

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

MAJOR
(SUB 01)
F - FINAL

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

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

EFFLUENT
*** NO DISCHARGE ***
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
2008	1	1		2008	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity		*****	*****	****	*****	13.3	19.3	(43)	0		
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)		*****	*****	****	4.7	4.7	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19 mg/L		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C		268.4	293.1	(26)	*****	19.5	21.3	(19)	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C		293.1	*****	(26)	*****	21.3	*****	(19)	0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
pH		*****	*****	****	6.6	*****	6.9	(12)	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MIN	*****	9.0 MAX	12 SU		Weekdays	GRAB
Alkalinity, total (asCaCo3)		*****	*****	****	*****	N/A	N/A	(19)	0		
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Quarterly	COMP24
Solids, total suspended		394	526	(26)	*****	28.5	38.0	(19)	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24

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
AREA CODE
586-0393

PHONE NUMBER
DATE

2008 YEAR
02 MO
06 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from **12/30/07** through **02/02/08**.

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

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

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
ATT: Scott Jeffers WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2008	1	1		2008	1	31

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 00530 W 0 See Comments	MEASUREMENT	526.1	*****	(26)	*****	38.0	*****	(19)	0		
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	MEASUREMENT	261.5	261.5	(26)	*****	19.0	19.0	(19)	0		
	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) 00900 1 6 Effluent Gross	MEASUREMENT	*****	*****	****	*****	123	123	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Once Per Month	GRAB
Silver, total recoverable 01079 1 0 Effluent Gross	MEASUREMENT	0.014	0.014	(26)	*****	1.000	1.000	(28)	0		
	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 01094 1 0 Effluent Gross	MEASUREMENT	0.412	0.412	(26)	*****	29.9	29.9	(28)	0		
	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 01114 1 0 Effluent Gross	MEASUREMENT	0.014	0.014	(26)	*****	1.000	1.000	(28)	0		
	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 01119 1 0 Effluent Gross	MEASUREMENT	0.319	0.319	(26)	*****	23.2	23.2	(28)	0		
	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

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
2008 02 06

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 12/30/07 through 02/02/08.

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

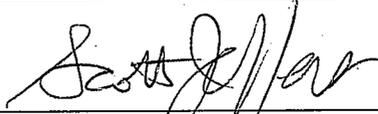
NOTE: Read instructions before completing this form.

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
2008	1	1		2008	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit 30500 O 0 See Comments		*****	*****		*****	*****	0	(23)	0		
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 DAILY MX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 O 0 See Comments		*****	*****	****	*****	2.8	7.1	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	161 MO GEO	Req. Mon. DAILY MX	13 #/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 P 0 See Comments		*****	*****	****	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 Q 0 See Comments		*****	*****	****	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 R 0 See Comments		*****	*****	****	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual 45613 1 0 Effluent Gross		*****	*****		*****	*****	0		0		
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	Y=1; N=0		Once Per Month	VISUAL
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross		1.9	2.9	(03)	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****		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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE		
TYPED OR PRINTED									2008 YEAR 02 MO 06 DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 12/30/07 through 02/02/08.

O=<15:1,P=>15:1 and <30:1, R=>30:1 (O,P,and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used *no chlorine*)

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: Scott Jeffers 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

MONITORING PERIOD					
FROM			TO		
YR	MO	DAY	YR	MO	DAY
2008	1	1	2008	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual		N/A	N/A	(26)	*****	N/A	N/A	0		
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100		QUARTERLY	COMP24
See Comments		MO:AVG	DAILY:MX			MO:AVG	DAILY:MX			
Dilution factor		*****	*****	****	6.5	12.2	*****	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY:MN	Req. Mon. MO:AVG	*****		DAILY	MEASRD
Effluent Gross		*****	*****	****	91.9	*****	*****	0		
BOD,5-day, percent removal		*****	*****	****	85	*****	*****		Once Per Month	CALCTD
81010 K 0	PERMIT REQUIREMENT	*****	*****	****	MN:%:RMV	*****	*****			
Percent Removal		*****	*****	****	86.2	*****	*****	0		
Solids, suspended percent removal		*****	*****	****	85	*****	*****		Once Per Month	CALCTD
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	MN:%:RMV	*****	*****			
Percent Removal		*****	*****	****	*****	*****	*****	0		
Chlorine usage		N/A	*****	(26)	*****	*****	*****		DAILY	MEASRD
81400 X 0	PERMIT REQUIREMENT	Req. Mon. MO:AVG	*****	lb/d	*****	*****	*****			
End of Chlorine Contact Chamber		*****	*****	****	*****	*****	0	0		
Oil and grease visual		*****	*****	****	*****	*****	*****		Once Per Month	VISUAL
84066 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY:MX	0		
Effluent Gross		*****	*****	****	*****	*****	N/A	0		
Toxicity, Chronic		*****	*****	****	*****	*****	*****		Semiannual	COMP24
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY:MX			
Effluent Gross		*****	*****	****	*****	*****	*****			

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 AREA CODE
586-0393 PHONE NUMBER
 DATE
 2008 02 06
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 * The reporting period was from 12/30/07 through 02/02/08.
 O=<15:1,P=>15:1 and <30:1, R=>30:1 (O,P, and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used *no chlorine*)
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
 EPA Form 3320-1 (03-99) Previous editions may be used. 00434/981209 1904 PAGE 4 OF 5

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
2008	1	1		2008	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C 31615 S 9 See Comments	SAMPLE MEASUREMENT	*****	*****		N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****		400 WKLY:GEO	200 MO:GEO	800 DAILY:MX	#/100mL		Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 T 9 See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY:GEO	400 MO:GEO	1200 DAILY:MX	#/100mL		Once Every Week	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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		
Scott Jeffers Wastewater Utilities Superintendent									907 AREA CODE		
TYPED OR PRINTED									DATE		
									2008 02 06 YEAR MO DAY		

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

January 2008

EPA REPORT

		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	30	30	0.00	1.93	13.4	1.56	6.5 /1	0.0638																	52
MON	31	27	0.00	1.88	14.3	1.65	6.6 /1		9.0	7.3					10.0	6.8		15.6							56
TUE	1	33	0.03	1.82	<13	1.65	<6.1 /1	0.0554	10.0	7.3		202	2780	230	3165	11.0	6.8		9.1	19.0	261.5	21.3	293.1	4.0	53
WED	2	35	0.56	1.93	14.3	1.72	6.4 /1	0.0575	11.0	7.4	6.9				11.0	6.9	4.7	16.4						2.9	54
THU	3	31	0.26	2.02	13.8	1.97	5.5 /1	0.0708	9.0	7.3					11.0	6.8		11.7							53
FRI	4	24	0.00	1.85	<13	1.57	<6.3 /1	0.0528	10.0	7.2					11.0	6.8		14.6							50
SAT	5	26	0.00	1.83	<13	1.59	<6.3 /1	0.0477																	48
SUN	6	31	0.08	1.88	<13	1.62	<6.2 /1	0.0446																	51
MON	7	31	0.00	1.86	<13	1.75	<5.8 /1	0.0517	10.0	7.6					11.0	6.8		17.8							51
TUE	8	30	0.00	1.81	<13	1.66	<6.1 /1	0.0596	9.0	7.2		211	2921	251	3475	11.0	6.8		12.6	38.0	526.1	17.6	243.7	3.3	50
WED	9	31	0.13	1.82	<13	1.60	<6.2 /1	0.0754	11.0	7.2					11.0	6.8		15.3						5.0	53
THU	10	26	0.00	2.02	15.1	1.73	6.6 /1	0.0868	10.0	7.2					11.0	6.7		13.2							52
FRI	11	29	0.01	1.73	<13	1.90	<5.4 /1	0.0782	11.0	7.0					11.0	6.7		19.3							54
SAT	12	35	0.29	1.87	<13	1.65	<6.1 /1	0.0652																	50
SUN	13	33	0.35	1.76	<13	1.64	<6.1 /1	0.0558																	49
MON	14	30	0.00	1.88	<13	1.56	<6.4 /1	0.0584	11.0	7.6					10.0	6.7		16.9							49
TUE	15	32	0.40	1.87	13.8	1.68	6.3 /1	0.0638	10.0	7.3					10.0	6.7		11.7						7.0	56
WED	16	36	0.66	2.64	35.4	2.46	10.3 /1	0.0884	7.0	7.0					10.0	6.6		11.9						7.1	55
THU	17	36	0.37	2.23	40.3	2.03	13.8 /1	0.0795	9.0	7.2					11.0	6.6		11.5							59
FRI	18	37	1.17	3.09	64.7	2.85	15.7 /1	0.0959	8.0	7.1					9.0	6.7		13.6							58
SAT	19	30	0.00	2.20	61.2	2.20	19.0 /1	0.0538																	51
SUN	20	25	0.00	2.08	65.9	2.03	22.0 /1	0.0529																	51
MON	21	23	0.00	2.12	62.3	1.93	21.9 /1	0.0508	9.0	7.6					9.0	6.8		11.9							52
TUE	22	27	0.00	1.93	18.5	1.98	7.0 /1	0.0532	8.0	7.3					9.0	6.8		9.4						1.4	51
WED	23	31	0.01	1.91	26.2	1.83	10.2 /1	0.0572	9.0	7.2					10.0	6.7		10.5						1.4	52
THU	24	24	0.00	1.92	24.4	1.68	10.4 /1	0.0753	9.0	7.2					10.0	6.7		13.9							52
FRI	25	29	0.67	1.78	<13	1.73	<5.9 /1	0.0768	9.0	7.0					10.0	6.7		13.2							54
SAT	26	18	0.11	1.94	<13	1.80	<5.7 /1	0.0820																	53
SUN	27	5	0.00	2.20	<13	1.73	<5.9 /1	0.0618																	53
MON	28	6	0.00	2.27	<13	1.88	<5.5 /1	0.0545	9.0	7.4					9.0	6.7		16.5							53
TUE	29	11	0.00	2.13	<13	2.18	<4.9 /1	0.0537	8.0	7.4					9.0	6.7		9.8						1.0	52
WED	30	12	0.00	2.22	<13	2.23	<4.8 /1	0.0513	9.0	7.5					9.0	6.9		10.3						1.4	53
THU	31	8	0.00	2.17	<13	2.15	<4.9 /1	0.0457	8.0	7.4					9.0	6.8		11.7							54
FRI	1	24	0.00	2.09	<13	2.09	<5 /1	0.0487	9.0	7.6					8.0	6.7									53
SAT	2	16	0.00	2.12	<13	1.91	<5.4 /1	0.0775																	52
TOTAL			5.10	70.80		65.19		2.1465																	1839
MAXIMUM		37	1.17	3.09	65.9	2.85	22.0 /1	0.0959	11.0	7.6		211	2921	251	3475	11.0	6.9	4.7	19.3	38.0	526.1	21.3	293.1	7.1	59
MINIMUM		5	0.00	1.73	13.4	1.56	<4.8 /1	0.0446	7.0	7.0		202	2780	230	3165	8.0	6.6	4.7	9.1	19.0	261.5	17.6	243.7	1.0	48
AVERAGE		26.1	0.15	2.02	32.2	1.86		0.0631	9.3	7.3		206.5	2850.4	240.5	3320.0	10.0	6.7	4.7	13.3	28.5	393.8	19.5	268.4	2.8	52.5

COMMENTS:

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

January 2008	
Hrd. mg/l	123
Alk. mg/l	N/A
D.O. mg/l	4.7
Turb. NTU	19.3

Tox. TUc	N/A
----------	-----

January 2008		
	ug/L	LBS
Copper	23.2	0.319
Lead	1.000	0.014
Silver	1.000	0.014
Zinc	29.9	0.412
NH3 mg/L	19.0	261.46

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geo. Mean
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	
1	21.3	293.1	19.0	261.5	3.4
2	17.6	243.7	38.0	526.1	4.1
3					7.1
4					1.4
5					1.2
AVG	19.5	268.4	28.50	393.8	2.8
MAX	21.3	293.1	38.0	526.1	7.1

% REMOVAL	
B.O.D.	91.9
S.S.	86.2

POWER USAGE IN KILOWATT-HOURS	
TOTAL	294240