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

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

FACILIT LOCATION ATT: ADDRESS: NAME: JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

DISCHARGE NUMBER 001 A

AK-002295-1 PERMIT NUMBER

EACH TIV.	JUNEAU, ALASKA 99801	11 EV SERVICE AL	DE A				MONTO	MONTTORING PERIOD	-BIOD		
LOCATION:	JUNEAU, ALASKA 99801	99801	Ş		¥₽	MO	DAY		YEAR	MO	DAY
ATT:	Denny Kay / Mendenhall WWTF Supervisor	nhall WWTF Supen	isor	FROM	2009	ω	Ľ	To	2009	3	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUAI	QUALITY OR CONCENTRATION	RATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	SLINO	VALUE	VALUE	VALUE	SLINO			
Turbidity	SAMPLE	****	*****	*	* * * *	11.5	13.9	(43)	0		
00070 1 0	PERMIT					Req. Mon.	Req. Mon.			Continuous	RCORDR
Effluent Gross	REQUIREMENT	** ** **	****	* * *	****	MO AVG	DAILY MX	DLN			
Oxygen, dissolved (DO)	SAMPLE				2.9	2.9		(19)	0		
	MEASUREMENT	****	** ** **	* * *			***				
00300 1 0	PERMIT				Req. Mon.	Req. Mon.		19		Once Per	GRAB
Effluent Gross	REQUIREMENT	***	*****	* * *	DAILY MN	MO AVG	* * * *	mg/L		Month	
BOD, 5-Day, 20 deg. C	SAMPLE	481	489	(26)		33	35	(19)	ь		
	MEASUREMENT				****			т			
00310 1 0	PERMIT	1226	2452	:		30	60	19		Twice Per	COMP24
Effluent Gross	KEQUIKEMENI	MO AVG	DAILT MX	lb/d		MANG	DATE: NV	1/6111		14101104	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	489	* * * *	(26)	* * * * *	35	* * * * *	(19)	c		
00310 W 0	PERMIT	1829				45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	****	WKLY AVG	****	mg/L		Month	
рН	SAMPLE	** ** ** **	** ** ** **	* * *	6.5	* * * * *	6.8	(12)	0		
00400 1 0	PERMIT				6.5		9.0	12		Weekdays	GRAB
Effluent Gross	REQUIREMENT	** **	* * * *	***	NIM TSNI	** **	INST MAX	SU			
Alkalinity, total (asCaCo3)	SAMPLE					NO TEST	NO TEST	(19)	0		
	MEASUREMENT	****	****	* * *	*****						
00410 1 7	PERMIT					Req. Mon.	Req. Mon.	19		Quarterly	COMP24
Effluent Gross	REQUIREMENT	****	****	***	****	MO AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE	387	425	(26)		26	26	(19)	0		
	MEASUKEMENT					3	3	5		1	
00530 1 0	PERMIT	1226	2452			30	60	19		Twice Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * *	MO AVG	DAILY MX	mg/L		Month	
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	f law that this documen ction or supervision in a	accordance with the sys	ere tem designed	>				907	TELEPHONE 586-0393	
Joe Myers Wastewater Utilities Superintendent	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	ed personnel properly g inquiry of the person o responsible for gatheri	gather and evaluate the it r persons who manage t ng the information, the	nformation he system, information					CODE	PHONE NUMBER	ER
TYPED OR PRINTED	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.	of my knowledge and be significant penalties for of fine and imprisoning	elief, true, accurate, and submitting false infor submitting false infor submitting violations.	mation.	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	EXECUTIVE AGENT	4	2000 YEAR	4/9/09	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	IY VIOLATIONS	O=<15:1,P=>15	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*)	·30:1 (O,P,ar	nd R used Nov 1-	May 31 & T Jun	1- Oct 31, Q and	S are ne	ver used *no ch	lorine*)	

* The reporting period was from 03/01/2009 through 03/28/2009.

≘PA Horm 3320-1 (03 99). Previous editions may be used

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

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

ATT: FACI LOC ADDRESS: NAME: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

> MAJOR (SUB 01) F - FINAL EFFLUENT *** NO [NOTE: R Form Approved.
>
> OMB No. 2040-0004

DISCHARGE NUMBER		
001 A		
pleting this form.)TE: Read instructions before completing this form.)TE: Read i
***	HARGE	* NO DISCHARGE
		FLUENT
05-31-98	Approval Expires 05-31-98	FINAL
000	OMB No. 2040-0004	(TO G

AK-002295-1
PERMIT NUMBER

	JUNEAU, ALASKA 99801	9801					MONITO	MONITORING PERIOD	RIOD		
FACILITY:	MENDENHALL VA	MENUENHALL VALLEY SERVICE AREA	EA		¥	MO	DAY		YEAR	MO	DAY
ATT:	Denny Kay / Mende	Denny Kay / Mendenhall WWTF Supervisor	sor	FROM	2009	З	14	ъ П	2009	3	31
PARAMETER		QUANTITY OR LOADING	OADING		QUA	QUALITY OR CONCENTRATION	RATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU			
Solids, total suspended	SAMPLE	425		(26)		26.0		(19)	0		
	MEASUREMENT		****		***		* * *	1			
00530 W 0	PERMIT	1829				4 5		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	****	WKLY AVG	* * * *	mg/L		Month	
Nitrogen, ammonia total (as N)	SAMPLE	222	222	(26)		16.0	16	(19)	0		
	MEASUREMENT				***			-			
00610 1 0	PERMIT	1164	1963			28.5	48	19		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILY MX	mg/L		Month	
Hardness, total (as CaCO3)	SAMPLE	* * * * * *	* * * * * *	* * *	* * * * *	56,0	56.0	(19)	0		
00900 1 6	PERMIT					Req. Mon.	Req. Mon.	19		Once Per	GRAB
Effluent Gross	REQUIREMENT	****	* * * *	***	****		DAILY MX	mg/L		Month	
Silver, total recoverable	SAMPLE MEASUREMENT	NO TEST	NO TEST	(26)	****	NO TEST	NOTEST	(28)	c		
01079 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	***		DAILY MX	ug/L		Year	
Zinc, total recoverable	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(28)	0		
	MEASUREMENT				****			;) 	,
01094 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Reg. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILY MX	ug/L		Year	
_ead, total recoverable	SAMPLE	NO TEST	NO TEST	(26)	****	NO TEST	NO TEST	(28)	0		
01114 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILY MX	ug/L		Year	
Copper, total recoverable	SAMPLE	0.49	0.49	(26)	÷	35.3	35	(28)	0		
	MEASUREMENT	2	7.63		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	86.7	187	78	-	Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * * * * * * * * * * * * * * * * *	MO AVG	DAILY MX	ug/L		Month	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty o	certify under penalty of law that this document and all attachments were	and all attachments w	ere	ر				907	586-0393	
Joe Myers Wastewater Utilities Superintendent	to assure that the qualification in the control of	prepared under my direction of supervision in accordance with the system 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, without the supervision that information the information.	ther and evaluate the in- persons who manage to the information the	nformation he system, information			`.		AREA CODE	PHONE NUMBER	ER
	submitted is, to the best	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,	elief, true, accurate, and r submitting false infor	d complete mation,	X	SIGNATURE OF WRINCIPAL EXECUTIVE	CIPAL EXECUTIVE	T	3009	4/9/09	DAY
TYPED OR PRINTED	including the possibility	including the possibility of line and imprisonment for knowing violations	nt for knowing violatio	IIS.	<u>c</u>	TCLK ON NOTHER	TOTAL MOLINI	;			

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*)

509454/981/209 1964

^{*} The reporting period was from 03/01/2009 through 03/28/2009.

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

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS Joe Myers Wastewater Utilities Superintendent NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Effluent Gross 50050 1 0 Flow, in conuit or thru treatment plan Effluent Gross 45613 1 0 Floating solids or visible foam-visual See Comments 31615 R 0 Fecal coliform, MPN, EC med, 44.5 C See Comments 31615 Q 0 Fecal coliform, MPN, EC med, 44.5 C See Comments 31615 P 0 ecal coliform, MPN, EC med, 44.5 C See Comments 31615 0 0 Fecal coliform, MPN, EC med, 44.5 C See Comments 30500 O 0 ₫ Coliform, fecal - % sample exceeds FACILITY: LOCATION: PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) ATT: ADDRESS: NAME: TYPED OR PRINTED PARAMETER including the possibility of fine and imprisonment for knowing violations 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 Pased 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 MENDENHALL TREATMENT PLANT I certify under penalty of law that this document and all attachments were Denny Kay / Mendenhall WWTF Supervisor JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF I am aware that there are significant penalties for submitting false information. MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT 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*) MO AVG Req. Mon. QUANTITY OR LOADING 1.68 ***** ***** VALUE ***** **** **** ***** **** ***** **** **** **** ***** DAILY MX 1.96 ***** **** ***** ***** ***** **** ***** ***** **** ***** ***** VALUE 4.9 Mgal/d SLIND *** FROM *** *** *** *** *** *** *** *** *** *** *** (03) ω WKLY GEO WKLY GEO MKLY GEO N/N ***** VALUE 2009 ***** N/A **** ***** **** ***** ***** **** 24 8 800 60 ⋨ AK-002295-1
PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION MO GEO MO GEO MO GHO MO GEO N/A N/A VALUE ***** **** ***** Z A ***** **** 60 10 200 161 200 8 ω MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILY MX DAILY MX Req. Mon. DAILY MX DAILY MX Req. Mon. DAILY MX ***** Z/A N/A N/A VALUE ***** 1200 43 800 800 MONITORING PERIOD
DAY
YEA 0 5 0 #/100mL #/100mL /=1; N=0 #/100mL #/100ml SLIND *** *** (13) (13) (13) (13) (23)ដ 8 d Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 YEAR YEAR 2009 POPE AREA YEAR ΜŠ O 0 0 0 0 0 0 ta/6/2 FREQUENCY OF ANALYSIS ** Twice Every 586-0393 Continuous Twice Every Twice Every Twice Every Twice Every TELEPHONE Once Per Month Week Week Week Week Week PHONE NUMBER ₹ DISCHARGE NUMBER w 001 A RCORDR VISUAL SAMPLE TYPE GRAB GRAB B GRAB GRAB GRAB. 31 DAY DAY

* The reporting period was from 03/01/2009 through 03/28/2009.

Environm 3320 1 (03 99) Previous editions may be used.

(REPLACES EPA FORM : 40 WITHOUT MAN WOLL BE USEL)

DACE SUE S

2042 (122222 100)

COMMENT AND EXPLANATION OF ANY VIOLATIONS oe Myers Vastewater Utilities Superintendent IAME/TITLE PRINCIPAL EXECUTIVE OFFICER ffluent Gross T000 1 8 oxicity, Chronic ffluent Gross 84066 1 0 Oil and grease visual end of Chlorine Contact Chamber 81400 X 0 Chlorine usage Percent Removal 81011 K 0 0 Solids, suspended percent removal Percent Removal 81010 K 0 30D,5-day, percent removal Effluent Gross 80093 1 0 Dilution factor See Comments 50060 S O Chlorine, total residual A PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) LOCATION: FACILITY: ADDRESS: NAME: PARAMETER 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 nquiny 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 including the possibility of fine and imprisonment for knowing vio I certify under penalty of law that this document and all attachments were MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT am aware that there are significant penalties for submitting false information, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF Denny Kay / Mendenhall WWTF Supervisor 155 SOUTH SEWARD, REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE SAMPLE PERMIT PERMIT SAMPLE SAMPLE SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT PERMIT PERMIT 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*) MO AVG Req. Mon QUANTITY OR LOADING ***** Z X MO AVG **** N/A VALUE **** ***** ***** ***** ***** **** ***** **** 4.09 DAILY MX ***** ***** **** ***** ***** **** ***** N/A VALUE **** ***** ***** ***** 4.09 *** *** SLINA *** **** *** *** **** *** FROM *** b/d (26)**** lb/d (26) MN % RMV MN % RMV DAILY MN Req. Mon. 42.4 ***** 89.1 2009 ***** VALUE ***** ***** **** ***** 87.2 **** **** 85 85 ⋨ AK-002295-1 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION Req. Mon. 41.8 MO AVG MO AVG ***** ***** ***** ***** ***** ***** N/A ***** **** **** ***** 100 VALUE ω MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILY MX Req. Mon. Req. Mon. DAILY MX N/A ***** Z A ***** ***** ***** **** ***** VALUE ***** ***** 100 MONITORING PERIOD
DAY
YEA 0 ox chronic occur/mo SLIND (2G) ug/L l/gu (23)93 8 % 23 (28) % 23 ᅼ 5 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 300 9**9** 2009 YEAR. 0 0 0 贝증 0 0 0 0 TELEPHONE **586-0393** QUARTERLY FREQUENCY OF ANALYSIS ** Semiannual 1/9/00) Once Per Once Per Once Per Month DAILY Month Month DAILY PHONE NUMBER ð ω DISCHARGE NUMBER 001 A COMP24 VISUAL MEASRD MEASRD COMP24 SAMPLE TYPE CALCITO CALCID DAY μ DAY

FA Form 3320-1 (03-99). Previous editions may be used * The reporting period was from 03/01/2009 through 03/28/2009

2061 602196/464000

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.

TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.

OFFICER OR AUTHORIZED AGENT

YEAR

OFFICER OR AUTHORIZED AGENT

OFFICER OR AUTHORIZED AGENT

YEAR

OFFICER OR AUTHORIZED AGENT

YEAR

OFFICER OR AUTHORIZED AGENT

YEAR

OFFICER OR AUTHORIZED AGENT

OFFICER OR AUTHOR Vastewater Utilities Superintendent oe Myers VAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments 31615 T 9 Fecal coliform, MPN, EC med, 44.5 C See Comments 31615 S Fecal coliform, MPN, EC med, 44.5 C ATT: FACILITY: LOCATION: PERMITTLE NAME/ADDRESS(Include Facility name/Location if different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) ADDRESS: NAME: 9 PARAMETER or those persons directly responsible for gathering the information, the information submitted Based on my inquiry of the person or persons who manage the system. to assure that the qualified personnel properly gather and evaluate the information I certify under penalty of law that this document and all attachments were MENDENHALL TREATMENT PLANT prepared under my direction or supervision in accordance with the system designed Denny Kay / Mendenhall WWTF Supervisor JUNEAU, ALASKA 99801 **MENDENHALL VALLEY SERVICE AREA** JUNEAU, CITY AND BOROUGH OF JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE PERMIT PERMIT QUANTITY OR LOADING VALUE **** ***** **** ***** ***** **** VALUE **** ***** SLIND *** FROM **** WKLY GEO WKLY GEO N/A N/A VALUE 2009 800 8 ⋨ AK-002295-1
PERMIT NUMBER QUALITY OR CONCENTRATION MO GEO MO GEO Z > N/A 200 VALUE 60 ωB MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILYMX N/A 1200 N/A VALUE 88 DAY MONITORING PERIOD #/100mL #/100ml SLINO (E (13) 7 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 907 AREA CODE 2009 YEAR ΩŠ 0 0 FREQUENCY OF ANALYSIS * * 586-0393 Once Every Once Every LELEPHONE PHONE NUMBER Week Week 3 DISCHARGE NUMBER 001 A SAMPLE TYPE GRAB GRAB DAY DAY

* The reporting period was from 03/01/2009 through 03/28/2009.

COEFT ACT TO COM A TO COMMON WAY WOLL BE LOED!



Alaska Department of Environmental Conservation Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501 Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907)269-4114

Fax: (907)269-4604

E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any):			
Applicant Company:	Facility Name		Facility La	ocation:
City & Borough of Juneau, Alaska	Mendenhall WWTF		2009 Rado	liffe Rd
Person Reporting:	Phone Numbers of Per	son Reporting	Reported	How? (e.g. by phone)
Denny Kay	907 586 0393		Contract la	boratory (Analytica Enviromental)
Date/Time Event was Noticed	Date/Time Reported	, Permu, view	Name of I	DEC Staff Contacted
March 25, 2009	1300 hrs		Chris Fole	y
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITH	IIN 24 HOURS OF DISCO	VERY (noti	fication by email is acceptable)
INCIDENT DETAILS (attach	additional sheets, lab	reports and photos as	necessary)	
Estimated Quantity involved (volum	e or weight)			
Cause of the event (be specific)				
Low flow/ concentrated loading				
	3144			
Permit Condition Deviation (Identif				Sample Bate
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample re-	edit.	Sample Date
Effluent BOD Monthly Average	30 MG/L	35.2 MG/L		3/4/2009
		29.9 MG/L		3/11/2009
		Average 32.3 MG/L		
Corrective Actions (Attach a descrip	tion of corrective actions tak	en to restore the system to	normal ope	ration and to minimize or eliminate
chances of recurrence.) Increased DO profile to completely i	metabolize the concentrated	loading.		
		C		
Environ ALD 05		Yes	man.	Unknown
Environmental Damage: (if yes, pr	•		⊠ No	Onknown
Actual /Potential Impact on Environ	ment/Public Health (describ	e in detail)		
<u>. </u>				
Actions taken to reduce or eliminate nearby well owners and informed we			scribe in deta	il) (e.g. Supplied drinking water to
nearby wen owners and informed w	en owners not to graik mole	wens until further motice)		
COMMENTS				
Based on information and belief for	med after reasonable inquire	Certify that the statemen	nts and infor	mation in and attached in this
document are true, accurate, and co	mplete.)		
Name: Denny Kay	Signature: 🗸	lemma Karl	Date:	March 26, 2009
FC	DRMS MUST BE SENT TO	DEC WITHIN 5 DAYS OF	THE EVEN	

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska

AVERAGE	MINIMUM	MAXIMUM	70.	SAT	22	Æ	WED	TUE	MON	SUN	SAT	Æ	H	WED	IUE	MON	SUN	SAT	FRI	뒫	WED	TUE	MON	SUN	SAT	FRI	THU	WED	JUE.	MON	SUN		DAY		
AGE	MUM	MUM	TOTAL	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	00	7	o	5	4	3	2	_		DATE		
28.0	12	36		35	36	36	31	34	35	32	30	32	33	27	29	26	27	30	34	34	30	24	12	13	18	32	20	22	24	28	26	묶	TEMP	WEA	1
0.09	0.00	0.72	2.38	0.04	0.11	0.17	0.02	0.21	0.06	0.00	0.00	0.10	0.01	0.04	0.00	0.00	0.00	0.02	0.09	0.72	0.06	0.11	0.00	0.00	0.00	0.36	0.00	0.02	0.03	0.20	0.01	NCHES	FAE R	WEATHER	!]]
1.91	1.52	2.22	53.53	1.95	2.07	2.12	1.87	2.06	1.83	1.81	1.87	1.85	1.81	1.80	1.89	1.84	1.92	1.97	2.11	1.93	1.52	2.22	1.89	1.89	1.96	1.84	1.83	1.93	1.92	1.89	1.94	MGD	SBR		
105.8	82	176		84	86	91	114	116	105	111	109	106	120	111	109	114	114	120	176	120	101	95	86	101	106	101	97	82	91	96	101		Mend.	1	
1.68	1.28	1.96	46.93	1.72	1.82	1.88	1.69	1.82	1.61	1.64	1.65	1.66	1.59	1.58	1.63	1.62	1.68	1.81	1.85	1.61	1.28	1.96	1.67	1.68	1.69	1.57	1.62	1.61	1.66	1.64	1.69	MGD	SBR	FLOWS	
41.8	42.4	59.0		32.5	31.5	32.3	44.6	42.2	43.1 /1	44.7 /1	43.7 /1	42.3	49.8	46.4	44.2	46.5	44.8	43.8	62.5	49.1	52.0		34.3	39.8	41.5		39.7	33.9	36.4	38.8	39.6		Receiving	S	
/1 0.0539	/1 0.0307	/1 0.0735	1.5101	/1 0.0536	/1 0.0638	/1 0.0735	/1 0.0595	/1 0.0581	/1 0.0523	/1 0.0364		/1 0.0509	/1 0.0474	/1 0.0511	/1 0.0607	/1 0.0581	/1 0.0425	/1 0.0568	/1 0.0544	/1 0.0517	/1 0.0488	/1 0.0630	/1 0.0498	/1 0.0458	/1 0.0579	/1 0.0579	/1 0.0560	/1 0.0558	/1 0.0535	/1 0.0526	/1 0.0307	MGD	SBR		-
9 9.2	8.0	10.0		0,	9.0	9.0	9.0	9.0	9.0	-	<u>.</u>	8.0	10.0	9.0	9.0	9.0		ω.	9.0		3 9.0	9.0	9.0	3			9.0		10.0	10.0	7	റ്			
7.2	7.0	7.7			7.2	7.2	7.1	7.0	7.7			7.4	7.0	7.2	7.1	7.3			7.0	7.1	7.0	7.1	7.4			7.1	7.1	7.1	7.5	7.3			ř		
6.9	6.9	6.9											•															6.9				mg/L	0.0		
203	191	214																				214						191				mg/L	SS	NFLUE	
		3498																				3498						2565				LBS	S.S.	JENT	00110
298	267	328																				328						267				mg/L	8.0.0		שמו וסממ, י וומסוגמ
4473	3585	5362																				5362						3585				LBS	8,0,0,		
9.9	9.0	11.0			10.0	10.0	11.0	10.0	10.0			10.0	10.0	10.0	10.0	10.0			10.0	10.0	10.0	9.0	9.0			9.0	9.0	10.0	10.0	10.0		a į	TOWO		
6.6	6.5	6.8			6.7	6.6	6.6	6.7	6.6			6.7	6.5	6.5	6.5	6.8			6.6	6.5	ල ල	6.6	6.7			6.6	6.6	6.7	6.8	6.7		3	<u>}</u>		
2.9	2.9	2.9																										2.9			- 1	ma/L	Ö.		
11.5	9.7	13.9			9.7	10.9	12.1	11.8	11.5			9.7	10.8	10.8	10.9	10.5			9.9	10.7	11.5	11.5	12.4			13.1	13.9	12.8	12.4	12.9		Z §	TURBID.		
26	26	26																				26						26				mo/L	S.S.	EFFLUENT	
ω	ω	4						į																				.,				B S	S.S.	Z	

COMMENTS:

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

Turb.NTU	D.O.mg/l	Alk. mg/l	Hrd. mg/l	Marc
13.9	2.9	NO TEST	56.0	ո 2009

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	March 2009	•
	⊔g/L	LBS
Copper	35.3	0.49
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	16.0	222

MAX	AVG	4	ω	2			WEEK	
35	33			30	35	mg/l	ω	
489	481			489	473	lbs	BOD	WEEKLY
26	26			26	26	mg/l	1,7	WEEKLY AVERAGE
42	38			4,	32	lbs	SST	