

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: Scott Jeffers WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2006	4	1	2006
			YEAR
			MO
			DAY
			TO
			YEAR
			MO
			DAY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				UNITS
TEMPERATURE, WATER DEG, CENTIGRADE	PERMIT MEASUREMENT	*****	*****	****	*****	12.1	13.5	(04)	0	5/7	GRAB
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. C	0	WEEK DAYS	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5241	6288	(26)	*****	332	377	(19)	0	1/7	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT MEASUREMENT	473.1	*****	(26)	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	WEEKLY	
00310 G 0 0	PERMIT REQUIREMENT	1839 WKL Y AVG	*****	****	*****	29.7	*****	(19)	0	1/7	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	394.5	473.1	(26)	*****	25.0	29.7	MG/L	0	1/7	COMP 24
BOD, 5-DAY (20 DEG. C)	PERMIT MEASUREMENT	*****	*****	****	*****	30 MO AVG	60 DAILY MAX	MG/L	0	WEEKLY	
00310 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	6.5	6.6	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	139.0	139.0	(19)	0	1/30	COMP 24
ALKALINITY, BICARBONATE as CaCO3	PERMIT MEASUREMENT	*****	*****	****	*****	211.0	252.0	(19)	0	1/7	COMP 24
00425 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L	0	WEEKLY	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3333	4203	(26)	*****	*****	*****	MG/L	0	1/7	COMP 24
SOLIDS, TOTAL SUSPENDED	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****	MG/L	0	1/7	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L	0	1/7	COMP 24
RAW SEW/INFLUENT	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****	MG/L	0	1/7	COMP 24
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.										
Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

DATE

MO

DAY

9

* Concerning violations please see attached. The reporting period was from 04/02/2006 through 04/29/2006. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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: MENDEHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDEHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

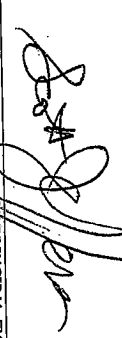
MONITORING PERIOD			
YR	MO	DAY	TO
2006	4	1	2006

Form Approved:
OMB No. 2040-0004
Approval Expires 05-31-98
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	333.6	*****	(26)	*****	20.0	*****	(19)	0	1/7	COMP 24
SUSPENDED	PERMIT REQUIREMENT	1839	*****	LBS/DAY	*****	45	*****	MG/L	0	WEEKLY	COMP 24
00630 G 0 0	WKL/AVG	287.7	*****	(26)	*****	18.3	*****	(19)	0	1/7	COMP 24
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	287.7	*****	(26)	*****	18.3	*****	(19)	0	1/7	COMP 24
SOLIDS, TOTAL	PERMIT REQUIREMENT	1226	*****	LBS/DAY	*****	30	*****	MG/L	0	WEEKLY	COMP 24
SUSPENDED	WKL/AVG	325.8	*****	(26)	*****	21.0	*****	(19)	0	1/30	COMP 24
00530 G 0 0	MO AVG	325.8	*****	(26)	*****	21.0	*****	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1079	*****	LBS/DAY	*****	26.4	*****	MG/L	1	1/30	COMP 24
NITROGEN AMMONIA	PERMIT REQUIREMENT	0.024	*****	(26)	*****	1.53	*****	(28)	1	1/30	COMP 24
TOTAL (as N)	MO AVG	0.024	*****	(26)	*****	1.53	*****	(28)	1	1/30	COMP 24
00610 1 0 0	MO AVG	0.024	*****	(26)	*****	1.53	*****	(28)	1	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.036	*****	LBS/DAY	*****	87	*****	UG/L	0	1/30	COMP 24
SILVER	PERMIT REQUIREMENT	0.67	*****	(26)	*****	43.3	*****	(28)	0	1/30	COMP 24
TOTAL RECOVERABLE	MO AVG	0.67	*****	(26)	*****	43.3	*****	(28)	0	1/30	COMP 24
01079 1 0 0	MO AVG	0.67	*****	(26)	*****	43.3	*****	(28)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.92	*****	LBS/DAY	*****	71.4	*****	UG/L	0	1/30	COMP 24
ZINC	PERMIT REQUIREMENT	0.009	*****	(26)	*****	0.6	*****	(28)	0	1/30	COMP 24
TOTAL RECOVERABLE	MO AVG	0.009	*****	(26)	*****	0.6	*****	(28)	0	1/30	COMP 24
01094 1 0 0	MO AVG	0.009	*****	(26)	*****	0.6	*****	(28)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.225	*****	LBS/DAY	*****	5.5	*****	UG/L	3	1/30	COMP 24
LEAD	PERMIT REQUIREMENT	0.591	*****	(26)	*****	38.10	*****	(28)	3	1/30	COMP 24
TOTAL RECOVERABLE	MO AVG	0.591	*****	(26)	*****	38.10	*****	(28)	3	1/30	COMP 24
01114 1 0 0	MO AVG	0.591	*****	(26)	*****	38.10	*****	(28)	3	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.342	*****	LBS/DAY	*****	8.36	*****	UG/L	3	1/30	COMP 24
COPPER	PERMIT REQUIREMENT	0.591	*****	(26)	*****	38.10	*****	(28)	3	1/30	COMP 24
TOTAL RECOVERABLE	MO AVG	0.591	*****	(26)	*****	38.10	*****	(28)	3	1/30	COMP 24
01119 1 0 0	MO AVG	0.591	*****	(26)	*****	38.10	*****	(28)	3	1/30	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.858	*****	LBS/DAY	*****	20.1	*****	UG/L	3	1/30	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	0.858	*****	(26)	*****	20.1	*****	UG/L	3	1/30	COMP 24
Scott Jeffers	MO AVG	0.858	*****	(26)	*****	20.1	*****	UG/L	3	1/30	COMP 24
Wastewater Utilities Superintendent	DAILY MAX	0.858	*****	(26)	*****	20.1	*****	UG/L	3	1/30	COMP 24
	LBS/DAY	0.858	*****	(26)	*****	20.1	*****	UG/L	3	1/30	COMP 24

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



907 AREA CODE
586-0393 TELEPHONE
2006 YEAR
5 MO
9 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* Concerning violations-please see attached. The reporting period was from 04/02/2006 through 04/29/2006.
Please see attached letter dated May 8, 2006.
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 4

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: Scott Jeffers WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
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	TO	YEAR	MO	DAY
YR	2006	MO	4	DAY	1	TO	2006	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
FECAL COLIFORM MF, M-F-C BROTH 44.5C	MEASUREMENT	*****	*****	****	*****	7.8	*****	(13)	0	3/7	GRAB
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	****	400 W/LY/GEO	*****	*****	#/100ML	0	3/7	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	6.8	60.0	*****	(13)	0	3/7	GRAB
FECAL COLIFORM MF, M-F-C BROTH 44.5C	PERMIT REQUIREMENT	*****	*****	****	200 MO/GEO	400 DAILY GEO	*****	#/100ML	0	3/7	GRAB
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	7/7	RECORDED
EFFLUENT GROSS VALUE THROUGH TREATMENT PLANT	PERMIT REQUIREMENT	1.92	2.11	(03)	*****	*****	*****	*****	0	7/7	RECORDED
50050 P 0 0	PERMIT REQUIREMENT	*****	*****	****	484.7	*****	*****	(23)	0	7/7	RECORDED
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	10 MINIMUM	*****	*****	PERCENT	0	7/7	RECORDED
EFFLUENT DILUTION RATIO	PERMIT REQUIREMENT	*****	*****	****	92.5	*****	*****	PERCENT	0	1/30	CALCULATED
78480 1 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT	0	1/30	CALCULATED
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	91.4	*****	*****	PERCENT	0	1/30	CALCULATED
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT	0	1/30	CALCULATED
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT	0	1/30	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT	0	1/30	CALCULATED
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT	0	1/30	CALCULATED
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT	0	1/30	CALCULATED
TURBIDITY, LAB NTU	PERMIT REQUIREMENT	*****	*****	****	12.1	14.1	*****	PERCENT	0	5/7	GRAB
82079 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PERCENT	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PERCENT	0	5/7	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PERCENT	0	5/7	GRAB

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

907 AREA CODE
586-0393 PHONE NUMBER
2006 YEAR
5 MO
9 DAY

Please see attached letter dated May 8, 2006.

* Concerning violations please see attached. The reporting period was from 04/02/2006 through 04/29/2006.
EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED).

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: MENDENHALL TREATMENT PLANT
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MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

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DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
NOTE: Read instructions before completing this form.

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

MONITORING PERIOD			
YR	MO	DAY	TO
2006	4	1	2006
YEAR	MO	DAY	YEAR
2006	4	30	2006

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	REPORT MO. AVG				
HARDNESS as CaCO3	PERMIT MEASUREMENT	*****	*****	****	*****	*****	*****	*****	(19)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	****	2.9	3.9	6.1	*****	(19)	0	ONCE/MONTH	
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT MO. AVG	REPORT DAILY MAX	*****				
EFFLUENT GROSS VALUE TOXICITY, CERIODAPHRINIA CHRONIC	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	n/a	0	ONCE/QUARTER	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	10.0			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	TUC	0	TWICE/YEAR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****				

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Signature of Principal Executive Officer or Authorized Agent

907 ARBA CODE
586-0393 TELEPHONE
PHONE NUMBER
DATE
2006 YEAR
5 MO
9 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
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MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

EPA REPORT

April 2006

MISC		EFFLUENT				INFLUENT												FLOWS				WEATHER				
DAY	DATE	TEMP °F	RAIN INCHES	SBR INFLUENT MGD	SBR FALL MGD	RIVER MGD	TTL EFFL MGD	SBR Receiving Water	Dilution	WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	B.O.D. LBS	B.O.D. mg/L	TEMP °C	pH	D.O. mg/L	TURBID NTU	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml	POWER METER

SUN	2	41	0.03	1.99	1.99	1490	1.99	484.7	/1	0.0661																	
MON	3	38	0.00	1.94	1500	1.94	500.5	/1	0.0744	11.9	6.9	8.0					11.9	6.5	4.1	11.7							
TUE	4	37	0.06	1.86	1510	1.86	525.4	/1	0.0764	10.1	6.6	8.6	160	2482	267	4142	11.8	6.5	4.8	11.4	18.0	279.2	19.9	308.7			
WED	5	42	0.00	1.86	1450	1.86	504.6	/1	0.0829	9.7	6.6	7.7					11.6	6.5	3.2	11.2							
THU	6	36	0.06	1.86	1500	1.86	522.0	/1	0.0836	9.1	6.5	8.2					11.7	6.5	3.8	11.9							
FRI	7	44	0.00	1.84	1670	1.84	587.3	/1	0.0924	11.2	6.6	7.3					12.6	6.5	3.3	12.3							
SAT	8	43	0.01	1.90	1640	1.90	558.6	/1	0.0658								12.6	6.5	3.3	12.3							
SUN	9	42	0.17	1.93	1640	1.93	549.9	/1	0.0687																		
MON	10	41	0.15	1.86	1660	1.86	577.5	/1	0.0718	11.7	6.7	7.6					12.2	6.5	3.8	14.1							
TUE	11	39	0.00	1.78	1690	1.78	614.3	/1	0.0815	11.4	6.6	7.7	216	3207	333	4943	11.9	6.5	3.5	12.2	18.0	267.2	25.1	372.6			
WED	12	35	0.17	1.78	1670	1.78	607.1	/1	0.0643	9.6	6.5	7.5					12.1	6.5	3.0	12.7							
THU	13	39	0.40	1.93	1810	1.93	606.8	/1	0.0768	10.7	6.6	7.2					12.1	6.5	2.9	13.7							
FRI	14	37	0.00	1.85	1700	1.85	594.6	/1	0.0937	12.4	6.6	7.5					13.5	6.5	3.0	13.8							
SAT	15	35	0.00	1.92	1690	1.92	569.6	/1	0.0735								13.5	6.5	3.0	13.8							
SUN	16	37	0.01	1.89	1640	1.89	561.6	/1	0.0644																		
MON	17	39	0.31	1.87	1620	1.87	560.6	/1	0.0680	11.5	7.3	6.4					11.8	6.5	4.7	12.6							
TUE	18	36	0.18	1.91	1690	1.91	538.8	/1	0.0843	9.7	6.7	7.9	216	3441	351	5591	11.8	6.5	4.7	12.6							
WED	19	36	0.00	1.83	1440	1.83	509.3	/1	0.0980	8.9	6.7	7.4					11.8	6.5	6.1	11.9			29.7	473.1	8.0		
THU	20	38	0.08	1.89	1570	1.89	537.6	/1	0.0898	9.4	6.7	7.8					11.8	6.5	6.1	11.9							
FRI	21	43	0.00	1.81	1510	1.81	539.9	/1	0.0825	12.4	6.7	6.4					12.0	6.5	4.7	11.0							
SAT	22	41	0.74	1.98	1660	1.98	542.6	/1	0.0685								12.6	6.5	4.5	10.7							
SUN	23	42	0.23	2.10	1720	2.10	530.1	/1	0.0704																		
MON	24	40	0.38	2.11	1930	2.11	591.9	/1	0.0785	11.3	6.7	6.3					13.1	6.5	4.4	12.9							
TUE	25	40	0.02	2.00	1990	2.00	643.8	/1	0.0880	10.8	6.7	7.1	252	4203	377	6288	11.9	6.5	4.2	11.1	20.0	333.6	25.4	423.7			
WED	26	39	0.02	2.05	1880	2.05	593.4	/1	0.1006	10.4	6.8	3.3					11.5	6.5	4.6	12.7							
THU	27	42	0.30	2.02	1930	2.02	618.2	/1	0.1062	10.7	6.7	5.8					11.5	6.5	4.6	12.7							
FRI	28	40	0.21	1.96	2160	1.96	712.9	/1	0.0788	12.1	6.7	6.0					11.9	6.5	3.3	8.8							
SAT	29	32	0.14	1.97	2080	1.97	663.1	/1	0.0784								12.7	6.5	3.0	11.8							
TOTAL																											
MAXIMUM	44	0.74	2.11	2160	2.11	712.9	/1	0.1062	12.4	7.3	8.6	252	4203	377	6288	13.5	6.6	6.1	14.1	20.0	333.6	29.7	473.1				
MINIMUM	32	0.00	1.78	1440	1.78	484.7	/1	0.0643	8.9	6.5	3.3	160	2482	267	4142	11.5	6.5	2.9	8.8	17.0	18.3	267.2	19.9	308.7			
AVERAGE	39.1	0.13	1.92	1690.7	1.92	570.2	/1	0.0796	10.8	6.7	7.1	211.0	3333.2	332.0	5241.2	12.1	6.5	3.9	12.1	18.3	287.7	25.0	394.5				

COMMENTS:

* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
* INFLUENT FLOW WAS USED TO CALCULATE EFFLUENT LOADING, EFFLUENT FLOW METER IS 0.0.S.

Apr 2006	Hrd. mg/l	72.4
	Alk. mg/l	139.0
	D.O. mg/l	3.9
	Turb. NTU	14.1
	Tox. TUC	n/a

Apr 2006	Copper	38.10	0.591
	Lead	0.55	0.009
	Silver	1.53	0.024
	Zinc	43.30	0.672
	NH3 mg/L	21.00	325.76

WEEK	WEEKLY AVERAGE	BOD	S.S.	FECAL COLIFORM	Geo Mean
1	19.9	308.7	18.0	279.2	6.6
2	25.1	372.6	18.0	267.2	7.8
3	29.7	473.1	17.0	270.8	6.3
4	25.4	423.7	20.0	333.6	6.7
AVG	25.0	394.5	18.3	287.7	6.9
MAX	29.7	473.1	20.0	333.6	7.8

% REMOVAL	B.O.D.	92.5
	S.S.	91.4
POWER USAGE IN	TOTAL	351680
KILOWATT-HOURS		