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

JUNEAU, CITY AND BOROUGH OF	
MENDENHALL TREATMENT PLANT	
155 SOUTH SEWARD,	
JUNEAU, ALASKA 99801	
MENDENHALL VALLEY SERVICE AREA	
JUNEAU, ALASKA 99801	
	MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA

МО

MAJOR Form Approved.
(SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires 05-31-98
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

K-002295-1	7	001 A
PERMIT NUMBER '	¹ .	DISCHARGE NUMBER
	-	

MONITORING PERIOD

ATT:	Scott Jeffers WW Ut	ilities Superintende	ent	FROM	2008	2	1	то	2008	2	29	
PARAMETER		QUANTITY OR	LOADING		QUA	ALITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1			
Turbidity	SAMPLE					12.7	15.5	(43)	0			
	MEASUREMENT	*****	*****	****	*****							
00070 1 0	PERMIT			-		Reg. Mon.	Req. Mon.			Continuous	RCORDR	
Effluent Gross	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	NTU				
Oxygen, dissolved (DO)	SAMPLE				4.6	4.6		(19)	0			
	MEASUREMENT	*****	*****	****			*****					
00300 1 0	PERMIT				Req. Mon.	Req. Mon.		19		Once Per	GRAB	
Effluent Gross	REQUIREMENT	*****	*****	****	DAILY MN	MO AVG	*****	mg/L		Month		
BOD, 5-Day, 20 deg. C	SAMPLE	294	310	(26)		17	18	(19)	0			
	MEASUREMENT				*****]			<u> </u>	
00310 1 0	PERMIT	1226	2452			30	60	19		Twice Per	COMP24	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	mg/L		Month		
BOD, 5-Day, 20 deg. C	SAMPLE	310		(26)		18	l	, (19)	0			
<i>:</i>	MEASUREMENT	<u> </u>	*****] .	*****		*****					
00310 W 0	PERMIT	1829				45		19		Twice Per	COMP24	
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	*****	WKLY AVG	*****	mg/L		Month		
pН	SAMPLE		,		6.6		7.0	(12)	0			
	MEASUREMENT	*****	*****	****		*****						
00400 1 0	PERMIT				6.5		9.0	12		Weekdays	GRAB	
Effluent Gross	REQUIREMENT	*****	*****	****	INST MIN	*****	INST MAX	SU				
Alkalinity, total (asCaCo3)	SAMPLE		,			NO TEST	NO TEST	(19)	. 0			
	MEASUREMENT	*****	*****	****	*****							
00410 1 7	PERMIT					Req. Mon.	Req. Mon.	19		Quarterly	COMP24	
Effluent Gross	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	mg/L				
Solids, total suspended	SAMPLE	357	399	(26)		21	21	(19)	0		,	
	MEASUREMENT				*****					·		
00530 1 0	PERMIT	1226	2452			30	60	19		Twice Per	COMP24	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	mg/L		Month		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of I prepared under my direct	on or supervision in a	ccordance with the sys	tem designed		A 4		}	907	TELEPHONE 586-0393		
Scott Jeffers	to assure that the qualified submitted. Based on my ir or those persons directly r submitted is, to the best of	personnel properly ga	ather and evaluate the i	information	. 0	$\cdots \cap a/I$	44.0	ļ	AREA CODE	PHONE NUM	BER	
Wastewater Utilities Superintendent	or those persons directly r	esponsible for gathering	ng the information, the	information	ZE	atot XV/10	VV	<u> </u>		DATE		
	submitted is, to the best of	my knowledge and be ignificant penalties fo	elier, true, accurate, an r submitting false info	d complete.	SIGNA	TURE OF PRINCIP	AL EXECUTIVE		2008	03	07	
TYPED OR PRINTED	including the possibility o				OFF	FICER OR AUTHOR	<u> </u>	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* Concerning violations-please see attached. The reporting period was from 02/03/2008 through 03/01/2008.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

DAY

MO

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

NAME:

ADDRESS:

FACILITY:

JUNEAU, CITY AND BOROUGH OF

MENDENHALL TREATMENT PLANT

155 SOUTH SEWARD, JUNEAU, ALASKA 99801

MENDENHALL VALLEY SERVICE AREA

LOCATION: JUNEAU, ALASKA 99801 MAJOR (SUB 01) F - FINAL **EFFLUENT**

DAY

Form Approved.

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

*** NO DISCHARGE

MONITORING PERIOD

NOTE: Read instructions before completing this form.

AK-002295-1 PERMIT NUMBER

МО

YR

001 A DISCHARGE NUMBER

DAY

МО

ATT:	Scott Jeffers WW U	Itilities Superintend	ent	FROM	2008	2	1	то	2008	2	29
PARAMETER		QUANTITY OR	LOADING		QU	ALITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	399	****	(26)	*****	21	*****	(19)	0		
00530 W 0	PERMIT	1829				45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	*****	WKLY AVG	*****	mg/L		Month	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	220	220	(26)	*****	14.0	14.0	(19)	0		
00610 1 0	PERMIT	1164	1963			28.5	48	19		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	mg/L		Month	
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	****	****	*****	60.0	60.0	(19)	0		
00900 1 6	PERMIT					Reg Mon.	Req. Mon.	19		Once Per	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	mg/L		Month	
Silver, total recoverable	SAMPLE MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0		
01079 1 0	PERMIT	Reg. Mon.	Reg. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/L		Year	
Zinc, total recoverable	SAMPLE MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0	,	
01094 1 0	PERMIT	Req. Mon.	Reg. Mon.			Req. Mon.	Reg. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/L		Year	
Lead, total recoverable	SAMPLE MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0		
01114 1 0	PERMIT	Reg. Mon.	Reg. Mon.			Reg. Mon.	Reg. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/L		Year	
Copper, total recoverable	SAMPLE MEASUREMENT	0.42	0.42	(26)	****	26.8	26.8	(28)	0		
01119 1 0	PERMIT	3,54	7.63			86.7	187	28		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/L		Month	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent	I certify under penalty of prepared under my direc to assure that the qualifie submitted. Based on my or those persons directly submitted is, to the best of	etion or supervision in a ed personnel properly g inquiry of the person of responsible for gatheri	accordance with the sys ather and evaluate the i r persons who manage t ng the information, the	tem designed information the system, information	Jes	w Merz			907 AREA CODE	TELEPHONE 586-0393 PHONE NUM DATE	
<u>.</u>	I am aware that there are	significant penalties for	or submitting false info	rmation,		TURE OF PRINCIP		-	2008	03	07
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY	including the possibility	of fine and imprisonme	ent for knowing violation	ons.	OF	FICER OR AUTHOR	UZED AGENT		YEAR	МО	DAY
JOMMENT AND EXPLANATION OF ANY	VIOLATIONS										

^{*} Concerning violations-please see attached. The reporting period was from 02/03/2008 through 03/01/2008.

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

JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

FACILITY: LOCATION:

NAME:

ADDRESS:

MENDENHALL VALLEY SERVICE AREA

JUNEAU, ALASKA 99801

MAJOR (SUB 01) F - FINAL EFFLUENT

DAY

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

*** NO DISCHARGE NOTE: Read instructions before completing this form.

MONITORING PERIOD

AK-002295-1 PERMIT NUMBER

МО

YR

001 A DISCHARGE NUMBER

DAY

МО

ATT:	Scott Jeffers WW U	Itilities Superintend	ent	FROM	2008	2	1	то	2008	2	29
PARAMETER		QUANTITY OF	RLOADING		QUA	ALITY OR CONCEN	ITRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
Coliform, fecal - % sample exceeds	SAMPLE						0	(23)	0		
limit	MEASUREMENT	*****	*****	****	*****	*****					
30500 0 0	PERMIT			***			10%			Twice Every	GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	*****	MAX	%		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE					N/A	N/A	(13)	0		
:	MEASUREMENT	*****	*****	****	*****						
31615 O 0	PERMIT					161	Req. Mon.	13		Twice Every	GRAB
See Comments	REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MX	#/100ml		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				N/A	N/A	N/A	(13)	0		
	MEASUREMENT	*****	*****	****							
31615 P 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	*****	*****	****	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				N/A	N/A	N/A	(13)	0		
	MEASUREMENT	*****	*****	****	,		_				
31615 Q 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	*****	*****	****	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				11.1	2.3	124.0	(13)	0		
·	MEASUREMENT	*****	*****	****							*
31615 R 0	PÉRMIT				800	400	1200			Twice Every	GRAB
See Comments	REQUIREMENT	*****	*****	****	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Floating solids or visible foam-visual	SAMPLE						0		. 0		
,	MEASUREMENT	*****	*****	****	*****	****					
45613 1 0	PERMIT						Req. Mon.			Once Per	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	Y=1;N=0		Month	
Flow, in conuit or thru treatment plant	SAMPLE	2.0	2.8	(03)				· j	0		
·	MEASUREMENT				*****	*****	*****	****			
50050 1 0	PERMIT	Req. Mon.	4.9	3						Continuous	RCORDR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgai/d	*****	*****	*****	****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I	certify under penalty of	law that this document	t and all attachments	were						TELEPHONE	
Scott Jeffers	prepared under my direct o assure that the qualifie	tion or supervision in a d personnel properly g	eccordance with the sys ather and evaluate the	stem designed information	D	~ 11		F	907 AREA	586-0393	
Wastewater Utilities Superintendent	o assure that the qualified the submitted. Based on my in those persons directly	nquiry of the person or	r persons who manage	the system,	\sim	ALXO DV	a-	-	CODE	PHONE NUMB	ER
s	or those persons directly a submitted is, to the best o	f my knowledge and b	elief, true, accurate, ar	nd complete.		-(JI)	·		2000	03	07
TYPED OR PRINTED i	am aware that there are a	significant penalties fo of fine and imprisonme	or submitting false info ont for knowing violati	ormation, ons.		TURE OF PRINCIP. ICER OR AUTHOR		-	2608- YEAR	<u>03</u>	O7 DAY
COMMENT AND EXPLANATION OF ANY \				···							5,,,

* Concerning violations-please see attached. The reporting period was from 02/03/2008 through 03/01/2008.

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

MAJOR (SUB 01) F - FINAL **EFFLUENT**

DAY

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

*** NO DISCHARGE

MONITORING PERIOD

NOTE: Read instructions before completing this form.

YEAR

AK-002295-1 PERMIT NUMBER

МО

YR

001 A DISCHARGE NUMBER

DAY

МО

ATT:	Scott Jeffers WW L	Jtilities Superintend	ent	FROM	2008	2	1	то	2008	2	29
PARAMETER		QUANTITY OF	RLOADING		QUA	LITY OR CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Chlorine, total residual	SAMPLE	N/A	N/A	(26)		N/A	N/A	(28)	0		
	MEASUREMENT				*****						
50060 S 0	PERMIT	4.09	4.09			100	100			QUARTERLY	COMP24
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l			
Dilution factor	SAMPLE				5.9	10.5		ug/L	0		
	MEASUREMENT	*****	*****	****			*****				
80093 1 0	PERMIT				Req. Mon.	Req. Mon.				DAILY	MEASRD
Effluent Gross	REQUIREMENT	*****	*****	****	DAILY MN	MO AVG	*****	1U			
BOD,5-day, percent removal	SAMPLE				91.2			(23)	0		
	MEASUREMENT	*****	*****	****	`	*****	*****		-		
81010 K 0	PERMIT				85			23		Once Per	CALCTD
Percent Removal	REQUIREMENT	*****	*****	****	MN % RMV	*****	*****	%		Month	
Solids, suspended percent removal	SAMPLE				88.88			(23)	0		
	MEASUREMENT	*****	*****	****		*****	*****				
81011 K 0 0	PERMIT	111111111111111111111111111111111111111			85			23		Once Per	CALCTD
Percent Removal	REQUIREMENT	*****	*****	****	MN % RMV	*****	*****	%		Month	
Chlorine usage	SAMPLE	N/A		(26)					0		
	MEASUREMENT		*****		. *****	*****	*****				
81400 X 0	PERMIT	Req. Mon.								DAILY	MEASRD
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	*****	lb/d	*****	*****	*****				
Oil and grease visual	SAMPLE						0	(93)	0		
, .	MEASUREMENT	*****	*****	****	*****	*****				l i	
84066 1 0	PERMIT						Req. Mon.			Once Per	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	occur/mo		Month	
Foxicity, Chronic	SAMPLE			•			N/A	(2G)	0		
	MEASUREMENT	*****	*****	****	*****	*****					
TT000 1 8	PERMIT						Req. Mon.		*	Semiannual	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	ox chronic			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of					/\			007	TELEPHONE	
cott Jeffers	prepared under my direct to assure that the qualifie	d personnel properly g	ather and evaluate the	information	0.	$\bigcap M/I_{\alpha}$		•	907 AREA	586-0393	
Vastewater Utilities Superintendent	submitted. Based on my	inquiry of the person or	r persons who manage	the system.	Jest!	V 4 1 12 V2	2	}	CODE	PHONE NUMI	BER
	or those persons directly submitted is, to the best of	of my knowledge and be	elief, true, accurate, ar	nd complete.		1105 05 222	AL EVECTOR OF		2008	03	07
TYPED OR PRINTED	I am aware that there are including the possibility of	significant penalties fo of fine and imprisonme	or submitting talse info ont for knowing violati	ormation,		URE OF PRINCIFICER OR AUTHOR					DAY
COMMENT AND EXPLANATION OF ANY		of fine and imprisonme	RIZED AGENT		YEAR	MO	DAÝ				

COMMENT AND EXPLANATION OF ANY VIOLATIONS

^{*} Concerning violations-please see attached. The reporting period was from 02/03/2008 through 03/01/2008.

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 MENDENHALL VALLEY SERVICE AREA FACILITY: LOCATION: JUNEAU, ALASKA 99801

MAJOR (SUB 01) È - FINAL **EFFLUENT**

МО

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

DAY

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

		_
AK-002295-1		001 A
PERMIT NUMBER		DISCHARGE NUMBE

MONITORING PERIOD

LOCATION	JOINTHO, VITASION	JJ001 .		1	I IN	I PIO	DAI	.1	I ILAK	l MO	DAI
ATT:	Scott Jeffers WW Ut	tilities Superintende	ent	FROM	2008	2	1	то	2008	2	29
PARAMETER		QUANTITY OR	LOADING		QUA	LITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1 -	3.7	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	****	*****		N/A	N/A	N/A	(13)	0		
31615 S 9	PERMIT				400	200	80000%	1		Once Every	GRAB
See Comments	REQUIREMENT	*****	*****		WKLY:GEO	MO GEO	DAILY MX	#/100mL		Week	UIV-D
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE	·	atastastastastas.	dututut	N/A	N/A	N/A	(13)	0		***************************************
	MEASUREMENT	*****	*****	****							
31615 T 9	PERMIT	\$100 Apr. \$2.00 Apr.	20.00.00.00.00.00		800	400	1200			Once Every	GRAB
See Comments	REQUIREMENT	*****	*****	****	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
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	certify under penalty of l prepared under my directi					\sim $^{\Lambda}$		}	907	TELEPHONE 586-0393	
cott Jeffers t	o assure that the qualified	personnel properly ga	ther and evaluate the i	nformation	∇ .	1/2/1/20		-	AREA	360-0393	
	submitted. Based on my in or those persons directly re										
· s	ubmitted is, to the best of	my knowledge and be	elief, true, accurate, and	d complete.		UU.		<u> </u>		DATE	A =1
· II	am aware that there are sincluding the possibility of	ignificant penalties for	r submitting false infor	mation,		URE OF PRINCIPA			2008	03	07
COMMENT AND EXPLANATION OF ANY V	/IOLATIONS	i mie and miprisonmei	in for knowing violatio	ns.	OFFI	CER OR AUTHOR	IZED AGENT		YEAR	MO	DAY
YPED OR PRINTED											

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska

EPA R	EPORT												June	au, Alas	ska			,,,						February	2008
-		WEA.	THER			FLOW	S	•		: -		INFLUE	NT		• .	1				EFFL	JENT			· ob.ua.y	MISC
DAV.	DATE	75445	RAIN	SBR	Mend,	SBR	Receiving	SBR			D.O.	s.s	S.S.	B,0.D,	B.O.D			D,O	TURBID	s.s.	S.S.	B.O.D.	B,O.D.	FECAL	POWER
DAY	DATE	TEMP	FALL INCHES	INFLUENT MGD	River CFS	TTL EFFL MGD	Water Dilution	WASTE MGD	TEMP °C	Hq	mg/L	mg/L	LBS	mg/L	LBS	TEMP °C	pН	mg/L	MAX NTU					COLIFORM	METER
SUN	: 3	23	0.12	2.10	<13		<5.7 /1	0.0631						·				oorngewoo	····INID	mg/L	LBS	mg/L	LBS	/100 ml	READING
MON	4	24	0.42	1.95	<13	1.80	<5.7 /1	0.0666	10.0	7.2						10.0	6.7		15.5						51 51
TUE	5	14	0.11	1.92	<13	1.88	<5.5 /1	0.0635	9.0	7.1				•		9.0	6.6		11.0					1.4	52
WED	. 6	11	0.06	1.99	<13	1.89	<5.4 /1	0.0666	9.0	7.2		200	3570	188	3355	9.0	6.7	4.6	11,2	20.0	315.3	17.6	277.4	1.0	51
THU	7	5·	0.00	2.06	<13		<4.9 /1	0.0842	9.0	7.5					_	9.0	6.9		11.4					1.0	51
FRI	8	. 0	0.00	2.18	<13	2,11	<5 /1	0.0839	9.0	7.5						9.0	6.7		13.1						60
SAT	9	8	0.43	. 2.41	<13	2.45	<4.4 /1	0.0706	<i>,</i> , , , , ,												,				54
SUN	10	23	0.25	2.32	<13	2.13	<4.9 /1	0.0571																	51
MON	11	35	0.29	2.08	<13	1.85	<5.5 /1	0.0592	9.0	7.5				ļ		9.0	6.7		13.2			·			52
TUE WED	12	37	0.38	2.33	<13	2,13	<4.9 /1	0.0723	8.0	7.3		 				9.0	6.8		11.3				***************************************	1.0	52
THU	. 13 14	36	0.39	2.42	<13	2.28	<4.7 /1	0.0948	9.0	7.3		166	3849	199	4614	9.0	6.9		11.2	21.0	399.3	16.3	309.9	124	54
FRI	15	39 37	0.21 0.02	2.92 2.28	<13 <13	2.78	<4 /1	0.1248	7.0	8.1		<u> </u>				9.0	6.8		12.9						62
SAT	16	35	0.02	2,12	<13	2.26 1.87	<4.7 /1 <5.5 /1	0.0825	9.0	7.1						10.0	6.7		10.8						60
SUN	17	36	0.37	2.30	<13	2.00	<5.5 /1 <5.2 /1	0.0716 0.0575						<u> </u>											55
MON	18	37	0.14	2.26	<13	1.89	<5.4 /1	0.0575	8.0	7.7															40
TUE	19	37	0.03	2.19	<13	1.95	<5.3 /1	0.0304	9,0	7.2						9.0	6.8		13.6						51
WED	20	41	0.05	2.29	77	2,13	24.2 /1	0.0948	9.0	7.2						9.0	6.8		10.7					1.4	54
THU	21	39	0.16	2.44	48	2.45	13.7 /1	0.1042	8.0	7.3						9.0	6.8		12.1 15.3					1.7	52
FRI	22	32	0.00	2.06	24	2.01	8.6 /1	0.0830	9.0	7.3						9.0	6,7		10.2						. 56
SAT	23	29	0.00	2.07	20	1.93	7.7 /1	0.0677								0.0	0.7		10.2						49
SUN	24	32	0.17	2.01	16	1.73	6.8 /1	0.0410																	48
MON	25	33	0.31	1.87	16	1.70	6.9 /1	0.0496	9.0	7.5						9.0	6.8		15.1					·	49
TUE	26	32	0.10	1.89	13	1.75	5.8 /1	0.0532	9.0	7.5						9.0	6.9		12.6	-				1.7	51
WED	27	37	0.01	1.95	<13	1.83	<5.6 /1	0.0821	9.0	7.4						10.0	6.7		14.6					1.3	52
THU	28	36	0.42	2.19	<13	1.83	<5.6 /1	0.1015	9.0	7.3	,					9.0	6.8		13.9				-		52
FRI	29	34	0.16	1.97	<13	1.83	<5.6 /1	0.0957	9.0	6.5						9.0	7.0		13.8						52
SAT	1	. 29	0.07	2.12	<13	1.95	<5.3 /1	0.0721																	.51
ТОТ			4.68	60.69		56.33		2.0937				200	3849	199	4614										1461
MAXII		41	0.43	2.92	77	2.78	18.8 /1	0.1248	10.0	8.1	0.0	166	3570	188	3355	10.0	7.0	4.6	15.5	21.0	399.3	17.6	309.9	124	. 62
MININ		0	0.00	1.87	13	1.70	5.9 /1	0.0410	7.0	6.5	0.0	183.0	3709.1	193.5	3984.6	9.0	6.6	4.6	10.2	20.0	315.3	16.3	277.4	1.0	40
AVER	AGE	29.0	0.17	2.17		2.01	10.5 /1	0.0748	8.8	7.3	0.0					9.2	6.8	4.6	12.7	20.5	357.3	17.0	203.7	2.3	52.2

<u>4</u> 00	**********
Februar	y:2006::::
Hrd. mg/l	60.0
Alk. mg/i	NO TEST
D.O.mg/l	4.6
Turb.NTU	15.5

Tox. TUc NO TEST

	ebruary 200	8
	ug/L	LBS
Copper	26.80	0.421
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	14.00	219.51

	V	WEEKLY			
WEEK	BC	COLIFORM			
	mg/l	lbs	mg/l	lbs	Geo Mear
1:	17.6	277.4	20.0	315.3	1.2
2	16.3	309.9	21.0	399.3	11.1
3					1.5
4					1.5
AVG	17.0	293.7	20.50	357.3	2.3
MAX	17.6	309,9	21.0	399.3	11.1

% REMOVAL	
B.O.D.	91.2
S.S.	88.8

POWER US	
TOTAL	233760