

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

PERMITTEE NAME/ADDRESS/Location (if different)  
 JUNEAU, CITY AND BOROUGH OF

**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

MONITORING PERIOD			
YR	MO	DAY	TO
2010	3	1	2010

AK-002295-1  
 PERMIT NUMBER

001 A  
 DISCHARGE NUMBER

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	VALUE	QUALITY OR CONCENTRATION			UNITS	NUMBER OF NON-COMPLIANCE	NUMBER / REG. FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE			VALUE	VALUE	VALUE				
Turbidity	PERMIT	*****	*****	****	*****	6.3	8.1	(43)	0	28	RCORDR	
00070 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR	
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	2.8	4.8	*****	(19)	0	28	GRAB	
00300 1 0 Effluent Gross	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19	0	Once Per Month	GRAB	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	120.8	313.5	(26)	*****	15.6	20.1	(19)	0	0	COMP24	
00310 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L	0	Twice Per Month	COMP24	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	313.5	*****	(26)	*****	20.1	*****	(19)	0	2	COMP24	
00310 W 0 See Comments	PERMIT	1829	*****	lb/d	*****	WKLly AVG	*****	19	0	Twice Per Month	COMP24	
pH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.0	(12)	0	28	GRAB	
00400 1 0 Effluent Gross	PERMIT	*****	*****	****	6.5	*****	9.0	12	0	Weekdays	GRAB	
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	****	INST MIN	*****	INST MAX	(19)	0	1	COMP24	
00410 1 7 Effluent Gross	PERMIT	*****	*****	****	*****	134.0	134.0	19	0	Quarterly	COMP24	
Solids, total suspended	SAMPLE MEASUREMENT	95.6	274.5	(26)	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	2	COMP24	
00530 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L	0	Twice Per Month	COMP24	

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

*Joe Myers*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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\*)

TYPED OR PRINTED

907 AREA CODE  
 586-0393 TELEPHONE  
 2010 YEAR  
 4 MO  
 4 DAY

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PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	VALUE	QUALITY OR CONCENTRATION			UNITS	NUMBER OF NON-COMPLIANCE	NUMBER/REQ. FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE			VALUE	VALUE	VALUE				
Solids, total suspended	SAMPLE MEASUREMENT	191.2	*****	(26)	*****	17.6	*****	(19)	0	2	COMP24	
	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	19		Twice Per Month	COMP24	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	246.9	*****	(26)	*****	16.0	*****	(19)	0	1	COMP24	
	PERMIT REQUIREMENT	1164	*****	lb/d	*****	28.5	*****	19		Once Per Month	COMP24	
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	****	*****	65.0	*****	(19)	0	1	COMP24	
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19		Once Per Month	COMP24	
Silver, total recoverable	SAMPLE MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0	NO TEST	COMP24	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28		Three Per Year	COMP24	
Zinc, total recoverable	SAMPLE MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0	NO TEST	COMP24	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28		Three Per Year	COMP24	
Lead, total recoverable	SAMPLE MEASUREMENT	NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(28)	0	NO TEST	COMP24	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28		Three Per Year	COMP24	
Copper, total recoverable	SAMPLE MEASUREMENT	0.252	0.252	(26)	*****	16.30	16.30	(28)	0	1	COMP24	
	PERMIT REQUIREMENT	3.54	7.63	lb/d	*****	86.7	187	28		Once Per Month	COMP24	
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>Joe Meyers Wastewater Utilities Superintendent</p> <p>Signature: <i>Joe Meyers</i></p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p>AREA CODE: 586-0393 TELEPHONE: 586-0393 PHONE NUMBER: DATE: YEAR: MO: DAY:</p>												

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 02/28/2010 through 03/27/2010.

1174 Form 3320-1 (03-99) Previous editions may be used. REPACES EPA FORM 1-40 WHICH MAY NOT BE USED. Form Approved. 10434-98-CMB No 2040-0004

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MONITORING PERIOD			
YR	MO	DAY	TO
2010	3	1	2010
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PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NUMBER OF NON-COMPLIANCE	NUMBER / REQ. FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE			
Coliform, fecal - % sample exceeds limit	MEASUREMENT PERMIT	*****	*****	****	*****	*****	0	(23)	0	GRAB
30500 O 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	%	0	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	161	Req. Mon. DAILY MX	0	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	GRAB
31615 O 0	PERMIT REQUIREMENT	*****	*****	****	400	200	800	#/100mL	0	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	400	200	800	#/100mL	0	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	GRAB
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	400	200	800	#/100mL	0	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	2.9	1.9	5.7	(13)	0	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	800	400	1200	#/100mL	0	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	Req. Mon. DAILY MX	0	VISUAL
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	Req. Mon. DAILY MX	0	VISUAL
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	Req. Mon. DAILY MX	0	VISUAL
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	Req. Mon. DAILY MX	0	VISUAL
Flow, in conduit or thru treatment plan	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00	0.00	(03)	*****	*****	*****	*****	0	RCORDR
50050 1 0	PERMIT REQUIREMENT	Req. Mon.	4.9	3	*****	*****	*****	*****	0	RCORDR
Effluent Gross	PERMIT REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	907	RCORDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Joe Myers*  
Joe Myers  
Utilities Superintendent

AREA CODE 586-0393  
TELEPHONE  
PHONE NUMBER  
DATE  
YEAR MO DAY

TYPED OR PRINTED

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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Form Approved

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		VALUE	VALUE		VALUE	VALUE	VALUE			
Chlorine, total residual	N/A	N/A	N/A	(26)	*****	N/A	N/A	0	N/A	COMP24
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			
Dilution factor	SAMPLE MEASUREMENT	*****	*****	*****	0.0	0.0	*****	0	28	MEASRD
80093 1 0	PERMIT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****		DAILY	MEASRD
Effluent Gross	REQUIREMENT	*****	*****	*****	94.4	*****	*****	0	94.37613	CALCTD
BOD,5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****		Once Per Month	CALCTD
81010 K 0	PERMIT	*****	*****	*****	MN % RMV	*****	*****		Once Per Month	CALCTD
Percent Removal	REQUIREMENT	*****	*****	*****	94.6	*****	*****	0	94.61707	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****		Once Per Month	CALCTD
81011 K 0 0	PERMIT	*****	*****	*****	MN % RMV	*****	*****		Once Per Month	CALCTD
Percent Removal	REQUIREMENT	*****	*****	*****	*****	*****	*****	0	N/A	MEASRD
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		DAILY	MEASRD
81400 X 0	PERMIT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****		Once Per Month	VISUAL
End of Chlorine Contact Chamber	REQUIREMENT	*****	*****	*****	0	*****	*****	0	1	VISUAL
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Once Per Month	VISUAL
84066 1 0	PERMIT	*****	*****	*****	*****	*****	*****		Once Per Month	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****		Once Per Month	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	N/A	COMP24
TT000 1 8	PERMIT	*****	*****	*****	*****	*****	*****		Semiannual	COMP24
Effluent Gross	REQUIREMENT	*****	*****	*****	*****	*****	*****		Semiannual	COMP24

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*Joe Meyers*  
Signature of Joe Meyers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
AREA CODE 586-0393  
TELEPHONE 586-0393  
PHONE NUMBER  
DATE  
YEAR MO DAY

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

FORM 12-100 (REV. 11-97) USE PREVIOUS EDITIONS MAY BE USED.

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		VALUE	VALUE		VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****		N/A	N/A	N/A	0	N/A	GRAB
31615 S 9	PERMIT REQUIREMENT	*****	*****		400	200	800		Once Every Week	GRAB
See Comments					WPLY GEO	MO GEO	DAILY MX			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	0	N/A	GRAB
31615 T 9	PERMIT REQUIREMENT	*****	*****	****	800	400	1200		Once Every Week	GRAB
See Comments					WPLY GEO	MO GEO	DAILY MX			

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YEAR MO DAY

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