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

ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

AK-002295-1
PERMIT NUMBER

MAJOR
(SUB 01)
F - FINAL
Approval Expires 05-31-98
FFFLUENT
F +\*\* NO DISCHARGE
F | FORM | 001 A

DISCHARGE NUMBER

		· · · · · · · · · · · · · · · · · · ·	, 1 •				TOTTO	DTNC DE	7770		
FACILITY:		LLEY SERVICE AF	REA		ď	M O	MONITO	MONITORING PERIOD	YEAR	Mo	DAY
ATT:	Joe Myers WW Utilities Superintendent	es Superintendent		FROM	2010	ω	,	ಕ	2010	ω	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		NUMBER	NUMBER / REQ.	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	STINU	COMPIANCE	OF ANALYSIS	1176
Turbidity	SAMPLE	****	****	***	* * * * *	6.3	8.1	(43)	0	28	RCORDR
00070 1 0	PERMIT					Req. Mon.	Req. Mon.		20 Table 10	Continuous	acacha
Effluent Gross	REQUIREMENT	****	****	***	****	MO AVG	DAILY MX	S		Continuous	100,000
Oxygen, dissolved (DO)	SAMPLE				2 0	<b>^</b>		(19)	>	38	GB AR
	MEASUREMENT	****	****	* *	0.7	1.	****		•	20	9
00300 1 0	PERMIT		от <del>вый общ</del> ення надагами подагами надагами.		Req. Mon.	Req. Mon.		19		Once Per	CDAR
Effluent Gross	REQUIREMENT	***	****	***	DAILY MN	MO AVG	****	mg/L		Month	3
BOD, 5-Day, 20 deg. C	SAMPLE	120.8	3135	(26)		15-6	20.1	(19)	>	•	COMP24
	MEASUREMENT	P 9 9 9	A MARKATAN PARAMETER A MARKATAN PARAMETER PARA		****			1			Property and the Control of the Cont
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	0
BOD, 5-Day, 20 deg. C	SAMPLE	313.5	+ + + + + + + + + + + + + + + + + + + +	(26)	**	20.1	* * * * *	(19)	0	2	COMP24
00310 W 0	DEDMIT	1870	CONTRACTOR	•	The second secon	45		٥		Twice Per	
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	****	WKLY AVG	****	mg/L		Month	COMP24
Нd	SAMPLE				د ع		7 0	(12)	>	36	av de
	MEASUREMENT	****	****	***		***	enamenta de la colonia con a de la distribuente de la delegación de la colonia de la c	T		A 1	3
00400 1 0	PERMIT				6.5		9.0	12		Weekdays	GRAB
Effluent Gross	REQUIREMENT	****	****	***	INST MIN	****	INST MAX	S			
Alkalinity, total (asCaCo3)	SAMPLE					134.0	134.0	(19)	<b>-</b>		COMP24
	MEASUREMENT	****	****	* * *	****						
00410 1 7	PERMIT					Req. Mon.	Req. Mon.	19		Ouarterly	COMP24
Effluent Gross	REQUIREMENT	****	****	**	****	MO AVG	DAILY MX	mg/L		A man and	
Solids, total suspended	SAMPLE MEASUREMENT	95.6	274.5	(26)	* * * * *	12.3	17.6	(19)	0	2	COMP24
00530 1 0	PERMIT	1226	2452		>	30	60	19		Twice Per	COMB34
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 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:	accordance with the sy	were stem designed		ノス・シー人	Ž.,	:	907	TELEPHONE <b>586-0393</b>	
Joe Mevers 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. or those persons directly responsible for gathering the information, the information	ed personnel properly a inquiry of the person or responsible for gather	eather and evaluate the persons who manage ing the information, the	information the system.		$\sim$	Car	I T	AREA CODE	PHONE NUMBER DATE	ŠŘR.
TYPED OR PRINTED	submitted is, to the best of my knowledge and belief, true, accurate, and comp I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	of my knowledge and t significant penalties for of fine and imprisonme	belief, true, accurate, and or submitting false info ent for knowing yiolati	nd complete. ormation. ons.	15	SNATURE OF PRINCI	OF PRINCIPAL EXECUTIVE		ンさ! C YEAR	<b>₹</b> .	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	YVIOLATIONS	0=<15:1,P=>1	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*)	=>30:1 (O,P,	and R used Nov	1-May 31 & T Ju	ın 1- Oct 31, Q a	ind S are i	never used *no	o chlorine*)	

\* The reporting period was from 02/28/2010 through 03/27/2010.

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

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

ATT: FACILI ADDRESS: NAME: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

MAJOR (SUB 01) F - FINAL

Approval Expires 05-31-98

AK-002295-1
PERMIT NUMBER

EFFLUENT

\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form.

DISCHARGE NUMBER 001 A

FACTI TTY:	JUNEAU, ALASKA 99801	JUNEAU, ALASKA 99801	0 11 2				MONTH.	DINC D			
LOCATION:	JUNEAU, ALASKA 99801	99801	,		ΥR	MO	DAY	DAY Y	YR YR	MO	DAY
АП:	Joe Myers WW Util	Joe Myers WW Utilities Superintendent	t	FROM	2010	ω	L	70	2010	ω	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUA	QUALITY OR CONCENTRATION	TRATION		NUMBER	NUMBER / REQ.	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	UNITS	COMPIANCE	OF ANALYSIS	ואאנ
Solids, total suspended	SAMPLE	191.2		(26)		17.6		(19)	<b>D</b>	J	COMB34
	MEASUREMENT	ŀ	****		***		****		c	•	COMPA
00530 W 0	PERMIT	1829				45		19	Hard to the state of the state	Twice Per	
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	****	WKLY AVG	****	mg/L		Month	COMP24
Nitrogen, ammonia total (as N)	SAMPLE		,	(26)				(19)			
	MEASUREMENT	246.9	246.9	(1-2)	****	16.0	16.0	(1)	0	خسر	COMP24
00610 1 0	PERMIT	1164	1963		CONTRACTOR	28.5	48	19	PERSONAL PROPERTY WHEN THE STREET AND ALL ALL ARRANGE AND ALL	Once Per	W/ ************************************
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ma/L		Month	COMP24
Hardness, total (as CaCO3)	SAMPLE							(19)			
	MEASUREMENT	****	****	***	****	65.0	65.0		C	۳	COMP24
00900 1 6	PERMIT			•		Req. Mon.	Req. Mon.	19		Once Per	**************************************
Effluent Gross	REQUIREMENT	****	****	* * *	****	MO AVG	DAILY MX	mg/L		Month	COMP24
Silver, total recoverable	SAMPLE	NO TEST	NO TEST	(26)		NO TEST	NO TEST	(28)	0	NO TEST	COMBOA
	MEASUREMENT		Tolkanter (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	***************************************	****	THE RESIDENCE OF THE PARTY OF T	A GEORGE A LA L				
01079 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	COMBO
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L		Year	COMPA
Zinc, total recoverable	SAMPLE	NO TEST	NO TEST	(26)	* * * * *	NO TEST	NO TEST	(82)	0	NO TEST	COMP24
01094 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	28		Three Per	APPENDIA A A STATE A
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/L		Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NO TEST	NO TEST	(26)	* * * *	NO TEST	NO TEST	(28)	0	NO TEST	COMP24
01114 1 0	PERMIT	Req. Mon.	Req. Mon.			Req. Mon.	Req. 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	ר זר ס	כים	(26)				(28)	>		
	MEASUREMENT	0.252	0.252	,	* * * * * *	16.30	16.30	1	0		COMP24
01119 1 0	PERMIT	3.54	7.63		ATTACA AND AND AND AND AND AND AND AND AND AN	86.7	187	28		Once Per	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/L		Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	certify under penalty of law that this document and all attachments were	nt and all attachments v	жеге				١	AREA	TELEPHONE	
Joe Meyers	prepared under my dire to assure that the qualif	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	accordance with the sy gather and evaluate the	stem designed information	Victoria.	12 / Car	ンイー		CODE	586-0393	
Wastewater Utilities Superintendent	submitted. Based on my	submitted. Based on my inquiry of the person or persons who manage the system or those nersons directly responsible for outbering the information.	or persons who manage	the system,	ند			- ,		PHONE NUMBER	¥ER
	submitted is, to the best	submitted is, to the best of my knowledge and belief, true, accurate, me internation submitted is, to the best of my knowledge and belief, true, accurate, accomplete.	belief, true, accurate, ar	nd complete.	The F			<u>.</u>	<b>1</b>	DAIE	4
TYPED OR PRINTED	including the possibility	including the possibility of fine and imprisonment for knowing violations.	ent for knowing violation	ons.	OF SIGN	OFFICER OR AUTHO	OR AUTHORIZED AGENT	<u> </u>	YEAR	<b>₹</b>	DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	Y VIOLATIONS	0=<15:1,P=>1	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*	=>30:1 (O,P,	and R used Nov	1-May 31 & T J	ın 1- Oct 31, Q a	nd S are i	never used *no	chlorine*)	
			,	, 0012 (0).	direction of the second	+ 1 10)	111 ± Oct 12/ % t	2	ייכיים משכנו ייי	critorine )	

<sup>\*</sup> The reporting period was from 02/28/2010 through 03/27/2010.

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

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 EFFLUENT

Approval Expires 05-31-98

	NOTE: Read instructions before completing this form.	*** NO DISCHARGE
001 A	e completing this form.	***

DISCHARGE NUMBER

EACTI TIV.	JUNEAU, ALASKA 99801	9801					MONTE		ERTOP		
LOCATION:	JUNEAU, ALASKA 99801	99801	X 10 2		ÝR.	MO	DAY	MONITORING PERIOD	¥ EXTOR	MO	DAY
ATT:	Joe Myers WW Utilities Superintendent	ies Superintendent		FROM	2010	ω	1		2010	ω	31
PARAMETER		QUANTITY OR LOADING	LOADING		QUA	QUALITY OR CONCENTRATION	RATION		NUMBER	NUMBER / REQ.	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	COMPIANCE	OF ANALYSIS	-
Coliform, fecal - % sample exceeds	SAMPLE						>	(23)	>	>	CBAB
limit	MEASUREMENT	****	* * * *	*	****	****	c		<b>c</b>	c	GKAB
30500 O 0	PERMIT						10			Twice Every	
See Comments	REQUIREMENT	*****	****	**	****	****	DAILY MX	%		Week	GRAD
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE							(13)	>	>	
	MEASUREMENT	****	****	**	***	Z/A	N/A	,	c	c	GRAB
31615 O 0	PERMIT					161	Req. Mon.	13		Twice Every	
See Comments	REQUIREMENT	****	****	* * *	****	MO GEO	DAILY MX	#/100mL		Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE				2	2	2	(13)	>		
	MEASUREMENT	****	****	* *	N/A	7/7	N/A		c	N/A	GKAB
31615 P 0	PERMIT				400	200	800			Twice Every	CRAB
See Comments	REQUIREMENT	*****	****	***	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	GKAB
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE				Z	Z >	Z / A	(13)	0	N / N	CDAR
	MEASUREMENT	****	*****	* * *				,	C	14/3	Q Z
31615 Q 0	PERMIT				400	200	800			Twice Every	CDAB
See Comments	REQUIREMENT	****	****	***	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	G SAG
Fecal coliform, MPN, EC med, 44.5 (	SAMPLE				20	- 0	Л 7	(13)	0	<b>D</b>	CDAR
	MEASUREMENT	***	****	* *	1.7	1.7	U./		c	C	GNAD
31615 R 0	PERMIT				800	400	1200			Twice Every	GDAR
See Comments	REQUIREMENT	****	****	**	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	3
Floating solids or visible foam-visual	SAMPLE						>		>	>	VICIN
	MEASUREMENT	****	****	* *	****	* * * *	c		c	c	VISUAL
45613 1 0	PERMIT						Req. Mon.			Once Per	VICITAL
Effluent Gross	REQUIREMENT	*****	****	**	****	****	DAILY MX	(≃1 ; N=0		Month	VISUAL
Flow, in conuit or thru treatment plan	SAMPLE MEASUREMENT	0.00	0.00	(03)	* * * * * * * * * * * * * * * * * * *	* * * * *	****	* * *	0	28	RCORDR
50050 1 0	PERMIT	Req. Mon.	4.9	ω							
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	*****	****	****	* * *	907	Continuous	たしたした
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 a	t and all attachments vaccordance with the sy-	vere stem designed	K & se s	1 Las		1	AREA CODE	TELEPHONE <b>586-0393</b>	
Wastewater Utilities Superintendent	to assure that the quantied personnel property gamer and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system. For those persons directly responsible for eathering the information the information.	ed personnel property prinquiry of the person of the perso	ather and evaluate the r persons who manage ing the information the	the system.		0 0	otal			PHONE NUMBER	SER
Autoropy ( rought )	submitted is, to the best of my knowledge and belief, true, accurate, and complete am aware that there are significant penalties for submitting false information.	of my knowledge and be significant penalties for	oelief, true, accurate, ar or submitting false info	nd complete.	SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE	PAL EXECUTIVE		21.06	4	C
COMMENT AND EXPLANATION OF ANY VITOLATIONS THE DO	Including the possibility of time and imprisonment for knowing violations.	of time and imprisoning	ent for knowing violation	ons. - > 30: 1 (O b	and Burnd Nov	TICER OR AUTHO	RIZED AGENT		YEAR	MO .	DAY
: CON CONTRACTOR CONTR	Salas isoto :	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	( Allingia in Assarbase As	- / 50.1 (0,1)	also is asea NOA	T Proy ST Oct 1 St	ייין די טכני טדי ע	allo o allo	nevel used 110	CIIOI and	

<sup>\*</sup> The reporting period was from 02/28/2010 through 03/27/2010.

ADDRESS:

MENDENHALL TREATMENT PLANT

JUNEAU, CITY AND BOROUGH OF

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

AK-002295-1 MAJOR
(SUB 01)
(F - FINAL
EFFLUENT
\*\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form.

7007166	155 SOLITH SEWARD	ר אובוער דיטאוער			PERMIT NIMBER	NI IMBED				DISCHARGE NI IMRED	AII IMRED
	JUNEAU, ALASKA 99801	9801								CASCAL PROPERTY.	, ich ich
FACILITY:	MENDENHALL VALLEY SERVICE AREA	LLEY SERVICE AI	REA		S .	5	MONITO	MONITORING PERIOD	RIOD	80	2
ATT:	Joe Myers WW Utilities Superintendent	ies Superintendent		FROM	2010	ω	<b>—</b>	7	2010	ω	ω!
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		NUMBER	NUMBER / REQ.	SAMPLE
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	SLINO	COMPIANCE	OF ANALYSIS	1776
Chlorine, total residual	SAMPLE	N/A	N/A	(26)	****	N/A	N/A	(28)	0	A/N	COMP24
50060 S 0	PERMIT	4.09	4.09			100	100	1	***************************************	OLIABLEDIA	COMPO
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/l		QUAKTEKLT	COMP24
Dilution factor	SAMPLE				0	0		ug/L	<b>D</b>	) O	MEACDD
	MEASUREMENT	****	****	***	0 . C	C.C	**************************************		•	87	MEASKU
80093 1 0	PERMIT				Req. Mon.	Req. Mon.				DATIV	MEACDO
Effluent Gross	REQUIREMENT	****	****	***	DAILY MN	MO AVG	****	1U		טאורו	
BOD,5-day, percent removal	SAMPLE MEASUREMENT	** ** **	* * * * *	* * *	94.4	** ** **	****	(23)	0	94.37613	CALCTD
81010 K 0	PERMIT				85			23	***************************************	Once Per	
Percent Removal	REQUIREMENT	****	****	***	MN % RMV	****	****	%		Month	CAECIO
Solids, suspended percent removal	SAMPLE	* * * *	* * * * *	* * *	94.6	***	****	(23)	0	94.61707	CALCTD
81011 K 0 0	PERMIT	-			85	OD-THE PERSON OF THE PERSON OF	HARMAN ALAN PART A REAL PROPERTY AND A STATE OF THE STATE	23		Once Per	· · · · · · · · · · · · · · · · · · ·
Percent Removal	REQUIREMENT	****	****	***	MN % RMV	****	****	%	i	Month	CALCID
Chlorine usage	SAMPLE MEASUREMENT	N/A	****	(26)	* * * * *	* * * * *	* * * * * * * * * * * * * * * * * * *		0	N/A	MEASRD
81400 X 0	PERMIT	Req. Mon.								7.11	MEACOD
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	****	lb/d	****	****	***			DAILT	MEASKD
Oil and grease visual	SAMPLE	<del>+</del>	•	<del>*</del>		£ £ £	0	(93)	0	<b>⊢</b>	VISUAL
84066 1 0	PERMIT	Managements (MITTEL - many) i sperit Management (File and Color of Mittel Management (MITTEL - management (MITTEL	ARRELLI I I DEL PETETE PERENTANA LA MERMANDA LA LA REMANDA LA			THE PERSON NAMED TO A PERSON N	Reg. Mon.			Once Per	
Effluent Gross	REQUIREMENT	****	****	***	****	****		occur/mo		Month	VISUAL
Toxicity, Chronic	SAMPLE							(2G)	>	2	COMPO
	MEASUREMENT	****	***	* * *	****	****			_	N > N	COMPZ4
TT000 1 8	PERMIT				)		Req. Mon.			Semiannual	COMP34
Effluent Gross	REQUIREMENT	****	****	***	*****	***	DAILY MX	ox chronic		Cition	1
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 document ction or supervision in a	t and all attachments was accordance with the sys	tem designed (	ケスないよ	ケーヘー		T-T-	AREA CODE	TELEPHONE 586-0393	
Wastewater Utilities Superintendent	to assure that the quadriced becausing brophers gained and evaluate the intollination 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 between the best of my broughedge and belief true accurate and computer submitted is to the best of my broughedge and belief true accurate and computer submitted is to the best of my broughedge and belief true accurate and computer.	inquiry of the person or responsible for gatheri	r persons who manage in the information, the	the system, information	itac:	eroth (:	_	<del>                                      </del>		PHONE NUMBER	)ER
TYPED OR PRINTED	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	of fine and imprisonme	or submitting false infor	mation,	SIGNATURE OFFICER	GNATURE OF PRINCIP OFFICER OR AUTHOR	OF PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT	ic.	کا زن لو YEAR	MO T	DAY
CONFIGNT AND EXPLANATION OF ANT VIOLATIONS	ON COLOTAL TOWS	O=<10:1,P=>1	O=<13:1,7=>13:1 dild <30:1, R=>30:1 (O,F,dild R used NOV 1-Nd)	>30:1 (O,P,	and k used Nov 1	_	51 & F Juli 1- Oct 31, Q and 5 are never used *no chiorine*)	nd 5 are r	ever used *no	chiorine*)	in

LUA Form 3320 1 103 99). Previous editions may be used \* The reporting period was from 02/28/2010 through 03/27/2010.

Fecal coliform, MPN, EC med, 44.5 Fecal coliform, MPN, EC med, 44.5 ( PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) See Comments See Comments Wastewater Utilities Superintendent Joe Meyers 31615 S 9 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 31615 T 9 Ä LOCATION: **ADDRESS** FACILITY: PARAMETER submitted. Based on my inquiry of the person or persons who manage the system. UICLATIONS

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\* or those persons directly responsible for gathering the information, the information JUNEAU, ALASKA 99801 submitted is, to the best of my knowledge and belief, true, accurate, and complete. to assure that the qualified personnel properly gather and evaluate the information MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF I am aware that there are significant penalties for submitting false information. prepared under my direction or supervision in accordance with the system designed Joe Myers WW Utilities Superintendent 155 SOUTH SEWARD, I certify under penalty of law that this document and all attachments were REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT SAMPLE SAMPLE PERMIT QUANTITY OR LOADING \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* VALUE SLIND \*\*\* FROM \*\*\* KASSA AS WKLY GEO WKLY GEO N/N VALUE 2010 80 8 ⋨ AK-002295-1
PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE ·March QUALITY OR CONCENTRATION MO GEO MO GEO N/A N/A VALUE 8 200 증 EFFLUENT

\*\*\* NO DISCHARGE

\*\*\*

NOTE: Read instructions before completing this form. MAJOR (SUB 01) F - FINAL DAILY MX DAILY MX N/A N/A 1200 VALUE 8 DAY **MONITORING PERIOD** #/100mL #/100mL (13) (<del>1</del>3) ಠ 2010 Approval Expires 05-31-98 NUMBER OF NON-COMPIANCE 2010 907 AREA CODE 0 0 ⋨ NUMBER / REQ. FREQUENCY OF ANALYSIS 586-0393 Once Every Once Every **ĕ**~ TELEPHONE N/A Z/A Week Week PHONE NUMBER ᆈᇂ DISCHARGE NUMBER SAMPLE TYPE GRAB **GRAB GRAB GRAB** 31 DAY

					* GEOME	COMMENTS		AVEF	Z.Z.	MAXIMUM	70	SAT	FR	Ŧ	VED.	TUE .	5 5	2	SAT	<del>-</del>	UHT	WED	T.	MON	SUN	SAT	F	H	i C	i SON	SUN	SAT	FR	Ę	OBV.	ijΕ:	MON.	SUN	UAY			EPA REPORT	
					TRIC MEA	IS		AVERAGE	MUM	MOM	TOTAL	İ	26	25	24	23	22 !	21	20	19	18	17	16	15	14	13			, 0	<b>5</b> 0		On	,UT	4	දා	2		28	u S		:	PORT	
					* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLITORM CO		N					1.99										1.85	1.81	1.77	1.81	1.79	1.67	85	20 9	9 8	2.01	2.23	1.83	1.76	1.78	1.86	1.76	1.82	WGD.	SBR			
					SED TO CA		28		+			231	. 4		178		:	†					170	181	176	176	176	<b>1</b>	224	2 1	267	311	311	319	340	340	269	199	CFS				
					ALCULATE		27	i .				1 201.00								- 4	_								-		1 01	1		1.79	1.88	1.85	1.67	1.61	MGD	SBR	FLOWS		
					HE AVE	i	28	3			1	8		1	1								1								Ì		1	9 116.1	8 117.8		7 105.1	80.8		Receiving	VS		
					KAGE TE		23	3		: :	ī	1.7 /1	92.3 /1	79.8 /1	58.2 /1	7	7	67.3 /1	62.8 /1		<b>≃</b>	7	3	2		63.1 /1	2	2	<b>=</b>	3	76.8 /1	: 3	; <b>3</b>	7	. 7	7	<b>_</b>	7	-		1		
					CAL	2						0.1042	0.0956	0.1287	0.1280	0.1110	0.0807	0.0850	0.0845	0.0811	0.1011	0.1050	0.1200	0.1120	0.1000	0.1173	0.0805	0.1382	0.1100	0.1160	0 1320	1 10	0.1129	0.0964	0.1330	0.0950	0 1008	0.0930	$\vdash$	SBR			
	,				, C			ນ ຫຼ				8.9	9.7	9.8	9.7	10.7	9.8	7.5	9.8	9.3	10.4	10.0	11.2	10.2	10.8	10.6	=======================================	10.2	10.8	1	99	1 0	111	10.9	11.6	10.6	10.3	11.8	^	TEMP			
	Tox. TUC NO TEST		Turb. NTU	D O mo/i	Alk mo/	12	March	သွ ု				1.7	7.5	7.4	7.1	7.4	7.6	9.8	7.5	7.7	7.2	7.3	7.4	7.6	7.5	7.6	7.3	7.3	7.4	7.3	7.5	7 0	7.2	7.1	7.5	7.4	7.8	7.3		Ī	:		<u>۱</u> ۷
	NO TEST		<u></u>	40	1340	65.0	2010	<u>ک</u> د	70	ກ ( ພິ	ထ	1.1	83	7.5	8.2	7.7	7.2	76	5.9	7.2	7.9	6.2	7.5	7.1	6.4	7.0	53	7.8	7.6	8	7.7	67.	4 6	0.7	7.7	7.2	7.4	6.3	mg/L	0.0	- 1		ובער ביי ביי
	,						, <b>'</b>	2	228.5	200	257				!	:		-	-			-	-	-	1			1		257					_	200		i	mg/L	y V	, N	!	5
	NH3 mg/L	Zinc			Copper			4	1773.5	0	4008					0					1		0		į.		:			4008	.					3086			LBS	Û	) :	Julieau, Alaska	MENDERINGE WAS LEWELD
	16.0	NO TEST	NO TEST	NO TEST	16.30	ug/L	March 2010	2	276.5	265	288							:							1.					288						265			mg/L	C C	) :	i, Midor	· ^ [ack
	246.86	NO TEST	NO TEST	NO TEST	0.252	SBJ			214	0	4492												0					:		4492						4089	}		BS	0	) ) j	هٔ 	-
	ြတ				N <sub>1</sub>	1	J	4 . 28	-				119	4	11.0	12.0	10.9	11.7	11.3	11.6	11.6	2112	13.5	11.5	11.	11.2	11.2	10.9	11.2	12.3	10.7	11.5	12.4	1 1	13.0	1 12	-	3 1		TEMP			Ţ,
MAX	4	ω	2			WEEK		28		6.7	7.0		on 0	0.7	p 0.0	7.0	6.9	7.0	0.6	2.0	1 0	0 0	ê C	1 0	o 0	0.6	6.8		68	7.0	6.8	6.9	o :	70	0 0	. O	5 G	n 0	2	P.			
20.1			20.1	11.0	mg/	æ			4.8	2.8	<u>ნ</u> .		O 1	A A	ນ ເ ນີ້ວ	) ) )	5.4	ο α	4.7	. 0.7	4.0		n 0	o 0	6 4		4.2	. <u>.</u>	2.8	5.5	5.0	5.2	<u>ნ</u>		י א ני	40	o (	л 4 7	mg/L		) ) (		
313.5			313.5	169.7	Bd	gOB	WEEKLY AVERAGE		6.3		8.1		6 4	ה ה	л O.O	4 1	5.0	4.0		1 0	n 0	6 C	۲ ک	0.0	n (	, i	7.3	1	6.3	52	6.7	5	6.7		72	on (	n c	, ,	Z Z	MAX	TURBID		
17.6			17.6	7.0	mg/l	SST	VERAGE	2	12.3	70	17.6												:	1	4					17.6							7.0		mg/L	. !	ဟ . (	FFFI CFNT	
274.5			274.5	108.0	bs	SS		4	95.6	0.0	274.5					C	9							5						274.5	:					00.0	1080		LBS.		တ	Z :	
5 2.9	1	 4. c			Geo. Mean	COLIFORM	WEEKLY	2	15.6	11.0	20.1																		_:	20.1					:		1		mg/L	-	800		<b>⊼</b>
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