

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

February 2012

DAY	DATE	FLOWS										INFLUENT						EFFLUENT					
		SBR MGD	TEMP °C	precip	Meand. River	SBR TTL EFFL	Receiving Water	SBR WASTE	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 NTU	S.S. LBS	S.S. LBS	B.O.D. mg/L	B.O.D. LBS
SUN	29	2.39	28	0.52	77	1.74	28.59	0.0668	7.3	7.1	284	6158	327	6927	13.6	7.2	6.6	22.5	34	550	32	518	180
MON	30	2.43	36	0.27	77	1.79	28.79	0.1636	7.3	7.1	284	6158	327	6927	13.6	7.2	6.6	22.5	34	550	32	518	180
TUE	31	2.60	36	0.31	77	1.94	28.84	0.1858	7.2	6.7	294	6158	232	5031	12.1	6.8	5.3	19.4	34	550	32	518	30
WED	1	2.77	40	0.45	77	2.04	25.39	0.1638	7.3	6.6	280	5508	327	6927	10.7	6.9	3.0	20.3	25	386	24	380	4
THU	2	3.38	42	0.44	77	2.86	19.70	0.1314	7.3	6.6	280	5508	327	6927	11.6	6.9	4.5	10.8	25	386	10	449	10
FRI	3	3.45	48	0.26	77	2.88	18.27	0.1488	7.4	6.8	280	5508	327	6927	10.9	7.0	5.3	13.8	24	380	17	449	17
SAT	4	2.78	40	0.00	77	2.22	23.41	0.0845	7.4	6.8	280	5508	327	6927	11.7	6.9	4.1	11.0	30	473	37	449	37
SUN	5	2.52	39	0.00	656	1.92	22.27	0.0772	7.4	6.9	280	5508	327	6927	11.6	7.1	5.0	19.9	25	386	24	380	4
MON	6	2.56	36	0.00	139	2.00	46.80	0.1428	7.4	6.9	280	5508	327	6927	11.0	6.9	4.1	11.0	25	386	24	380	4
TUE	7	2.54	38	0.00	30	1.90	11.20	0.1708	7.5	6.3	280	5508	327	6927	11.6	7.1	5.0	19.9	25	386	24	380	4
WED	8	2.48	43	0.00	27	1.83	10.53	0.2124	7.4	5.8	280	5508	327	6927	11.0	6.9	3.2	15.8	25	386	24	380	4
THU	9	2.49	48	0.00	24	1.82	9.52	0.1914	7.3	6.3	280	5508	327	6927	12.1	6.9	3.2	16.2	24	380	17	449	17
FRI	10	2.48	45	0.00	22	1.84	8.33	0.0982	7.4	7.6	280	5508	327	6927	11.8	7.1	3.6	15.8	24	380	17	449	17
SAT	11	2.39	43	0.23	40	1.91	15.28	0.0373	7.4	7.6	280	5508	327	6927	11.8	7.1	3.6	15.8	24	380	17	449	17
SUN	12	2.57	40	0.15	202	1.98	86.57	0.0319	7.5	6.8	280	5508	327	6927	12.1	6.9	5.3	20.1	25	386	24	380	4
MON	13	2.53	39	0.03	32	1.94	11.06	0.2037	7.5	6.8	280	5508	327	6927	12.4	7.0	3.3	12.1	25	386	24	380	4
TUE	14	2.38	36	0.01	30	1.72	12.27	0.1883	7.4	5.9	280	5508	327	6927	12.4	7.0	3.3	12.1	25	386	24	380	4
WED	15	2.47	39	0.12	29	1.80	11.41	0.1854	7.4	5.9	280	5508	327	6927	11.9	6.8	3.4	18.9	24	380	17	449	17
THU	16	2.47	39	0.12	34	1.79	13.27	0.1498	7.5	7.5	280	5508	327	6927	12.5	7.0	4.4	15.7	24	380	17	449	17
FRI	17	2.45	39	0.17	27	1.89	10.23	0.1804	7.5	7.7	280	5508	327	6927	12.5	7.0	4.4	15.7	24	380	17	449	17
SAT	18	2.49	36	0.17	29	1.82	11.29	0.0860	7.5	7.7	280	5508	327	6927	12.2	7.3	6.3	20.2	25	386	24	380	4
SUN	19	2.23	37	0.01	31	1.70	12.78	0.0312	7.1	5.3	280	5508	327	6927	11.8	7.0	5.1	22.5	25	386	24	380	4
MON	20	2.58	36	0.53	30	1.90	11.20	0.0957	7.1	5.3	280	5508	327	6927	11.8	7.0	5.1	22.5	25	386	24	380	4
TUE	21	2.51	38	0.05	37	2.08	12.49	0.0670	7.4	6.4	280	5508	327	6927	13.2	7.2	4.6	21.3	24	380	17	449	17
WED	22	2.10	37	0.02	37	1.82	14.13	0.1016	7.6	6.6	280	5508	327	6927	11.1	7.1	2.7	20.0	24	380	17	449	17
THU	23	2.03	37	0.00	26	1.84	10.13	0.0870	7.4	8.3	280	5508	327	6927	11.7	7.2	4.0	20.7	24	380	17	449	17
FRI	24	2.01	38	0.00	26	1.82	10.23	0.0407	8.3	7.3	280	5508	327	6927	11.7	7.2	4.0	20.7	24	380	17	449	17
SAT	25	2.03	32	0.07	21	1.83	8.41	0.0641	7.3	7.3	280	5508	327	6927	11.7	7.2	4.0	20.7	24	380	17	449	17
TOTAL		70.09		4.03	23.0	54.43		3.2374															
MAXIMUM		3.45	48.00	0.62	35	2.88	222.7	0.2124	8.4	8.3	284	6158	327	6927	13.6	7.3	6.6	22.5	34	550	32	518	180
MINIMUM		2.01	28.00	0.00	26	1.70	8.3	0.0312	7.1	5.3	280	5508	232	5031	11.5	6.8	2.7	10.7	25	386	24	380	4
AVERAGE		2.50	38.98	0.14	74	1.94	25.4	0.1156	7.5	6.7	272	5833	290	5879	11.4	7.0	4.4	16.8	30	473	28	449	37
Number of Analysis		28			28	28			20	20	2	2	2	2	20	20	20	28	2	2	2	2	2

• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COUNTS
 River Sampling was done on 2/13/2012

2012		2012	
Hrd. mg/L	80	Ug/L	LBS
Alk. mg/L	NA	Copper	24
D.O. mg/L	4.4	Lead	NA
Turb. NTU	22.5	Silver	NA
		Zinc	NA
		MnO mg/L	15.4
Tox. TLX	N/A		248

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM
	BOD	TSS	TSS	COLIFORM	
1	32	518	34	550	32
2	24	380	25	386	10
3					17
4					42
AVG	28	448	30	473	37
MAX	32	518	34	550	42

% REMOVAL	
B.O.D.	90
S.S.	89

POWER USAGE IN KILOWATT-HOURS	
TOTAL	

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
ATTN: Tom Trego 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
2012	1	29	
YEAR	MO	DAY	DAY
2012	2	25	

PARAMETER	SAMPLE MEASUREMENT PERMIT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX YEAR	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS					
Turbidity	MEASUREMENT PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	NTU	(19)	0	Continuous	RECORD
00070 1 0 Effluent Gross	MEASUREMENT PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	NTU	(19)	0	Continuous	RECORD
Oxygen, dissolved (DO)	MEASUREMENT PERMIT	*****	*****	****	2.7	Req. Mon. DAILY MIN	*****	Req. Mon. MO AVG	*****	19	0	Once Per Month	GRAB
00300 1 0 Effluent Gross	MEASUREMENT PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	MEASUREMENT PERMIT	449	518	(26)	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Twice Per Month	COMP24
00310 1 0 Effluent Gross	MEASUREMENT PERMIT	1226	2452	lb/d	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	MEASUREMENT PERMIT	518	DAILY MX	(26)	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Twice Per Month	COMP24
00310 W 0 See Comments	MEASUREMENT PERMIT	1829	*****	lb/d	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Twice Per Month	COMP24
pH	MEASUREMENT PERMIT	*****	*****	****	6.8	INST MIN	*****	INST MAX	12	SU	0	Weekdays	GRAB
00400 1 0 Effluent Gross	MEASUREMENT PERMIT	*****	*****	****	6.5	INST MIN	*****	INST MAX	12	SU	0	Weekdays	GRAB
Alkalinity, total (asCaCo3)	MEASUREMENT PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Quarterly	COMP24
00410 1 7 Effluent Gross	MEASUREMENT PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Quarterly	COMP24
Solids, total suspended	MEASUREMENT PERMIT	473	550	(26)	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Quarterly	COMP24
00530 1 0 Effluent Gross	MEASUREMENT PERMIT	1226	2452	lb/d	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	(19)	0	Quarterly	COMP24
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.												
Tom Trego Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												
907 AREA CODE	586-0393	TELEPHONE											
2012 YEAR	3 MO	10 DAY											

* The reporting period was from 01/29/2012 through 02/25/2012.
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 1 OF 4

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: Tom Trego 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
2012	1	29	2012

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	FROM	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE			VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	PERMIT	550	*****	(26)		34	*****	(19)		0	Twice Per Month	COMP24
00530 W 0	PERMIT	1829	*****	(26)		45	*****	19		0	Twice Per Month	COMP24
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d		15	*****	mg/L		0	Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	249	*****	(26)		15	*****	(19)		0	Twice Per Month	COMP24
00610 1 0	PERMIT	1164	*****	lb/d		28.5	*****	19		0	Once Per Month	COMP24
Effluent Gross	REQUIREMENT	MO AVG	*****	lb/d		80	*****	mg/L		0	Once Per Month	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	(26)		80	*****	(19)		0	Once Per Month	COMP24
00800 1 6	PERMIT	*****	*****	****		NA	*****	19		0	Once Per Month	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****		NA	*****	mg/L		0	Once Per Month	GRAB
Silver, total recoverable	SAMPLE MEASUREMENT	NA	*****	(26)		NA	*****	(28)		0	Once Per Month	GRAB
01079 1 0	PERMIT	NA	*****	(26)		NA	*****	(28)		0	Once Per Month	GRAB
Effluent Gross	REQUIREMENT	Req. Mon. MO AVG	*****	lb/d		NA	*****	28		0	Three Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	NA	*****	(26)		NA	*****	ug/L		0	Three Per Year	COMP24
01094 1 0	PERMIT	NA	*****	(26)		NA	*****	(28)		0	Three Per Year	COMP24
Effluent Gross	REQUIREMENT	Req. Mon. MO AVG	*****	lb/d		NA	*****	ug/L		0	Three Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NA	*****	(26)		NA	*****	(28)		0	Three Per Year	COMP24
01114 1 0	PERMIT	NA	*****	(26)		NA	*****	(28)		0	Three Per Year	COMP24
Effluent Gross	REQUIREMENT	Req. Mon. MO AVG	*****	lb/d		NA	*****	28		0	Three Per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0.39	*****	(26)		24	*****	ug/L		0	Three Per Year	COMP24
01119 1 0	PERMIT	0.39	*****	(26)		24	*****	(28)		0	Three Per Year	COMP24
Effluent Gross	REQUIREMENT	MEASUREMENT	*****	lb/d		24	*****	ug/L		0	Three Per Year	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	3.54	*****	lb/d		86.7	*****	28		0	Once Per Month	COMP24
Tom Trego	PERMIT	7.63	*****	lb/d		187	*****	ug/L		0	Once Per Month	COMP24
Wastewater Utilities Superintendent	REQUIREMENT	MO AVG	*****	lb/d		187	*****	ug/L		0	Once Per Month	COMP24

Tom Trego
4-10-12
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE
PHONE NUMBER
DATE

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 01/29/2012 through 02/25/2012.
Made correction on why avg reading of suspended reading to read max instead of average.
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 2 OF 4

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
LOCATION: MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTI: Tom Treco WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
NOTE: Read instructions before completing this form.

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

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			MONITORING PERIOD			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE	UNITS	YEAR	MO			
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	*****	*****	0	(23)	0	0	Twice Every Week	GRAB	
30500 O 0	PERMIT REQUIREMENT	*****	*****	*****	*****	10	%	0	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	(13)	0	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	PERMIT REQUIREMENT	*****	*****	*****	*****	161	MO GEO	13	0	Twice Every Week	GRAB	
31615 O 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	(13)	0	0	Twice Every Week	GRAB	
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	N/A	(13)	0	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	SAMPLE MEASUREMENT	*****	*****	*****	*****	400	WKLY GEO	#/100mL	0	Twice Every Week	GRAB	
31615 P 0	PERMIT REQUIREMENT	*****	*****	*****	*****	N/A	(13)	0	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	400	MO GEO	900	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	PERMIT REQUIREMENT	*****	*****	*****	*****	42	WKLY GEO	180	0	Twice Every Week	GRAB	
31615 R 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	800	MO GEO	1200	0	Twice Every Week	GRAB	
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	42	WKLY GEO	180	0	Twice Every Week	GRAB	
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	DAILY MX	#/100mL	0	Twice Every Week	GRAB	
45613 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	DAILY MX	#/100mL	0	Twice Every Week	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	=1; N=0	0	0	Once Per Month	VISUAL	
Flow, in conduit or thru treatment plan	PERMIT REQUIREMENT	1.94	2.88	*****	*****	Req. Mon. DAILY MX	=1; N=0	0	0	Once Per Month	VISUAL	
50050 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Continuous	RECORDR	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Continuous	RECORDR	
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.											
Tom Treco Wastewater Utilities Superintendent	4-10-12											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
AREA CODE	907 586-0393											
PHONE NUMBER	3 10											
DATE	2012 YEAR 3 MO 10 DAY											

* The reporting period was from 01/29/2012 through 02/25/2012.

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
LOCATION: MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTN: Tom Trego 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
2012	1	29	2012
			YEAR
			MO
			DAY
			NO. EX
			2
			10

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	N/A	N/A	(26)							
50060 S 0	PERMIT	4.09	4.09	lb/d	*****	100	100	(28)	0	QUARTERLY	COMP24
See Comments	REQUIREMENT	MO AVG	DAILY MX		*****	MO AVG	DAILY MX				
Dilution factor	SAMPLE MEASUREMENT	*****	*****	*****	8.3	25.4	*****	ug/L	0		
80093 1 0	PERMIT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U	0	DAILY	MEASRD
Effluent Gross	REQUIREMENT	*****	*****	*****	90	*****	*****	(23)	0		
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****	23 %		Once Per Month	CALCTD
81010 K 0	PERMIT	*****	*****	*****	89	*****	*****	(23)	0	Once Per Month	CALCTD
Percent Removal	REQUIREMENT	*****	*****	*****	85	*****	*****	23 %		Once Per Month	CALCTD
81011 K 0 0	PERMIT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	*****	0	Once Per Month	CALCTD
Percent Removal	REQUIREMENT	*****	*****	*****	85	*****	*****	23 %		Once Per Month	CALCTD
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****	*****	0		
81400 X 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	MEASRD
End of Chlorine Contact Chamber	REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	*****	0		
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(93)	0		
84066 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
TT000 1 8	PERMIT	*****	*****	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL

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
John S. Mc...
4-10-12

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
2012 YEAR
3 MO
10 DAY