

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

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

MAJOR
(SUB 01)
F - FINAL
EFFLUENT

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2010	5	1		2010	5	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	****	*****	8.8	15.8		0	28	
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	2.3	4.8	*****		0	28	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	221.2	232.5		*****	15.7	17.0		0	3	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	232.5	*****		*****	17.0	*****		0	3	
00310 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	7.2		0	28	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	SU		Weekdays	GRAB
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A		0	N/A	
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	306.4	391.8		*****	21.9	27.0		0	9	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments wer 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 informatio 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 violation:				<i>Nathan D. McCombs</i> In Lieu of Tom Trego			TELEPHONE			
Tom Trego Wastewater Utilities Superintendent								907 586-0393			
								PHONE NUMBER			
								DATE			
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			2010 6 10 YEAR MO DAY			

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*)
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	339.0	*****		*****	24.2	*****		0	9	
00530 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.0	0.0		*****	0.0	0.0		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MX	lb/d	*****	28.5 MO AVG	48 DAILY MX	mg/L		Once Per Month	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	****	*****	0.0	0.0		0	1	
00900 1 6 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once Per Month	GRAB
Silver, total recoverable	SAMPLE MEASUREMENT	0.000	0.000		*****	0.00	0.00		0	1	
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	lb/d	*****	REPORT MO AVG	REPORT DAILY MX	ug/L		Three Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	0.00	0.00		*****	0.0	0.0		0	1	
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	lb/d	*****	REPORT MO AVG	REPORT DAILY MX	ug/L		Three Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	0.000	0.000		*****	0.0	0.0		0	1	
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	lb/d	*****	REPORT MO AVG	REPORT DAILY MX	ug/L		Three Per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0.00	0.00		*****	0.0	0.0		0	1	
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	3.54 MO AVG	7.63 DAILY MX	lb/d	*****	86.7 MO AVG	187 DAILY MX	ug/L		Once Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
**Tom Trego
Wastewater Utilities Superintendent**

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Nathan D. McCombs

In Lieu of Tom Trego

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	
907	586-0393
AREA CODE	PHONE NUMBER
DATE	
2010	6 10
YEAR	MO DAY

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit 30500 O 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 O 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A		0		
	PERMIT REQUIREMENT	*****	*****	****	*****	161 MO GEO	Req. Mon. DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A		0		
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 Q 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A		0		
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	10.5	4.1	12.9		0	8	
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual 45613 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0	28	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	f=1 ; N=0		Once Per Month	VISUAL
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.73	1.88		*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****		Continuous	RCORDR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tom Trego Wastewater Utilities Superintendent	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.				<i>Nathan D. McCombs</i> In Lieu of Tom Trego				TELEPHONE 907 586-0393		
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				PHONE NUMBER DATE 2010 6 10 YEAR MO DAY		

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual		N/A	N/A	(26)	*****	N/A	N/A		0	N/A	
50060 S 0	PERMIT REQUIREMENT	4.09	4.09		*****	100	100			QUARTERLY	COMP24
See Comments		MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l			
Dilution factor		*****	*****	****	113.6	288.6	*****	ug/L	0	28	
80093 1 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon.	Req. Mon.	*****			DAILY	MEASRD
Effluent Gross		*****	*****	****	DAILY MN	MO AVG	*****	1U			
BOD,5-day, percent removal		*****	*****	****	94.5	*****	*****		0	1	
81010 K 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****			Once Per Month	CALCTD
Percent Removal		*****	*****	****	MN % RMV	*****	*****	%			
Solids, suspended percent removal		*****	*****	****	91.2	*****	*****		0	1	
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****			Once Per Month	CALCTD
Percent Removal		*****	*****	****	MN % RMV	*****	*****	%			
Chlorine usage		N/A	*****		*****	*****	*****		0	N/A	
81400 X 0	PERMIT REQUIREMENT	Req. Mon.	*****	lb/d	*****	*****	*****			DAILY	MEASRD
End of Chlorine Contact Chamber		MO AVG	*****		*****	*****	*****				
Oil and grease visual		*****	*****	****	*****	*****	0		0	28	
84066 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon.	occur/mo		Once Per Month	VISUAL
Effluent Gross		*****	*****	****	*****	*****	DAILY MX				
Toxicity, Chronic		*****	*****	****	*****	*****	N/A		0	N/A	
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon.	ox chronic		Semiannual	COMP24
Effluent Gross		*****	*****	****	*****	*****	DAILY MX				
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Fecal coliform, MPN, EC med, 44.5 C 31615 S 9 See Comments	MEASUREMENT	*****	*****		N/A	N/A	N/A		0	N/A	
	PERMIT REQUIREMENT	*****	*****		400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 T 9 See Comments	MEASUREMENT	*****	*****	****	N/A	N/A	N/A		0	N/A	
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Once Every Week	GRAB

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AREA CODE
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DATE
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 In Lieu of Tom Trego

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