

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

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  
AK-002295-1  
PERMIT NUMBER  
MONITORING PERIOD  
YR MO DAY TO  
2010 5 30  
DISCHARGE NUMBER  
001 A

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, total suspended	SAMPLE	349	*****	(26)	*****	21	*****	(19)	0	
00530 W 0 See Comments	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	19		
	SAMPLE	263	*****	(26)	*****	19	*****	(19)	0	Twice Per Month
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1164	*****	lb/d	*****	28.5	*****	19		
00610 1 0 Effluent Gross	SAMPLE	*****	*****	(26)	*****	60	*****	(19)	0	Once Per Month
Hardness, total (as CaCO3)	PERMIT REQUIREMENT	*****	*****	lb/d	*****	NO TEST	*****	19		Once Per Month
00900 1 6 Effluent Gross	SAMPLE	*****	*****	(26)	*****	NO TEST	*****	28	0	Three Per Year
Silver, total recoverable	PERMIT REQUIREMENT	*****	*****	lb/d	*****	NO TEST	*****	28		Once Per Month
01079 1 0 Effluent Gross	SAMPLE	*****	*****	(26)	*****	NO TEST	*****	28	0	Three Per Year
Zinc, total recoverable	PERMIT REQUIREMENT	*****	*****	lb/d	*****	NO TEST	*****	28		Once Per Month
01094 1 0 Effluent Gross	SAMPLE	*****	*****	(26)	*****	NO TEST	*****	28	0	Three Per Year
Lead, total recoverable	PERMIT REQUIREMENT	*****	*****	lb/d	*****	NO TEST	*****	28		Once Per Month
01114 1 0 Effluent Gross	SAMPLE	*****	*****	(26)	*****	NO TEST	*****	28	0	Three Per Year
Copper, total recoverable	PERMIT REQUIREMENT	*****	*****	lb/d	*****	NO TEST	*****	28		Once Per Month
01119 1 0 Effluent Gross	SAMPLE	0.345	0.345	(26)	*****	24.9	24.9	28	0	Once Per Month
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	Report MO AVG	Report DAILY MX	lb/d	*****	Report MO AVG	Report DAILY MX	ug/L		Once Per Month
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.									
COMMENT AND EXPLANATION OF ANY VIOLATIONS * Concerning violations-please see attached. The reporting period was from 05/30/2010 through 06/26/2010. 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*)										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Matthew B. McInnis</i> Lieut of Tom Trego In										
TELEPHONE 907 586-0393 AREA CODE PHONE NUMBER DATE 2010 7 10 YEAR MO DAY										

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MONITORING PERIOD  
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2010 5 30 TO 2010 6 26

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PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	VALUE	UNITS	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	VALUE	UNITS				
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	****	*****	*****	0	(23)	0			
30500 O 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	%		Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0			
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	*****	*****	161	Req. Mon. DAILY MK	13	Twice Every Week	GRAB	
31615 O 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0			
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	800	#/100ml		Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	*****	*****	400	#/100ml	0	Twice Every Week	GRAB	
31615 P 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0			
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	400	#/100ml		Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	*****	*****	800	#/100ml	0	Twice Every Week	GRAB	
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1200	#/100ml	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	400	#/100ml		Twice Every Week	GRAB	
Floating solids or visible foam-visual	MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB	
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MK	f=1; N=0		Once Per Month	VISUAL	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****		0			
Flow, in conduit or thru treatment plant	MEASUREMENT	1.7	2.0	(03)	*****	*****	*****					
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MK	3 Mgal/d	*****	*****	*****					
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****					
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 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 Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Matthew B. McElwaine</i> Lieut of Tom Trego											
907 AREA CODE	TELEPHONE		PHONE NUMBER		DATE		YEAR		MO		DAY	
2010	586-0393		586-0393		7		2010		7		10	

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)**

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**NAME:** JUNEAU, CITY AND BOROUGH OF  
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 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATTN:** Tom Tesgo WW Utilities Superintendent

AK-002295-1  
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MAJOR (SUB 01)  
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 EFFLUENT  
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MONITORING PERIOD			
YR	MO	DAY	TO
2010	5	30	2010
YEAR	MO	DAY	YEAR
2010	6	26	2010

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual		N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l		QUARTERLY	COMP24
See Comments	REQUIREMENT	MO AVG	DAILY MX			MO AVG	DAILY MX				
Dilution factor	SAMPLE MEASUREMENT	*****	*****	*****	379	623	*****	ug/l	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U	0	DAILY	MEASRD
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	(23)	0		
BOD, 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	23 %		Once Per Month	CALCTD
81010 K 0	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****	(23)	0		
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	23 %		Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Percent Removal	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****	*****	0		
Chlorine usage	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
81400 X 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	MEASRD
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
84066 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Once Per Month	VISUAL
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
TT000 1 8	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Semiannual	COMP24

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*Nathan B. McComb*  
 Lieut of Tom Tesgo  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907  
 AREA CODE  
 586-0393  
 PHONE NUMBER  
 DATE  
 2010  
 YEAR  
 7  
 MO  
 10  
 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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 EPA Form 3320-1 (03-98) Previous editions may be used. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED). 00434/981209 1904 PAGE 4 OF 5

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MONITORING PERIOD			
YR	MO	DAY	TO
2010	5	30	
YEAR	MO	DAY	DAY
2010	6	26	

PARAMETER	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	VALUE				
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	N/A	N/A	N/A	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	400	200	800	#/100ml			
31615 S 9	SAMPLE MEASUREMENT	*****	9	4	9	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	800	400	1200	#/100ml			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****							
	PERMIT REQUIREMENT	*****							
31615 T 9	SAMPLE MEASUREMENT	*****							
	PERMIT REQUIREMENT	*****							
See Comments	SAMPLE MEASUREMENT	*****							
	PERMIT REQUIREMENT	*****							
See Comments	SAMPLE MEASUREMENT	*****							
	PERMIT REQUIREMENT	*****							

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**Matthew D. McConk**  
Lieut of Tom Trego  
In

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
**907** TELEPHONE  
**586-0393**  
AREA CODE  
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DATE  
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COMMENT AND EXPLANATION OF ANY VIOLATIONS  
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EPA Form 3320 - (03-98) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).  
00434/981209 1904  
PAGE 5 OF 5

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

June 2010

DAY	DATE	FLOWS						INFLUENT						EFFLUENT									
		SBR INFLUENT MGD	Meand River CFS	SBR TTL EFFL MGD	Receiving Water Dillion	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	FEDAL COLIFORM 1000/ml	
SUN	30	1.87	1580	1.66	606.1	0.1205	16.6	7.3	6.0				17.1	6.7	3.2								
MON	31	1.82	2060	1.72	774.7	0.1202	21.1	7.4	6.7				18.4	6.8	4.5	11.6							
TUE	1	1.89	2080	1.66	802.7	0.1173	18.1	7.5	6.2				18.2	7.2	5.2	9.3							9
WED	2	1.97	1750	1.72	650.3	0.1124	15.0	7.2	5.2				17.1	6.7	3.5	10.4							
THU	3	1.89	1760	1.68	673.8	0.1144	16.2	6.8	2.6	273	3648	405	5708	16.2	6.8	2.6							16
FRI	4	1.84	1780	1.84	583.7	0.1162	13.7	7.5	4.1				18.6	6.9	6.9	10.3							14
SAT	5	1.96	1750	1.96	577.8	0.1127										8.9							180
SUN	6	1.91	1790	1.91	606.4	0.1160										7.9							
MON	7	1.86	1960	1.86	480.3	0.1170	16.8	7.4	6.8				15.9	7.1	6.1	8.6							
TUE	8	1.86	1350	1.86	468.9	0.1140	13.8	7.2	7.0				18.8	7.1	5.7	8.8							1
WED	9	1.82	1290	1.61	518.6	0.1199	15.3	7.3	5.1	204	2790	341	4664	17.3	7.3	4.0	9.2						
THU	10	1.91	1390	1.64	548.5	0.1235	16.1	7.2	5.4				17.3	6.8	4.8	9.0							12.4
FRI	11	1.97	1370	1.67	531.0	0.1291	17.3	7.1	7.0				16.2	6.8	4.8	9.0							170
SAT	12	1.87	1340	1.71	507.2	0.1295										8.3							
SUN	13	1.85	1310	1.64	517.0	0.1250										7.9							
MON	14	1.89	1120	1.64	442.2	0.1100	16.0	7.5	6.7				15.4	7.0	5.3	5.5							
TUE	15	1.92	958	1.63	380.7	0.1463	15.8	7.2	7.4				14.9	6.9	5.8	7.4							4
WED	16	1.83	1010	1.61	406.3	0.1331	15.6	8.6	6.8				15.6	6.8	6.6	8.1							
THU	17	1.89	1010	1.63	401.3	0.1184	13.5	7.3	6.0	204	2773	341	4636	13.1	7.0	6.3	9.2						12.4
FRI	18	1.88	988	1.61	401.4	0.1085	16.6	7.7	8.0				16.2	7.1	5.8	8.9							169
SAT	19	1.85	942	1.61	378.0	0.1111										8.9							
SUN	20	1.84	1080	1.58	438.8	0.1078										10.6							
MON	21	1.80	1400	1.65	548.1	0.1112	16.9	7.3	3.6				16.7	6.7	4.7	7.2							
TUE	22	2.01	1450	1.76	533.2	0.1204	16.3	7.3	3.8				18.2	6.8	4.8	10.6							6
WED	23	2.34	2160	2.02	691.8	0.1173	15.5	7.2	6.8				17.6	6.6	4.9	11.8							
THU	24	2.08	3250	1.88	1056.0	0.1329	15.8	7.3	4.9	272	4514	359	5958	16.1	7.0	3.9	11.4						292
FRI	25	2.04	4420	1.86	1536.1	0.1077	16.1	7.4	6.8				16.0	6.9	3.8	9.5							
SAT	26	2.08	3960	1.87	1368.0	0.1159										10.3							
TOTAL		54.24		48.72		3.3603																	
MAXIMUM		2.34	4420	2.02	1536.1	0.1493	21.1	8.6	8.0	273	4514	405	5958	18.9	7.3	6.9	11.8						292
MINIMUM		1.82	942	1.58	378.0	0.1077	13.5	6.8	2.6	204	2773	341	4636	13.1	6.8	2.6	5.5						1
AVERAGE		1.84	1704	1.74	623.3	0.1200	16.1	7.4	5.8	238	3481	392	5242	16.9	6.9	4.9	9.2						4

COMMENTS:  
CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

Hrd mg/l	60
Alk mg/l	140
D.O mg/l	4.8
Turb NTU	11.8
Tox. TUp	5.0

Copper	24.90	LBS	0.345
Lead	NO TEST	NO TEST	NO TEST
Silver	NO TEST	NO TEST	NO TEST
Zinc	NO TEST	NO TEST	NO TEST
NH3 mg/l	19		263

WEEK	BOD	SS	WEEKLY AVERAGE	WEEKLY AVERAGE	WEEKLY AVERAGE	% REMOVAL
1	14	190	16	226	9	
2	12	170	16	218	1	
3	12	169	15	204	4	
4	18	292	21	349	6	
AVG	14	205	17	249	4	
MAX	18	292	21	349	9	