

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:** Denny Kay / Mendenhall WWTF Supervisor

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
2009	10	1	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	PERMIT		VALUE	VALUE	VALUE	UNITS				
Turbidity	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00070 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Oxygen, dissolved (DO)	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00300 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-Day, 20 deg. C	SAMPLE	278	453	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 1 0	PERMIT	1226	2452	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-Day, 20 deg. C	SAMPLE	326	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 W 0	PERMIT	1829	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
See Comments	REQUIREMENT	WKLY AVG	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
pH	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Alkalinity, total (asCaCO3)	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00410 1 7	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended	SAMPLE	206	288	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00530 1 0	PERMIT	1226	2452	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Joe Myers**  
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  
*Joe Myers*  
DATE: 10/31/2009

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
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\*)  
\* The reporting period was from 09/27/2009 through 10/31/2009.

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 LOCATION:** MENDENHALL VALLEY SERVICE AREA  
JUNEAU, ALASKA 99801  
**ATTN:** Denny Kay / Mendenhall WWTF Supervisor

**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	10	1	2009
YEAR	MO	DAY	YEAR
2009	10	31	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, total suspended	MEASUREMENT	<b>288</b>	*****	(26)	<b>13.0</b>	*****	(19)	0		
	PERMIT	1829	*****		45	*****	19		Twice Per Month	COMP24
See Comments	REQUIREMENT	<b>236</b>	*****	lb/d	<b>13.0</b>	*****	mg/L	0		
	SAMPLE	Wkly Avg	*****	(26)	Wkly Avg	*****	(19)			
Nitrogen, ammonia total (as N)	MEASUREMENT		*****			*****				
	PERMIT	1164	*****	lb/d	28.5	*****	19	0	Once Per Month	COMP24
Effluent Gross	REQUIREMENT	<b>68.0</b>	*****		<b>68.0</b>	*****	mg/L	0		
	SAMPLE	MO Avg	*****	(19)	MO Avg	*****	(19)			
Hardness, total (as CaCO3)	MEASUREMENT		*****			*****				
	PERMIT	*****	*****	****	Report MO Avg	*****	19		Once Per Month	GRAB
Effluent Gross	REQUIREMENT	<b>no test</b>	*****	(26)	<b>no test</b>	*****	mg/L	0		
	SAMPLE	MO Avg	*****	lb/d	MO Avg	*****	28		Three Per Year	COMP24
Zinc, total recoverable	MEASUREMENT		*****			*****				
	PERMIT	MO Avg	*****	(26)	MO Avg	*****	28	0		
Effluent Gross	REQUIREMENT	<b>no test</b>	*****	lb/d	<b>no test</b>	*****	ug/L			
	SAMPLE	MO Avg	*****	(26)	MO Avg	*****	(28)			
Lead, total recoverable	MEASUREMENT		*****			*****				
	PERMIT	MO Avg	*****	lb/d	MO Avg	*****	28	0	Three Per Year	COMP24
Effluent Gross	REQUIREMENT	<b>no test</b>	*****	(26)	<b>no test</b>	*****	ug/L			
	SAMPLE	MO Avg	*****	(26)	MO Avg	*****	(28)			
Copper, total recoverable	MEASUREMENT		*****			*****				
	PERMIT	MO Avg	*****	lb/d	MO Avg	*****	28	0	Three Per Year	COMP24
Effluent Gross	REQUIREMENT	<b>0.224</b>	*****		<b>12.30</b>	*****	ug/L			
	SAMPLE	MO Avg	*****	(26)	MO Avg	*****	(28)			
Effluent Gross	MEASUREMENT		*****			*****				
	PERMIT	Report MO Avg	*****	lb/d	Report MO Avg	*****	28		Once Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Joe Myers**  
**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  
*Joe Myers*  
*Denny Kay*

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
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\*)  
\* The reporting period was from 09/27/2009 through 10/31/2009.  
EPA Form 3320-1 (03-99) Previous editions may be used.  
REPLACES EPA FORM 140 WHICH MAY NOT BE USED.  
907 AREA CODE 586-0393 TELEPHONE  
19 MO DATE PHONE NUMBER  
9 DAY 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  
 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
**FACILITY LOCATION:** MENDENHALL VALLEY SERVICE AREA  
 JUNEAU, ALASKA 99801  
**ATT:** Denny Kay / Mendenhall WWTF Supervisor

**AK-002295-1**  
 PERMIT NUMBER

MAJOR (SUB 01)  
 F - FINAL  
 EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*  
**NOTE: Read instructions before completing this form.**

**001 A**  
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	10	1	2009
			YEAR
			MO
			DAY
			YEAR
			MO
			DAY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	MEASUREMENT	*****	*****	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24
50060 S 0	PERMIT	4.09	4.09		*****	100	100				
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l	0		
Dilution factor	SAMPLE MEASUREMENT	*****	*****	****	*****	283	*****	1U			
80093 1 0	PERMIT	*****	*****	****	*****	MO AVG	*****	1U	0	DAILY	MEASRD
Effluent Gross	REQUIREMENT	*****	*****	****	*****	MO AVG	*****	1U			
BOD,5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	*****	94	*****	(23)	0		
81010 K 0	PERMIT	*****	*****	****	*****	85	*****	23		Once Per Month	CALCTD
Percent Removal	REQUIREMENT	*****	*****	****	*****	MN % RMV	*****	%			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	****	*****	93	*****	(23)	0		
81011 K 0 0	PERMIT	*****	*****	****	*****	85	*****	23		Once Per Month	CALCTD
Percent Removal	REQUIREMENT	*****	*****	****	*****	MN % RMV	*****	%			
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		0		
81400 X 0	PERMIT	*****	*****	****	*****	*****	*****			DAILY	MEASRD
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	*****	lb/d	*****	*****	*****				
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(93)	0		
84066 1 0	PERMIT	*****	*****	****	*****	*****	*****			Once Per Month	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	occur/mo	0		
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(26)			
TT000 1 8	PERMIT	*****	*****	****	*****	*****	*****			Semiannual	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	px chronic			

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.

*Joe Myers*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**907** TELEPHONE  
**586-0393**  
**907** AREA CODE  
**11** PHONE NUMBER  
**2009** DATE  
**9** DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS** 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\*)

\* The reporting period was from 09/27/2009 through 10/31/2009.

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

REPLACES EPA FORM 3320 WHICH MAY NOT BE USED

10/14/1981/05/1904

PAGE 1 OF 5

**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:** MENDEHALL TREATMENT PLANT  
 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
**FACILITY:** MENDEHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Denny Kay / Mendehall WWTF Supervisor

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

MATOR  
 (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
2009	10	1	2009

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5	MEASUREMENT	*****	*****		N/A	N/A	N/A	0		GRAB
	PERMIT REQUIREMENT	*****	*****		400	200	800			GRAB
31615 S 9	MEASUREMENT	*****	*****		7.1	2.3	7.1	0		GRAB
	PERMIT REQUIREMENT	*****	*****		800	400	1200			GRAB
Fecal coliform, MPN, EC med, 44.5	MEASUREMENT	*****	*****		800	400	1200			GRAB
	PERMIT REQUIREMENT	*****	*****		WPLY GEO	MO GEO	DAILY MX			GRAB
31615 T 9	MEASUREMENT	*****	*****		800	400	1200			GRAB
	PERMIT REQUIREMENT	*****	*****		WPLY GEO	MO GEO	DAILY MX			GRAB

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
**Joe Myers 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.

*Joe Myers*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**907** AREA CODE  
**586-0393** TELEPHONE  
**2009** YEAR  
**11** MO  
**9** DAY

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
 \* The reporting period was from 09/27/2009 through 10/31/2009.

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, O and S are never used \*no chlorine\*)

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

REPLACES EPA FORM T-40 WHICH MAY NOT BE USED

00434/981209 1904

PAGE 5 OF 5

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

DAY	DATE	WEATHER			FLOWS					INFLUENT			EFFLUENT										
		TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Merid. River CFS	SBR TTTL 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	
SUN	27	44	0.05	2.73	2220	2.76	520.6 /1	0.0479	14.0	7.2				15.0	6.8								
MON	28	43	0.00	2.42	1260	2.45	333.2 /1	0.0974	14.0	7.2				15.0	6.8								
TUE	29	40	0.01	2.24	1050	2.18	312.1 /1	0.0973	14.0	7.4	5.6	131	2392	195	3545	15.0	7.0	2.4	7.4	10.0	182	24.9	
WED	30	44	0.68	2.40	866	2.37	237.0 /1	0.1033	13.0	7.1				15.0	6.9								
THU	1	46	0.05	2.42	1030	2.41	277.1 /1	0.1108	15.0	7.2		162	3256	298	5990	15.0	6.9		7.4	7.0	141	9.9	
FRI	2	42	0.00	2.21	947	2.34	262.4 /1	0.1155	15.0	7.2				15.0	7.0								
SAT	3	41	0.00	2.22	851	2.12	260.3 /1	0.0830								6.8							
SUN	4	44	0.09	2.24	672	2.13	204.8 /1	0.0942								6.9							
MON	5	48	1.44	2.68	641	2.64	157.9 /1	0.0873	14.0	7.4				16.0	6.8	6.9							
TUE	6	46	0.00	2.75	1660	2.66	404.1 /1	0.1105	13.0	7.1		114	2529	263	5834	13.8	7.0		8.2	13.0	288	12.0	
WED	7	42	0.39	2.47	1360	2.44	361.1 /1	0.1149	13.6	6.8				13.6	6.7								
THU	8	44	0.00	2.32	1410	2.40	380.5 /1	0.0876	13.2	7.3				13.6	6.8								
FRI	9	46	0.00	2.25	1300	2.28	369.3 /1	0.0973	14.0	7.3				14.1	6.8								
SAT	10	46	0.00	2.35	1310	2.26	375.5 /1	0.0912								6.6							
SUN	11	40	0.01	2.21	1310	2.19	387.4 /1	0.0862								6.7							
MON	12	42	0.00	2.19	896	2.14	271.5 /1	0.0910	12.7	7.4				13.9	6.8								
TUE	13	38	0.00	2.11	592	2.18	176.4 /1	0.1094	13.3	7.5		154	2800	187	3400	13.6	6.8		6.9	9.0	164	11.0	
WED	14	42	0.00	2.05	575	2.06	181.3 /1	0.1230	13.1	7.1				14.4	7.0								
THU	15	45	0.01	1.98	450	2.04	143.5 /1	0.1017	12.0	6.9		168	2658	338	5751	14.3	6.8		7.8	15.0	255	16.0	
FRI	16	46	0.45	2.12	476	2.10	147.4 /1	0.1212	13.6	7.1				14.3	6.7								
SAT	17	45	0.18	2.22	529	2.11	163.0 /1	0.0980								9.6							
SUN	18	45	0.36	2.20	610	2.18	181.8 /1	0.0852								9.9							
MON	19	40	0.25	2.34	731	2.32	204.5 /1	0.1135	13.9	7.5				13.8	6.8								
TUE	20	41	0.00	2.22	659	2.18	196.3 /1	0.1136	13.6	7.4				13.7	6.7								
WED	21	45	0.28	2.18	666	2.11	204.9 /1	0.1072	12.0	6.9				13.5	6.7								
THU	22	47	0.26	2.12	751	2.07	235.4 /1	0.0980	12.3	7.5				14.2	6.8								
FRI	23	46	0.14	2.21	958	2.20	282.3 /1	0.0894	14.0	7.5				14.4	6.6								
SAT	24	44	0.26	2.30	1120	2.25	322.6 /1	0.1166								12.1							
SUN	25	46	0.88	2.46	1230	2.28	349.5 /1	0.1139								9.8							
MON	26	42	0.11	1.28	1230	1.26	631.6 /1	0.1270	13.2	7.5				14.0	6.8								
TUE	27	39	0.09	2.32	1360	2.31	381.3 /1	0.1186	12.2	7.1				13.0	6.7								
WED	28	38	0.00	2.28	1400	2.36	384.2 /1	0.1254	11.6	7.0				13.1	6.7								
THU	29	36	0.15	2.32	1005	2.28	285.8 /1	0.0864	11.6	7.0				13.7	6.8								
FRI	30	34	0.06	2.19	610	2.12	186.9 /1	0.0926	11.8	7.2				13.0	6.7								
SAT	31	28	0.09	2.18	431	2.19	128.1 /1	0.0731															
TOTAL			6.29	79.18	34166	78.37		3.5312															
MAXIMUM		48	1.44	2.75	2220	2.76	520.6 /1	0.1270	15.0	7.5	5.6	168	3256	338	5990	16.0	7.0	2.4	12.1	15.0	288	24.4	
MINIMUM		28	0.00	1.28	431	1.26	222.0 /1	0.0479	11.6	6.8	5.6	114	2382	187	3400	13.0	6.6	2.4	5.3	7.0	141	9.9	
AVERAGE		42.4	0.2	2.26	976	2.24	282.6 /1	0.1011	13.2	7.2	5.6	146	2765	256	4904	14.1	6.8	2.4	8.0	10.8	206	14.4	

COMMENTS:  
 \* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES  
 \* SEE ENCLOSED LETTER FOR ADDITIONAL COMMENTS

October 2009	
Hrd. mg/l	68.0
Alk. mg/l	no test
D.O. mg/l	2.4
Turb./ntu	12.1
Tok. Ttl.	no test

October 2009	
Copper	12.30 ug/L
Lead	no test
Silver	no test
Zinc	no test
NH3 mg/L	13.0
	236 LBS

WEEK	WEEKLY AVERAGE				WEEKLY	
	BOD mg/l	TSS mg/l	COLIFORM lbs	Geo. Mean		
1	17.4	326	8.5	161	1.4	
2	12.0	266	13.0	288	7.1	
3	13.5	236	12.0	209	1.4	
4					1.4	
5					2.9	
AVG	14.3	276	11.2	220	2.3	
MAX	17.4	326	13.0	288	7.1	