

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2009	7	1	2009
YEAR	MO	DAY	YEAR
2009	7	31	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	PERMIT MEASUREMENT	*****	*****	****	*****	9.3	13.2	(43)	0	Continuous	RCORDR
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.5	3.5	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	318	430	(26)	*****	17.5	25.0	(19)	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	60	mg/L	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	416	*****	(26)	*****	24.3	*****	(19)	0	Twice Per Month	COMP24
00310 W 0 See Comments	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	mg/L	0	Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.1	(12)	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.3	*****	9.0	12		Weekdays	GRAB
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	****	INST MIN	N/A	N/A	(19)	0		
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	271	347	(26)	*****	14.8	18.0	(19)	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	60	mg/L	0	Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
WW 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.

Denny Kay for Joe Myers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE
2009
PHONE NUMBER
8
DATE
06
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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*)

* Concerning violations-please see attached. The reporting period was from 06/28/2009 through 08/01/2009.

CEA Form 3320 (03/99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

009347981209 1904
PAGE 1 OF 5

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PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	307	*****	(26)	17.0	*****	19	0	Twice Per Month	COMP24	
00530 W 0	PERMIT REQUIREMENT	1829	*****	lb/d	45	*****	19	0	Twice Per Month	COMP24	
See Comments	WKLY AVG	299	*****	(26)	17.0	*****	19	0	Twice Per Month	COMP24	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	299	*****	(26)	17.0	*****	19	0	Twice Per Month	COMP24	
00610 1 0	PERMIT REQUIREMENT	1164	*****	lb/d	29	*****	19	0	Once Per Month	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	59	*****	19	0	Twice Per Month	GRAB	
Hardness, total (as CaCO3)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	19	0	Twice Per Month	GRAB	
00900 1 6	PERMIT REQUIREMENT	*****	*****	****	*****	*****	19	0	Twice Per Month	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
Silver, total recoverable	PERMIT REQUIREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
01079 1 0	PERMIT REQUIREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
Zinc, total recoverable	PERMIT REQUIREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
01094 1 0	PERMIT REQUIREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
Lead, total recoverable	PERMIT REQUIREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
01114 1 0	PERMIT REQUIREMENT	N/A	*****	(26)	N/A	*****	28	0	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	0.389	0.461	(26)	22.4	26.7	28	0	Twice Per Month	COMP24	
Copper, total recoverable	PERMIT REQUIREMENT	0.389	0.461	(26)	22.4	26.7	28	0	Twice Per Month	COMP24	
01119 1 0	PERMIT REQUIREMENT	1.82	3.92	lb/d	44.5	95.8	28	0	Twice Per Month	COMP24	
Effluent Gross	MO AVG	1.82	3.92	lb/d	44.5	95.8	28	0	Twice Per Month	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
WW Utilities Superintendent

Denny Kay
Denny Kay
Joe Myers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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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*)
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EPA Form 3520-1 (03-00) Revisions additons may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) 50134/981209 1904 PAGE 2 OF 5

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		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	PERMIT	*****	*****		*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT	*****	*****		*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****		*****	*****	DAILY MX				
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 O 0	PERMIT	*****	*****	****	N/A	N/A	Req. Mon.	13	0	Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****	****	N/A	N/A	DAILY MX	#/100mL			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 P 0	PERMIT	*****	*****	****	N/A	N/A	DAILY MX	#/100mL	0	Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****	****	N/A	N/A	DAILY MX	#/100mL			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 Q 0	PERMIT	*****	*****	****	N/A	N/A	DAILY MX	#/100mL	0	Twice Every Week	GRAB
See Comments	REQUIREMENT	*****	*****	****	N/A	N/A	DAILY MX	#/100mL			
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
45613 1 0	PERMIT	*****	*****	****	N/A	N/A	Req. Mon.		0	Once Per Month	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	****	N/A	N/A	DAILY MX	Y=1; N=0			
Flow, in count or thru treatment plant	SAMPLE MEASUREMENT	2.16	2.42	(03)	*****	*****	*****	*****	0	Continuous	RCORDR
50050 1 0	PERMIT	Req. Mon.	4.9	3	*****	*****	*****	*****			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****			

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Denny Kay for Joe Meyers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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REPLACES EPA FORM 340 WHICH MAY NOT BE USED
304-247981-209 1004
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		VALUE	VALUE		VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	PERMIT	*****	*****	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24	
50060 S 0	PERMIT	4.09	4.09	lb/d	*****	100	100	ug/l	0			
See Comments	REQUIREMENT	MO AVG	DAILY MX			MO AVG	DAILY MX					
Dilution Factor	SAMPLE MEASUREMENT	*****	*****	****		389.9	931.4	ug/l	0			
80093 1 0	PERMIT	*****	*****	****	Req. Mon. DAILY MIN	Req. Mon. MO AVG	*****	1U	0	DAILY	MEASRD	
Effluent Gross	REQUIREMENT	*****	*****	****								
BOD-5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****		95	*****	23	0	Once Per Month	CALCTD	
81010 K 0	PERMIT	*****	*****	****	85	*****	*****	%				
Percent Removal	REQUIREMENT	*****	*****	****	MN % RMV	*****	*****	(23)	0	Once Per Month	CALCTD	
81011 K 0 0	PERMIT	*****	*****	****	94	*****	*****	23	0	Once Per Month	CALCTD	
Percent Removal	REQUIREMENT	*****	*****	****	MN % RMV	*****	*****	%				
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		0			
81400 X 0	PERMIT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	(93)	0	DAILY	MEASRD	
End of Chlorine Contact Chamber	REQUIREMENT	*****	*****									
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****					
84066 1 0	PERMIT	*****	*****	****	*****	*****	*****	0	0	Once Per Month	VISUAL	
Effluent Gross	REQUIREMENT	*****	*****	****				occur/mo				
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(2G)	0	Semiannual	COMP24	
TT000 1 8	PERMIT	*****	*****	****	*****	*****	*****	bx chronic				
Effluent Gross	REQUIREMENT	*****	*****	****								

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Denny Kay
Denny Kay
Principal Executive Officer

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		VALUE	VALUE		VALUE	VALUE	VALUE				
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		N/A	N/A	N/A	(13)	0	Once Every Week	GRAB
31615 S 9	PERMIT REQUIREMENT	*****	*****		400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL			
See Comments	SAMPLE MEASUREMENT	*****	*****	****	5.7	1.9	5.7	(13)	0	Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL			
31615 T 9	PERMIT REQUIREMENT	*****	*****	****							
See Comments											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
WW Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Denny Kay for Joe Myers

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EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

WEATHER				FLOWS				INFLUENT				EFFLUENT														
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Memd. River CFS	SBR Ttl 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	CU ug/L	CU LBS	HARD mg/L	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS	B.C.G. mg	
SUN	28	52	0.19	2.14	1440	2.04	457.0 /1	0.1248	14.0	7.5									15.0	6.9		7.9				
MON	29	51	0.47	2.30	1580	2.15	475.7 /1	0.1376	14.0	7.5									15.0	6.9	3.5	9.5	12.0	210		
TUE	30	51	0.08	2.07	1560	2.10	480.9 /1	0.1072	14.0	7.3	6.5	232	4063	286	5009	18.1	0.317	42.0	15.0	7.0		9.2				
WED	1	53	0.05	2.09	1450	2.11	444.9 /1	0.1291	14.0	7.4									15.0	7.0						
THU	2	57	0.00	2.08	1180	2.18	350.7 /1	0.1240	14.0	7.1		194	3527	309	5618				16.0	6.8		8.8	13.0	236		
FRI	3	60	0.00	2.04	1200	2.06	377.3 /1	0.1229	14.0	7.4									15.0	6.9						
SAT	4	63	0.00	1.89	2410	1.95	795.3 /1	0.1069																		
SUN	5	65	0.00	2.07	2870	2.02	918.8 /1	0.1069												15.0	7.0					
MON	6	66	0.00	2.12	3180	2.12	970.0 /1	0.1019	14.0	7.8									16.0	7.1			8.8	12.0	213	
TUE	7	67	0.00	2.13	3620	2.13	1088.9 /1	0.0715	14.0	7.5		184	3269	281	4992				16.0	7.1						
WED	8	64	0.00	2.09	3830	2.09	1184.8 /1	0.0732	15.0	7.4									16.0	6.9			9.0			
THU	9	64	0.00	2.07	3610	2.07	1127.6 /1	0.0829	13.0	7.1		202	3487	534	9219	26.7	0.461	76.0	16.0	6.9		9.8	14.0	242		
FRI	10	58	0.00	2.23	3670	2.23	1064.1 /1	0.1097	16.0	7.0									16.0	7.1			5.3			
SAT	11	58	0.00	2.05	3120	2.05	984.2 /1	0.1350																		
SUN	12	61	0.00	2.07	2820	2.07	881.1 /1	0.2038												16.0	7.1			10.0		
MON	13	65	0.00	2.06	2850	2.06	894.7 /1	0.0999	18.0	7.4		188	3214	407	6958				16.0	6.8			10.8	18.0	308	
TUE	14	63	0.00	2.05	3180	2.05	1003.1 /1	0.1036	16.0	7.7		174	2989	401	6889				16.0	6.8			10.0	16.0	275	
WED	15	57	0.05	2.06	3530	2.06	1108.0 /1	0.1267	16.0	7.4									16.0	6.7			13.2			
THU	16	57	0.02	2.01	2850	2.04	917.0 /1	0.1322	16.0	7.3		266	5125	356	6858				16.0	6.9			9.5	18.0	347	
FRI	17	57	0.13	2.04	2450	2.01	776.8 /1	0.0580	14.0	6.8		258	4970	306	5895				16.0	6.8			8.2	16.0	308	
SAT	18	58	0.39	2.13	2760	2.13	838.1 /1	0.1211																		
SUN	19	59	0.17	2.15	3850	2.15	1157.8 /1	0.1306												16.0	6.9			10.5		
MON	20	57	0.76	2.34	3960	2.34	1094.2 /1	0.1402	15.0	7.3		444	8480	557	10638				16.0	6.9			10.3	14.0	267	
TUE	21	55	0.20	2.29	4070	2.29	1149.1 /1	0.0843	15.0	7.2									16.0	6.9			12.0			
WED	22	52	0.42	2.32	3610	2.32	1006.2 /1	0.1795	16.0	7.1									16.0	6.9			9.5	18.0	347	
THU	23	55	0.14	2.31	4280	2.31	1197.9 /1	0.1346	15.0	7.2		266	5125	356	6858				16.0	6.9			9.5	18.0	347	
FRI	24	54	0.00	2.31	4300	2.31	1203.5 /1	0.1172	14.0	6.8		258	4970	306	5895				16.0	6.8			8.2	16.0	308	
SAT	25	57	0.00	2.42	3300	2.42	881.9 /1	0.1298																		
SUN	26	59	0.00	2.32	2870	2.32	800.1 /1	0.1071																		
MON	27	62	0.00	2.30	3390	2.30	953.1 /1	0.1190	15.0	7.6									16.0	6.8			10.0			
TUE	28	65	0.00	2.40	4560	2.40	1228.4 /1	0.0914	13.0	7.1		190	3803	321	6425				16.0	7.0			8.5		300	
WED	29	67	0.00	2.29	4200	2.29	1185.8 /1	0.1061	15.0	7.5									16.0	7.0			8.2			
THU	30	66	0.00	2.18	4180	2.18	1239.7 /1	0.1087	16.0	7.2									17.0	7.0			8.2			
FRI	31	64	0.00	2.15	4150	2.15	1247.9 /1	0.1016	16.0	7.3									16.0	7.0			7.6			
SAT	1	61	0.00	2.11	3030	2.11	928.7 /1	0.1016																		
TOTAL			3.07	75.68		75.62		3.9561																		
MAXIMUM		67	0.76	2.42	4560	2.42	1218.3 /1	0.2038	18.0	7.8	6.5	444	8480	557	10638	26.7	0.461	76.0	17.0	7.1		3.5	13.2	18.0	347	
MINIMUM		51	0.00	1.89	1180	1.89	389.9 /1	0.0115	13.0	6.8	6.5	174	2989	281	4992	18.1	0.317	42.0	15.0	6.7		3.5	5.3	12.0	210	
AVERAGE		59	0.09	2.16	3112	2.16	931.4 /1	0.1130	14.9	7.3	6.5	233	4293	376	6850	22.4	0.389	59.0	15.8	6.9		3.5	9.3	14.8	271	

COMMENTS
• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

July 2009	
Hrd. mg/l	76.0
Alk. mg/l	N/A
D.O. mg/l	3.5
Turb. NTU	13.2
Tox. TUC	N/A

July 2009	
Copper	26.7 ug/L
Lead	N/A
Silver	N/A
Zinc	N/A
NH3 mg/L	17.00
	299.16

WEEK	WEEKLY AVERAGE				WE
	BOD lbs	TSS mg/l	COLIF. Geo		
1	14.9	266	12.5	223	
2	13.1	229	13.0	227	
3	24.3	416	17.0	291	
4	17.6	339	16.0	307	
5	17.0	340	15.0	300	
AVG	17.4	318	14.7	270	
MAX	24.3	416	17.0	307	