

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
2009 RADCLIFFE ROAD
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL WWTF
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

MAJOR
(SUB 01)
F - FINAL

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

EFFLUENT

*** NO DISCHARGE

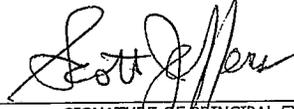
NOTE: Read instructions before completing this form.

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2007	11	1		2007	11	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS						
Turbidity														
00070 1 0 Effluent Gross		*****	*****	****	*****	9.9	15.0	(43)	0					
	PERMIT REQUIREMENT	*****	*****	****	*****	Req: Mon. MO AVG	Req: Mon. DAILY MX	NTU		Continuous	RCORDR			
Oxygen, dissolved (DO)														
00300 1 0 Effluent Gross		*****	*****	****	4.3	4.3	*****	(19)	0					
	PERMIT REQUIREMENT	*****	*****	****	Req: Mon. DAILY MIN	Req: Mon. MO AVG	*****	19		Once Per Month	GRAB			
BOD, 5-Day, 20 deg. C														
00310 1 0 Effluent Gross		273	347	(26)	*****	18	23	(19)	0					
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19		Twice Per Month	COMP24			
BOD, 5-Day, 20 deg. C														
00310 W 0 See Comments		347	*****	(26)	*****	23	*****	(19)	0					
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19		Twice Per Month	COMP24			
pH														
00400 1 0 Effluent Gross		*****	*****	****	6.7	*****	7.1	(12)	0					
	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	12		Weekdays	GRAB			
Alkalinity, total (asCaCo3)														
00410 1 7 Effluent Gross		*****	*****	****	*****	no test	no test	(19)	0					
	PERMIT REQUIREMENT	*****	*****	****	*****	Req: Mon. MO AVG	Req: Mon. DAILY MX	19		Quarterly	COMP24			
Solids, total suspended														
00530 1 0 Effluent Gross		202	230	(26)	*****	13	15	(19)	0					
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19		Twice Per Month	COMP24			
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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE					
Scott Jeffers Wastewater Utilities Superintendent									907 AREA CODE		586-0393 PHONE NUMBER			
TYPED OR PRINTED									2007 YEAR		12 MO		10 DAY	
COMMENT AND EXPLANATION OF ANY VIOLATIONS									* Concerning violations-please see attached. The reporting period was from 11/04/2007 through 12/01/2007.					

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ADDRESS:	MENDENHALL TREATMENT PLANT 2009 RADCLIFFE ROAD JUNEAU, ALASKA 99801
FACILITY:	MENDENHALL WWTF
LOCATION:	JUNEAU, ALASKA 99801
ATT:	Scott Jeffers WW Utilities Superintendent

MAJOR
(SUB 01)
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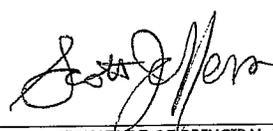
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MONITORING PERIOD							
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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended		230	*****	(26)	*****	15	*****	(19)	0		
00530 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)		264	264	(26)	*****	14.0	14	(19)	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MX	lb/d	*****	28.5 MO AVG	48 DAILY MX	19 mg/L		Once Per Month	COMP24
Hardness, total (as CaCO3)		*****	*****	****	*****	145	145	(19)	0		
00900 1 6 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Once Per Month	GRAB
Silver, total recoverable		no test	no test	(26)	*****	no test	no test	(28)	0		
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Zinc, total recoverable		no test	no test	(26)	*****	no test	no test	(28)	0		
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Lead, total recoverable		no test	no test	(26)	*****	no test	no test	(28)	0		
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Copper, total recoverable		0.25	0.25	(26)	*****	13.5	13.5	(28)	0		
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	3.54 MO AVG	7.63 DAILY MX	lb/d	*****	86.7 MO AVG	187 DAILY MX	28 ug/L		Once Per Month	COMP24
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Scott Jeffers Wastewater Utilities Superintendent									907	586-0393	
TYPED OR PRINTED									AREA CODE	PHONE NUMBER	
									DATE		
	2007	12	10	YEAR	MO	DAY					

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* Concerning violations-please see attached. The reporting period was from 11/04/2007 through 12/01/2007.

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PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE						
		VALUE	VALUE	UNITS	UNITS									
Coliform, fecal - % sample exceeds limit 30500 O 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	0	(23)								
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	%	Twice Every Week GRAB					
Fecal coliform, MPN, EC med, 44.5 C 31615 O 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(13)	0					
	PERMIT REQUIREMENT	*****	*****	****	*****	161 MO GEO	Req. Mon. DAILY MX	#/100mL	13	Twice Every Week GRAB				
Fecal coliform, MPN, EC med, 44.5 C 31615 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0					
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL	13	Twice Every Week GRAB				
Fecal coliform, MPN, EC med, 44.5 C 31615 Q 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0					
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL	13	Twice Every Week GRAB				
Fecal coliform, MPN, EC med, 44.5 C 31615 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	5	3	6	(13)	0					
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL	13	Twice Every Week GRAB				
Floating solids or visible foam-visual 45613 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0					
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	Y=1; N=0	0	Once Per Month VISUAL				
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.9	2.5	(03)	*****	*****	*****	****	0					
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****	0	Continuous RCORDR				
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			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 						DATE 2007 12 10		YEAR 2007		MO 12		DAY 10	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0 See Comments	PERMIT REQUIREMENT	4.09 MO AVG	4.09 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/l		QUARTERLY	COMP24
Dilution factor	SAMPLE MEASUREMENT	*****	*****	****	291	412	*****	ug/L	0		
80093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U		DAILY	MEASRD
BOD,5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	94	*****	*****	(23)	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN:%RMV	*****	*****	23 %		Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	****	91	*****	*****	(23)	0		
81011 K 0 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN:%RMV	*****	*****	23 %		Once Per Month	CALCTD
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		0		
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****			DAILY	MEASRD
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	(93)	0		
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	occur/mo		Once Per Month	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	(2G)	0		
TT000 1 8 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	tox chronic		Semiannual	COMP24
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Scott Jeffers Wastewater Utilities Superintendent								907	586-0393		AREA CODE
TYPED OR PRINTED								2007	12	10	
								YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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November 2007

Brotherhood Bridge Gauge vs Montana Cr. & Upper Mend. R. combined

Day	Date	Tide Time	River Gauge	CFS	Time Taken	Initials	Mont. Cr. CFS	Mend. R. CFS	Total	Total X 1.7 for side streams
Sun.	4	15:45	9.55	1800	15:40	MD	101	359	460	782
Mon.	5	16:00	9.32	1560	16:10	CF	84	270	354	602
Tues.	6	16:00	9.35	1590	15:35	CF	73	217	290	493
Wed.	7	6:00	9.26	1500	6:10	CF	65	182	247	420
Thur.	8	6:00	9.18	1420	6:35	CF	60	163	223	379
Fri.	9	6:15	8.61	894	6:45	GT	55	148	203	345
Sat.	10	6:45	8.94	1190	8:35	OBY	55	143	198	337
Sun.	11	7:15	8.91	1160	7:35	OBY	62	141	203	345
Mon.	12	7:45	8.87	1120	7:50	OBY	51	133	184	313
Tues.	13	8:30	9.00	1240	8:20	CF	48	126	174	296
Wed.	14	9:00	9.03	1270	7:35	CF	59	122	181	308
Thur.	15	9:45	9.08	1320	9:50	GT	50	115	165	281
Fri.	16	10:45	9.28	1520	13:00	GT	62	118	180	306
Sat.	17	12:00	9.04	1280	14:15	MD	53	121	174	296
Sun.	18	13:30	8.91	1160	13:30	MD	44	116	160	272
Mon.	19	14:30	8.94	1190	14:30	CF	42	111	153	260
Tues.	20	15:30	8.89	1140	15:40	CF	41	106	147	250
Wed.	21	16:00	8.87	1120	15:45	CF	41	100	141	240
Thur.	22	16:00	8.72	988	6:30	GT/MS	41	95	136	231
Fri.	23	6:00	8.68	954	6:30	GT/CJS	49	93	142	241
Sat.	24	6:00	8.96	1200	8:05	MD	88	100	188	320
Sun.	25	6:45	8.94	1190	8:40	MD	69	101	170	289
Mon.	26	7:30	8.96	1200	7:50	CF	68	104	172	292
Tues.	27	8:30	8.92	1170	8:15	MD	62	104	166	282
Wed.	28	9:15	8.94	1190	9:00	CF	55	100	155	264
Thur.	29	10:15	8.90	1150	10:45	CF	49	94	143	243
Fri.	30	11:15	8.87	1030	11:00	GT	44	87	131	223
Sat.	1	12:15	8.66	937	12:40	OBY	ICE	ICE		

Take readings at time indicated on sheet & record actual time taken

EPA REPORT

Juneau, Alaska

November 2007

EPA REPORT		INFLUENT										EFFLUENT										MISC				
WEATHER				FLOWS				INFLUENT						EFFLUENT						MISC						
DAY	DATE	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	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	POWER METER READING	
SUN	4	35	0.00	2.57	1800	2.45	475.6 /1	0.0427								12.0	6.7		7.9						53	
MON	5	31	0.35	2.36	1560	2.28	443.0 /1	0.0470	11.0	7.2						12.0	6.8		8.2					4.0	57	
TUE	6	33	0.00	2.26	1590	2.26	455.5 /1	0.0571	12.0	7.2						12.0	6.8	4.3	10.9					2.0	57	
WED	7	34	0.01	2.29	1500	2.29	424.1 /1	0.0767	12.0	7.1	5.8					12.0	6.9		10.5						63	
THU	8	29	0.00	2.27	1420	2.01	457.4 /1	0.0883	12.0	7.1						12.0	6.8		10.0						56	
FRI	9	31	0.07	2.16	894	1.99	291.2 /1	0.0862	12.0	6.9															56	
SAT	10	35	0.16	2.25	1190	2.01	383.5 /1	0.0783																	54	
SUN	11	32	0.01	2.24	1160	2.01	373.8 /1	0.0647																	55	
MON	12	31	0.07	2.29	1120	2.03	357.4 /1	0.0610	11.0	7.4						12.0	6.9		7.3					4.0	53	
TUE	13	37	0.07	2.13	1240	1.89	424.8 /1	0.0561	11.0	7.7	140	2207	226	3562		12.0	7.1		6.4	11	173	13	200	6.0	59	
WED	14	36	0.15	2.20	1270	1.93	426.1 /1	0.0683	12.0	7.2						13.0	6.9		8.4						58	
THU	15	35	0.01	2.16	1320	1.93	442.8 /1	0.0887	12.0	7.2						12.0	7.0		9.6						53	
FRI	16	42	0.48	2.12	1520	1.98	496.9 /1	0.0752	12.0	7.3						12.0	6.8		9.0						56	
SAT	17	36	0.00	2.18	1280	2.10	394.8 /1	0.0586																	56	
SUN	18	32	0.02	2.16	1160	2.18	344.7 /1	0.0680																	54	
MON	19	37	0.03	2.01	1190	2.01	383.5 /1	0.0688	12.0	7.1						12.0	6.9		8.4					2.0	54	
TUE	20	38	0.00	1.92	1140	1.84	401.2 /1	0.0735	12.0	7.0	164	2517	364	5586		13.0	6.8			15	230	23	347	2.0	54	
WED	21	40	0.00	1.88	1120	1.88	385.9 /1	0.0794	12.0	7.4						12.0	6.8								55	
THU	22	37	0.00	1.93	988	1.78	359.6 /1	0.0589	11.0	7.3						12.0	6.9		10.7						53	
FRI	23	40	0.35	1.86	954	1.62	381.4 /1	0.0569	12.0	7.5						12.0	6.9		11.0						52	
SAT	24	38	0.06	1.91	1200	1.69	459.7 /1	0.0453																	49	
SUN	25	39	0.06	1.94	1190	1.71	450.6 /1	0.0355								13.0	6.9		14.2						53	
MON	26	39	0.20	1.96	1200	1.68	462.4 /1	0.0466	12.0	7.5						13.0	7.0		8.4					2.0	52	
TUE	27	36	0.00	1.84	1170	1.70	445.6 /1	0.0517	12.0	7.4						13.0	7.0		11.7					1.0	55	
WED	28	32	0.03	1.89	1190	1.73	445.4 /1	0.0652	12.0	7.3						13.0	6.8		10.7						52	
THU	29	27	0.00	1.95	1150	1.71	435.4 /1	0.0658	11.0	7.1						13.0	6.8		10.7						52	
FRI	30	26	0.00	1.92	1030	1.73	385.6 /1	0.0715	12.0	7.2						12.0	6.8		15.0						56	
SAT	1	24	0.00	1.98	937	1.78	341.1 /1	0.0618																	1530	
TOTAL			2.13	58.63	34483	54.20	11529.0 /1	1.7978																	6.0	63
MAXIMUM		42	0.48	2.57	1800	2.45	496.9 /1	0.0887	12.0	7.7	5.8	164	2517	364	5586	13.0	7.1	4.3	15.0	15	230	23	347	6.0	63	
MINIMUM		24	0.00	1.84	894	1.62	291.2 /1	0.0355	11.0	6.9	5.8	140	2207	226	3562	12.0	6.7	4.3	6.4	11	173	13	200	1.0	49	
AVERAGE		34	0.08	2.09	1232	1.94	411.7 /1	0.0642	11.8	7.3	5.8	152	2362	295	4574	12.3	6.9	4.3	9.9	13	202	18	273	2.5	54.6	

COMMENTS:
 * GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

November 2007	
Hrd. mg/l	145
Alk. mg/l	no test
D.O. mg/l	4.3
Turb. NTU	15.0
Tox. TUc	

November 2007		
	ug/L	LBS
Copper	13.5	0.25
Lead	no test	no test
Silver	no test	no test
Zinc	no test	no test
NH3 mg/L	14.0	264

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geo. Mean
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	
1					2.8
2	13	200	11	173	4.9
3	23	347	15	230	2.0
4					1.4
AVG	18	273	13	202	2.8
MAX	23	347	15	230	4.9

% REMOVAL	
B.O.D.	94
S.S.	91

POWER USAGE IN KILOWATT-HOURS	
TOTAL	244800