

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE 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

MONITORING PERIOD			
YR	MO	DAY	TO
2008	11	1	2008
YEAR	MO	DAY	DAY
2008	11	30	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	PERMIT	*****	*****	****	*****	9.6	15.0	(43)	0	Continuous	RCORDR
	REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0		
00070 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	3.9	3.9	(19)	0	Once Per Month	GRAB
	REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L	0		
00300 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	16.3	16.6	(19)	0	Twice Per Month	COMP24
	REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	DAILY MX	mg/L	0		
00310 1 0 BOD, 5-Day, 20 deg. C	PERMIT	1226	2452	lb/d	*****	30	60	19	0	Twice Per Month	COMP24
	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	Req. Mon. MO AVG	DAILY MX	mg/L	0		
00310 W 0 See Comments	PERMIT	1829	*****	lb/d	*****	45	*****	19	0	Twice Per Month	COMP24
	REQUIREMENT	WPLY AVG	*****	lb/d	*****	WPLY AVG	*****	mg/L	0		
00400 1 0 Effluent Gross	PERMIT	*****	*****	****	6.5	*****	9.0	12	0	Weekdays	GRAB
	REQUIREMENT	*****	*****	****	MIN	*****	MAX	SU	0		
Alkalinity, total (asCaCo3)	PERMIT	*****	*****	****	*****	no test	no test	(19)	0	Quarterly	COMP24
	REQUIREMENT	*****	*****	****	*****	no test	no test	(19)	0		
00410 1 7 Effluent Gross	PERMIT	*****	*****	****	*****	13.0	17.0	19	0	Quarterly	COMP24
	REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0		
Solids, total suspended	PERMIT	222	275	(26)	*****	13.0	17.0	(19)	0	Twice Per Month	COMP24
	REQUIREMENT	222	275	(26)	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0		
00530 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	19	0	Twice Per Month	COMP24
	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0		

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

907 AREA CODE
586-0393 TELEPHONE
2008 YEAR
12 MO
09 DAY

* Concerning violations-please see attached. The reporting period was from 11/02/2008 through 11/29/2008.
EPA Form 3320-1 (03-99) Previous editions may be used.
REPLACES EPA FORM 1-40 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: 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
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

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

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

MONITORING PERIOD			
YR	MO	DAY	TO
2008	11	1	2008

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE				
Solids, total suspended	PERMIT	275	*****	(26)	17.0	*****	(19)	0		
	PERMIT	1829	*****		45	*****	19		Twice Per Month	COMP24
	WEEKLY AVG	222	*****	(26)	11.0	*****	(19)	0		
Effluent Gross	PERMIT	1164	1963	lb/d	28.5	*****	19		Once Per Month	COMP24
	PERMIT	*****	*****		78	*****	(19)	0		
	MO AVG	*****	*****	(26)	no test	no test	(28)			
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	19		Once Per Month	GRAB
	PERMIT	*****	*****		*****	*****	19		Three Per Year	COMP24
	MO AVG	*****	*****	(26)	no test	no test	(28)			
Effluent Gross	PERMIT	no test	no test	(26)	no test	no test	(28)		Three Per Year	COMP24
	PERMIT	no test	no test		no test	no test	28		Three Per Year	COMP24
	MO AVG	no test	no test	(26)	no test	no test	(28)	0		
Effluent Gross	PERMIT	0.40	0.40	lb/d	19.9	19.9	(28)		Once Per Month	COMP24
	PERMIT	3.54	7.63		86.7	187	28		Once Per Month	COMP24
	MO AVG	0.40	0.40	(26)	19.9	19.9	(28)	0		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

907 AREA CODE
586-0393 TELEPHONE
12 PHONE NUMBER
09 DATE

**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 LOCATION: MENDENHALL WWTF
 JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
 F - FINAL
 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
2008	11	1	2008
			11 30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Twice Every Week	GRAB
30500 O 0	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	N/A	N/A	N/A	N/A	0		
	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	N/A		Twice Every Week	GRAB
31615 O 0	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	400	200	800	#/100mL	0		
	PERMIT REQUIREMENT	*****	*****	****	400	200	800	#/100mL		Twice Every Week	GRAB
31615 Q 0	MEASUREMENT	*****	*****	****	N/A	N/A	N/A	N/A	0		
	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	N/A		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	400	200	800	#/100mL	0		
	PERMIT REQUIREMENT	*****	*****	****	400	200	800	#/100mL		Twice Every Week	GRAB
31615 R 0	MEASUREMENT	*****	*****	****	800	400	1200	#/100mL	0		
	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
45613 1 0	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
Effluent Gross	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
Flow, in conduit or thru treatment plant	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
Effluent Gross	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
50050 1 0	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
Effluent Gross	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
Scott Jeffers Wastewater Utilities Superintendent	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL
COMMENT AND EXPLANATION OF ANY VIOLATIONS	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		Once Per Month	VISUAL

1 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.

MO Avg: 2.17, Daily Mx: 2.65, Mgal/d: 3

Signature of Principal Executive Officer: *Scott Jeffers*

Signature of Principal Executive Officer or Authorized Agent: *Scott Jeffers*

Year: 2008, Date: 12/07

Telephone: 907 586-0393, Area Code: 907, Phone Number: 586-0393

**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 LOCATION: MENDENHALL WWTF
JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

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

AK-002295-1
PERMIT NUMBER


001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2008	12	1	2008	11	31	

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
	PERMIT REQUIREMENT	4.09	4.09		*****	100	100			QUARTERLY	COMP24
50060 S 0	PERMIT REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l	0		
See Comments	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
Dilution factor	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
80093 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
BOD,5-day, percent removal	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
81010 K 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Percent Removal	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
Solids, suspended percent removal	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
81011 K 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Percent Removal	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
Chlorine usage	PERMIT REQUIREMENT	N/A	*****	(26)	*****	*****	*****				
81400 X 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****				
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
Oil and grease visual	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
84066 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
TT000 1 8	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****		*****	*****	*****				
Scott Jeffers Wastewater Utilities Superintendent	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

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
907 586-0393
AREA CODE
PHONE NUMBER
DATE
2005 12 07
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* Concerning violations please see attached. The reporting period was from 11/02/2008 through 11/29/2008.

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 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
2008	11	1	2008 11 30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE			
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****							
31615 S 9	MEASUREMENT	*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****							
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****							
31615 T 9	MEASUREMENT	*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****							
See Comments										

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

907 AREA CODE
586-0393 TELEPHONE
2008 YEAR
12 MO
09 DAY

EPA REPORT

Juneau, Alaska

WEATHER				FLOWS				INFLUENT				EFFLUENT										
DAY	DATE	TEMP °F	RAIN INCHES	SBR INFLUENT MGD	Mland. 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. coli
SUN	2	40	0.18	2.80	344	2.42	92.8 /1	0.0378	12.0	7.2						12.0	6.8		8.3			
MON	3	40	0.43	2.83	361	2.56	92.1 /1	0.0373	11.0	7.3						12.0	6.8		8.2			
TUE	4	41	0.00	2.57	431	2.42	116.1 /1	0.0366	11.0	7.3						12.0	6.7	3.9	8.4			
WED	5	36	0.01	2.43	407	2.25	117.9 /1	0.0364	11.0	7.3	5.8	158	2965	138	2590	12.0	6.6		8.2			
THU	6	35	0.23	2.30	385	2.10	119.4 /1	0.0372	12.0	7.1						12.0	6.7		8.7			
FRI	7	38	0.02	2.23	277	2.07	87.4 /1	0.0370	11.0	7.1						12.0	6.7					
SAT	8	36	0.00	2.26	244	2.09	76.4 /1	0.0346														
SUN	9	28	0.00	2.32	231	1.95	77.5 /1	0.0403														
MON	10	26	0.00	2.31	319	1.95	106.7 /1	0.0395	12.0	7.6						12.0	6.8		8.6			
TUE	11	30	0.04	2.22	231	1.98	76.4 /1	0.0343	11.0	7.2						12.0	6.7		8.2			
WED	12	34	0.17	2.13	407	1.94	136.5 /1	0.0348	11.0	7.3		165	2670	275	4449	12.0	6.8		11.7			
THU	13	35	0.05	2.11	416	1.90	142.4 /1	0.0398	12.0	7.2						12.0	6.8		15.0			
FRI	14	37	0.76	2.24	221	1.91	75.7 /1	0.0511	12.0	7.1						12.0	6.8		11.9			
SAT	15	39	0.17	2.62	231	2.44	62.2 /1	0.0485														
SUN	16	37	0.00	2.45	244	2.20	72.6 /1	0.0388														
MON	17	29	0.00	2.32	221	2.03	71.3 /1	0.0378	11.0	8.1						12.0	6.8		8.1			
TUE	18	31	0.01	2.17	184	1.92	62.9 /1	0.0398	11.0	7.3						12.0	6.9		9.9			
WED	19	26	0.00	2.20	248	1.95	83.2 /1	0.0484	11.0	7.2						12.0	6.8		8.7			
THU	20	31	0.29	2.15	221	1.95	74.2 /1	0.0535	11.0	7.1						12.0	6.8		9.8			
FRI	21	36	0.12	2.14	202	1.98	66.9 /1	0.0554	12.0	7.1						13.0	6.7		10.2			
SAT	22	34	0.49	2.23	213	2.05	67.8 /1	0.0463														
SUN	23	36	0.81	2.36	237	2.21	70.3 /1	0.0452														
MON	24	36	0.30	2.51	251	2.28	72.1 /1	0.0489	11.0	7.5						12.0	6.8		9.1			
TUE	25	37	0.24	2.54	258	2.32	72.8 /1	0.0582	11.0	7.3						11.0	6.8		9.7			
WED	26	38	0.35	2.69	266	2.65	65.8 /1	0.0641	10.0	7.2						11.0	6.7		9.5			
THU	27	41	0.11	2.51	379	2.41	102.6 /1	0.0577	10.0	7.2						11.0	6.7		9.8			
FRI	28	42	0.62	2.52	221	2.30	63.1 /1	0.0634	10.0	7.0						11.0	6.7		9.0			
SAT	29	41	0.07	2.51	251	2.43	67.7 /1	0.0423														
TOTAL			5.47	66.67	7901	60.67	85.1 /1	1.2450														
MAXIMUM		42	0.81	2.83	431	2.65	106.1 /1	0.0641	12.0	8.1	5.8	165	2965	275	4449	13.0	6.9	3.9	15.0	17.0	275.1	
MINIMUM		26	0.00	2.11	184	1.90	63.6 /1	0.0343	10.0	7.0	5.8	158	2670	138	2590	11.0	6.6	3.9	8.1	9.0	168.9	
AVERAGE		35	0.20	2.38	282	2.17	85.1 /1	0.0445	11.2	7.3	5.8	162	2817	207	3519	11.9	6.8	3.9	9.6	13.0	222.0	

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

November 2008	
Hrd. mg/l	78
Alk. mg/l	no test
D.O. mg/l	3.9
Turb. NTU	15.0
Tox. T.U.c.	3.03

November 2008	
Copper	19.9
Lead	no test
Silver	no test
Zinc	no test
NH3 mg/L	11.00
	222.0

WEEK	WEEKLY AVERAGE				WE
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	Geo
1	16.6	311	9.0	169	
2	16.0	259	17.0	275	
3					
4					
AVG	16.3	285	13.0	222	
MAX	16.6	311	17.0	275	