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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) FACILITY: ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER MAJOR
(SUB 01)
F - FINAL
F - FINAL
F - FINAL
Approval Expires 05-31-98
FFFLUENT
\*\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form. **MONITORING PERIOD** DISCHARGE NUMBER 001 A

FACILITY:	MENDENHALL VA	MENDENHALL VALLEY SERVICE AREA	ŒΑ				MONLIC	MONLI ORING PERIOD	E C		
LOCATION:	JUNEAU, ALASKA	99801	•		YR	8	DAY	₫ 	YEAR	<b>S</b>	DAY
ATT	Delilly Ndy / Mellue	Denly Ray / Mendemilan www.ir Supervisor	1301		2002	,	ŀ		1000		
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		ДŞ	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	SLIND			
Turbidity	SAMPLE					7.2	9.3	(43)	0		
	MEASUREMENT	****	****	* * *	****			I			
00070 1 0	PERMIT					Req. Mon.	Req. Mon.			Continuous	RCORDR
Effluent Gross	REQUIREMENT	****	****	* * *	****	MO AVG	DAILY MX	NIO			
Oxygen, dissolved (DO)	SAMPLE				3.7	4.5		(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	1199	1911	(26)		65.3	92.5	(19)	ъ		
	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		Month	
BOD, 5-Day, 20 deg. C	SAMPLE	1565		(26)		75.2		(19)	4		
	MEASUREMENT		****		****		****	T			
00310 W 0	PERMIT	1829				<b>.</b> 5		19		Twice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	****	WKLY AVG	****	mg/L		Month	
pH	SAMPLE				6.8		7.0	(12)	0		
	MEASUREMENT	****	****	***		***		T			
00400 1 0	PERMIT				6.3		9.0	12		Weekdays	GRAB
Effluent Gross	REQUIREMENT	****	****	**	INST MIN	***	INST MAX	SU			
Alkalinity, total (asCaCo3)	SAMPLE					42	42	(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	204	268	(26)		11.4	17.0	(19)	0		
	MEASUREMENT				***			T			
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 o	certify under penalty of law that this document and all attachments were	and all attachments w	ere	> 2	Since	\$ \$		207	TELEPHONE	
Joe Myers	to assure that the qualifi	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information to assure that the qualified personnel properly gather and evaluate the information to assure that the properly gather and evaluate the information to assure that the properly gather than the properly gath	ther and evaluate the in	nformation			<b>"</b>	Т	AREA	PHONE NUMBER	ER .
	or those persons directly	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.	of the information, the	information (	Car.	1	7		•	DATE	<b>)</b>
TODGE OF PRINTED	I am aware that there are	am aware that there are significant penalties for submitting false information	submitting false infor	mation.	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE	AL EXECUTIVE	<u>_</u>	1,00°	Ì	DAY
TYPED OR PRINTED	including the possibility	including the possibility of fine and imprisonment for knowing violations	it for knowing violatio	ns.	OT.	ICEX OX AUTHOR	TYEN ARENI		TEAK	LIIC L	UAI

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\*)

\* The reporting period was from 08/30/2009 through 09/26/2009.

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

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

FACILITY: LOCATION: NAME: ATT: ADDRESS: PARAMETER MENDENHALL TREATMENT PLANT 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

DISCHARGE NUMBER

AK-002295-1 PERMIT NUMBER

NOTE: Read instructions before completing this form.

777	2	5	-	TYPE VOLINI	TCEV ON MOTHON	2	JIIS.	THE TOT KHOWING VIOLATIC	of time and imprisonme	including the possibility of tine and imprisonment for kilowing violations	LAGED ON AKTNIED
<b>-</b>	¥ 0	1 act	٠	AL EXPOTIVE	SIGNATURE OF SUNCIPAL EXECUTIVE	STG#¥	mation,	r submitting false infor	significant penalties fo	l am aware that there are significant penalties for submitting false information,	
٥		0		A ax	arra A	マト	d complete.	elief, true, accurate, an	of my knowledge and be	submitted is, to the best of my knowledge and belief, true, accurate, and complete.	
	DATE NOMBER	CODE		\	•		information	r persons who manage	inquiry of the person or responsible for gathering	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	Wastewater Utilities Superintendent
ם י	DUONE NII IMBI	AREA		٠	•	C	information	ather and evaluate the i	ત્ર personnel properly g	to assure that the qualified personnel properly gather and evaluate the information	Joe Myers
	586-0393	907		the state of the s	y why	ラトた	vere tem designed	and all attachments we coordance with the sys	certify under penalty of law that this document and all attachments were repared under my direction or supervision in accordance with the system	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	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Month		ug/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
COMP24	Twice Per		28	95.8	44.5			3.92	1.82	PERMIT	01119 1 0
			ı			****				MEASUREMENT	
		0	(28)	17.1	15.7		(26)	0.30	0.28	SAMPLE	Copper, total recoverable
-	Year		ug/L	DAJLY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
COMP24	Three Per		28	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	PERMIT	01114 1 0
			T			****				MEASUREMENT	
		0	(28)	0.36	0.36		(26)	0.006	0.006	SAMPLE	Lead, total recoverable
	Year		ug/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
COMP24	Three Per		28	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	PERMIT	01094 1 0
			I			****				MEASUREMENT	
		0	(28)	29.9	29.9		(26)	0,492	0.492	SAMPLE	Zinc, total recoverable
	Year		ug/L	DAILY MX	MO AVG	***	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
COMP24	Three Per		28	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	PERMIT	01079 1 0
			<del></del>			****				MEASUREMENT	
		0	(28)	0.3	0.3		(26)	0.004	0.004	SAMPLE	Silver, total recoverable
	Month		mg/L	DAILY MX	MO AVG	****	**	****	****	REQUIREMENT	Effluent Gross
GRAB	Twice Per		19	Req. Mon.	Req. Mon.					PERMIT	00900 1 6
			1			***	***	****	****	MEASUREMENT	
		0	(19)	76	70					SAMPLE	Hardness, total (as CaCO3)
	Month		mg/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
COMP24	Once Per		19	&	28.5			1963	1164	PERMIT	00610 1 0
						****				MEASUREMENT	
		0	(19)	17.0	17.0		(26)	303	303	SAMPLE	Nitrogen, ammonia total (as N)
	Month		mg/L	****	WKLY AVG	****	lb/d	****	WKLY AVG	REQUIREMENT	See Comments
COMP24	Twice Per		19		45				1829	PERMIT	00530 W 0
			I	***		****		****		MEASUREMENT	
		0	(19)		14.0		(26)		232	SAMPLE	Solids, total suspended
			SLINO	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		
SAMPLE TYPE	FREQUENCY OF ANALYSIS	Ω,õ		RATION	QUALITY OR CONCENTRATION	QUAL		LOADING	QUANTITY OR LOADING		PARAMETER
30	9	2009	70	1	9	2009	FROM	isor	hall WWTF Superv	Denny Kay / Mendenhall WWTF Supervisor	ATT:
DAY	MO	YEAR		DAY	MO	¥		É	99801	MENDENHALL VALLEY SERVICE AREA JUNEAU. ALASKA 99801	LOCATION:
		DTOD	MONITORING PERIOD	OTTNOM				<u>;</u>	9801	JUNEAU, ALASKA 99801	

\* The reporting period was from 08/30/2009 through 09/26/2009. EPA Form 3320-1 (03-99) Previous editions may be used 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\*)

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

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

FACILITY: LOCATION: ATI: **ADDRESS:** NAME: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER

MAJOR
(SUB 01)
F - FINAL
F - FINAL
EFFLUENT
\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form.

001 A
DISCHARGE NUMBER

	JUNEAU, ALASKA 99801	9801									
		LLEY SERVICE AR	(EA		Ϋ́B	S C	MONITO	MONITORING PERIOD YEAR	YEAR	MO	DAY
ATT:	Denny Kay / Mendenhall WWTF Supervisor	enhall WWTF Superv	risor	FROM	2009	9	<b>P</b>	д П	2009	9	30
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		E S	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	SLINO	VALUE	VALUE	VALUE	STINU			
Coliform, fecal - % sample exceeds	SAMPLE						0	(23)	0		
limit	MEASUREMENT	****	****	**	***	****					
30500 O 0	PERMIT	270	.4				10			Twice Every	GRAB
See Comments	REQUIREMENT	****	****	* * *	****	****	DAILY MX	%		Week	
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE					N/A	N/A	(13)	0		
	MEASUREMENT	****	****	**	****			1			
31615 O 0	PERMIT					161	Req. Mon.	13		Twice Every	GRAB
See Comments	REQUIREMENT	****	*****	**	****	MO GEO	DAILY MX	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE				N/A	N/A	N/A	(13)	0		
1	MEASUREMENT	***	****	* *				7			3
31615 P 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 (	SAMPLE				N/A	N/A	N/A	(13)	0		
	MEASUREMENT	****	****								
31615 Q 0	PERMIT				400	200				Twice Every	GRAB
See Comments	REQUIREMENT	****	****		WKLY GEO	MO GEO	×	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE				N/A	Z/A	N/A	(13)	0		
	MEASUREMENT	****	****	**				1			
31615 R 0	PERMIT				800	400	1200			Twice Every	GRAB
See Comments	REQUIREMENT	****	****	***	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Floating solids or visible foam-visual	SAMPLE					•	0		0		
	MEASUREMENT	****	****	* *	****	***		1			
45613 1 0	PERMIT									Once Per	VISUAL
Effluent Gross	REQUIREMENT	****	****	* * *	***	****	DAILY MX	Y=1; N=0		Month	
Flow, in conuit or thru treatment plan	SAMPLE	2.19	2.90	(03)					0		
	MEASUREMENT				****	****	****	**			
50050 1 0	PERMIT	Req. Mon.	4.9	ω						Continuous	RCORDR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	****	****	****	**			
AL 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	f law that this document	t and all attachments we coordance with the sys	vere stem designed	かとか	rices	in the second	· · ·	907	586-0393	
Joe Myers Wastewater Utilities Superintendent	prepared must my uncertainty appearance in account in account in a system that the qualified personnel properly eather and evaluate the information to assure that the qualified personnel properly eather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system.	ed personnel properly as inquiry of the person or	ather and evaluate the persons who manage	information the system.		_		1 !	AREA CODE	PHONE NUMBER	3ER
	or those persons directly responsible for eathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, submitted is, to the best of my knowledge and belief, true, accurate, and complete is to the best of my knowledge and belief, true information in the complete is to the person of the complete in the complete information in the complete information in the complete in the comple	of my knowledge and b	ng the information, the lelief, true, accurate, an	id complete.		NATI IRE OF BUCK			2009	0	9
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	ncluding the possibility of fine and imprisonment for knowing violations.	nt for knowing violation	ons.	OF		UZED AĞENT		YEAR	MO	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	VIOLATIONS	0=<1	O=<15:1,P=>15:1 and <30:1, R=>30:1 (O,P,and R used	<30:1, R=>3	30:1 (O,P,and R ι		31 & T Jun 1- O	ct 31, Q ar	nd S are never	Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used *no chlorine*,	ne*)

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

\* The reporting period was from 08/30/2009 through 09/26/2009.

00434/981209 1904

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER MAJOR
(SUB 01)
(F-FINAL
F-FINAL
EFFLUENT
\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form. **001 A**DISCHARGE NUMBER

	JUNEAU, ALASKA 99801	9801	7 •				MONTTO	MONITORING PERIOD	RIOD		
LOCATION:	MENDENDALL VALLET SERVICE AREA JUNEAU, ALASKA 99801	99801	7.5		ΥR	MO	DAY		YEAR	MO	DAY
ATT:	Denny Kay / Mendenhall WWTF Supervisor	nhall WWTF Supen	visor	FROM	2009	9		70	2009	9	30
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		E S	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU			
Chlorine, total residual	SAMPLE	N/A	A/N	(26)		N/A	N/A	(28)	0		
	MEASUREMENT				****						
50060 S 0	PERMIT	4.09	4.09		,	100	100			QUARTERLY	COMP24
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/l			
Dilution factor	SAMPLE				597.0	855.0		ug/L	0		
	MEASUREMENT	****	****	***			****	1			
80093 1 0	PERMIT				Req. Mon.	Req. Mon.				DAILY	MEASRD
Effluent Gross	REQUIREMENT	****	****	***	DAILY MN	MO AVG	****	10			-
BOD,5-day, percent removal	SAMPLE				81.1			(23)	_		
	MEASUREMENT	****	****	* * *		****	****	:			
81010 K 0	PERMIT				85			23		Once Per	CALCID
Percent Removal	REQUIREMENT	****	***	***	MN % KMV	*****	3 3 3 3 3 3 3 3	8		MODE	
Solids, suspended percent removal	SAMPLE	***	****	¥ ¥ ¥	93.3	* * * *	* * * * *	(23)	c		
81011 X 0 0	PERMIT				83			23		Once Per	CALCTD
t Remov	REQUIREMENT	****	****	***	MN % RMV	****	****	%		Month	
Chlorine usage	SAMPLE	N/A		(26)					0		
	MEASUREMENT		****		****	****	***				
81400 X 0	PERMIT	Reg. Mon.								DAILY	MEASRD
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	****	lb/d	****	****	***				
Oil and grease visual	SAMPLE						0	(93)	c		
	MEASUREMENT	****	****	* * *	****	****			-	,	
84066 1 0	PERMIT	÷					Req. Mon.	·		Once Per	VISUAL
Effluent Gross	REQUIREMENT	****	***	**	****	*****	DAILY MX	occur/mo		MOUNT	
Toxicity, Chronic	SAMPLE					-	N/A	(2G)	0		
	MEASUREMENT	****	****	**	****	***		-1			
TT000 1 8	PERMIT									Semiannual	COMP24
Effluent Gross	REQUIREMENT	****	****	***	****	****	DAILY MX	px chronic	D. LALLE AVERNOON IN	TEI EDUONE	
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	at and all attachments vaccordance with the sy-	vere stem designed	きょん	yers:	No.		907	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, submitted Based on my inquiry of the person or persons have the person of the	ed personnel properly a inquiry of the person o	gather and evaluate the	the system.			•		CODE	PHONE NUMBER	BER
	of mose persons unecuty responsive for sense in a monitories, are monitories 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.	of my knowledge and be significant penalties for	belief, true, accurate, ar or submitting false info	nd complete mation,	NOIS	SIGNATURE OF PRINCIPAL EXECUTIVE	AL EXECUTIVE	<u></u>	1009	10	10
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	of fine and imprisonme	ent for knowing violation	ons.	30:1 (O B and B :		SI & T Jun 1- O	구 - 기	nd S are never	used *no chlori	ne*)
COMMENT AND EXPLANATION OF ANY VIOLATIONS	IY VIOLATIONS	0=<1	O=<15:1,P=>15:1 and <30:1, k=>30:1 (U,P,and k used	<30:1, R=>.	30:1 (ט,ד,ana א נ		31 & 1 JUN 1- O	בו או, על מו	id 3 die lievei	NOV 1-May 31 & 1 30H 1- Oct 31, Q alid 3 are lievel used the chimiline	, in

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

00434/981209 1904

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) Fecal coliform, MPN, EC med, 44.5 ( NAME: Fecal coliform, MPN, EC med, 44.5 See Comments See Comments **ADDRESS:** 31615 T 9 31615 S 9 LOCATION: FACILITY: NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joe Myers Wastewater Utilities Superintendent TYPED OR PRINTED PARAMETER MENDENHALL VALLEY SERVICE AREA 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF JUNEAU, ALASKA 99801 Denny Kay / Mendenhall WWTF Supervisor 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 prepared under my direction or supervision in accordance with the system designed submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify under penalty of law that this document and all attachments were including the possibility of fine and imprisonment for knowing violations MEASUREMENT I am aware that there are significant penalties for submitting false information, MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE PERMIT QUANTITY OR LOADING \*\*\*\*\* \*\*\*\* \*\*\*\*\* VALUE \*\*\*\* 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\*) VALUE \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* SLIND FROM \*\*\* \*\*\* WKLY GEO WKLY GEO Z/A VALUE 2009 2.9 දි 800 ⋨ AK-002295-1 PERMIT NUMBER QUALITY OR CONCENTRATION SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT min MO GEO MO GEO Z/A VALUE 2.0 200 8 490 9 MAJOR (SUB 01) F - FINAL \*\*\* NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX DAILY MX Z/A VALUE MONITORING PERIOD 2.9 1200 80 へれ #/100mL #/100ml SLINO (13)(13) 5 Form Approved. **OMB No. 2040-0004**Approval Expires 05-31-98 2009 2009 Æ ΩŠ 0 AREA CODE 0 FREQUENCY OF ANALYSIS \*\*\* Once Every Once Every 586-0393 Week § c TELEPHONE ₹ DISCHARGE NUMBER ø DATE PHONE NUMBER 001 A SAMPLE TYPE **GRAB** GRAB PA 8 0 DAY

\* The reporting period was from 08/30/2009 through 09/26/2009.

EPA Form 3320-1 (03-99) Previous editions may be used. COMMENT AND EXPLANATION OF ANY VIOLATIONS

(REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED)

00434/981209 1904



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: <u>dec-wqreporting@alaska.gov</u>

GENERAL INFORMATION	PERMIT# (if any): AK-	002295-1		
Applicant Company:	Facility Name		Facility Lo	ocation:
City and Borough of Juneau	Mendenhall WWTF		2009 Radc	liffe Rd
Person Reporting:	Phone Numbers of Pers	on Reporting	Reported	How? (e.g. by phone)
Denny Kay	907 586 0393		Contract la	.b/ Analytica Labs
Date/Time Event was Noticed	Date/Time Reported		Name of D	DEC Staff Contacted
October 9,2009/0600	October 9, 2009/0700		Chris Fole	y
VERBAL NOTIFICATION MUST	BE MADE TO ADEC WITH	N 24 HOURS OF DISC	OVERY (noti	fication by email is acceptable)
INCIDENT DETAILS (attach	additional sheets, lab r	eports and photos as	necessary)	
Estimated Quantity involved (volum	e or weight			
Cause of the event (be specific)				
Exceeded Maximum daily MG/L BC	DD.			
Permit Condition Deviation (Identify	•	-		
Parameter (e.g. BOD pH	Permit Limit	Exceedance (sample r	<u>esult)</u>	Sample Date
Maximum Daily MG/L BOD	<u>60 MG/L</u>	92.5 MG/L		September 8, 2009
		69.8 MG/L		September 15, 2009
		73.4 MG/L		September 17, 2009
		85.5 MG/L		September 22, 2009
Corrective Actions (Attach a description of recurrence.) Plant running very well. Questionable laboratory. Preliminary results continuous	le BOD test results from cont	ract laboratory. We are	splitting samp	
Environmental Damage: (if yes, pro	ovide details below)	T Yes	Г No	💢 Unknown
Actual /Potential Impact on Environ	ment/Public Health (describe	in detail)		
Actions taken to reduce or eliminate nearby well owners and informed w	<del>-</del>	,		il) (e.g. Supplied drinking water to
COMMENTS				
No increased loading was observed				
Based on information and belief for document are true, accurate, and co		certify that the statem	ents and infor	mation in and attached in this
Name: Denny Kay	Signature: N	enno Kar	Date:	10/9/09
<u>F(</u>	ORMS MUST BE SENT TO I	DEC WITHIN 5 DAYS (	FTHE EVEN	N1. / '



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

NERAL INFORMATION	PERMIT# (if any): AK-	-002273-1		tion:
plicant Company:	Facility Name		Facility Lo	
ty and Borough of Juneau	Mendenhall WWTF		2009 Radel	
erson Reporting:	Phone Numbers of Pers	son Reporting	ľ	How? (e.g. by phone)
	907 586 0393			b/ Analytica Labs
enny Kay ate/Time Event was Noticed	Date/Time Reported		Name of I	DEC Staff Contacted
	October 9, 2009/0700		Chris Fole	
October 9, 2009/0600 VERBAL NOTIFICATION MUS	TO ADEC WITH	UN 24 HOURS OF I	DISCOVERY (noti	fication by email is acceptable)
ERBAL NOTIFICATION MUS' NCIDENT DETAILS (atta	T BE MADE TO ADEC WITE	reports and photo	os as necessary)	
NCIDENT DETAILS (atta	ch additional sheets, lab	Tepores and		
Estimated Quantity involved (volu	inc or weight)			
Cause of the event (be specific)				
Exceeded Minimum BOD percent	t Removal			
Permit Condition Deviation (Iden	tify each permit condition exc	eeded during the ever	nt)	Sample Date
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (san	npie result)	October 9, 2009
BOD	Minimum 85.0 %	<u>81.1%</u>		October 9, 2009
<u> </u>				
(Att leader	tarintian of corrective actions t	aken to restore the sy	ystem to normal op	eration and to minimize or eliminate
chances of recurrence.)	cription of correspond	les from contract la	horatory	
chances of recurrence.) Plant running very well. Question	onable BOD laboratory test res	mis from contract in		
	and the state of t	Yes	☐ No	<b>⋉</b> Unknown
Environmental Damage: (if yes	s, provide details below)			
Actual /Potential Impact on Env	ronment/Public Health (descr	inc in detail)		
		Engineermental He	ealth (describe in d	etail) (e.g. Supplied drinking water t
Actions taken to reduce or eliminearby well owners and inform	inate Actual/Potential Impact (	on Environmental IX om wells until further	r notice)	,
nearby well owners and informa	eu wen owners not to as			
1				
COMMENTS				
COMMENTS	ervad			
No increased loading was obser				
No increased loading was obser		ning Scortify that the	e statements and ir	formation in and attached in this
No increased loading was observed on information and beli	ef formed after reasonable inq	uire, I certify that the	e statements and ir	formation in and attached in this
No increased loading was obser	ef formed after reasonable inq	uive, I certify that the	e statements and in	2 1 0 2000



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

GENERAL INFORMATION	PERMIT# (if any): AK-0	02295-1		
Applicant Company:	Facility Name		Facility Lo	cation:
City and Borough of Juneau	Mendenhall WWTF		2009 Radel	iffe Rd
Person Reporting:	Phone Numbers of Perso	n Reporting	Reported I	How? (e.g. by phone)
Denny Kay	907 586 0393		Contract lal	b/ Analytica Labs
Date/Time Event was Noticed	Date/Time Reported		Name of D	EC Staff Contacted
October 9, 2009/0600	October 9, 2009/0700		Chris Foley	
VERBAL NOTIFICATION MUST B	E MADE TO ADEC WITHI	N 24 HOURS OF DISCO	VERY (notif	ication by email is acceptable)
INCIDENT DETAILS (attach		ports and photos as n	ecessary)	
Estimated Quantity involved (volume	or weight)			
Cause of the event (be specific)				
Exceeded Monthly MG/L BOD.				
Permit Condition Deviation (Identify	oach narmit condition avocad	ad during the event)		
	Permit Limit	Exceedance (sample res	ult)	Sample Date
	30 MG/L	65.3 MG/L		October 8, 2009
Wontiny BOD WG/L	50 MG/L	<u>05.5 MO/L</u>		3,200
Corrective Actions (Attach a descript	ion of corrective actions take	n to restore the system to	normal oper	ration and to minimize or eliminate
chances of recurrence.) Plant running very well. Questionable	BOD laboratory test results	from contract laboratory	·.	
Environmental Damage: (if yes, prov	vide details below)	☐ Yes	┌ No	Unknown
Actual /Potential Impact on Environm	nent/Public Health (describe	in detail)		
Actions taken to reduce or eliminate			cribe in deta	oil) (e.g. Supplied drinking water to
nearby well owners and informed wel	i owners not to armk from w	ens until farther notice)		
COMMENTS				
No increased loading was observed.				
Ü				
Based on information and belief form	ed after reasonable inquire.	( certify that the statemen	its and infor	mation in and attached in this
document are true, accurate, and con				
Name: Denny Kay	Signature:	Anne Kore	Date:	October 9, 2009
	RMS MUST BE SENT TO D	EC WITHIN 5 DAYS OF	THE EVEN	



Division of Water, Compliance and Enforcement Program
555 Cordova Street

Anchorage, Alaska 99501

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Fax: (907)269-4604

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

GENERAL INFORMATION	PERMIT# (if any): Al	K-002295-1		
Applicant Company:	Facility Name	polytics and the second	Facility L	ocation:
City and Borough of Juneau	Mendenhall WWTF		2009 Rad	cliffe Rd
Person Reporting:	Phone Numbers of Per	rson Reporting	Reported	How? (e.g. by phone)
Denny Kay	907 586 0393		Contract 1	ab/ Analytica Labs
Date/Time Event was Noticed	Date/Time Reported		Name of	DEC Staff Contacted
October 9, 2009/0600	October 9, 2009/ 0700		Chris Fold	ey
VERBAL NOTIFICATION MUST E	BE MADE TO ADEC WITI	HIN 24 HOURS OF DISC	COVERY (not	ification by email is acceptable)
INCIDENT DETAILS (attach	additional sheets, lab	reports and photos a	s necessary	
Estimated Quantity involved (volume	or weight)			
Cause of the event (be specific)				
Exceeded Weekly Average MG/L BC	ND.			
Exceeded Weekly Average MG/L bc	JU.			
Permit Condition Deviation (Identify	each permit condition exce	eded during the event)		
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample	result)	Sample Date
Weekly Average BOD MG/L	45 MG/L	45.9 MG/L		October 9, 2009
		75.2 MG/L		
		71.6 MG/L		
		68.5 MG/L		
Corrective Actions (Attach a descrip	tion of corrective actions ta	ken to restore the system	to normal ope	ration and to minimize or eliminate
chances of recurrence.) Plant running very well. Questionable	e BOD laboratory test resu	lts from contract laborat	ory.	
Environmental Damage: (if yes, pro	vide details below)	Yes	□ No	▼ Unknown
Actual /Potential Impact on Environ	ment/Public Health (describ	oe in detail)		
Actions taken to reduce or eliminate nearby well owners and informed we				ail) (e.g. Supplied drinking water to
incarby wen owners and informed we	n owners not to drink from	wens until further notice	c)	
COMMENTS				
No increased loading was observed.				
Based on information and belief form document are true, accurate, and col		Certify that the staten	nents and info	rmation in and attached in this
	npiete.	1 ./	,	
Name: Denny Kay	Signature: 🕢	Lennezka	Date:	October 9, 2009

### EPA REPORT

### MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska

AVERAGE	MINIMUM	MAXIMUM	TOTAL	SAT	72	H	WED	TUE	MON	SUN	SAT	꿆	돧	WED	3UT	MON	SUN	SAT	Æ	뒫	WED	Ę	MON	SUN	SAT	Æ	Ŧ	WED	TUE	MON	SUN	DAY	
AGE	MO	MOM	Æ		25	24	23	22	21	20	19	18	17	16	15	14	13	12	=	10	9	8	7	6	5	4	ω	2	_	31	30	DATE	
51.0	46	58		47	50	49	49	48	50	55	50	53	52	53	46	50	48	46	50	54	51	53	54	55	58	52	54	50	51	52	53	TEMP	\$ 0 2
0.29	0.00	1.06	8.18	0.48	0.73	0.56	1.06	0.70	0.61	0.61	0.15	0.10	0.28	0.39	0.01	0.00	0.07	1.03	0.02	0.88	0.30	0.01	0.00	0.00	0.00	0.08	0.11	0.00	0.00	0.00	0.00	FALL	RAIN
2.22	1.87	2.88	62.02	2.73	2.88	2.82	2.88	2.20	2.24	2.21	2.19	2.19	2.11	2.14	2.17	2.07	2.39	2.03	2.65	2.05	1.91										2.57	MGD	SBR
2901.4	1670	6330		3680	3870	3470	3280																								6330	River CFS	1.
2.19		2.90	61.45				2.84															_		_		_						MGD (	SBR
9 855.0	597.0	1411.1			863.1		747.1	<del> </del>		-				_				_												_	7 1592.1	L Water Dilution	Receivin
3	=	2		7		/1		=	7	7	3	<u> </u>							3			-	<u>⇒</u>	=	=	3	<u>-</u>	2	=	=	2		_
0.0964			2.7001	0.0976						0.0858	0.1184	0.0763	0.1135	0.0788	0.0904	0.0553	0.0907	0.0344	0.0986	0.0706	0.1136	0.1120	0.1050	0.0773	0.1030	0.1070	0 1060	0.0841	0.0716	0.0880	_	WASTE TI	8
143	13.0	16.0			13.0	14.0	13.0	14.0	14.0			14.0	14.0	15.0	15.0	14.0		-	15.0	14.0	4.0	16.0	15.0			14.0	140	140	14 0	15.0		°C MP	
7.0	7.0	7.5			7.1	7.3	7.1	7.4	7.2	_		7.0	71	72	7.3	7.5		i	7.2	7.2	7.3	7.3	7.1		į	7.0	70	72	73	7.5		<u>ያ</u> 	
47		4.7								-	-			-							+	1			+	1	$\frac{1}{1}$	-	47		+	. α 	1
		210				147		137			+	1	175	1	83		1		1	202	+	178		1	-	100	1	Ş	1		+	mag	NELUENT
2006	2392	3539				3482	-	3062				0.00	3183	- 100	3068			-	0000	3530	!	2717	$\frac{1}{1}$	-	1	2010	3	2502	3303		+		2
346	273	452		-		292		344				124	A 63		273		+	-	1	22	9	38				303	383	020	3		r r		1
3	4576	8718				6916		7689				07.10	346	1	4576				9	5704	000	7801				27.10	5	20,02	2362		ç	B C.C.	)
, ,	142	17.1									1				_				-	171								14.2			ug/L	<u> </u>	
3 6	0.25	2																	0.30	3								0.25			100	<u> </u>	
3 6	2 0	76.0																	04.0	2		-						/6.0			mg/L	HARD	
	1 0.0	60	1	14.0	1 0	30.0	150	50	50	-	0.0	5.0	15.0	5.0	0.0	5		10.0	15.0	0.0	0.0	16.0	5		16.0	16.0	15.0	15.0	0.0		-	G MP	
0.0	20 00	70		0.4	0 0	7.0	0 0	n -	70	-	0.9	6.9	6.9	0.9	3 2	3	-	0.9	2.0	0.9	0.9	6.9	3		6.9	6.8	6.9	6.9	).0			모	
0.7	3 7	3			-			-		+			-	-	-		-		5.3	:		-				+	-	3.7	-		mg/L		
7.0	n (c	3	1	2.2	3 6	5.6	n .	0.0			7.3	7.4	7.2	7.7	1.0		-	7.5	8.4	0.1	7.4	7.8		1	8.9	9.3	8.4	7.4	5.8	1	N	MAX.	
7.0	17.0				7.0		- - -					10.0		11.0					12.0		12.0					17.0		11.0			mg/L	S.S.	EFFLUE

_				
Turb.NTU	D.O.mg/	¥	Hrd.	S
NTO	ng/i	mg/l	<u>\$</u>	ept
		4	71	9009
9.3	3.7	42.4	70.0	

Tox. Tuc N/A

_	153	150	-	r			
NH3 mg/L	Zinc	Silver	Lead	Copper			
17.0	29.9	0.3	0.361	15.7	ug/L	Sept. 2009	
303.4	0.492	0.004	0.006	0.275	LBS		

MAX	AVG	4	ω	2			WEEK		
75.2	65.3	68.5	71.6	75.2	45.9	mg/l	B		
1565	1199	1565	1252	1208	772	ibs	BOD	WEEKLY AVERAGE	
14	11	9	11	12	14	mg/l	Ţ.	WERAGE	
							TSS		

COMMENTS:

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

\* DURING THIS MONTH, DUPLICATE EFF. SAMPLES WERE TAKEN,
FOR REPORTING PURPOSE, THE HIGHEST RESULTS WERE USED.