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

EPA Form 3320-1 (03-99) Previous editions may be used. See Comments pH \* Concerning violations-please see attached. The reporting period was from 01/31/2010 through 02/27/2010. Joe Mevers Wastewater Utilities Superintendent Effluent Gross COMMENT AND EXPLANATION OF ANY VIOLATIONS Solids, total suspended Effluent Gross Effluent Gross Alkalinity, total (asCaCo3) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 00530 1 0 00410 1 7 00400 1 0 BOD, 5-Day, 20 deg. C Effluent Gross Effluent Gross Oxygen, dissolved (DO) Effluent Gross 00310 W 0 00310 1 0 BOD, 5-Day, 20 deg. C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 00300 1 0 00070 1 0 Turbidity FACILITY: LOCATION: H ADDRESS: NAME: TYPED OR PRINTED PARAMETER prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly rather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for rathering 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 violations I am aware that there are significant penalties for submitting false information. certify under penalty of law that this document and all attachments were MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF Joe Myers WW Utilities Superintendent JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE PERMIT PERMIT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE PERMIT SAMPLE WKLY AVG MO AVG 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\*) 1226 227 MO AVG \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 233 218 1226 QUANTITY OR LOADING 1829 \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE DAILY MX DAILY MX 239 2452 \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2452 233 VALUE \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* lb/d \*\*\* \*\*\* (26) \*\*\* \*\*\* (26) \*\*\* \*\*\* \*\*\* SLIND lb/d \*\*\* FROM (26) INST MIN DAILY MN Req. Mon. \*\*\*\* \*\*\*\* 6.6 \*\*\*\* 6.5 \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2.2 \*\*\*\*\* VALUE \*\*\*\*\* 2010 AK-002295-1 PERMIT NUMBER ANATURE OF REINCIPAL EXCUTIVE QUALITY OR CONCENTRATION Req. Mon. Req. Mon. MO AVG 16.8 MO AVG NKLY AVG MO AVG Req. Mon 17.6 MO AVG 16.2 \*\*\*\* \*\*\*\* 30 58 **4.**5 MO AVG 7.8 VALUE **4**5 ઝ vĮ₹ MAJOR
(SUB 01)
Form Approved.
(SUB 01)
F - FINAL
Approval Expires 05-31-98
FFLUENT
\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form. DAILY MX Req. Mon. DAILY MX 18.0 DAILY MX DAILY MX NST MAX Req. Mon 8 58 7.0 17.6 \*\*\*\*\* \*\*\*\* \*\*\*\*\* 8.9 9.0 \*\*\*\*\* VALUE 8 DAY MONITORING PERIOD
DAY YEAR
1 TO 2010 mg/L mg/L (19)19 mg/L mg/L mg/L 19 19 (19)12 SU (12) STINU (19) Z (19)19 (19)19 (43) YEAR COMPIANCE NUMBER OF NON-G **≥ 0** 0 0 0 0 0 0 NUMBER / REQ. FREQUENCY TELEPHONE **586-0393** OF ANALYSIS Month wice Per Quarterly Continuous Veekdays Continuous Twice Per wice Per Once Per PHONE NUMBER DATE Month Month Month 4 \_ 28 4 4 28 ĕ DISCHARGE NUMBER 001 A COMP24 CO'T COMP24 COMP24 COMP24 COMP24 RCORDR COMP24 COMP24 COMP24 RCORDR SAMPLE TYPE GRAB **GRAB** GRAB

**GRAB** 

DΑΥ 28

(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) ADDRESS: NAME: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER

MAJOR
(SUB 01)
F - FINAL
EFFLUENT
\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form. **001 A**DISCHARGE NUMBER

	JUNEAU, ALASKA 99801	99801								DISCIPLING	DISCHARGE NUMBER
FACILITY:	MENDENHALL V	MENDENHALL VALLEY SERVICE AREA	REA				TINOM	MONITORING PERIOD	ERIOD		
ATT:	JUNEAU, ALASKA 99801	99801	•	9	JO ₹	MO	DAY		YEAR	МО	DAY
PARAMETER		Oliveration of the contract of		703	0107	2	<u></u>	70	2010	2	28
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Solids total suspended	CAMBIE	VALUE	VALUE	SLIN	VALUE	VALUE	VALUE	SLIND	ļ	OF ANALYSIS	TYPE
	MEASUREMENT	239	***	(26)	* * * *	17	*	(19)	0	4	COMP24
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See Comments	REQUIREMENT	WKLY AVG	****	ib/d	****	WKIY AVG	****	1		Wice Per	COMP24
Nitrogen, ammonia total (as N)	SAMPLE	108	100	(26)		100		(19)		Monun	
000000	MEASUREMENT	+ 100	170		****	14.0	14.0		0	<b></b>	COMP24
Efficient Cross	PERMIT	1164	1963			28.5	48	19		Once Per	
Enident Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ma/L		Month	COMP24
Hardness, total (as CaCO3)	SAMPLE							(19)		Figure	
	MEASUREMENT	****	****	* * *	****	354.0	354.0	(	0	<b>–</b>	COMP24
00900 1 6	PERMIT					Req. Mon.	Req. Mon.	19	ered. Vicinities of the second	Once Per	
Cilcor total social state of the state of th	REQUIREMENT	****	****	**	****	MO AVG	DAILY MX	mg/L		Month	COMP24
Chach war lecoverable	MEASUREMENT	NO TEST	NO TEST	(26)	* * * * *	NO TEST	NO TEST	(28)	0	NO TEST	COMP24
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Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DATI Y MX	<u> </u>		Vor	COMP24
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01094 1 0	PERMIT	Req. Mon.	Req. Mon.			Reg. Mon	Ren Mon	) B	ANTITE TO THE CONTRACTOR OF THE PROPERTY OF TH	1500	AND THE PERSON NAMED AND PERSON NAMED IN COLUMN 2 IN C
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	no/l		Year	COMP24
Lead, total recoverable	SAMPLE	NO TEST	NO TEST	(26)		10 110		(28)	,	- 02	
	MEASUREMENT		NO IESI		****	NO IEST	NO TEST	(10)	0	NO TEST	COMP24
01114 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Reg. Mon.	28		Three Per	***************************************
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L		Year	COMP24
Copper, total recoverable	SAMPLE	0.32	0 32	(26)		ນ ນ	,	(28)	>	, !	
	MEASUREMENT		0.34	· · · · · · · · · · · · · · · · · · ·	****	22.3	22.3		0	-	COMP24
	PERMIT	3.54	7.63			86.7	187	28		Once Per	and at the second process of the second seco
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	[0/ 		Month C	COMP24
NAME/117LE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my direct	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the context.	and all attachments we	ere			8	1 (5)		TELEPHONE	
Joe Meyers	to assure that the qualified personnel properly gather and evaluate the information	ed personnel properly ga	ither and evaluate the in	iformation		17	J	T :	907	586-0393	
wastewater offilties 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	inquiry of the person or responsible for gatherin	persons who manage the information, the i	ne system.		•		Ţ -	CODE	PHONE NUMBER	另
	submitted is, to the best of my knowledge and belief, true, accurate, and complete am aware that there are sumificant penalties for submitting false information.	of my knowledge and be sumificant penalties for	slief, true, accurate, and	complete.	V. Jan	7	2			DATE	
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	of fine and imprisonmen	nt for knowing violation	18.	OFF	OFFICER OR AUTHORIZED AGENT	A AGENT	Ti.	AL VEVD	ξÚ	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	Y 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, O and S are never used *no chlorine*)	>30:1 (O,P,a	nd R used Nov 1	-May 31 & ⊤ Jur	1- Oct 31, O ar	nd S are ne	ever used *no	hlorine*)	DAT
* Concerning violations-please see attached. The reporting period was from 01/31/2010 through 02/27/2010	e attached. The r	enortina period	was from 01/31,	/2010 thro	iah 02/27/201	) · · · · · · · · · · · · · · · · · · ·	7 (2)	2	מאפן מפכמ וויס י		

EPA Form 3320-1 (03-99). Previous editions may be used \* Concerning violations-please see attached. The reporting period was from 01/31/2010 through 02/27/2010.

LPA Form 3320-1 (03-99) Previous editions may be used (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

Effluent Gross Effluent Gross Joe Mevers Wastewater Utilities Superintendent \* Concerning violations-please see attached. The reporting period was from 01/31/2010 through 02/27/2010. Flow, in conuit or thru treatment plan 45613 1 0 Floating solids or visible foam-visual Fecal coliform, MPN, EC med, 44.5 ( See Comments See Comments See Comments See Comments Coliform, fecal - % sample exceeds COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments 31615 R 0 31615 Q 0 Fecal coliform, MPN, EC med, 44.5 Fecal coliform, MPN, EC med, 44.5 31615 O 0 Fecal coliform, MPN, EC med, 44.5 PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) 50050 1 0 31615 P 0 30500 0 0 FACILITY: LOCATION: **ADDRESS:** TYPED OR PRINTED 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 inquiry of the person or persons who manage the system. including the possibility of fine and imprisonment for knowing violations 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. I certify under penalty of law that this document and all attachments were MENDENHALL TREATMENT PLANT am aware that there are significant penalties for submitting false information. JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 Joe Myers WW Utilities Superintendent 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT PERMIT SAMPLE PERMIT Req. Mon. 1.63 MO AVG \*\*\*\* \*\*\*\*\* QUANTITY OR LOADING \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* 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 DAILY MX 1.89 \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 4.9 \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE Mgal/d SLING \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\*\* \*\*\* \*\*\* FROM \*\*\* ω 3 **MKLY GEO** WKLY GEO **NKLY GEO** 3.2 N/A \*\*\*\*\* N/A VALUE \*\*\*\* \*\*\*\*\* \*\*\*\* 2010 \*\*\*\*\* \*\*\*\* 800 8 400 \*\*\*\* ⋨ AK-002295-1 PERMIT NUMBER SIGNATURE OF PLINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION シャイヤ MO GEO \*\*\*\* MO GEO MO GEO \*\*\*\* \*\*\*\* \*\*\*\* 2.0 N/A N/A MO GEO \*\*\*\*\* VALUE 200 \*\*\*\*\* 200 60 161 ∾ાક MAJOR (SUB 01) F - FINAL EFFLUENT \*\*\* NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX Reg. Mon DAILY MX DAILY MX DAILY MX DAILY MX Req. Mon. \*\*\*\*\* \*\*\*\* N/A N/A N/A 7.1 VALUE 1200 8 MAX 0 MONITORING PERIOD
DAY YEAR 0 '=1 ; N=0 #/100mL #/100ml #/100ml #/100ml \*\*\* \*\*\* (13)(13) (13) (23) 13 (13)% 덩 Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 COMPIANCE OF NON-907 AREA CODE NUMBER 2010 0 0 0 0 0 0 0 NUMBER / REQ. FREQUENCY TELEPHONE 586-0393 Continuous OF ANALYSIS \*\* Twice Every DAYS Once Per wice Every Twice Every Twice Every Month Twice Every N/A N/A N/A PHONE NUMBER Week Week Week Week 28 Week 0 ဖ 0 ა | ₹ DISCHARGE NUMBER RCORDR SAMPLE TYPE RCORDR VISUAL VISUAL GRAB Ś GRAB GRAB **GRAB GRAB** GRAB GRAB DAY GRAB GRAB GRAB DAY 28

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

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

00434/981209 1904

PAGE 3 OF 5

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

Chlorine usage Effluent Gross Oil and grease visual End of Chlorine Contact Chamber Percent Removal BOD,5-day, percent removal Effluent Gross 50060 S 0 FACILITY: LOCATION: Joe Mevers Wastewater Utilities Superintendent Effluent Gross Percent Removal 81011 K 0 0 Solids, suspended percent removal Dilution factor Chlorine, total residual PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) TT000 1 8 81400 X 0 81010 K 0 80093 1 0 See Comments COMMENT AND EXPLANATION OF ANY VIOLATIONS NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Toxicity, Chronic 84066 1 0 NAME: Ή ADDRESS: TYPED OR PRINTED 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 inquiry of the person or persons who manage the system. including the possibility of fine and imprisonment for knowing violations 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. MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT l am aware that there are significant penalties for submitting false information. Joe Myers WW Utilities Superintendent JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 certify under penalty of law that this document and all attachments were 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT SAMPLE Req. Mon. MO AVG \*\*\*\*\* N/A QUANTITY OR LOADING \*\*\*\*\* \*\*\*\*\* MO AVG N/A \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0=<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 4.09 DAILY MX \*\*\*\*\* \*\*\*\*\* 4.09 N/A \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* VALUE \*\*\* \*\* \*\*\* \* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* \*\*\* SLING FROM (26)\*\*\* (26) ఠ b∕d MN % RMV MN % RMV DAILY MN Req. Mon. 57.5 92.1 94.5 1 VALUE 2010 \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 85 85 궂 AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PERMIT NUMBER QUALITY OR CONCENTRATION ととなる Req. Mon. MO AVG 62.7 MO AVG VALUE \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* N/A \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 100 ~ l≷ N. A. Req. Mon. MAJOR (SUB 01) F - FINAL \*\*\* NO DISCHARGE NOTE: Read instructions before completing this form. DAILY MX Req. Mon DAILY MX DAILY MX N/A N/A VALUE \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* 100 DAY 0 MONITORING PERIOD ox chronic occur/mo SLIND (2G) (23) J/gu ug/l (93) % 23 % 23 (23) (28) 뒪 ä Je/c YEAR Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 COMPIANCE OF NON-NUMBER AREA CODE 2010 Æ 0 0 0 0 0 0 0 NUMBER / REQ.
FREQUENCY
OF ANALYSIS W O Semiannual QUARTERLY 586-0393 Once Per Once Per Once Per DAILY N/A Month N/A Month N/A PHONE NUMBER DATE Month DAILY 0 -28 8 **\_** N DISCHARGE NUMBER 001 A C. DAY

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SAMPLE TYPE

DAY 28

COMP24

COMP24

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COMP24

VISUAL

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

FPA Form 3320-1 (03-99) Previous editions may be used (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).	COMMENT AND EXPLANATION OF ANY VIOLATIONS	Joe Meyers Wastewater Utilities Superintendent  TYPED OR PRINTED	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER						See Comments	31615 T 9	Fecal coliform, MPN, EC med, 44.5		31615 0	Fecal coliform, MPN, EC med, 44.5		DADAMETED	ATT.	FACILITY:		ADDRESS:	NAME:	PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)	DISCHARGE MONITORING REPORT (DMR)
s may be used	OF ANY VIOLATIONS		I certify under penalty						REQUIREMENT	MEASUREMENT		REQUIREMENT	MEASUREMENT	1.5 ( SAMPLE		JOE MYEIS WWW OU	JUNEAU, ALASKA 99801	MENDENHALL V	155 SOUTH SEWARD, JUNEAU, ALASKA 99801	MENDENHALL TREATMENT PLANT	JUNEAU, CITY AND BOROUGH OF	e Facility name/Location	EPORT (DMR)
. The reporting L	NY VIOLATIONS  O=<15:1,P=>15:1 and <30:1	prepared under my direction of 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. I am aware that there are significant penalties for submitting false information.	certify under penalty of law that this document and all attachments were						****	*****		****	****	***************************************	VALUE ON LONDING	oe riyers ww outlines superintendent	99801	MENDENHALL VALLEY SERVICE AREA	RD, 99801	ATMENT PLANT	BOROUGH OF	n if different)	מיבויו (ואדטבט)
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209 1904	and S are ne	AREA CODE	202				*				<b>-</b>			OWIFIANCE	OF NON-	0107	YEAR	ERJOD			ns before co	Approval Expire	OMB No. 2040-0004
+	O and S are never used *no chlorine*)	PHONE NUMBER	TELEPHONE						Week		2 />	Week	N/A	NI / A	FREQUENCY		MO		DISCHARGE NUMBER	001 A	NOTE: Read instructions before completing this form.	s 05-31-98	1-0004
PAGE S OF S	lorine*)	SER SAV			:				GRAB		GRAR	GRAB	GRAD	CDAB	TYPE	28	DAY		E NUMBER	Α	Ĩ		

				* GEOM	COMMENTS:		AVE	<u> </u>	MA	71	SAT	FRI	퓜	WED	TUE	MON	SUN	SAT	FRI	크	WED	TUE	MON	SUN	SAT	윤	Ŧ	WED	TUE	MON	NUS	SAT	FRI	THU	WED	TUE	MON	SUN		DAY		EPA R
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o.	Turb.NTU	D.O.mg/l	Alk. mg/l	Hrd. mg/l	February	28	6.0	6.0	8.0 2		6.1	6.6	7.2	7.6	7.3 1	7.2	7.4	6.5	3.6	6.0	8.0	7.9 2	7.4	7.3	7.4	6.9	7.3			7.2	6.2	6.5	6.3	6.2		7.8 2	6.8	7.4	L mg/L	S.S.	INFL	[
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TEO!	8.9 Zinc		58.0 Lead	354.0 Copper	Metals	4		2884	3182						2493 2							3182							2685										mg/L	B.O.D.		Juneau, Alaska
	NO	NO TEST	NO TEST		ils ug/L	4		295	344 4						252 3							316							344 4							267 3			L LBS	D. B.O.D.		laska
4.00	N O	1	ST NO TEST	30		4		3984	4619						3342		,					4190							4619							3786			s °C			  - 
AVG MAX			1	0.316 WEEK	LBS	28	11.8	10.3	14.1		11.9	11.8	11.5	11.8	11.3	10.3	11.4	12.9	12.6	11.0	14.1	12.6	10.9	12.1	12.1	12.1	11.4	12.1	12.3	11.4	11.9	11.8	12.7	11.9	12.1	11.7	10.4	11.2		MP ——	_	
	2 2		mg/l	EE .		28	6.9	6.6	7.0			6.9			6.8	6.6	7.0		6.8	6.8		6.8		6.9		6.7			6.9							6.9	6.8	6.9	mg/L	H D.O.		
17.6 233 16.2 218 17.6 233			1	BOD	WEEK	28	4.5	2.2 5	7.5 8		5.2	4.2 5		5.2 6	4.5	4.2 8	7.5	5.0	3.4 7	4.3	3.6 7	3.7 7	5.7 8	5.8	4.9	4.2 8		4.2 8	6.0 7		4.7					4.8	3.2 7	5.7	/L NTU		**************************************	
	16.0		mg/l	BOD TSS	LY AVERAC	Ö	7.8 16.8	5.7 16.				5.7	6.2	6.1	8.9 17.0	8.2			7.1	6.8	7.3	.6 18.0	8.8			8.5	8.2		7.9 16.0	8.3			8.2	8.8		8.3 16.0	7.9	-	mg/L	D. S.S.	EFF	
) 225 3 227 0 239			lbs	TSS	H.	1	8 227	0 215	0 239						0 225							0 239							0 215							0 227			LBS	S.S.	EFFLUENT	
2.0 5 1.4 7 2.1 3 2			Geo. Mean	COLIFORM	WEEKLY		7 16.2	5 15.0	9 17.6						17.6							9 16.0							5 15.0							7 16.0			mg/L	B.O.D.	tennetrorette ferse a september 1	No. of the last of
	S.S.				1~	-																																	LBS	B.O.D.		February
			% REMOVAL			4	218	201	233						233							212							201							227						1
	92.1	94.5				9	2.0	1.4	7.1				1.4	1.4	1.43						1.4	2.86						2.86	<u>1</u>						7.14	<u>-</u> .			00 ml	FECAL		2010