

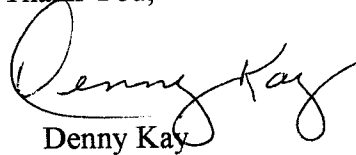
February 24, 2009

Sally Wanstall
Alaska Department of Environmental Conservation:

This letter is to clarify the amended DMR's AKG-57-1000-13 Auke Bay Wastewater Treatment Facility Sample Period dates which have been amended from 12/28/2009-1/31/2009 to 12/28/2008-1/31/2009.

This letter is to clarify the amend DMR's AK 002295-1 Mendenhall Valley Service Area Monitoring Period dates which have been amended from 1/1/2008-1/31/2008 to 1/1/2009-1/31/2009.

Thank You,

A handwritten signature in cursive script that reads "Denny Kay". The signature is written in black ink and is positioned above the printed name.

Denny Kay

Mendenhall & Auke Bay Wastewater Treatment Facility Supervisor

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

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

Handwritten signature

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

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			
YEAR	MO	DAY	DAY
2009	1	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS	MO			
Turbidity	PERMIT	*****	*****	****	*****	10.2	12.9	(43)	0		
00070 1 0	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE	*****	*****	****	5.2	5.2	*****	(19)	0		
00300 1 0	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19		Once Per Month	GRAB
Effluent Gross	PERMIT	*****	*****	****	*****	19.6	22.9	(19)	0		
BOD, 5-Day, 20 deg. C	SAMPLE	357.0	448.8	(26)	*****	30	60	19		Twice Per Month	COMP24
00310 1 0	PERMIT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L	0		
Effluent Gross	PERMIT	*****	*****	****	*****	22.9	*****	(19)		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE	448.8	*****	(26)	*****	45	*****	19		Twice Per Month	COMP24
00310 W 0	PERMIT	1829	*****	lb/d	*****	WPLY AVG	*****	mg/L	0		
See Comments	PERMIT	*****	*****	****	6.6	*****	7.0	(12)			
pH	SAMPLE	*****	*****	****	6.5	*****	9.0	12		Weekdays	GRAB
00400 1 0	PERMIT	*****	*****	****	MIN	*****	MAX	SU			
Effluent Gross	PERMIT	*****	*****	****	*****	N/A	N/A	(19)	0		
Alkalinity, total (asCaCO3)	SAMPLE	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
00410 1 7	PERMIT	*****	*****	****	*****	24.0	33.0	(19)	0		
Effluent Gross	PERMIT	*****	*****	****	*****	30	60	19		Twice Per Month	COMP24
Solids, total suspended	SAMPLE	445.4	646.8	(26)	*****	MO AVG	DAILY MX	mg/L			
00530 1 0	PERMIT	1226	2452	lb/d	*****	30	60	19		Twice Per Month	COMP24
Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L			

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
Scott Jeffers
TELEPHONE: 907 586-0393
AREA CODE: 586-0393
PHONE NUMBER: 586-0393
DATE: 2/24/09
MO: 2 DAY: 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent
TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 12/28/08 through 01/31/09.
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*)
EPA Form 3320-1 (03-98) Previous editions may be used. (REPLACES EPA FORM 140 WHICH MAY NOT BE USED)
00434/981209 1904 PAGE 1 OF 5

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

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

Overhead

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
LOCATION: MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	1	1	2009

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				FREQ. OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE	UNITS		
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	0	10	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT REQUIREMENT	*****	*****	*****	DAILY MX	%	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	4.7	10.0	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	161	Req. Mon. DAILY MX	13	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	400	200	800	0	Twice Every Week	GRAB
31615 P 0	PERMIT REQUIREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	400	200	800	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 Q 0	PERMIT REQUIREMENT	*****	*****	400	200	800	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	800	400	1200	0	Twice Every Week	GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	800	400	1200	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
45613 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
Flow, in conuit or thru treatment plant	PERMIT REQUIREMENT	2.2	3.4	*****	*****	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9	*****	*****	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT	Req. Mon. MO AVG	4.9	*****	*****	Req. Mon. DAILY MX	0	Once Per Month	VISUAL
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.								
Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
COMMENT AND EXPLANATION OF ANY VIOLATIONS		TYPED OR PRINTED		AREA CODE		PHONE NUMBER		DATE	
* The reporting period was from 12/28/08 through 01/31/09.		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*)		907		586-0393		2-4	
				2009					

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

Reviewed

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
2009	1	1	1
YEAR	MO	DAY	YEAR
2009	1	1	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24	
50060 S 0	PERMIT REQUIREMENT	4.09 MO AVG	4.09 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/l	0			
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	52.5 MO AVG	*****	ug/l	0			
Dilution factor	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
80093 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
BOD,5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Solids, suspended percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Chlorine usage	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
81400 X 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
84066 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
TT000 1 8	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	DAILY	MEASRD	

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

907 AREA CODE
586-0393 TELEPHONE
2 DATE
2009 YEAR
2 MO
24 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 12/28/08 through 01/31/09.

Form 3320-1 (03-99) Previous editions may be used

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*)
REFUGES EPA FORM T-40 WHICH MAY NOT BE USED

00434/981209 1:00

PAGE 4 OF 5

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

Reviewed

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

MONITORING PERIOD			
YR	MO	DAY	TO
2009	1	1	2009

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
31615 S 9	PERMIT REQUIREMENT	*****	*****		400 W/LY GEO	200 MO GEO	800 DAILY MX	(13)	Once Every Week	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	800 W/LY GEO	400 MO GEO	1200 DAILY MX	#/100mL	Once Every Week	GRAB
31615 T 9	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

907 AREA CODE **586-0393** TELEPHONE
2009 YEAR **2** MO **24** DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from **12/28/08** through **01/31/09**.
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*)
EPA Form 3320-1 (03-99) Previous editions may be used. REFERENCES: EPA FORM 140 WHICH MAY NOT BE USED. 02434/981209 1504 PAGE 5 OF 5



CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Date: January 29, 2009
Re: Permit communication
Permit: AK- 0022951

Alaska Department of Environmental Conservation
Division of Water
555 Cordova Street
Anchorage, AK 99501

CERTIFIED MAIL # 7004 0550 0001 2296 3127

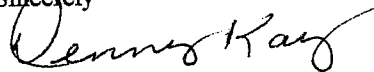
This letter is to follow up on a telephone call I placed with Sally Wanstall today regarding a violation of the Mendenhall WWTP (MWWTP).

The BOD removal efficiency for January 2009 was 84.6%, while the minimum removal efficiency per permit is 85%. This violation occurred because of lower than average influent flows and influent loadings..

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS)

If you have any question or concerns please call me at (907) 586-0393

Sincerely



Denny Kay
Mendenhall & Anke Bay W/W Treatment Plant Supervisor

Cc: Sally Wanstall ADEC
Joe Buck , Public Works Director, CBJ
Scott Jeffers, WW Superintendent, CBJ
File
DMR



CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

Date: 01-08-2009
Re: Permit communication
Permit: AK- 002295-1

Alaska Department of Environmental Conservation
Division of Water
555 Cordova Street
Anchorage, AK 99501

CERTIFIED MAIL # 7004 0550 0001 2296 3097

This letter is to follow up on a telephone call I placed with Sally Wanstall today regarding a violation of the Mendenhall WWTP (MWWTP) .

The TSS removal efficiency for December 2008 was 84.1 %, while the minimum removal efficiency per permit is 85 %. This violation occurred because of lower then average TSS in the influent.

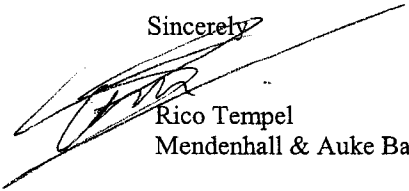
Also, I called in a violation and sent a letter (certified mail # 7004 0550 0001 2296 3080) on December 31, 2008 regarding a violation which turned out to be not a violation.

I calculated the removal efficiency for one day (12-10-2008), while per permit we are to report the removal efficiency average for the whole month

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SE 18 USC 1001 AND 22 USC 1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND SIX YEARS)

If you have any question or concerns please call me at (907) 586-0393

Sincerely



Rico Tempel
Mendenhall & Auke Bay W/W Treatment Plants Sr. Operator

Cc: Sally Wanstall ADEC ✓
Joe Buck , Public Works Director, CBJ
Scott Jeffers, WW Superintendent, CBJ
File
DMR

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

WEATHER				FLOWS				INFLUENT				EFFLUENT												
DAY	DATE	TEMP °F	RAIN INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TTL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. MGL	S.S. MGL	S.S. LBS	BOD MGL	B.O.D. LBS	TEMP °C	pH	D.O. MGL	TURBID MAX NTU	S.S. MGL	S.S. LBS	B.O.D. MGL		
SUN	28	16	0.04	2.11	173	1.78	63.8 /1	0.0362	9.0	7.5						10.0	6.8		9.8					
MON	29	15	0.00	2.16	176	1.81	63.8 /1	0.0489	9.0	7.4						10.0	6.9		9.5					
TUE	30	10	0.00	2.14	107	1.86	38.2 /1	0.0494	9.0	7.4						10.0	6.9		10.1					
WED	31	7	0.00	2.18	99	1.98	33.3 /1	0.0401	9.0	7.4						9.0	6.9		9.6					
THU	1	3	0.01	2.12	122	1.94	41.6 /1	0.0432	8.0	7.4						9.0	6.8		9.3					
FRI	2	11	0.26	2.15	101	2.02	33.3 /1	0.0318	9.0	7.5						9.0	6.8							
SAT	3	16	0.23	2.30	103	2.00	34.3 /1	0.0337								9.0	6.8							
SUN	4	20	0.39	2.31	105	1.96	35.6 /1	0.0310								9.0	6.8		10.3					
MON	5	17	0.28	2.32	101	1.96	34.3 /1	0.0450	9.0	7.5						10.0	6.8		9.9				16.3	
TUE	6	4	1.72	2.37	101	1.95	34.5 /1	0.0419	9.0	7.3						10.0	6.8		9.9					
WED	7	-2	0.00	2.55	97	2.12	30.6 /1	0.0404	9.0	7.4	7.1					10.0	6.8	5.2	10.8					
THU	8	10	0.62	2.45	97	2.22	29.2 /1	0.0389	9.0	7.4						9.0	6.8		10.2					
FRI	9	20	0.40	2.22	100	2.10	31.8 /1	0.0392	9.0	7.3						9.0	6.7		10.4					
SAT	10	25	0.53	2.15	99	2.02	32.7 /1	0.0398																
SUN	11	33	0.25	2.03	101	1.95	34.5 /1	0.0352								10.0	6.8		9.5					
MON	12	38	1.02	2.50	103	2.27	30.3 /1	0.0512	9.6	8.0						10.0	6.8		9.5				22.9	
TUE	13	38	0.74	2.55	154	2.35	43.3 /1	0.0536	9.6	7.2		382	7487	83	1617	10.0	6.7		10.6					
WED	14	39	0.27	3.09	241	2.97	53.4 /1	0.0346	8.0	8.1						9.0	6.6		12.9					
THU	15	37	0.05	2.35	227	2.20	67.7 /1	0.0352	9.0	7.1						9.0	6.6		11.4					
FRI	16	36	0.00	2.16	187	2.03	80.5 /1	0.0369	7.5	7.2						8.0	6.7		9.9					
SAT	17	42	0.27	2.52	190	2.24	55.8 /1	0.0396																
SUN	18	45	0.00	2.54	241	2.50	63.3 /1	0.0306								10.0	6.7							
MON	19	43	0.02	2.52	289	2.41	81.1 /1	0.0382	9.8	7.2						10.0	6.7		10.5					
TUE	20	37	0.04	2.41	224	2.41	61.0 /1	0.0416	10.0	7.2						10.0	6.6		10.5					
WED	21	31	0.35	2.58	184	2.58	47.1 /1	0.0410	9.0	7.1						8.0	6.7		8.4					
THU	22	22	0.00	2.22	269	2.17	81.1 /1	0.0328	8.0	7.4						8.0	7.0		9.2					
FRI	23	17	0.00	2.20	176	2.20	52.7 /1	0.0345	8.0	7.2						8.0	6.8		9.1					
SAT	24	17	0.00	2.24	224	2.24	65.6 /1	0.0367																
SUN	25	15	0.00	2.21	202	2.21	60.0 /1	0.0281								10.0	6.8		10.3					
MON	26	24	0.66	2.08	165	2.08	52.2 /1	0.0394	8.0	7.1						10.0	6.8		9.7					
TUE	27	29	0.20	2.03	233	2.03	75.1 /1	0.0472	8.0	7.2						10.0	6.8		10.1					
WED	28	34	0.37	1.98	235	1.41	108.7 /1	0.0462	8.0	7.2						9.0	6.8		10.8					
THU	29	37	1.10	2.39	243	2.39	66.7 /1	0.0588	9.0	7.5						10.0	6.7		10.8					
FRI	30	36	0.70	3.43	340	3.43	65.0 /1	0.0467	7.0	6.9						9.0	6.6		11.9					
SAT	31	31	0.19	2.24	263	2.24	76.8 /1	0.0377																
TOTAL						76.03		1.3984																
MAXIMUM		45	1.72	3.43	340	3.43	108.7 /1	0.0588	10.0	8.1		382	7487	152	2472	10.0	7.0	5.2	12.9			33.0	646.8	
MINIMUM		-2	0.00	1.98	97	1.41	29.2 /1	0.0281	7.0	6.9		360	5855	83	1617	8.0	6.6	5.2	8.4			15.0	243.9	
AVERAGE		24.2	0.31	2.34	174	2.17	52.5 /1	0.0400	8.7	7.3		371.0	6670.7	117.3	2044.4	9.3	6.8	5.2	10.2			24.0	445.4	

COMMENTS:
 • GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
 • AVERAGE RECEIVING WATER DILUTION IS ONLY VALID IF ENTIRE RECEIVING WATER
 DILUTION COLUMN VALUES ARE REAL INTEGERS

January 2009	
Hhd. mgl	75
Alk. mgl	N/A
D.O. mgl	5.2
Turb. NTU	12.9
Tox. TUx	N/A

January 2009	
Copper	24.1 ug/L
Lead	1.000
Silver	1.000
Zinc	35.4
NH3 mgl/L	16.0
	248.20

WEEK	WEEKLY AVERAGE			WEEKLY COLIFORM
	BOD mgl	TSS mgl	COLIFORM Geo. M/G	
1	16.3	265.1	15.0	243.9
2	22.9	448.8	33.0	646.8
3				
4				
5				
AVG	19.6	357.0	24.00	445.4
MAX	22.9	448.8	33.0	646.8