

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
Form Approved.  
OMB No. 2040-0004  
Approval Expires 05-31-98

NOTE: Read instructions before completing this form.

**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:** Scott Jeffers WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

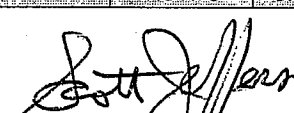
**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	7	1		2006	7	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG, CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	16.0	17.0	(04)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. C		5/WEEK DAYS	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	MEASUREMENT	4990	6327	(26)	*****	288	348	(19)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		2/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	MEASUREMENT	245	*****	(26)	*****	14.8	*****	(19)	0		
	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		2/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	241.8	245.4	(26)	*****	14.2	14.8	(19)	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		2/MONTH	COMP 24
pH 00400 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	6.4	*****	6.8	(12)	0		
	PERMIT REQUIREMENT	*****	*****	****	6.3 MIN.	*****	9.0 MAXIMUM	SU		5/WEEK DAYS	GRAB
ALKALINITY, BICARBONATE as CaCO3 00425 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	NO TEST	NO TEST	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	MEASUREMENT	3106	3636	(26)	*****	180	200	(19)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		2/MONTH	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
Wastewater Utilities Superintendent

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

TELEPHONE  
907 AREA CODE 586-0393  
PHONE NUMBER  
DATE  
2006 YEAR 8 MO 4 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**\* Concerning violations-please see attached.** The reporting period was from **07/02/2006** through **07/29/2006**.

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
Form Approved.  
OMB No. 2040-0004  
Approval Expires 05-31-98

NOTE: Read instructions before completing this form.

**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:** Scott Jeffers WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

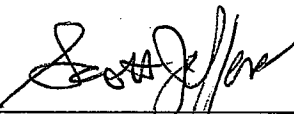
**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	7	1		2006	7	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1829 WKLY AVG	*****	(26) LBS/DAY	*****	11.0 WKLY AVG	*****	(19) MG/L	0	2/MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	(26) LBS/DAY	*****	10.5 MO AVG	11.0 DAILY MAX	(19) MG/L	0	2/MONTH	COMP 24
NITROGEN AMMONIA TOTAL (as N) 00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	338.0 MO AVG	338.0 DAILY MAX	(26) LBS/DAY	*****	21.0 MO AVG	21.0 DAILY MAX	(19) MG/L	0	1/MONTH	COMP 24
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO REPORT	NO REPORT	(26) LBS/DAY	*****	NO TEST	NO TEST	(28) ug/L	0		
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO REPORT	NO REPORT	(26) LBS/DAY	*****	NO TEST	NO TEST	(28) ug/L	0		
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO REPORT	NO REPORT	(26) LBS/DAY	*****	NO TEST	NO TEST	(28) ug/L	0		
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.82 MO AVG	3.92 DAILY MAX	(26) LBS/DAY	*****	41.0 MO AVG	61.5 DAILY MAX	(28) ug/L	0	2/MONTH	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
Wastewater Utilities Superintendent

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

TELEPHONE  
**907** AREA CODE  
**586-0393** PHONE NUMBER  
DATE  
2006 YEAR, 8 MO, 4 DAY

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
\* Concerning violations-please see attached. The reporting period was from 07/02/2006 through 07/29/2006.

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
Form Approved.  
OMB No. 2040-0004  
Approval Expires 05-31-98

NOTE: Read instructions before completing this form.

**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:** Scott Jeffers WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	7	1		2006	7	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FECAL COLIFORM MF, M-FC BROTH 44.5C 31616 W 0 0 SEE COMMENTS BELOW	MEASUREMENT	*****	*****	****	*****	14.0	*****	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/100ML		ONCE/WEEK	GRAB
FECAL COLIFORM MF, M-FC BROTH 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	4.1	14.0	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	400 MO GEO	1200 DAILY GEO	#/100ML		ONCE/WEEK	GRAB
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT 50050 P 0 0 SEE COMMENTS BELOW	MEASUREMENT	2.18	2.50	(03)	*****	*****	*****	****	0	7/7	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		CONTINUOUSLY	RECORDED
EFFLUENT DILUTION RATIO 78480 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	1523	*****	*****	(23)	0	7/7	
	PERMIT REQUIREMENT	*****	*****	****	10 MINIMUM	*****	*****	PERCENT		DAILY	CALCULATED
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	MEASUREMENT	*****	*****	****	95.1	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN % REMOVAL	*****	*****	PERCENT		ONCE/MONTH	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	MEASUREMENT	*****	*****	****	94.2	*****	*****	(23)	0	1/30	
	PERMIT REQUIREMENT	*****	*****	****	85 MIN % REMOVAL	*****	*****	PERCENT		ONCE/MONTH	CALCULATED
TURBIDITY, LAB NTU 82079 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	8.5	10.8	(43)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	NTU		5/WEEK	RECORDED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
Wastewater Utilities Superintendent

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*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
907 586-0393  
AREA CODE  
PHONE NUMBER  
DATE  
2006 8 14  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
\* Concerning violations-please see attached. The reporting period was from 07/02/2006 through 07/29/2006.

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

MAJOR (SUB 01) Form Approved.  
F - FINAL OMB No. 2040-0004  
EFFLUENT Approval Expires 05-31-98  
\*\*\* NO DISCHARGE \*\*\*

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:** Scott Jeffers WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD					
FROM	YR	MO	DAY	TO	
	2006	7	1		
	2006	7	31		

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS as CaCO3 82394 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	68.0	77.0	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/MONTH	COMP
DISSOLVED OXYGEN 00300 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	2.3	3.4	4.6	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE MONTH	GRAB
TOXICITY, CERIODAPHNIA CHRONIC 61406 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	*****	5.0	(73)	0	1/182	
	PERMIT REQUIREMENT	*****	1035 WKLY AVG	****	*****	*****	10.0 MAXIMUM	TUC		TWICE/YEAR	COMP
	MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
	MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
	MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
	MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
Wastewater Utilities Superintendent

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.

TELEPHONE  
**907 586-0393**

AREA CODE  
**907**

PHONE NUMBER  
**586-0393**

DATE  
**2006 8 29**

YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*[Signature]*

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
(Reference all attachments here)  
\* Concerning violations-please see attached. The reporting period was from 07/02/2006 through 07/29/2006.

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

July 2006

EPA REPORT

DAY	DATE	WEATHER		FLOWS					INFLUENT										EFFLUENT						MISC			
		TEMP °F	RAIN FALL INCHES	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	Cu ug/L	Cu LBS	HARD 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	2	56	0.00	2.12	5440	2.12	1658.7 /1	0.0604										15.0	6.6		6.0							80
MON	3	60	0.00	2.12	5530	2.12	1686.1 /1	0.0712	14.8	7.1								15.2	6.8		5.9	10.0	161.0	14.8	238.2	2.0	83	
TUE	4	60	0.00	1.93	6110	1.93	2046.1 /1	0.0469	14.7	7.3		160	2575	227	3654	20.4	0.328	59.0	15.0	6.6		7.3					86	
WED	5	59	0.00	2.12	6650	2.12	2027.4 /1	0.0521	13.1	7.1								15.1	6.6	3.2	7.3						87	
THU	6	59	0.03	2.09	6490	2.09	2007.0 /1	0.0561	14.5	6.9	6.4							16.5	6.5		8.0						83	
FRI	7	53	0.13	2.08	6040	2.08	1876.9 /1	0.0781	14.8	7.0																	84	
SAT	8	52	0.32	2.15	6370	2.15	1915.0 /1	0.0829																			83	
SUN	9	52	0.85	2.28	6290	2.28	1783.2 /1	0.0693										15.7	6.6	4.0	7.6						82	
MON	10	57	0.00	2.16	7730	2.16	2312.8 /1	0.0747	15.0	7.3								15.1	6.6	2.3	7.9	11.0	200.0	13.5	245.4		92	
TUE	11	58	0.00	2.18	6010	2.18	1781.9 /1	0.0786	13.9	6.9	6.5	200	3636	348	6327	61.5	1.118	77.0	15.9	6.5	2.7	8.7				14.0	84	
WED	12	61	0.01	2.15	6320	2.15	1899.9 /1	0.0761	14.7	6.7	6.1							16.0	6.5	2.6	9.2						82	
THU	13	53	0.34	2.14	6320	2.14	1908.8 /1	0.0990	14.9	6.8	6.1							16.3	6.4		9.8						81	
FRI	14	54	0.01	2.23	6350	2.23	1840.5 /1	0.0668	15.2	6.6																	80	
SAT	15	54	0.06	2.15	6290	2.15	1890.9 /1	0.0706																			81	
SUN	16	56	0.00	2.15	6110	2.15	1836.8 /1	0.0553										16.0	6.7	4.5	8.6						85	
MON	17	57	0.00	2.10	5860	2.10	1803.6 /1	0.0679	15.6	7.2								16.1	6.4		9.3						82	
TUE	18	56	0.01	2.10	5740	2.10	1766.7 /1	0.0559	15.2	6.6								16.1	6.4	3.1	10.4					4.0	88	
WED	19	59	0.00	2.07	5620	2.07	1754.9 /1	0.0722	13.9	6.3	5.6							16.4	6.5	2.9	10.8						85	
THU	20	59	0.12	2.50	5890	2.50	1523.0 /1	0.0746	15.3	6.5	6.5							16.8	6.5		9.8						81	
FRI	21	55	0.97	2.25	6060	2.25	1740.9 /1	0.0752	16.1	6.7																	82	
SAT	22	58	0.00	2.18	10000	2.18	2964.3 /1	0.0578																			83	
SUN	23	56	0.04	2.15	9210	2.15	2768.3 /1	0.0524										16.6	6.5	4.6	8.9						84	
MON	24	57	0.08	2.13	8040	2.13	2439.4 /1	0.0527	15.3	6.9								16.1	6.5	3.4	8.1						91	
TUE	25	56	0.19	2.23	8430	2.23	2443.1 /1	0.0623	14.5	6.8	5.8							16.0	6.5	3.7	7.9					2.5	82	
WED	26	55	0.68	2.35	9590	2.35	2637.2 /1	0.0589	14.2	6.4	5.7							16.1	6.6	3.7	8.3						91	
THU	27	53	0.18	2.31	9530	2.31	2666.1 /1	0.0559	15.1	6.7	5.2							17.0	6.4		10.5						85	
FRI	28	59	0.00	2.34	7300	2.34	2016.3 /1	0.0741	15.2	6.5																	2347	
SAT	29	62	0.00	2.23	7790	2.23	2257.7 /1	0.0685																				
TOTAL			4.02	60.99		60.99	/1	1.8665										17.0	6.8	4.6	10.8	11.0	200.0	14.8	245.4	14.0	92	
MAXIMUM		62	0.97	2.50	10000	2.50	2964.3 /1	0.0990	16.1	7.3	6.5	200	3636	348	6327	61.5	1.118	77.0	15.0	6.4	2.3	5.9	10.0	161.0	13.5	238.2	2.0	77
MINIMUM		52	0.00	1.93	5440	1.93	1523.0 /1	0.0469	13.1	6.3	5.2	160	2575	227	3654	20.4	0.328	59.0	15.0	6.4	2.3	5.9	10.0	161.0	13.5	238.2	2.0	83.8
AVERAGE		56.6	0.14	2.18	6896.8	2.18	2044.8 /1	0.0667	14.8	6.8	6.0	180	3105.8	288	4990.4	41.0	0.723	68.0	16.0	6.5	3.4	8.5	10.5	180.5	14.2	241.8	4.1	

COMMENTS:

- \* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
- \* INFLUENT FLOW WAS USED TO CALCULATE EFFLUENT LOADING; EFFL. METER O.O.S.

July 2006	
Hrd. mg/l	77.0
Alk. mg/l	NO TEST
D.O. mg/l	2.3
Turb. NTU	10.8
Tox. TUc	5.0

July 2006		
	ug/L	LBS
Copper	61.50	1.118
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	21.00	338.02

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geo. Mean
	BODL		SS		
	mg/L	lbs	mg/L	lbs	
1	14.8	238.2	10.0	161.0	2.0
2	13.5	245.4	11.0	200.0	14.0
3					4.0
4					2.5
AVG	14.2	241.8	10.50	180.5	4.1
MAX	14.8	245.4	11.0	200.0	14.0

% REMOVAL	
B.O.D.	95.1
S.S.	94.2

POWER USAGE IN KILOWATT-HOURS	
TOTAL	375520