

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  
JUNEAU, ALASKA 99801  
**ATT:** Joe Myers WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2010	2	1	2010
			YEAR
			MO
			DAY

PARAMETER	SAMPLE MEASUREMENT PERMIT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NUMBER OF NON-COMPLIANCE	NUMBER /REQ. FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	MEASUREMENT PERMIT	*****	*****	****	*****	7.8	8.9	(43)	0	Continuous	RCORDR
Effluent Gross	REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	2.2	4.5	*****	(19)	0	28	GRAB
Effluent Gross	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19 mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	218	233	(26)	*****	16.2	17.6	(19)	0	4	COMP24
Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	19 mg/L	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	233	*****	(26)	*****	MO AVG	DAILY MX	(19)	0	4	COMP24
Effluent Gross	PERMIT	1829	*****	lb/d	*****	45	*****	19 mg/L	0	Twice Per Month	COMP24
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	*****	WKLY AVG	*****	19 mg/L	0	28	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	6.6	*****	7.0	(12)	0	28	GRAB
Effluent Gross	PERMIT	*****	*****	****	6.5	*****	9.0	12 SU	0	Weekdays	GRAB
Alkalinity, total (asCaCo3)	REQUIREMENT	*****	*****	****	INST MIN	*****	INST MAX	(19)	0	1	COMP24
00410 1 7	SAMPLE MEASUREMENT	*****	*****	****	*****	58	58	(19)	0	1	COMP24
Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L	0	Quarterly	COMP24
Solids, total suspended	REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	(19)	0	4	COMP24
00530 1 0	SAMPLE MEASUREMENT	227	239	(26)	*****	16.8	18.0	(19)	0	4	COMP24
Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	19 mg/L	0	Twice Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	mg/L	0	Twice Per Month	COMP24

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.

Signature: *Joe Myers*  
DATE: *2/16/10*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
DATE: *2/16/10*

907 AREA CODE  
586-0393 PHONE NUMBER  
DATE: *2/16/10*

TYPED OR PRINTED 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 01/31/2010 through 02/27/2010.

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

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**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:** Joe Myers WW Utilities Superintendent

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  
DISCHARGE NUMBER: 001 A

MONITORING PERIOD			
YR	MO	DAY	TO
2010	2	1	2010

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION					NUMBER OF NON-COMPLIANCE	NUMBER / REQ. FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE		VALUE	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	PERMIT	239	*****		(26)	*****	17	*****		(19)	0	4	COMP24
	PERMIT	1829	*****			*****	45	*****		19		Twice Per Month	COMP24
See Comments	PERMIT	198	*****		(26)	*****	14.0	*****		(19)	0	1	COMP24
	PERMIT	1164	*****			*****	28.5	*****		19		Once Per Month	COMP24
Effluent Gross	PERMIT	*****	*****		****	*****	354.0	*****		(19)	0	1	COMP24
	PERMIT	*****	*****		****	*****	19	*****		19		Once Per Month	COMP24
Hardness, total (as CaCO3)	PERMIT	*****	*****		(26)	*****	NO TEST	*****		(28)	0	NO TEST	COMP24
	PERMIT	*****	*****			*****	Req. Mon. MO AVG	*****		28		Three Per Year	COMP24
Effluent Gross	PERMIT	*****	*****		(26)	*****	NO TEST	*****		(28)	0	NO TEST	COMP24
	PERMIT	*****	*****			*****	Req. Mon. MO AVG	*****		28		Three Per Year	COMP24
Zinc, total recoverable	PERMIT	*****	*****		(26)	*****	NO TEST	*****		(28)	0	NO TEST	COMP24
	PERMIT	*****	*****			*****	Req. Mon. MO AVG	*****		28		Three Per Year	COMP24
Effluent Gross	PERMIT	*****	*****		(26)	*****	NO TEST	*****		(28)	0	NO TEST	COMP24
	PERMIT	*****	*****			*****	Req. Mon. MO AVG	*****		28		Three Per Year	COMP24
Lead, total recoverable	PERMIT	*****	*****		(26)	*****	NO TEST	*****		(28)	0	NO TEST	COMP24
	PERMIT	*****	*****			*****	Req. Mon. MO AVG	*****		28		Three Per Year	COMP24
Effluent Gross	PERMIT	*****	*****		(26)	*****	NO TEST	*****		(28)	0	NO TEST	COMP24
	PERMIT	*****	*****			*****	Req. Mon. MO AVG	*****		28		Three Per Year	COMP24
Copper, total recoverable	PERMIT	0.32	*****		(26)	*****	22.3	*****		(28)	0	1	COMP24
	PERMIT	3.54	*****			*****	86.7	*****		28		Once Per Month	COMP24
Effluent Gross	PERMIT	*****	*****		(26)	*****	NO TEST	*****		(28)	0	NO TEST	COMP24
	PERMIT	*****	*****			*****	Req. Mon. MO AVG	*****		28		Three Per Year	COMP24

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Joe Myers  
Principal Executive Officer  
Signature: *Joe Myers*  
Title: Principal Executive Officer

907 AREA CODE  
586-0393 TELEPHONE  
DATE: 2/12/10  
PHONE NUMBER: 586-0393  
MO: 3  
DAY: 7

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 01/31/2010 through 02/27/2010.  
EPA Form 3320-1 (03-99) Previous editions may be used. REPLACES EPA FORM 340 WHICH MAY NOT BE USED. PAGE 2 OF 3

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**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATTN:** Joe Myers WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

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MAJOR (SUB 01)  
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Form Approved  
**OMB No. 2040-0004**  
Approval Expires 05-31-98

MONITORING PERIOD			
YR	MO	DAY	TO
2010	2	1	28

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION					NUMBER OF NON-COMPLIANCE	NUMBER/FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	VALUE		VALUE	VALUE	UNITS	WEEKLY GEO	MO GEO				DAILY MX
Coliform, fecal - % sample exceeds limit	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	0	(23)	0	0	Twice Every Week	GRAB
30500 O 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	10% MAX	%	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	N/A	N/A	N/A	Req. Mon.	13	0	0	Twice Every Week	GRAB
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	DAILY MX	#/100mL	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	N/A	N/A	N/A	Req. Mon.	800	0	0	Twice Every Week	GRAB
31615 P 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	400	200	800	DAILY MX	#/100mL	0	0	Twice Every Week	GRAB
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	W/LY GEO	MO GEO	DAILY MX		(13)	0	0	Twice Every Week	GRAB
31615 Q 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	N/A	N/A	N/A	Req. Mon.	800	0	0	Twice Every Week	GRAB
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	400	200	800	DAILY MX	#/100mL	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	3.2	2.0	7.1	DAILY MX	#/100mL	0	0	Twice Every Week	GRAB
31615 R 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	800	400	1200	DAILY MX	#/100mL	0	0	Twice Every Week	GRAB
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	W/LY GEO	MO GEO	DAILY MX		(13)	0	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	Req. Mon.	0	0	0	Twice Every Week	VISUAL
45613 1 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	DAILY MX	f=1; N=0	0	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	Req. Mon.	0	0	0	Once Per Month	VISUAL
Flow, in conduit or thru treatment plan	SAMPLE MEASUREMENT PERMIT REQUIREMENT	1.63	1.89	(03)	*****	*****	*****	*****	DAILY MX	f=1; N=0	0	0	Once Per Month	VISUAL
50050 1 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	Req. Mon.	0	0	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****	DAILY MX	f=1; N=0	0	0	Once Per Month	VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	Req. Mon.	0	0	0	Once Per Month	VISUAL
Joe Meyers Wastewater Utilities Superintendent	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	Req. Mon.	0	0	0	Once Per Month	VISUAL
TYPED OR PRINTED	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	Req. Mon.	0	0	0	Once Per Month	VISUAL
COMMENT AND EXPLANATION OF ANY VIOLATIONS	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	Req. Mon.	0	0	0	Once Per Month	VISUAL
* Concerning violations-please see attached. The reporting period was from 01/31/2010 through 02/27/2010.	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	Req. Mon.	0	0	0	Once Per Month	VISUAL

Signature of Joe Meyers  
Principal Executive Officer

907 AREA CODE  
586-0393 TELEPHONE  
2010 YEAR  
2 MO  
28 DAY

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**ATT:** Joe Myers WW Utilities Superintendent

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MONITORING PERIOD			
YEAR	MO	DAY	TO
2010	2	1	2010
YEAR	MO	DAY	YEAR
2010	2	28	2010

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NUMBER OF NON-COMPLIANCE	NUMBER / FREQ. OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	(26)	*****	N/A	N/A	0	N/A	COMP24
	PERMIT REQUIREMENT	4.09 MO AVG		*****	100 MO AVG	100 DAILY MX		QUARTERLY	COMP24
50060 S 0 See Comments	SAMPLE MEASUREMENT	4.09 DAILY MX	lb/d	*****	62.7 MO AVG	*****	0	28	MEASRD
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MN	*****		DAILY	MEASRD
80093 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1	CALCTD
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MN	*****		DAILY	MEASRD
BOD-5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1	CALCTD
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MN	*****		DAILY	MEASRD
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1	CALCTD
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MN	*****		DAILY	MEASRD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1	CALCTD
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MN	*****		DAILY	MEASRD
81011 K 0 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1	CALCTD
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MN	*****		DAILY	MEASRD
Chlorine usage	SAMPLE MEASUREMENT	N/A	(26)	*****	*****	*****	0	N/A	MEASRD
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MN	*****		DAILY	MEASRD
81400 X 0 End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	0	VISUAL
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MX	*****		Once Per Month	VISUAL
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	0	VISUAL
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MX	*****		Once Per Month	VISUAL
84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	0	VISUAL
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MX	*****		Once Per Month	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	0	COMP24
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MX	*****		Semiannual	COMP24
TT000 1 8 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	0	COMP24
	PERMIT REQUIREMENT	*****		*****	Req. Mon. DAILY MX	*****		Semiannual	COMP24

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Joe Myers*  
Joe Myers  
WW Utilities Superintendent

TELEPHONE 907 586-0393  
AREA CODE 586-0393  
PHONE NUMBER  
DATE 3/1/10  
YEAR 3  
MO 3  
DAY 27

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 01/31/2010 through 02/27/2010.

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DISCHARGE MONITORING REPORT (DMR)

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	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	*****	*****		N/A	N/A	(13)	0	N/A	GRAB
31615 S 9	*****	*****		400	200	800000%		Once Every Week	GRAB
See Comments	*****	*****		WKLY GEO	MO GEO	DAILY MX			GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	****	N/A	N/A	(13)	0	N/A	GRAB
31615 T 9	*****	*****	****	800	400	1200		Once Every Week	GRAB
See Comments	*****	*****	****	WKLY GEO	MO GEO	DAILY MX			GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Joe Meyers**  
Wastewater Utilities Superintendent

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE  
*Joe Meyers*

907 AREA CODE  
586-0393 TELEPHONE  
31615 YEAR  
3 MO  
07 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
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The reporting period was from **01/31/2009** through **02/27/2009**.

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

February 2010

FLOWS										INFLUENT										EFFLUENT									
DAY	DATE	SBR INFLUENT MGD	Mend. River CFS	SBR TTFEFL 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	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml							
SUN	31	1.98	141	1.74	53.3 /1	0.0760	11.0	7.8	7.4					11.2	6.9	5.7													
MON	1	1.92	146	1.67	57.5 /1	0.1360	10.5	7.6	6.8					10.4	6.8	3.2	7.9												
TUE	2	1.88	132	1.70	51.2 /1	0.1200	11.5	7.2	7.8	224	3176	267	3786	11.7	6.9	4.8	8.3	16.0	227			16.0	227						
WED	3	1.99		1.79	1.0 /1	0.1280	11.8	7.1	6.6					12.1	6.8	4.3	8.6												
THU	4	1.91	189	1.68	73.7 /1	0.1290	9.5	7.7	6.2					11.9	6.8	2.2	8.8												
FRI	5	1.71	162	1.61	66.0 /1	0.0930	10.6	7.7	6.3					12.7	6.9	3.9	8.2												
SAT	6	1.71	149	1.64	59.7 /1	0.1040	11.4	7.9	6.5					11.8	6.9	4.8													
SUN	7	1.86	146	1.89	50.9 /1	0.1030	11.3	7.9	6.2					11.9	6.9	4.7													
MON	8	1.81	170	1.73	64.5 /1	0.0930	10.4	7.6	7.2					11.4	6.9	3.6	8.3												
TUE	9	1.81	165	1.61	67.2 /1	0.1170	12.4	7.5	6.6	200	2685	344	4619	12.3	6.9	6.0	7.9	16.0	215			15.0	215						
WED	10	1.80	165	1.56	60.2 /1	0.1230	11.0	7.3	7.8					12.1	6.9	4.2	8.5												
THU	11	1.77	162	1.56	60.1 /1	0.1100	10.0	7.6	7.3					11.4	6.7	3.6	8.2												
FRI	12	1.68	144	1.59	56.4 /1	0.0896	10.4	7.6	6.9					12.1	6.7	4.2	8.5												
SAT	13	1.96	136	1.54	45.8 /1	0.1570	12.0	7.8	7.4					12.1	6.9	4.9													
SUN	14	1.79	136	1.62	50.1 /1	0.0938	11.7	7.9	7.3					12.1	6.9	5.8													
MON	15	1.92	167	1.67	57.2 /1	0.1370	10.5	7.6	7.4					10.9	6.9	5.7	8.8												
TUE	16	1.78	173	1.59	63.8 /1	0.1340	10.4	7.3	7.9	240	3182	316	4190	12.6	6.8	3.7	7.6	18.0	239			16.0	239						
WED	17	1.78	176	1.62	64.9 /1	0.1500	11.6	7.4	8.0					14.1	6.8	3.6	7.3												
THU	18	1.75	190	1.58	71.1 /1	0.1250	10.1	7.9	6.0					11.0	6.8	4.3	6.8												
FRI	19	1.69	184	1.51	71.3 /1	0.0289	11.1	7.2	6.6					12.6	6.8	3.4	7.1												
SAT	20	1.77	181	1.57	75.5 /1	0.1579	10.8	7.7	6.5					12.9	6.9	5.0													
SUN	21	1.77	176	1.61	71.6 /1	0.1079	10.2	7.7	7.4					11.4	7.0	7.5													
MON	22	1.69	176	1.67	69.1 /1	0.1530	9.9	7.5	7.2					10.3	6.6	4.2	8.2												
TUE	23	1.68	159	1.59	65.6 /1	0.0880	7.7	7.7	7.3	188	2493	252	3342	11.3	6.8	4.5	8.9	17.0	225			17.6	225						
WED	24	1.72	184	1.54	78.2 /1	0.1221	11.0	7.7	7.6					11.8	7.0	5.2	6.1												
THU	25	1.77	205	1.65	81.3 /1	0.1210	11.1	7.5	7.2					11.5	6.9	3.6	6.2												
FRI	26	1.63	205	1.56	85.9 /1	0.0819	11.7	7.2	6.6					11.8	6.9	4.2	5.7												
SAT	27	1.64	199	1.60	81.3 /1	0.1399	11.6	7.2	6.1					11.9	6.9	5.2													
TOTAL		50.17		45.69		3.2230																							
MAXIMUM		1.99	205	1.89	71.1 /1	0.1579	12.4	7.9	8.0	240	3182	344	4619	14.1	7.0	7.5	8.9	18.0	239			17.6	239						
MINIMUM		1.63	132	1.51	57.5 /1	0.0289	7.7	7.1	6.0	213	2884	295	3984	10.3	6.6	2.2	5.7	16.0	215			15.0	215						
AVERAGE		1.79		1.63	62.7 /1	0.1151	10.8	7.6	6.0					11.8	6.9	4.5	7.8	16.8	227			16.2	227						

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

February 2010	Metals				LBS	WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM	% REMOVAL
	Hrd. mg/l	Copper	Lead	ug/l			BOD	TSS	Geo. Mean	B.O.D.		
Alk. mg/l	58.0			22.30	0.316	1	mg/l	lbs	mg/l	lbs	Geo. Mean	B.O.D.
D.O. mg/l	4.5	Silver		NO TEST	NO TEST	2	16.0	227	16.0	227	3.2	94.5
Turb. NTU	8.9	Zinc		NO TEST	NO TEST	3	15.0	201	16.0	215	2.0	92.1
Tox. TUs	NO TEST	NH3 mg/L		14.00	198.49	4	16.0	212	18.0	239	2.0	
							17.6	233	17.0	225	1.4	
							AVG	16.2	218	16.8	227	2.1
							MAX	17.6	233	18.0	239	3.2