FLOWS										INFLUENT					EFFLUENT					% REMOVAL	
		SBR INFLUENT 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	B.O.D. mg/L	B.O.D. LBS		FECAL COLIFORM /100 ml
SUN	27	1.83	55	1.77	21.1 /1	0.0641	11.6	7.9	8.1														
MON	28	2.01	50	1.85	18.5 /1	0.0639	11.6	7.9	8.1														
TUE	29	2.10	47	1.84	17.5 /1	0.1746	14.5	7.4	7.5														
WED	30	2.33	50	2.01	17.1 /1	0.0935	12.2	7.1	5.8														
THU	31	2.30	237	2.06	75.3 /1	0.1042	13.6	7.4	7.8	234	4020	391	6718	13.3	6.9	4.7	4.4	25.0	430	20.0	343.6	2	
FRI	1	2.13	262	2.03	84.4 /1	0.0582	10.9	7.3	8.3														
SAT	2	2.22	198	1.95	65.9 /1	0.0392																	
SUN	3	2.01	187	1.85	66.3 /1	0.0489																	
MON	4	2.18	170	2.05	54.6 /1	0.1342	11.4	7.3	8.3														
TUE	5	2.08	139	1.85	48.5 /1	0.0838	10.4	7.3	8.8														
WED	6	2.03	486	1.81	187.9 /1	0.1103	10.7	7.2	8.6														
THU	7	1.95	176	1.83	63.1 /1	0.0820	12.2	7.3	8.3	222	3388	317	4838	13.5	6.7	6.5	7.2	24.0	396	18.0	274.7	2	
FRI	8	1.97	182	1.88	56.7 /1	0.0320	10.8	7.2	8.7														
SAT	9	2.07	148	1.99	48.4 /1	0.0710																	
SUN	10	2.06	149	1.97	49.9 /1	0.0710																	
MON	11	2.37	126	2.16	38.4 /1	0.1305	11.4	7.2	8.4														
TUE	12	2.19	119	1.91	41.2 /1	0.0849	11.0	7.4	8.1														
WED	13	2.16	129	1.83	48.5 /1	0.0900	12.2	7.2	8.1	256	3907	391	5688	13.8	6.9	6.8	4.7	19.0	280	16.5	251.8	8.0	
THU	14	2.00	120	1.82	43.6 /1	0.1036	11.5	7.3	7.6														
FRI	15	1.89	107	1.78	39.8 /1	0.0873	11.6	7.4	8.5														
SAT	16	1.99	120	1.77	44.8 /1	0.0853																	
SUN	17	2.08	107	1.83	38.8 /1	0.0336																	
MON	18	2.05	97	1.77	36.4 /1	0.1012	11.8	7.7	7.1														
TUE	19	1.85	89	1.77	33.1 /1	0.0882	10.3	7.4	6.7														
WED	20	2.02	77	1.80	28.6 /1	0.0654	11.4	7.3	7.1														
THU	21	1.98	57	1.83	21.1 /1	0.0854	10.7	7.2	6.2	241	3678	199	3037	11.5	6.8	6.6	6.8	19.0	290	13.0	198.4	2	
FRI	22	1.99	86	1.79	32.0 /1	0.1016	11.4	9.1	6.9														
SAT	23	2.03	144	1.81	52.4 /1	0.1062																	
SUN	24	1.97	125	1.75	47.1 /1	0.0222																	
MON	25	2.15	120	1.83	43.4 /1	0.1324	14.1	7.2	7.4														
TUE	26	1.98	114	1.78	42.4 /1	0.0582	10.0	7.0	8.1														
WED	27	1.87	95	1.83	34.5 /1	0.0883	10.7	7.2	8.1	228	3480	429	6547	11.1	6.7	6.3	7.2	21.0	321	23.0	351.0	18	
THU	28	1.94	129	1.73	49.2 /1	0.0409	12.8	6.9	7.0														
FRI	29	1.85	118	1.69	45.3 /1	0.0884	13.9	6.7	5.0														
SAT	30	1.88	125	1.89	48.9 /1	0.0855																	
TOTAL		71.70		84.91		2.8528																	
MAXIMUM		2.37	486	2.16	167.3 /1	0.1746	14.5	9.1	8.1	256	4020	429	6718	15.0	7.2	7.2	9.1	25.0	429.5	23.0	351.0	18.0	
MINIMUM		1.85	47	1.69	17.1 /1	0.0106	10.0	6.7	7.1	222	3388	199	3037	11.1	6.5	4.0	3.4	19.0	290.0	13.0	198.4	2.0	
AVERAGE		2.05	134	1.85	47.5 /1	0.0815	11.7	7.3	7.3	238.2	3694.7	345.4	5421.6	13.1	6.8	6.5	6.3	21.6	339.3	18.1	283.9	4.4	
Number of Analyzes		35	35	35	35	35	25	25	25	5	5	5	5	25	25	35	35	5	5	5	5	10	

  

April 2011		April 2011	
Hd. mg/L	14	ug/L	
Alk. mg/L	N/A		
D.O. mg/L	5.5		
Turbidity	9.1		
Tox. Tub.	N/A		
Copper	23.0	ug/L	
Lead	N/A		
Silver	N/A		
Zinc	N/A		
INH3 mg/L	14.0		
WEEKLY AVERAGE			
BOD	mg/L	lbs	mg/L
TSS	mg/L	lbs	mg/L
WEEKLY			
COLIFORM			
Geo. Mean			
% REMOVAL			
B.O.D.	94.8		
S.S.	90.9		

\* GEOMETRIC MEAN WAS US THE AVERAGE FECAL COLIFORM COLONIES