

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

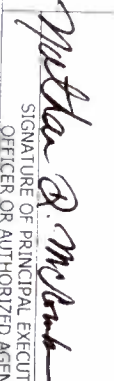
AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

MONITORING PERIOD			
YR	MO	DAY	TO
2011	5	29	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	MEASUREMENT	*****	*****	****	*****	9.3	24.6	(43)	0		
00070 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	3.5	4.8	*****	NTU	0	Continuous	RCORDR
Oxygen dissolved (DO)	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****				
00300 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	17.1	24.5	(19)	0	Once Per Month	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	60 DAILY MX	mg/L			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	255	*****	(26)	*****	17.1	*****	(19)	0	Twice Per Month	COMP24
00310 1 0	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45 WKLY AVG	*****	mg/L			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	7.0	(12)	0	Twice Per Month	COMP24
pH	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****				
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	160.0	160.0	(19)	0	Weekdays	GRAB
Alkalinity, total (asCaCO3)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
00410 1 7	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	336	427	(26)	*****	24.3	33.0	mg/L	0	Quarterly	COMP24
Solids, total suspended	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
00530 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
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 and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
Tom Trego Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 										
TELEPHONE	907 586-0393										
AREA CODE	586-0393										
PHONE NUMBER	586-0393										
DATE	2011 7 10										
YEAR	2011										
MO	7										
DAY	10										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 5/29/2011 through 6/25/2011.

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 4

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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 Trago WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
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PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION		MONITORING PERIOD			NO. EX. FREQUENCY OF ANALYSIS		SAMPLE TYPE
PARAMETER	MEASUREMENT	VALUE	UNITS	VALUE	UNITS	YEAR	MO	DAY	YEAR	MO	DAY
Solids, total suspended	SAMPLE MEASUREMENT	427	(26)	33	(19)	2011	5	29	2011	6	25
00630 W 0	PERMIT REQUIREMENT	1829		45							
See Comments	SAMPLE MEASUREMENT	235	(26)	17	(19)						
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1164		28.5							
00610 1 0	SAMPLE MEASUREMENT	1963	(26)	99	(19)						
Effluent Gross	PERMIT REQUIREMENT	*****		ND							
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****		ND							
00900 1 6	PERMIT REQUIREMENT	*****		ND							
Effluent Gross	SAMPLE MEASUREMENT	N/A	(26)	0.1	(28)						
Silver, total recoverable	PERMIT REQUIREMENT	N/A		ND							
01079 1 0	SAMPLE MEASUREMENT	Req. Mon. MO AVG	(26)	ND	(28)						
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY MX		0.1							
Zinc, total recoverable	SAMPLE MEASUREMENT	Req. Mon. MO AVG	(26)	0.1	(28)						
01094 1 0	PERMIT REQUIREMENT	Req. Mon. DAILY MX		ND							
Effluent Gross	SAMPLE MEASUREMENT	Req. Mon. MO AVG	(26)	ND	(28)						
Lead, total recoverable	PERMIT REQUIREMENT	Req. Mon. DAILY MX		ND							
01114 1 0	SAMPLE MEASUREMENT	Req. Mon. MO AVG	(26)	18.0	(28)						
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY MX		18.0							
Copper, total recoverable	SAMPLE MEASUREMENT	Req. Mon. MO AVG	(26)	18.0	(28)						
01119 1 0	PERMIT REQUIREMENT	Req. Mon. DAILY MX		18.0							
Effluent Gross	SAMPLE MEASUREMENT	Req. Mon. MO AVG	(26)	18.0	(28)						
NAME: TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	Req. Mon. DAILY MX		18.0							
Tom Trago	SAMPLE MEASUREMENT	Req. Mon. MO AVG	(26)	18.0	(28)						
Wastewater Utilities Superintendent	PERMIT REQUIREMENT	Req. Mon. DAILY MX		18.0							

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.

Michael D. McDevitt
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 907 586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393
DATE: 2011 7 10
MO: 7 DAY: 10

* The reporting period was from 5/29/2011 through 6/25/2011.
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NAME: JUNEAU, CITY AND BOROUGH OF
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FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

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MONITORING PERIOD			
YR	MO	DAY	TO
2011	5	29	2011 6 25

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX. ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	161	MO GEO	Req. Mon. DAILY MX	13	0	Twice Every Week	GRAB
31615 O 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	400	WPLY GEO	800	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 Q 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	400	WPLY GEO	200	#/100mL	0	Twice Every Week	GRAB
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	21.2	MO GEO	11.1	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	800	WPLY GEO	400	#/100mL	0	Twice Every Week	GRAB
31615 R 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	0	0	Twice Every Week	GRAB
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	0	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	0	0	Twice Every Week	GRAB
45613 1 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	0	0	Twice Every Week	GRAB
Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	0	0	Twice Every Week	GRAB
Flow in conout or thru treatment plant	MEASUREMENT PERMIT REQUIREMENT	1.7	1.9	(03)	*****	*****	*****	*****	0	Once Per Month	VISUAL
50050 1 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
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 violation.										
Tom Trego Wastewater Utilities Superintendent	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>Tom Trego</i></p> <p>TELEPHONE: 907 586-0393</p> <p>AREA CODE: 586-0393</p> <p>PHONE NUMBER: 586-0393</p> <p>DATE: 2011 7 10</p>										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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MONITORING PERIOD			
YR	MO	DAY	TO
2011	5	29	2011
YEAR	MO	DAY	DAY
2011	6	25	25

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE			
Chlorine, total residual	MEASUREMENT	N/A	(26)	*****	N/A	N/A	0		
50060 S 0	PERMIT	4.09		*****	100	100			
See Comments	MEASUREMENT	MO AVG		*****	MO AVG	DAILY MX		QUARTERLY COMP24	
Dilution factor	SAMPLE	DAILY MX	lb/d	*****	452.9	*****	0		
80093 1 0	PERMIT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****			
BOD 5-day, percent removal	PERMIT	*****	*****	*****	*****	*****			
81010 K 0	MEASUREMENT	*****	*****	*****	*****	*****			
Percent Removal	PERMIT	*****	*****	*****	*****	*****			
Solids, suspended percent removal	MEASUREMENT	*****	*****	*****	*****	*****			
81011 K 0 0	PERMIT	*****	*****	*****	*****	*****			
Percent Removal	MEASUREMENT	*****	*****	*****	*****	*****			
Chlorine usage	PERMIT	*****	*****	*****	*****	*****			
81400 X 0	MEASUREMENT	N/A	(26)	*****	*****	*****	0		
End of Chlorine Contact Chamber	PERMIT	*****	*****	*****	*****	*****			
Oil and grease visual	MEASUREMENT	Req. Mon. MO AVG	lb/d	*****	*****	*****		DAILY MEASRD	
84066 1 0	SAMPLE	*****	*****	*****	*****	*****	0		
Effluent Gross	PERMIT	*****	*****	*****	*****	*****			
Toxicity, Chronic	MEASUREMENT	*****	*****	*****	*****	*****			
TT000 1 8	PERMIT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	*****	*****	*****	*****	*****			
Scott Jeffers Wastewater Utilities Superintendent	REQUIREMENT	*****	*****	*****	*****	*****			

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 violation.

Scott Jeffers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
DATE
2011 YEAR 7 MO 10 DAY

* The reporting period was from 5/29/2011 through 6/25/2011.

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

June 2011

DAY	DATE	FLOWS										INFLUENT										EFFLUENT										% REMOVAL
		SBR Influent Flow (MGD)	Mend River Flow (MGD)	SBR Effluent Flow (MGD)	Receiving Water Flow (MGD)	SBR WASTE (MGD)	TEMP (°C)	pH	D.O. (mg/L)	SS (mg/L)	SS (LBS)	BOD (mg/L)	BOD (LBS)	TEMP (°C)	pH	D.O. (mg/L)	TURBID MAX (NTU)	SS (mg/L)	SS (LBS)	BOD (mg/L)	BOD (LBS)	% REMOVAL										
SUN	6/22	2.06	1260	1.73	471.5	0.0550	13.2	7.4	7.1	4.9	460	6215	712	9620	17.8	6.9	8.8	9.8	33.0	426.6	24.5	316.7	25.0									
MON	6/23	2.02	1340	1.73	501.4	0.0671	14.1	7.8	6.3	381	6021	381	6352	15.6	6.9	5.9	6.4	21.0	290.7	19.0	290.7	13.2										
TUE	6/24	2.00	1460	1.66	569.2	0.0770	14.1	7.0	4.9	361	6021	381	6352	15.9	6.9	5.9	6.1	21.0	290.7	19.0	290.7	13.4										
WED	6/25	2.04	1380	1.77	504.7	0.0000	14.1	7.0	4.9	361	6021	381	6352	16.1	6.9	3.5	13.4	21.0	290.7	19.0	290.7	13.4										
THU	6/26	2.14	1310	1.70	498.8	0.0519	14.2	7.2	6.6	361	6021	381	6352	15.9	6.8	4.4	9.2	21.0	290.7	19.0	290.7	21.2										
FRI	6/27	2.01	1560	1.65	611.8	0.0645	13.7	7.2	5.8	361	6021	381	6352	17.8	7.0	5.7	9.3	21.0	290.7	19.0	290.7	10.7										
SAT	6/28	1.97	1440	1.63	571.7	0.0791	13.7	7.2	5.8	361	6021	381	6352	17.8	7.0	5.7	9.3	21.0	290.7	19.0	290.7	10.7										
SUN	6/29	2.02	1360	1.75	503.0	0.0403	13.3	7.7	4.9	460	6215	712	9620	15.1	6.9	3.6	22.4	33.0	426.6	24.5	316.7	21.2										
MON	6/30	1.99	1360	1.74	505.9	0.0694	13.3	7.7	4.9	460	6215	712	9620	15.6	6.9	4.2	5.4	33.0	426.6	24.5	316.7	21.2										
TUE	7/1	2.06	1260	1.74	468.8	0.1918	14.7	6.7	5.7	460	6215	712	9620	16.8	7.0	5.1	8.2	33.0	426.6	24.5	316.7	21.2										
WED	7/2	1.54	1300	1.62	519.4	0.0885	16.2	7.2	6.8	460	6215	712	9620	16.8	6.9	3.9	9.8	33.0	426.6	24.5	316.7	21.2										
THU	7/3	1.62	1320	1.55	551.1	0.0419	14.3	7.0	6.4	460	6215	712	9620	17.1	6.9	5.6	15.9	33.0	426.6	24.5	316.7	21.2										
FRI	7/4	1.55	1470	1.52	625.8	0.0945	13.0	7.5	6.5	460	6215	712	9620	15.1	6.9	3.6	22.4	33.0	426.6	24.5	316.7	21.2										
SAT	7/5	1.47	1280	1.49	547.3	0.1806	13.0	7.5	6.5	460	6215	712	9620	15.1	6.9	3.6	22.4	33.0	426.6	24.5	316.7	21.2										
SUN	7/6	1.53	1150	1.45	513.3	0.0359	15.2	7.5	5.8	460	6215	712	9620	15.8	6.9	4.8	13.1	33.0	426.6	24.5	316.7	21.2										
MON	7/7	1.72	1080	1.87	418.8	0.0951	14.8	7.1	6.3	460	6215	712	9620	15.5	6.8	4.7	7.9	33.0	426.6	24.5	316.7	21.2										
TUE	7/8	1.91	1080	1.92	364.4	0.0755	14.8	7.1	6.3	460	6215	712	9620	15.5	6.8	4.0	6.4	33.0	426.6	24.5	316.7	21.2										
WED	7/9	1.86	156	1.56	1.0	0.0486	13.9	7.2	6.1	460	6215	712	9620	15.5	6.8	4.0	6.4	33.0	426.6	24.5	316.7	21.2										
THU	7/10	1.93	1480	1.84	520.6	0.0912	14.9	7.2	6.7	241	3879	536	9823	14.9	7.0	6.1	7.8	19.0	290.7	13.2	189.7	20.0										
FRI	7/11	1.85	1390	1.77	504.7	0.0749	16.3	7.5	6.1	241	3879	536	9823	16.5	6.9	5.1	7.6	19.0	290.7	13.2	189.7	20.0										
SAT	7/12	1.89	1430	1.70	544.4	0.0870	16.3	7.5	6.1	241	3879	536	9823	16.5	6.9	5.1	7.6	19.0	290.7	13.2	189.7	20.0										
SUN	7/13	1.97	177	1.77	1.0	0.0550	15.6	7.4	5.9	460	6215	712	9620	16.3	6.9	5.3	4.1	33.0	426.6	24.5	316.7	21.2										
MON	7/14	1.94	179	1.79	1.0	0.0660	15.6	7.4	5.9	460	6215	712	9620	16.3	6.9	5.3	4.1	33.0	426.6	24.5	316.7	21.2										
TUE	7/15	1.94	177	1.77	1.0	0.0660	15.6	7.4	5.9	460	6215	712	9620	16.3	6.9	5.3	4.1	33.0	426.6	24.5	316.7	21.2										
WED	7/16	1.91	1450	1.79	524.3	0.0907	14.9	7.4	6.6	460	6215	712	9620	16.4	6.9	4.3	4.9	33.0	426.6	24.5	316.7	21.2										
THU	7/17	1.89	1510	1.62	603.1	0.0770	15.2	7.2	6.6	460	6215	712	9620	17.2	6.7	5.0	8.2	33.0	426.6	24.5	316.7	21.2										
FRI	7/18	1.87	1570	1.59	638.9	0.1137	15.5	8.8	6.7	460	6215	712	9620	17.0	6.8	5.0	7.2	33.0	426.6	24.5	316.7	21.2										
SAT	7/19	1.80	1550	1.89	593.5	0.0978	15.5	8.8	6.7	460	6215	712	9620	17.2	6.8	4.1	6.9	33.0	426.6	24.5	316.7	21.2										
TOTAL		52.50	47.21	2.1699	16.3	8.8	8.8	8.8	8.8	460	6215	712	9620	17.8	7.0	8.1	24.6	33.0	426.6	24.5	316.7	21.2										
MAXIMUM		2.14	1570	1.82	638.9	0.1918	16.3	8.8	8.8	460	6215	712	9620	17.8	7.0	8.1	24.6	33.0	426.6	24.5	316.7	21.2										
MINIMUM		1.47	1080	1.45	1.0	0.0000	13.0	6.7	5.7	241	3879	536	9823	14.9	6.7	3.5	4.1	19.0	290.7	13.2	189.7	20.0										
AVG		1.88	1365	1.69	452.9	0.0775	14.6	7.4	6.1	354.0	5371.9	542.8	8198.2	16.3	6.9	4.8	9.3	24.3	336.3	17.1	236.4	11.1										
Number of Analyses		28	24	28	28	28	20	20	20	3	3	3	3	20	20	20	28	3	3	3	3	3										

• GEOMETRIC MEAN WAS USED TO CALCULATE COLIFORM COLONIES

June 2011	99
Alk (mg/l)	160.0
D.O. (mg/l)	4.8
Turbidity	24.6
Tox TUL	0.0

June 2011	LBS
Copper	18.0
Lead	ND
Silver	ND
Zinc	0.050
NH3 (mg/L)	17.0
	235.35

WEEK	BOD (mg/l)	TSS (mg/l)	COLIFORM (Geo Mean)
1	13.7	189.7	21.0
2	24.5	316.7	33.0
3	13.2	259.7	19.0
4			
5			
AVG	17.1	255.4	24.33
MAX	24.5	316.7	33.0

% REMOVAL	96.8
BOD	93.1
SS	