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

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

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

MAJOR (SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

**

PERMIT NUMBER	AK-002295-1	NOTE: Read instructions before completing this form
DISCHARGE NUMBER	001 A	ions before completing this form.

FACILITY:	MENDENHALL VALLEY SERVICE AREA	I I EV CEDVICE A	DnA				THICK	7777	7		
LOCATION:	JUNEAU, ALASKA 99801	99801	Ì		≯	MO	DAY	MY YEAR PERSON	YEAR	Š	DAY
ATT:	Denny Kay / Mendenhall WWTF Supervisor	nhall WWTF Supen	visor	FROM	2009	5	Ľ	70	2009	ы	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUALITY	LITY OR CONCENTRATION	TRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU	Ş	OF AINAL TOIO	770
Turbidity	SAMPLE	,				11.0	17.4	(43)	0		
	MEASUREMENT	***	***	**	****						
00070 1 0	PERMIT					Req. Mon.	Req. Mon.			Continuous	RCORDR
Effluent Gross	REQUIREMENT	* * * *	* * *	***	* * * *	MO AVG	DAILY MX	3			
Oxygen, dissolved (DO)	SAMPLE				3 <u>.</u> 5	3.5		(19)	0		
	MEASUREMENT	****	****	***		1	****		,		
00300 1 0	PERMIT			•	Req. Mon.	Req. Mon.		19		Once Per	GBAR
Effluent Gross	REQUIREMENT	* * * *	* * * * * * * * * * * * * * * * * * * *	**	DAILY MN	MO AVG	* * * *	ma/L		₫	í f
BOD, 5-Day, 20 deg. C	SAMPLE	376.2	462.4	(26)		25.1	33.6	(19)	0		
	MEASUREMENT		***		****						
00310 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		Mond	
BOD, 5-Day, 20 deg. C	SAMPLE	462.4		(26)		33.6		(19)	0		
	MEASUREMENT		****		****		***				
00310 W 0	PERMIT	1829				45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	* * * *	WKLY AVG	***	mg/L		Month	
PH	SAMPLE				6,5		6.9	(12)	0		
	MEASUREMENT	****	****	**		****					
00400 1 0	PERMIT				6.5		9.0	12		Weekdays	GRAB
Effluent Gross	REQUIREMENT	* * * *	* * * *	* * *	NIM TSNI	****	INST MAX	S			
Alkalinity, total (asCaCo3)	SAMPLE					N/A	N/A	(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	358.0	531.4	(26)		23,8	36.0	(19)	0		
	MEASUREMENT				***						
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	law that this document	and all attachments w	ere		•	•	!		TELEPHONE	
Joe Myers	to assure that the qualified personnel properly gather and evaluate the information	d personnel properly ga	ccordance with the syst other and evaluate the in	of designed		· //ar	n de	•	907	586-0393	
Wastewater Utilities Superintendent	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	nquiry of the person or esponsible for gatherin	persons who manage to gethe information, the	he system,	A H	3	0		CODE	PHONE NUMBER	ER
	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.	f my knowledge and be significant penalties for	lief, true, accurate, and submitting false infor	complete mation.	SIGNATURE	URE OF PRINCIPAL	N EXECUTIVE		7007)	×
TYPED OR PRINTED Including the po	including the possibility of fine and imprisonment for knowing violations	of fine and imprisonment	nt for knowing violatio		OFF	OFFICER OR AUTHORIZED AGENT	IZED AGENT		YEAR	MO	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*)

FPA Form 3320-1 (03-99) Previous editions may be used * The reporting period was from 05/03/2009 through 05/30/2009.

(REPLACES EPA FORM T 40 WHICH MAY NOT BE USED).

00434/981209 1904

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

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

FACILITY: LOCATION: NAME: ADDRESS: 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

> MAJOR (SUB 01) F - FINAL EFFLUENT
> *** NO DISCHARGE Form Approved.
>
> OMB No. 2040-0004
>
> Approval Expires 05-31-98

NOTE: Read instructions before completing this form. **

001 A

AK-002295-1 PERMIT NUMBER

1		P	>	: 3	: <u>-</u>	1.
		Denny Kay / Mendenhall WWTF Supervisor	JUNEAU, ALASKA 99801	MENDENHALL VALLEY SERVICE AREA	JUNEAU, ALASKA 99801	155 SOUTH SEWARD,
VALUE	QUANTITY OR LOADING	hall WWTF Supervi	99801	LEY SERVICE AF	9801	Ų
VALUE	OADING	isor		ŒΑ		
UNITS		FROM				
VALUE	QUAI	2009	¥			PERMIT
VALUE	QUALITY OR CONCENTRATION	7	MO			PERMIT NUMBER
VALUE	RATION	ш	DAY	MONIT		
SLIND		70		MONITORING PERIOD		
	E NO	2009	YEAR	ERIOD		
	FREQUENCY OF ANALYSIS	5	MO			DISCHARG
	SAMPLE TYPE	31	DAY			DISCHARGE NUMBER

LOCATION:	JUNEAU, ALASKA 99801	99801			⋨	MO	DAY		YEAR	MO	DAY
ATT:	Denny Kay / Mendenhall WWTF Supervisor	nhall WWTF Super	visor	FROM	2009	5	1	70	2009	ъ	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUALITY	LITY OR CONCENTRATION	TRATION	1	NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STIND	Ş	OF AINAL I GIG	7
Solids, total suspended	SAMPLE	428.1		(26)		29.0		(19)	0		
	MEASUREMENT		****		****	•	****				
00530 W 0	PERMIT	1829		•		45		19		Twice Per	COMP24
See Comments	REQUIREMENT	WICLY AVG	* * * *	lb/d	* * *	WKLY AVG	Ž * *	mg/L		Month	
Nitrogen, ammonia total (as N)	SAMPLE	198.9	198.9	(26)		15.0	15.0	(19)	0		
	MEASUREMENT				****		-				
00610 1 0	PERMIT	1164	1963			28.5	4 8	19		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * *	MO AVG	DAILY MX	ma/L		Month	
Hardness, total (as CaCO3)	SAMPLE			1		82.0	82.0	(19)	0		
	MEASUREMENT	****	****	**	****			,			
00900 1 6	PERMIT					Req. Mon.	Req. Mon.	19		Once Per	GRAB
Effluent Gross	REQUIREMENT	** **	* * * * *	*	* * * *	MO AVG	DAILY MX	mg/L		Moner	
Silver, total recoverable	SAMPLE	0.000	0.000	(26)		0.00	0.00	(28)	0		
	MEASUREMENT				****						
01079 1 0	PERMIT	REPORT	REPORT			REPORT	REPORT	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	* * * *	MO AVG	DAILY MX	ug/L		Year	
Zinc, total recoverable	SAMPLE	0.00	0.00	(26)		0.0	0.0	(28)	0		
					dealers of the state of						
01094 1 0	PERMIT	REPORT	REPORT			REPORT	REPORT	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/L		Year	
Lead, total recoverable	SAMPLE	0.000	0.000	(26)		0.0	0.0	(28)	0		
	MEASUKEMENT				***						
01114 1 0	PERMIT	REPORT	REPORT			REPORT	REPORT	28		Three Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L		Year	
Copper, total recoverable	SAMPLE	0.27	0.27	(26)		20.2	20.2	(28)	0		
	MEASUREMENT			-	***						
01119 1 0	PERMIT	3.54	7.63			86.7	187	28		Once Per	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	***	MO AVG	DAILY MX	ug/L		Month	
NAME/ITILE 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	law that this document tion or supervision in a	ccordance with the sys	ere tem designed	2)		907	TELEPHONE 586-0393	
Wastewater Utilities Superintendent	submitted. Based on my inquiry of the person or persons who manage the system,	nquiry of the person or	persons who manage t	he system,	Cons	マスタ	とす	(AREA CODE	PHONE NUMBER	х і
	or those persons unrecity responsible for gathering the miormation; submitted is, to the best of my knowledge and belief, true, accurate, and complete.	f my knowledge and be	ng the information, the elief, true, accurate, and	information 1 complete	4	Muni	2	<u></u>	ð	DATE	1 :
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	of fine and imprisonme	nt for knowing violatio	ns.	OFF	OFFICER OR AUTHORIZED AGENT	IZED AGENT		YEAR /	3€	DAY
)									

* The reporting period was from 05/03/2009 through 05/30/2009. FPA 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 lun 1- Oct 31, Q and S are never used *no chlorine*)

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(REPLACES EPA FORM T 40 WHICH MAY NOT BE USED)

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

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

A G F ADDRESS: NAME: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF

MAJOR
(SUB 01)
F- FINAL
F-FINAL
F-FILUENT
**** NO DISCHARGE

NOTE: Read instructions before completing this form.

DISCHARGE NUMBER

AK-002295-1
PERMIT NUMBER

ATT:	JUNEAU, ALASKA 99801 Denny Kay / Mendenhall WWTE Simenisor	JUNEAU, ALASKA 99801 Denny Kay / Mendenhall WWTF Sunervisor		ER OM	YR	МО	DAY)AY YE	YEAR	Mo	DAY
	Denny Kay / Mende	Thall WWTE Simen		E OM	,	7					
		man sees to out out	VISOI		5005	G	H	70	2009	5	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUALITY	LITY OR CONCENTRATION	TRATION		N O	FREQUENCY	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	<u>,</u>	OF ANALI OIC	177
Coliform, fecal - % sample exceeds	SAMPLE						0	(23)	0		
limit	MEASUREMENT	****	****	**	****	***	•	[(
30500 O 0	PERMIT						i n			Turico Eveny	CD _A D
See Comments	REQUIREMENT	* * * *	***	**	****	* * *	DAII Y MX	ş		Wook	9
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE					N/A	Z/A	(12)	O		
	MEASUREMENT	****	****	* * *	****		3				
31615 O 0	PERMIT					161	Ren Mon	1		Twice Every	Oo Au
See Comments	REQUIREMENT	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * *	* * * * *	MO GEO	DAILY MX	#/100mL		Week	Š
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				N/A	N/A	N/A	(13)	0	3	
	MEASUREMENT	****	****	* * *	•						
31615 P 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	* * * *	** ** **	* * *	WKLY G E O	MO GEO	DAILY MX	#/100mL		Week .	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				N/A	N/A	N/A	(13)	0		
	MEASUREMENT	****	****	* *		,	,				
31615 Q 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	* * * *	* * * *	* * *	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				5.5	3.9	8.57	(13)	0		
	MEASUREMENT	****	****	* * *							
31615 R 0	PERMIT				800	400	1200			Twice Every	GRAB
See Comments	REQUIREMENT	****	*****	**	WKLY GED	MO GEO	DAILY MX	#/100mL		Week	
Floating solids or visible foam-visual	SAMPLE						0		0		
	MEASUREMENT	****	****	* * *	***	****					
45613 1 0	PERMIT			-			Req. Mon.	T		Once Per	VISUAI
Effluent Gross	REQUIREMENT	* * * *	****	* * *	* * * *	* * * * * *		Y=1; N=0		Month	
Flow, in conuit or thru treatment plant	SAMPLE	1.80	2.19	(03)				_	0		
	MEASUREMENT				* * * * * * *	****	****	* * *	-		
50050 1 0	PERMIT	Req. Mon.	4.9	ω				- T		Continuous	RCORDR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d)* *	****	****	* * *			(
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I C	I certify under penalty of law that this document and all attachments were	aw that this document	and all attachments w	ere			>			TELEPHONE	
Joe Myers to Wastewater Utilities Superintendent sui	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.	on or supervision in a personnel properly ga quiry of the person or	ccordance with the syst other and evaluate the in persons who manage t	tem designed nformation he system,	Com	なる	チャ	<u> </u>	907 AREA CODE	586-0393 PHONE NUMBER	##
or sul	or those persons directly responsible for gathering the information, the information submitted is, or the best of my knowledge and belief, true, accurate, and complete a wavate that there are significant organities for submitting blee information.	sponsible for gatherin my knowledge and be emificant penalties for	g the information, the slief, true, accurate, and	information I complete	Signal	STEWARDS OF BUTTON	k k		2000	DATE	- 1 1
TYPED OR PRINTED inc	including the possibility of fine and imprisonment for knowing violations	fine and imprisonmer	nt for knowing violation	ns.	OFFICER	CER OR AUTHOR	OR AUTHORIZED AGENT	0	YEAR	3	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	IOLATIONS	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	30:1 (O.P.an	d R used Nov 1-N		1- Oct 31. O and	S are neve	31 & T Jun 1- Oct 31, Q and S are never used *no chlorine*)	orine*)	

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

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

^{*} The reporting period was from 05/03/2009 through 05/30/2009.

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

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

FACILITY: LOCATION: A NAME: ADDRESS: Denny Kay / Mendenhall WWTF Supervisor JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

NOTE: Read instructions before completing this form.

N.			
2009	∌		AK-002295-1 PERMIT NUMBER
5	Mo		295-1 NUMBER
—	DAY	MONIT	
TO		MONITORING PERIOD	
2009	YEAR	ERIOD	
5	MO		DISCHARG
31	DAY		001 A DISCHARGE NUMBER

FROM

DAY	MO	YEAR		ZZED AGENT	CER OR AUTHOR	OFF)	5.	t for knowing violation	tine and imprisonment	including the possibility of line and imprisonment for knowing violations	TRED OR PRINCED
~	~	2002		AL EXECUTIVE	SIGNATURE OF PRINCIPAL EXECUTIV	SIGNAT	nation,	submitting false inforn	ignificant penalties for	I am aware that there are significant penalties for submitting false information,	
\ 	DATE		-т	*	トラ	4	complete.	ief, true, accurate, and	my knowledge and beli	submitted is, to the best of my knowledge and belief, true, accurate, and complete.	
JER	PHONE NUMBER	CODE		D	Ö		e system,	persons who manage th	iquiry of the person or I	submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly recognitive for mathematical the information the information.	WasteWater Utilities Superintendent
		AREA	(3	くても	Terr	formation	her and evaluate the in	personnel properly gate	to assure that the qualified personnel properly gather and evaluate the information	
	TELEPHONE	907					ne m designed	and all attachments we cordance with the syste	aw that this document on or supervision in acc	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	PRINCIPAL EXECUTIVE OFFICER
			ox chronic	DAILY MX k	****) ** ** *	***	****	****	REQUIREMENT	Effluent Gross
COMP24	Semiannual			Req. Mon.						PERMIT	TT000 1 8
	anthonyangar a				****	****	* * *	***	****	MEASUREMENT	
		0	(2G)							SAMPLE	Toxicity, Chronic
	Month		occur/mo		** ** *	******	* * *	* * * * *	** ** *	REQUIREMENT	Effluent Gross
VISUAL	Once Per			Req. Mon.						PERMIT	84066 1 0
			-11		****	****	* * *	** ** *	***	MEASUREMENT	
		0	(93)	0						SAMPLE	Oil and grease visual
				* * *	* * * *	* * *	lb/d	*****	MO AVG	REQUIREMENT	End of Chlorine Contact Chamber
MEASRD	DAILY								Req. Mon.	PERMIT	81400 X 0
				****	****	****		****		MEASUREMENT	
		0					(26)		N/A	SAMPLE	Chlorine usage
	Month T		%	**** ***	* * * *	MN % RMV	* * *	****	* * * *	REQUIREMENT	Percent Removal
CALCID	Once Per		23			85				PERMIT	81011 K 0 0
	-		,	****	****		* * *	****	****	MEASUREMENT	
		0	(23)			91.2			-	SAMPLE	Solids, suspended percent removal
	Month		8	* * * *	* * *	MN % RMV	* * *	* * * * *	* * * * * * *	REQUIREMENT	Percent Removal
CALCTD	Once Per		23			85				PERMIT	81010 K 0
				****	****		* * *	****	****	MEASUREMENT	
		0	(23)			92.9				SAMPLE	BOD,5-day, percent removal
			Ë	* * * *	MO AVG	DAILY MN	* * *	* * * *	** ** *	REQUIREMENT	Effluent Gross
MEASRD	DAILY				Reg. Mon.	Reg. Mon.				PERMIT	80093 1 0
		,	١	***			* * *	****	****	MEASUREMENT	
		0	ug/L		232,3	181,8				SAMPLE	Dilution factor
			ug/I	DAILY MX	MO AVG	* * * *	lb/d	DAILY MX	MO AVG	REQUIREMENT	See Comments
COMP24	OUARTERLY			100	100			4.09	4.09	PERMIT	50060 S 0
			(2)	,		****	,		•	MEASUREMENT	
		0	(28)	N/A	N/A		(26)	N/A	N/A	SAMPLE	Chlorine, total residual
7	2	Ş	STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		
SAMPLE	FREQUENCY OF ANALYSIS	NO.		TRATION	LITY OR CONCENTRATION	QUALITY		OADING.	QUANTITY OR LOADING		PARAMETER

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*)

EPA Form 3320-1 (03.99). Previous editions may be used * The reporting period was from 05/03/2009 through 05/30/2009. (REPLACES EFA HIRM 1-40 WHICH MAY NOT BE USED).

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS Wastewater Utilities Superintendent Joe Myers NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments 31615 T 9 Fecal coliform, MPN, EC med, 44.5 C See Comments 31615 S 9 Fecal coliform, MPN, EC med, 44.5 C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) LOCATION FACILITY: ADDRESS: NAME: TYPED OR PRINTED PARAMETER submitted. Based on my inquiry of the person or persons who manage the system, submitted is, to the best of my knowledge and belief, true, accurate, and complete or those persons directly responsible for gathering the information, the information including the possibility of fine and imprisonment for knowing violations I am aware that there are significant penalties for submitting false information, to assure that the qualified personnel properly gather and evaluate the information prepared under my direction or supervision in accordance with the system designed certify under penalty of law that this document and all attachments were Denny Kay / Mendenhall WWTF Supervisor JUNEAU, ALASKA 9980: MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE 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*) QUANTITY OR LOADING **** VALUE ***** **** ***** ***** **** VALUE **** SLIND FROM *** *** WKIY GEO WKLY GEO N/A Z/A VALUE 2009 800 60 AK-002295-1 SIGNATURE OF PRINTIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PERMIT NUMBER QUALITY OR CONCENTRATION MO GHO MO GEO N/A N N VALUE 60 200 ᄱ NATIONAL EXECUTIVE MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILY MX N/A N/A 1200 VALUE 800 DAY MONITORING PERIOD #/100mL #/100m SLIND (13) (13) Т 2009 Form Approved.

OMB No. 2040-0004 Approval Expires 05-31-98 907 AREA CODE 2009 YEAR 0 ΝŠ 586-0393 FREQUENCY OF ANALYSIS TELEPHONE Once Every Once Every PHONE NUMBER Week Week G ₹ DISCHARGE NUMBER SAMPLE TYPE GRAB **GRAB** 31 DAY

EPA Form 3320-1 (03-99) Previous editions may be used * The reporting period was from 05/03/2009 through 05/30/2009.

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska

AVERAGE	MINI	MAXIMUM	.01	SAT	FRI	H	WED	TUE:	MON	SUN	SAT	꿆	THU	WED	TUE	MON	SUN	SAT	丑	JHJ	WED	TUE	MON	SUN	SAT	FRI	JHU	WED	TUE	MON	SUN		DAY		
RAGE	MINIMUM	MUM	TOTAL	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	ω		DATE		
48	44	57			46	52	48	49	57	53		49			48	47			44	44	45	46	47	45	44		46		48	44	47	Ŷ	TEMP	WE/	
0.10	0.00	1.02	2.67	0.07	0.48	0.04	0.20	1.02	0.00	0.00	0.00			0.00	0.00	0.00		0.02	0.08	0.00	0.00	0.00	0.00	0.00	0.00		0.32		0.00	0.05	├	INCHES	FALL RAIL	WEATHER	
2.03	1.83	2.20	56.89	2.14	2.09	1.97	1.98	1.95	1.97	1.83	1.87		1.96	2.09	1.99	1.99		1.99	2.01	2.02	1.99	2.06	2.14	2.13							2.14	<u>₩</u>	NFLUED SBR		
3 643.93	3 445	1400			1400	873	1230	934	772	610					502	518		445	1 455	2 481	9 471	3 455		3 497						610	4 552	CFS			
1.80	5 1.59	0 2.19	50.35	0 2.19	0 2.09	3 1.99	0 1.98	4 1.95	2 1.78	0 1.69	3 1.79	0 1.84	3 1.77	9 1.89	2 1.77	8 1.80		5 1.73	5 1.82	1.81	1.77	5 1.79	5 1.67	7 1.63	0 1.63				5 1.59	0 1.69	2 1.67	MGD	月 駅 駅	FLOWS	
232	182	414	01	367			8 402	5 310	8 281					9 182	7 184	0 187		3 167	2 163	1 173	7 173	9 165		3 198						9 234	├		Receiving Water	VS	
	7	3	ယ	3	7	2	1	3	1	3	3	1	2	7	7	7	7	=	3	3	3	3	1	3	3	7	/1	7	3	3	1				
0.1383	0.0939	0.1960	3.8715	0.1151	0.1794	0.1590	0.1488	0.1196	0.1425	0.1291	0.1289	0.1322	0.1476	0.1488	0.1139	0.1175	0.1198	0.0939	0.1890	0.1190	0.1190	0.1267	0.1302	0.1183	0.1084	0.1910	0.1960	0.1370	0.1320	0.1656	0.1432	MGD			
بر ص	8.0	12.0			12.0	12.0	10.0	11.0	9.0			11.0	11.0	11.0	11.0	11.0			10.0	10.0	10.0	11.0	10.0			8.0	9.0	9.0	10.0	9.0		ಗೆ	E N N		
7.4	6.8	9.4			7.3	7.3	7.2	7.3	7.3			7.2	7.2	7.2	7.3	7.4			8.9	7.0	6.8	7.2	7.8			9.4	7.0	7.1	6.8	7.3			모		
8.2	8.2	8.2														-												8.2				mg/L	Ö.	7	
271	212	304				280		212					290		292					304		236				302		248				mg/L	s. S.S.	NFLUENT	
4084	3413	4647				4647		3448					4281		4310					4589		3523				4458		3413				LBS	S.S.	1	Juliec
354	225	512				390		325					416		225					512		250				359		354				mg/L	B.O.D.		Julicau, Alaska
5357	3321	7729				6473		5285					6141		3321					7729		3732				5299		4871				LBS	B.O.D.		ă
121	11.0	13.0			13.0	13.0	13.0	13.0	12.0			13.0	12.0	12.0	12.0	12.0			12.0	12.0	11.0	13.0	11.0			12.0	12.0	11.0	11.0	11.0		ರೆ	TEMP		
6.7	6.5	6.9			6.9	6.7	6.7	6.9	6.7			6.6	6.6	6.6	6.8	6.8			6.5	6.7	6.6	6.7	6.8			6.6	6.6	6.6	6.6	6.7			7		
ယ	3.5	3.5																										3.5				mg/L	0.0		
110	9.0	17.4			11.4	9.1	9.7	9.0	9.7				10.9	11.7	10.1	10.4			11.9	11.9	10.9	10.2	9.5			11.5	11.8	12.4	9.8	17.4		Z	MAX.		
23.8	19.0	36.0				21.0		23.0					36.0		22.0			* 'sak	•	20.0		19.0				25.0		24.0				mg/L	Ş	EFFLUENT	
ພ	2	ر ت				ω		ω					5		ω					ယ		2				ယ		ω				E88	SS	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	Мау
17.4	3.5	N/A	82.0	May 2009

Tox. TUc	
NO TEST	

	May 2009		
	ug/L	LBS	
Copper	20.20	0.268	
Lead		0.000	
Silver		0.000	
Zinc		0.000	
VH3 mg/L	15.00	198.91	

MAX	AVG	4	ω	2			WEEK		
30.4	25.1	22.3	23.6	24.0	30.4	mg/l			
432	378	360	360	360	432	lbs	BOD	WEEKLY	
29.0	23.75	22.0	29.0	19.5	24.5	mg/l	4	WEEKLY AVERAGE	
42	3,	ဒ္ဓ	42	29	35	łbs	TSS	111	