

DMR REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

October 2011

DAY	DATE	FLOWS										INFLUENT				EFFLUENT				FECAL COLIFORM /100 ml		
		SBR INFLUENT MGD	River CFS	SBR TITL EFFL MGD	Receiving Water Division	SBR WASTE MGD	TEMP °C	pH	DO mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	DO mg/L	TURBID MAX NTU	S.S. mg/L	S.S. LBS		B.O.D. mg/L	B.O.D. LBS
SUN	25	2.98	1040	2.32	280.4	1/ 0.0899	17.3	7.2	6.1	188	3425	289	5688	18.8	7.0	4.1	8.1	19	374	15	285	32
MON	26	2.98	843	2.18	231.8	1/ 0.0753	15.8	7.4	5.2	179	2676	230	3664	6.8	6.8	3.2	9.4	14	223	13	207	80
TUE	27	2.25		2.06	1.0	1/ 0.0162	14.6	7.1	4.7	15.1				6.8	6.8	2.7	10.4	17	298	14	251	
WED	28	2.97		2.13	1.0	1/ 0.0588	13.6	7.2	5.6	16.6				6.8	6.9	3.4	9.0	2		2		
THU	29	2.98		2.35	230.2	1/ 0.0624	13.7	7.2	5.8	15.7				6.8	6.8	4.0	8.2	2		2		
FRI	30	2.49		2.38	84.8	1/ 0.0642																
SAT	1	2.27		2.19	1.0	1/ 0.0611																
SUN	2	2.38		2.06	232.0	1/ 0.0398																
MON	3	2.22		2.04	70.0	1/ 0.0486	15.3	7.5	3.0	14.2				6.9	6.9	5.2	8.1	19	374	15	285	34
TUE	4	2.07		1.91	70.0	1/ 0.0278	14.1	7.3	4.8	15.8				6.8	6.8	4.2	9.4	14	223	13	207	
WED	5	2.06		1.88	67.2	1/ 0.0396	14.8	6.0	4.5	17.5				6.7	7.7	3.7	8.8	17	298	14	251	42
THU	6	2.08		1.84	67.5	1/ 0.0831	14.8	7.4	4.5	17.5				6.7	6.7	3.9	8.5	2		2		
FRI	7	2.18		2.04	98.7	1/ 0.0684	14.5	7.2	4.3	15.7				6.6	6.6	3.9	8.9	2		2		
SAT	8	2.28		1.97	107.9	1/ 0.0873																
SUN	9	2.33		2.03	110.0	1/ 0.0114																
MON	10	2.28		1.99	121.3	1/ 0.0935	14.2	8.1	5.2	15.3				7.5	7.5	3.0	4.2	19	374	15	285	20
TUE	11	2.17		1.87	115.3	1/ 0.0643	14.1	7.3	4.8	15.8				6.8	6.8	4.2	4.8	14	223	13	207	
WED	12	2.25		2.03	113.8	1/ 0.1140	14.8	7.1	5.2	16.4				6.9	6.9	4.9	3.9	17	298	14	251	30
THU	13	2.40		2.11	115.7	1/ 0.1020	13.6	7.4	5.2	14.1				7.0	7.0	4.6	4.1	19	374	15	285	24
FRI	14	2.31		2.03	110.9	1/ 0.1110	13.6	7.2	5.5	14.0				6.8	6.8	6.4	3.2	2		2		
SAT	15	2.63		2.19	103.2	1/ 0.1140	13.6	7.2	5.5	14.0				6.8	6.8	6.4	3.2	2		2		
SUN	16	2.39		2.21	105.8	1/ 0.0937	13.1	7.7	6.2	14.6				6.8	6.8	4.1	3.2	2		2		
MON	17	2.36		2.15	1.0	1/ 0.1020	12.3	7.8	5.5	13.1				7.0	7.0	3.8	3.3	19	374	15	285	12
TUE	18	2.79		2.56	156.6	1/ 0.0809	12.3	7.8	5.5	13.1				6.8	6.8	4.1	3.2	19	374	15	285	
WED	19	2.69		2.36	136.2	1/ 0.1060	12.6	7.3	6.3	14.0				6.8	6.8	3.5	3.6	19	374	15	285	8
THU	20	2.85		2.41	141.2	1/ 0.1120	13.4	7.8	5.6	13.9				7.0	7.0	3.8	3.9	19	374	15	285	8
FRI	21	2.44		2.13	1.0	1/ 0.0789	13.4	7.8	5.8	14.7				6.7	6.7	3.8	3.5	2		2		
SAT	22	2.34		2.12	118.6	1/ 0.0889	13.4	7.6	5.8	14.7				6.7	6.7	3.8	3.5	2		2		
SUN	23	2.33		2.09	117.7	1/ 0.0708	14.4	7.8	4.9	15.0				7.2	7.2	3.4	3.4	2		2		
MON	24	2.42		2.15	55.7	1/ 0.0773	13.7	8.2	5.5	14.1				7.6	7.6	3.9	3.7	14	223	13	207	10
TUE	25	2.48		2.21	82.2	1/ 0.0880	13.7	8.2	5.5	14.1				7.3	7.3	4.5	3.8	14	223	13	207	
WED	26	3.01		2.96	111.1	1/ 0.0841	13.4	7.9	3.8	13.8				6.8	6.8	3.9	3.1	14	223	13	207	20
THU	27	2.96		2.72	98.2	1/ 0.1179	13.1	7.9	4.8	14.0				6.8	6.8	3.9	3.1	14	223	13	207	
FRI	28	2.60		2.35	1.0	1/ 0.0982	12.7	7.4	5.8	13.5				6.7	6.7	3.5	3.3	2		2		
SAT	29	2.73		2.73	370	1/ 0.0759	12.7	7.4	5.8	13.5				6.7	6.7	3.5	3.3	2		2		
TOTAL		84.75		79.46		2.8282																
MAXIMUM		3.01		2.73	260.4	1/ 0.1178	17.3	8.2	6.1	18.8				7.7	7.7	6.4	10.4	19	374	15	285	32
MINIMUM		2.06		1.84	1.0	1/ 0.0114	12.3	7.1	4.7	15.1				6.6	6.6	2.7	3.1	14	223	13	207	8
AVERAGE		2.42		2.18	100.1	1/ 0.0750	14.0	7.5	5.2	16.6				7.0	7.0	4.0	5.8	17	298	14	251	27
Number of Analyses		35		35	35	35	25	25	25	25				25	25	25	35	2	2	2	2	2

COMMENT * GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COUNTS
River sampling was done on 10/13/2011
Up River fecal count 6/100ml down river fecal count 6/100ml

October 2011	
Hhd. mg/l	92
Alk. mg/l	108
D.O. mg/l	25.0
Turbidity	3.1
Tox. Tk.	N/A

October 2011	
Copper	16
Lead	N/A
Silver	N/A
Zinc	N/A
NH3 mg/l	14

WEEK	BOD		TSS		COLIFORM	
	mg/l	lbs	mg/l	lbs	Geo. Mean	Coliform
1	207	14	223	38	44	
2	207	14	223	38	44	
3	285	19	374	24	10	
4						
5						
AVG	14	261	17	298	26	
MAX	15	285	19	374	60	

% REMOVAL	
B.O.D.	95
S.S.	80

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
ATTN: Tom Trego WW Utilities Superintendent

AK-002395-1
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	9	25	
YR	MO	DAY	TO
2011	10	10	29

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(43)	0	Continuous	RECORD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00070 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NTU	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	0	Once Per Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00310 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(12)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12	0	Weekdays	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00410 1 7 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	0	Quarterly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	0	Twice Per Month	COMP24
	PERMIT 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 person 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
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
PHONE NUMBER
2011
YEAR
11
MO
10
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 9/25/2011 through 10/29/2011.

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 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
ATTN: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE

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

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	TO	YR	MO	DAY
2011	9	25		2011	10	29

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	374		(26)	19		*****		0		
	PERMIT	1829			45		*****				
00530 W 0	WPKLY AVG	246.4			14		*****		0	Twice Per Month	COMP24
See Comments	REQUIREMENT										
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	246.4		(26)	14		*****		0		
	PERMIT	1164			28.5		*****				
00610 1 0	MO AVG	1963			101		*****		0	Once Per Month	COMP24
Effluent Gross	REQUIREMENT										
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****			19		*****		0		
	PERMIT	*****			19		*****				
00900 1 6	MO AVG	*****			19		*****			Once Per Month	GRAB
Effluent Gross	REQUIREMENT										
Silver, total recoverable	SAMPLE MEASUREMENT	N/A		(26)	N/A		*****		0		
	PERMIT	N/A			N/A		*****				
01079 1 0	MO AVG	*****			*****		*****			Three Per Year	COMP24
Effluent Gross	REQUIREMENT										
Zinc, total recoverable	SAMPLE MEASUREMENT	N/A		(26)	N/A		*****		0		
	PERMIT	N/A			N/A		*****				
01094 1 0	MO AVG	*****			*****		*****			Three Per Year	COMP24
Effluent Gross	REQUIREMENT										
Lead, total recoverable	SAMPLE MEASUREMENT	N/A		(26)	N/A		*****		0		
	PERMIT	N/A			N/A		*****				
01114 1 0	MO AVG	*****			*****		*****			Three Per Year	COMP24
Effluent Gross	REQUIREMENT										
Copper, total recoverable	SAMPLE MEASUREMENT	0.309		(26)	18.0		*****		0		
	PERMIT	3.54			86.7		*****			Once Per Month	COMP24
01119 1 0	MO AVG	7.63			187		*****				
Effluent Gross	REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
DATE

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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.

2011 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: MENDENHALL TREATMENT PLANT
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY/LOCATION: MENDENHALL VALLEY SERVICE AREA
 JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

AK-002295-1
 PERMIT NUMBER

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

Form Approved
OMB No. 2040-0004
 Approval Expires 05-31-98
001 A
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2011	9	25	2011
YEAR	MO	DAY	YEAR
2011	10	29	2011

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
30600 O 0	PERMIT REQUIREMENT	*****	*****		*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	161 MO GEO	Req. Mon. DAILY MX	13 #/100ml		0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	400 WKL GEO	800 DAILY MX	#/100ml		0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	400 WKL GEO	800 DAILY MX	#/100ml		0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	44	27	60	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	800 WKL GEO	400 MO GEO	1200 DAILY MX	#/100ml	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
45613 1 0	MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Flow, in conuit or thru treatment plan	SAMPLE MEASUREMENT	2.2	2.7	(03)	*****	*****	*****		0	Once Per Month	VISUAL
50050 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		0	Once Per Month	VISUAL
Effluent Gross	MEASUREMENT	Req. Mon. 4.9	DAILY MX 3	Mgal/d	*****	*****	*****		0	Continuous	RECORDR
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 Wastewater Utilities Superintendent	Signature of Principal Executive Officer or Authorized Agent: <i>Michael D. Miller</i> NAME/TITLE: Michael D. Miller AREA CODE: 907 TELEPHONE: 586-0393 PHONE NUMBER: _____ DATE: 11/10/2011 MO: 11 DAY: 10										

* The reporting period was from 9/25/2011 through 10/29/2011.

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 3 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 Tregno 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	9	25	2011
			YEAR
			MO
			DAY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	PERMIT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0			
50060 S 0	PERMIT	4.09	4.09	lb/d	*****	100	100	ug/l	0		QUARTERLY	COMP24
See Comments	PERMIT	MO AVG	DAILY MX			MO AVG	DAILY MX					
Dilution factor	SAMPLE	*****	*****			100.1	*****					
80093 1 0	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U	0		DAILY	MEASRD
Effluent Gross	PERMIT	*****	*****	****	95	*****	*****	(23)				
BOD,5-day, percent removal	SAMPLE	*****	*****	****	85	*****	*****	23 %			Once Per Month	CALCTD
81010 K 0	PERMIT	*****	*****	****	90	*****	*****	(23)	0		Once Per Month	CALCTD
Percent Removal	SAMPLE	*****	*****	****	85	*****	*****	23 %			Once Per Month	CALCTD
81011 K 0 0	PERMIT	*****	*****	****	MIN % RMV	*****	*****					
Percent Removal	PERMIT	*****	*****	****	*****	*****	*****		0		DAILY	MEASRD
Chlorine usage	SAMPLE	N/A	*****	(26)	*****	*****	*****					
81400 X 0	PERMIT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	(93)	0			
End of Chlorine Contact Chamber	PERMIT	*****	*****	****	*****	*****	*****					
Oil and grease visual	SAMPLE	*****	*****	****	*****	*****	*****					
84066 1 0	PERMIT	*****	*****	****	*****	*****	*****					
Effluent Gross	PERMIT	*****	*****	****	*****	*****	*****					
Toxicity, Chronic	SAMPLE	*****	*****	****	*****	*****	*****					
TT000 1 8	PERMIT	*****	*****	****	*****	*****	*****					
Effluent Gross	PERMIT	*****	*****	****	*****	*****	*****					
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 Tregno	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
Wastewater Utilities Superintendent	907 AREA CODE 585-0393 TELEPHONE 2011 YEAR 11 MO 10 DAY											

* The reporting period was from 9/25/2011 through 10/29/2011.