

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
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego, Ww, Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98

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

MONITORING PERIOD			
YR	MO	DAY	TO
2010	3	28	2010
YEAR	MO	DAY	YEAR
2010	5	1	2010

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	PERMIT	*****	*****	****	*****	7.7	11.4	(43)	0	Continuous	RCORDR
00070 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	NTU	0		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	2.7	5.0	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT	*****	*****	****	Req. Mon. DAILY MN	MO AVG	*****	19 mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	241	293	(26)	*****	16	19	(19)	0		
00310 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	MO AVG	*****	19 mg/L	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	293	*****	(26)	*****	19	*****	(19)	0		
00310 W 0 See Comments	PERMIT	1829	*****	lb/d	*****	WKLY AVG	*****	19 mg/L	0	Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.8	(12)	0		
00400 1 0 Effluent Gross	PERMIT	*****	*****	****	6.5	*****	9.0	12 SU	0	Weekdays	GRAB
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	****	INST MIN	N/A	N/A	(19)	0		
00410 1 7 Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	*****	19 mg/L	0	Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	249	259	(26)	*****	16	17	(19)	0		
00530 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	MO AVG	*****	19 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.

Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE NUMBER
DATE: **5/1**
MO: **5**
DAY: **1**

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)

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: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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OMB No. 2040-0004
Approval Expires 05-31-98

MAJOR (SUB 01)
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MONITORING PERIOD			
YR	MO	DAY	TO
2010	3	28	2010
YEAR	MO	DAY	YEAR
2010	5	1	2010

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	VALUE	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	REQ. MON. MO AVG	REQ. MON. DAILY MX			VALUE	REQ. MON. MO AVG	REQ. MON. DAILY MX				
Solids, total suspended	PERMIT	259			(26)	*****							
	REQUIREMENT	1829				45						Twice Per Month	COMP24
00530 W 0	PERMIT	261			(26)	*****							
	REQUIREMENT	WPLY AVG				17.0						Once Per Month	COMP24
Nitrogen, ammonia total (as N)	PERMIT	1164			1963	*****							
	REQUIREMENT	MO AVG				28.5						Once Per Month	COMP24
00610 1 0	PERMIT	*****			*****	76							
	REQUIREMENT	*****				76						Once Per Month	GRAB
00900 1 6	PERMIT	N/A			(26)	*****							
	REQUIREMENT	*****				N/A						Once Per Month	COMP24
Silver, total recoverable	PERMIT	N/A			(26)	*****							
	REQUIREMENT	*****				N/A						Once Per Month	COMP24
01079 1 0	PERMIT	Req. Mon. MO AVG			lb/d	*****							
	REQUIREMENT	*****				N/A						Three Per Year	COMP24
Effluent Gross	PERMIT	Req. Mon. MO AVG			(26)	*****							
	REQUIREMENT	*****				N/A						Three Per Year	COMP24
Zinc, total recoverable	PERMIT	Req. Mon. MO AVG			lb/d	*****							
	REQUIREMENT	*****				N/A						Three Per Year	COMP24
01094 1 0	PERMIT	Req. Mon. MO AVG			lb/d	*****							
	REQUIREMENT	*****				N/A						Three Per Year	COMP24
Effluent Gross	PERMIT	Req. Mon. MO AVG			(26)	*****							
	REQUIREMENT	*****				N/A						Three Per Year	COMP24
Lead, total recoverable	PERMIT	Req. Mon. MO AVG			lb/d	*****							
	REQUIREMENT	*****				N/A						Three Per Year	COMP24
01114 1 0	PERMIT	Req. Mon. MO AVG			lb/d	*****							
	REQUIREMENT	*****				13.3						Once Per Month	COMP24
Effluent Gross	PERMIT	Req. Mon. MO AVG			(26)	*****							
	REQUIREMENT	*****				13						Once Per Month	COMP24
Copper, total recoverable	PERMIT	Req. Mon. MO AVG			lb/d	*****							
	REQUIREMENT	*****				86.7						Once Per Month	COMP24
01119 1 0	PERMIT	Req. Mon. MO AVG			lb/d	*****							
	REQUIREMENT	*****				187						Once 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.

Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE NUMBER
DATE: 5/1/10
MO: 5
DAY: 1

* Concerning violations-please see attached. The reporting period was from 03/28/10 through 05/01/10.
EPA Form 3320-1 (03-99) Previous editions may be used. REPLICATES EPA FORM 140 WHICH MAY NOT BE USED.

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ATT: Tom Trego WW Utilities Superintendent

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MONITORING PERIOD			
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2010	3	28	2010
			YEAR
			MO
			DAY
			NO. EX
			2010
			YEAR
			MO
			DAY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS					
Coliform, fecal - % samples exceeds limit	MEASUREMENT	*****	*****		*****	*****	*****	*****	0	(23)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	10	%	0	Twice Every Week	GRAB
30500 O 0	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
See Comments	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
31615 O 0	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
See Comments	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
31615 P 0	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
See Comments	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
31615 Q 0	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
See Comments	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
31615 R 0	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
See Comments	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
45613 1 0	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
Effluent Gross	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
Flow, in conout or thru treatment plant	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
50050 1 0	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
Effluent Gross	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
Tom Trego Wastewater Utilities Superintendent	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
TYPED OR PRINTED	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
COMMENT AND EXPLANATION OF ANY VIOLATIONS	MEASUREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	N/A	N/A	N/A	13	(13)	0	Twice Every Week	GRAB

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907 AREA CODE
586-0393 TELEPHONE
5 PHONE NUMBER
2 DATE
2 DAY

* Concerning violations please see attached. The reporting period was from 03/28/10 through 05/01/10.
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*)

DAY	DATE	FLOWS				INFLUENT				EFFLUENT										
		SBR Influent MGD	Meind River CFS	SBR Receiving Water MGD	SBR WASTE MGD	TEMP	pH	DO mg/L	SS mg/L	BOD mg/L	BOD LBS	TEMP	pH	DO mg/L	TURBID MAX NTU	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FECAL COLIFORM /100 ml
SUN	28	2.18	256	2.17	77.2 /1	9.0	7.3	8.1	7.7	11.3	6.8	5.2	6.1							4.3
MON	29	2.05	282	2.05	83.6 /1	10.1	7.4	6.9	7.7	11.7	6.8	4.7	5.2							
TUE	30	1.99	244	1.84	86.7 /1	10.4	7.8	6.9	7.5	12.1	6.8	4.0	5.4							
WED	31	1.99	244	1.98	80.6 /1	10.0	7.2	7.0	7.5	12.0	6.9	4.8	7.1							7.1
THU	1	1.87	231	1.84	82.1 /1	10.1	7.3	7.5	7.5	12.1	6.7	4.0	6.2							
FRI	2	1.81	224	1.78	82.3 /1	11.7	7.5	7.4	7.4	11.7	6.9	5.2	4.2							
SAT	3	1.95	224	1.94	79.6 /1	11.8	7.5	8.0	7.5	11.7	6.9	5.2	4.2							
SUN	4	1.94	234	1.91	80.1 /1	11.3	7.5	8.0	7.7	11.1	6.9	5.2	5.7							1.4
MON	5	1.83	193	1.82	69.5 /1	10.6	7.9	7.7	7.7	11.4	6.9	4.3	5.7							1.4
TUE	6	1.97	227	1.94	76.6 /1	10.7	7.4	6.8	7.4	11.5	6.8	4.4	5.6							1.4
WED	7	2.02	237	1.99	77.9 /1	10.2	7.2	7.3	7.3	10.7	6.9	4.1	7.4							1.4
THU	8	1.94	224	1.91	76.8 /1	10.1	7.4	7.8	7.4	11.1	6.9	4.0	7.2							
FRI	9	1.88	190	1.89	65.9 /1	10.1	7.2	6.8	7.6	12.5	6.9	5.6	7.6							
SAT	10	1.89	176	1.89	61.2 /1	10.4	7.5	7.6	7.6	11.8	6.9	4.8	8.4							
SUN	11	1.87	167	1.81	60.6 /1	11.4	7.6	7.9	7.9	11.8	6.9	4.8	8.4							
MON	12	1.85	167	1.85	59.3 /1	10.2	7.5	7.7	7.7	12.1	6.9	4.1	7.0							4.3
TUE	13	1.81	162	1.81	58.8 /1	11.4	7.4	7.7	7.7	12.2	7.1	7.2	8.2							
WED	14	1.88	170	1.88	59.4 /1	11.1	7.3	7.9	7.5	13.5	6.8	3.7	8.8							1.4
THU	15	1.88	167	1.85	59.3 /1	12.9	7.2	7.2	7.5	11.7	6.7	3.6	8.8							1.4
FRI	16	1.88	190	1.85	67.3 /1	14.2	7.5	8.3	8.3	13.4	6.9	5.9	10.1							
SAT	17	1.76	273	1.76	101.2 /1	11.9	7.4	8.2	8.2	13.9	6.8	5.7	9.8							
SUN	18	1.89	241	1.83	88.1 /1	11.2	7.4	7.4	7.4	13.9	6.9	5.7	7.4							
MON	19	1.83	255	1.84	90.5 /1	10.7	7.6	8.1	7.6	11.9	7.0	4.9	8.4							1.4
TUE	20	1.87	388	1.87	135.0 /1	13.2	6.7	7.3	7.3	14.6	7.0	5.6	7.1							1.4
WED	21	1.83	450	1.83	159.9 /1	14.2	6.7	6.7	6.7	14.6	6.7	2.7	7.7							2.9
THU	22	1.85	455	1.85	159.9 /1	14.5	7.5	6.9	6.9	14.9	7.1	3.7	11.4							
FRI	23	1.85	436	1.85	153.2 /1	14.1	7.4	6.3	6.3	15.6	7.0	6.3	10.2							
SAT	24	1.73	421	1.73	158.2 /1	14.3	7.4	7.1	7.1	16.4	6.9	6.2	9.9							
SUN	25	1.86	379	1.55	158.0 /1	10.3	7.4	6.8	7.4	10.6	7.1	6.4	9.3							1.4
MON	26	1.89	353	1.73	132.8 /1	16.5	7.0	7.8	7.8	15.9	7.8	9.0	8.4							
TUE	27	1.81	370	1.81	133.1 /1	12.9	7.2	6.5	6.5	13.4	6.9	6.9	7.6							
WED	28	1.79	431	1.79	156.5 /1	14.7	7.5	7.0	7.0	18.0	6.9	3.9	7.2							1.4
THU	29	1.84	484	1.89	167.5 /1	12.7	7.9	7.6	7.6	14.2	7.4	3.8	7.4							1.4
FRI	30	1.89	487	1.81	178.4 /1	17.6	7.4	8.3	8.3	17.4	6.9	5.6	7.8							
SAT	1	1.81	471	1.78	171.9 /1	12.9	7.7	8.2	8.2	15.9	7.0	5.4	8.3							
TOTAL		65.94		64.73	4.6115															
MAXIMUM		2.18	487	2.17	149.0 /1	18.5	7.9	8.3	8.3	206	3092	334	5153							293
MINIMUM		1.73	162	1.55	68.5 /1	9.0	6.7	6.3	6.3	177	2701	227	3465							12.4
AVERAGE		1.88	288	1.85	101.5 /1	12.0	7.4	7.5	7.5	187	2947	286	4064							15.8

COMMENTS:
• GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM

April 2010	
Hard mg/l	78
Alk mg/l	N/A
DO mg/l	5.0
Turbidntu	11.4
Tox Tit	N/A

April 2010	
Copper ug/L	13.30
Lead	N/A
Silver	N/A
Zinc	N/A
NH3 mg/L	17.00
	281

WEEK	WEEKLY AVERAGE			WEEKLY		% REMOVAL
	BOD mg/l	TSS mg/l	COLIFORM Geo Mean	BOD LBS	COLIFORM S.S.	
1						5.5
2	19.0	283	16	247	2.5	1.4
3	16.0	244	17	259	2.0	2.5
4	12.4	186	16	240	1	2.0
5	15.8	241	16	249	2	1.4
AVG	19.0	283	17	259	6	1.4
MAX						