

WENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

June 2012

FLOWS										INFLUENT					EFFLUENT											
DAY	DATE	SBR INFLUENT	TEMP °C	precip	Wind	SBR River TTTL EFFL	Receiving Warer	SBR WASTE	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	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	1.96	51	0.08	363	1.76	130.57	/1	0.0763	12.0	7.8	6.7	193	3509			13.6	7.0	3.5	8.9	28	480			12	
MON	28	2.18	54	0.03	327	1.97	108.23	/1	0.1000	12.0	7.6	6.2	208	3678			13.7	7.0	3.9	16.1	28	441			4	
TUE	29	2.12	55	0.00	485	1.89	160.28	/1	0.1012	12.6	7.6	6.2	208	3678			13.7	7.0	4.7	17.2	29	455			17	
WED	30	2.03	52	0.06	460	1.88	159.06	/1	0.0655	12.4	7.5	6.3	185	3132	216	3387	13.7	6.9	3.9	21.0	30	445			267	
THU	31	1.96	49	0.15	622	1.78	226.74	/1	0.0779	12.5	7.4	4.9	246	4054			14.4	7.0	4.2	21.8	31	471				
FRI	1	2.01	49	0.34	307	1.82	109.97	/1	0.0894	12.2	7.9	6.5	228	3922												
SAT	2	2.01	48	0.03	647	1.91	219.83	/1	0.0884																	
SUN	3	1.95	50	0.01	635	1.73	238.12	/1	0.0883																	
MON	4	2.14	54	0.00	628	1.86	219.11	/1	0.1495	12.7	7.7	6.1	196	3488			14.0	7.0	3.8	10.8	22	341			60	
TUE	5	2.10	52	0.04	779	1.85	273.02	/1	0.1088	12.5	7.5	6.0	164	2872	258	3881	14.1	7.1	3.6	16.0	24	370	18	278	2	
WED	6	2.08	54	0.00	1030	1.86	358.73	/1	0.1012	13.0	7.5	6.4	220	3516			14.7	6.9	4.8	11.5	24	372				
THU	7	2.16	51	0.29	881	1.90	300.54	/1	0.0639	13.7	7.5	6.2	220	3963			14.9	7.0	5.8	17.6	23	364				
FRI	8	2.38	48	0.71	1330	2.18	385.12	/1	0.0896	14.9	7.0	3.4	182	3811			14.9	7.0	5.3	18.6	25	455				
SAT	9	2.38	50	0.01	1370	2.07	428.55	/1	0.1008																	
SUN	10	2.44	48	0.07	1150	1.84	404.75	/1	0.1034																	
MON	11	2.19	49	0.18	1010	1.86	333.98	/1	0.1847	12.6	7.7	3.5					14.6	6.9	4.2	19.5					8	
TUE	12	2.33	48	0.11	1280	2.02	403.95	/1	0.0830	12.6	7.6	2.9	100	1943			13.1	6.9	5.5	12.4	22	371			35	
WED	13	2.30	47	0.23	1100	2.12	336.19	/1	0.0751	13.6	7.3	6.8	236	4527			14.4	6.8	4.0	15.5	19	338				
THU	14	2.28	46	0.24	1080	2.01	341.88	/1	0.0859	11.8	7.2	3.0	228	4335			14.2	6.9	4.2	14.9	25	419				
FRI	15	2.21	48	0.18	1080	1.81	386.28	/1	0.1052	12.2	7.4	3.1	228	4202			13.2	7.3	5.2	15.2	25	398				
SAT	16	2.38	50	0.53	1280	2.06	402.40	/1	0.1170																	
SUN	17	2.47	53	0.22	1080	2.18	321.04	/1	0.1078				448	9229		19										
MON	18	2.39	54	0.00	1310	2.10	403.98	/1	0.1606	12.9	7.3	4.3	141	2810			14.2	6.9	5.3	10.7	11	193			5	
TUE	19	2.37	54	0.05	1240	2.10	382.45	/1	0.0868	12.6	7.3	2.6					13.8	7.2	4.8	11.2					14	
WED	20	2.30	56	0.08	1170	2.11	359.21	/1	0.0899	12.6	7.3	2.6	252	4634	369	6499	13.6	6.9	2.8	18.2	12	211	14	241		
THU	21	2.14	54	0.03	1240	1.88	427.09	/1	0.0852	11.8	7.4	3.3					15.2	7.0	4.4	13.0						
FRI	22	2.16	61	0.00	1320	1.97	433.85	/1	0.0870	12.5	7.3	6.3					14.9	7.0	4.1	9.8						
SAT	23	2.12	60	0.00	1320	1.85	461.93	/1	0.0779																	
SUN	24	2.00	65	0.00	2018	1.79	729.28	/1	0.0127																	
MON	25	2.19	52	0.15	3200	1.86	1112.40	/1	0.1267	12.1	7.4	6.3					15.0	6.9	3.7	9.3	6.1				28	
TUE	26	2.47	50	0.50	3010	2.15	905.40	/1	0.0879	12.4	7.3	2.6	240	4944	287	5743	15.7	6.9	4.5	12.5	15	289	11	203		
WED	27	2.54	54	0.06	2640	2.28	749.00	/1	0.0784	11.8	7.3	3.2	212	4481			14.2	7.0	3.3	11.1	28	532			12	
THU	28	2.39	51	0.22	1790	2.12	546.44	/1	0.0872	13.4	7.3	5.3	265	5103			14.4	6.8	3.3	12.0	26	480				
FRI	29	3.09	49	1.82	2570	2.79	599.06	/1	0.0593	13.2	7.3	6.1					14.3	6.9	3.2	23.7						
SAT	30	3.29	48	0.63	2490	2.94	548.12	/1	0.0801																	
TOTAL		79.42		7.01		70.50		3.2193																		
MAXIMUM		3.20	65	1.82	3200	2.94	1112.40	/1	0.1847	14.9	7.9	6.8	448	9229	369	6499	15.7	7.3	5.8	23.7	31	532	18	278	60.0	
MINIMUM		1.95	46	0.00	307	1.73	108.23	/1	0.0120	11.6	7.0	2.6	100	1943	216	3387	13.1	6.8	2.8	6.1	11	193	11	203	2.0	
AVERAGE		2.27	52	0.20	1282	2.01	386.95	/1	0.0920	12.7	7.4	4.8	220	4129	263	4752	14.3	7.0	4.2	14.2	23	385	15	247	18.0	
Number of Analyses		35	35	35	35	35	35	35	35	25	25	25	20	20	4	4	2	25	25	25	35	20	20	4	4	10

• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIE

RIVER WAS SAMPLED ON 6/6/12 Up River 5 Feet/100m Down River 3 Feet / 100m

6/6/2012	6/6/2012	6/6/2012	6/6/2012	6/6/2012	6/6/2012
Hrd mg/l	142				
Alk mg/l	163				
D.O mg/l	4.2				
Turb NTU	23.7				
Temp	5.0				

2012	2012	2012	2012	2012
Copper ug/L	0.347			
Lead NA	NA			
Silver NA	NA			
Zinc NA	NA			
Hrs mg/L	20.2			
	311.67			

WEEK	BOO	TSS	COUFORM	B.O.D	FECAL COLIFORM
1	17	287	29	454	6.9
2	18	278	24	381	11.0
3			23	381	16.7
4	14	241	14	244	8.4
5	11	203	23	420	18.3
AVG	15	247	22	376	16.0
MAX	18	278	29	454	18.3

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

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

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

MONITORING PERIOD

001 A
DISCHARGE NUMBER

YR	MO	DAY
12	5	27

TO	YEAR	MO	DAY
12	12	6	30

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	14.2	23.7	(43)	0	Continuous	RECORDR
00070 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	4.2	*****	(19)	0	Once Per Month	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	15	18	(19)	0	Twice Per Month	COMP24
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	18	*****	(19)	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	6.8	7.3	(12)	0	Weekdays	GRAB
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	163.0	163.0	(19)	0	Quarterly	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	23	31	(19)	0	Twice Per Month	COMP24
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	30	60	19	19	Twice Per Month	COMP24
00410 1 7 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	30	60	19	19	Twice Per Month	COMP24
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	30	60	19	19	Twice Per Month	COMP24
Alkalinity, total (ascCaCo3)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	30	60	19	19	Twice Per Month	COMP24
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	30	60	19	19	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.

Victoria D. Melore
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 05/27/2012/ through 06/30/2012.
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
ATTI: Tom Trego WW Utilities Superintendent

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-99

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

NOTE: Read instructions before completing this form.

PERMIT NUMBER: **AK-002295-1**

DISCHARGE NUMBER: **001 A**

MONITORING PERIOD			
YR	MO	DAY	TO
12	5	27	12
12	6	30	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	VALUE	QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE			VALUE	VALUE				
Solids, total suspended	SAMPLE MEASUREMENT	532	*****	(26)	*****	31	*****	(19)	0		
00530 W 0	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	19		Twice Per Month	COMP24
See Comments	PERMIT REQUIREMENT	Wkly Avg	*****	lb/d	*****	Wkly Avg	*****	mg/L			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	311.7	311.7	(26)	*****	20.2	20.2	(19)	0		
00610 1 0	PERMIT REQUIREMENT	1164	1963	lb/d	*****	28.5	48	19		Once Per Month	COMP24
Effluent Gross	SAMPLE MEASUREMENT	MO Avg	*****	lb/d	*****	MO Avg	142	142	0		
Hardness, total (as CaCO3)	PERMIT REQUIREMENT	*****	*****	****	*****	142	142	(19)			
00900 1 6	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO Avg	NA	19		Once Per Month	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	Req. Mon. MO Avg	NA	mg/L	0		
Silver, total recoverable	PERMIT REQUIREMENT	NA	NA	(26)	*****	NA	NA	(28)			
01079 1 0	PERMIT REQUIREMENT	Req. Mon. MO Avg	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO Avg	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	NA	NA	(26)	*****	NA	NA	ug/L	0		
Zinc, total recoverable	PERMIT REQUIREMENT	NA	NA	(26)	*****	NA	NA	(28)			
01094 1 0	PERMIT REQUIREMENT	Req. Mon. MO Avg	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO Avg	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	NA	NA	(26)	*****	NA	NA	ug/L	0		
Lead, total recoverable	PERMIT REQUIREMENT	NA	NA	(26)	*****	NA	NA	(28)			
01114 1 0	PERMIT REQUIREMENT	Req. Mon. MO Avg	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO Avg	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	0.347	0.347	(26)	*****	22.0	22.0	(28)	0		
Copper, total recoverable	PERMIT REQUIREMENT	0.347	0.347	(26)	*****	22.0	22.0	(28)			
01119 1 0	PERMIT REQUIREMENT	3.54	7.63	lb/d	*****	86.7	187	28		Once Per Month	COMP24
Effluent Gross	REQUIREMENT	MO Avg	DAILY MX	lb/d	*****	MO Avg	DAILY MX	ug/L			

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
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE
12
YEAR
7
MO
10
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 05/27/2012 through 06/30/2012.

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 2 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 Treago WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER


MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
12	5	27		12	6	30

001 A
DISCHARGE NUMBER

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

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

PARAMETER	X	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)		GRAB
30500 O 0		PERMIT REQUIREMENT	*****	*****		*****	*****	10	%		GRAB
See Comments		SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)		GRAB
Fecal coliform, MPN, EC med, 44.5 C		PERMIT REQUIREMENT	*****	*****	****	161 MO GEO	Req. Mon. DAILY MX	13	#/100mL		GRAB
31615 O 0		SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)		GRAB
See Comments		PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	DAILY MX	800	#/100mL		GRAB
Fecal coliform, MPN, EC med, 44.5 C		SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)		GRAB
31615 Q 0		PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	DAILY MX	800	#/100mL		GRAB
See Comments		SAMPLE MEASUREMENT	*****	*****	****	18 MO GEO	DAILY MX	60	(13)	0	GRAB
Fecal coliform, MPN, EC med, 44.5 C		PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	DAILY MX	1200	#/100mL		GRAB
31615 R 0		SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0	GRAB
See Comments		PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			GRAB
Floating solids or visible foam-visual		MEASUREMENT	*****	*****	****	*****	*****	0			VISUAL
45613 1 0		PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			VISUAL
Effluent Gross		SAMPLE MEASUREMENT	2.0	2.9	(03)	*****	*****	*****		0	VISUAL
Flow, in conduit or thru treatment plan		PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****			GRAB
50050 1 0		PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			GRAB
Effluent Gross		SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****			GRAB
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 Treago Wastewater Utilities Superintendent		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENT AND EXPLANATION OF ANY VIOLATIONS		* The reporting period was from 05/27/2012 through 06/30/2012.									
TYPED OR PRINTED		907 AREA CODE 586-0393 TELEPHONE 12 YEAR 7 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: MENDENHALL VALLEY SERVICE AREA

LOCATION: JUNEAU, ALASKA 99801

ATT: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT 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

001 A
DISCHARGE NUMBER

PARAMETER QUANTITY OR LOADING UNITS

MONITORING PERIOD			
YR	MO	DAY	TO
12	5	27	12
			YEAR MO DAY
			12 6 30

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100 MO AVG	100 DAILY MX	ug/l	0		
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	396.9	*****	ug/l	0		
Dilution factor	PERMIT REQUIREMENT	*****	*****	*****	*****	108.2	*****	ug/l	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	94.7	*****	ug/l	0		
BOD 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****	ug/l	0		
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	89.4	*****	ug/l	0		
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****	ug/l	0		
Solids, suspended percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****	ug/l	0		
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	85	*****	ug/l	0		
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****	ug/l	0		
Chlorine usage	PERMIT REQUIREMENT	N/A	*****	(26)	*****	*****	*****	ug/l	0		
81400 X 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
84066 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
TT000 1 8	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
Wastewater Utilities Superintendent

1 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the information submitted to assure that the qualified personnel properly gather and evaluate the information 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 05/27/2012 through 06/30/2012.

MAJOR (SUB 01)
F - FINAL
EFFLUENT

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

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