

# Weaverville Sanitary District

*P.O. Box 1269 Weaverville, CA 96093*

*Telephone – Office: (530) 623-4102 – Treatment Plant: (530) 623-6529 – Fax: (530) 623-1975*

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## **NPDES WDR Self Monitory Report for the month of February, 2009**

**California Regional Water Quality Control Board, North Coast Region  
ID Number 1A840720TRI**

**Attached: Discharge Summary**

**I certify under penalty of law that this document and all attached documents were prepared under my direction or supervision in accordance with a system designed to assure that 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.**

**X**

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Jim Cloud  
General Manager

DISCHARGER: WEAVERVILLE  
 SELF MONITORING REPORT FOR THE YEAR OF: 2009

REQUIREMENTS COMPLIANCE SUMMARY

MONTH	FLOW MGD MAX	FLOW MGD MEAN	CL2 MG/L MAX	PH MAX	PH MIN	SETTLE SOLIDS MG/L MAX	SETTLE SOLIDS MG/L MEAN	D.O. MG/L MIN	B.O.D. MG/L MAX	B.O.D. MG/L MEAN	NFR MG/L MAX	NFR MG/L MEAN	COLLIFORM 100 MLS/MPN MAX	COLLIFORM 100 MLS/MPN MEDIAN
				8.5	6.5	0.2	0.1	1	60	30	60	30	230	23
JANUARY	0.388	0.289	0.3	7.16	7.01	<MDL	<MDL	6.31	11.59	9.44	16	14	1	1
FEBRUARY	0.638	0.366	0.4	7.34	6.70	<MDL	<MDL	7.06	11.69	7.13	10	9	4	1
MARCH														
APRIL														
MAY														
JUNE														
JULY														
AUGUST														
SEPTEMBER														
OCTOBER														
NOVEMBER														
DECEMBER														

X

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Jim Cloud  
General Manager