

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
Form Approved,
OAHB No. 2040-0004
Approval Expires 05-31-98

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

NAME:
JUNEAU, CITY AND BOROUGH OF
ADDRESS:
MENDENHALL TREATMENT PLANT
155 SOUTH SENARD,
JUNEAU, ALASKA 99801
FACILITY:
MENDENHALL VALLEY SERVICE AREA
LOCATION:
JUNEAU, ALASKA 99801
ATT:
Tom Trago WW Utilities Superintendent

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

AK-902295-1
PERMIT NUMBER

061 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	6	27	7
			31

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE	VALUE				
Turbidity	MEASUREMENT	*****	*****	9.2	16.2	(49)	0		
00070 1 0 Effluent Gross Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	Req. Min. MO AVG	Req. Min. DAILY MAX	MTU	0	Quarterly	NO2000A
	SAMPLE	*****	*****	3.8	5.2	(19)	0		
00000 1 0 Effluent Gross BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	Req. Min. DAILY MIN	Req. Max. MO AVG	mg/L	19	Once Per Month	GRAB
	SAMPLE	*****	*****	239	14.7	(19)	0		
00010 1 0 Effluent Gross BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	30	60	mg/L	19	Twice Per Month	COMP24
	SAMPLE	*****	*****	291	17.3	(19)	0		
00010 W 0 See Comments	PERMIT REQUIREMENT	*****	*****	45	*****	mg/L	19	Twice Per Month	COMP24
	SAMPLE	*****	*****	6.7	7.5	(12)	0		
00400 1 0 Effluent Gross Alkalinity, total (asCaCO3)	PERMIT REQUIREMENT	*****	*****	6.3	9.0	SU	12	Weekly	GRAB
	SAMPLE	*****	*****	N/A	N/A	(19)	0		
00410 1 7 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	Req. Min. MO AVG	Req. Max. DAILY MAX	mg/L	19	Quarterly	COMP24
	SAMPLE	*****	*****	260	16.0	(19)	0		
00500 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	30	60	mg/L	19	Twice Per Month	COMP24
	SAMPLE	*****	*****	*****	*****	(19)	0		

Nathan D. McCombs
Digitally signed by Nathan D. McCombs
DN: cn=Nathan D. McCombs, o=City of Juneau, ou=City of Juneau, email=nathan.mccombs@cityofjuneau.ak.us, c=US
Date: 2010.06.18 11:05:21 -0700

Signature of Principal Executive Officer or Authorized Agent

907 586-0393
AREA CODE PHONE NUMBER
2010 8 10
YEAR MO DAY

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
* Concerning violations-please see attached. The reporting period was from 06/27/2010 through 07/31/2010.
EPA Form 3320-1 (03-98) Previous editions may be used.

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: MENDEHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDEHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trepo WW Utilities Superintendent

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.

AK-982295-1 PERMIT NUMBER
001A DISCHARGE NUMBER

MONITORING PERIOD
YR 2010 MO 6 DAY 27 TO YR 2010 MO 7 DAY 31

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	278	(26)	16.8	(19)	0		
00530 W 0	1829	B/d	45	19	0	Twice Per Month	COMP24
See Comments	289	(26)	17.0	(19)	0		
Nitrogen, ammonia total (as N)	1164	B/d	25	19	0	Once Per Month	COMP24
00610 1 0	393	B/d	67	(19)	0		
Effluent Gross	*****	****	Req. Mon. MO AVG	19			
Hardness, total (as CaCO3)	*****	****	Req. Mon. DAILY PK	(19)			
00900 1 0	*****	****	Req. Mon. MO AVG	19			
Effluent Gross	*****	****	Req. Mon. DAILY PK	(19)			
Silver, total recoverable	N/A	(26)	N/A	(28)	0		
01070 1 0	Req. Mon. DAILY PK	B/d	Req. Mon. MO AVG	28		Three Per Year	COMP24
Effluent Gross	N/A	(26)	N/A	(28)	0		
Zinc, total recoverable	Req. Mon. DAILY PK	B/d	Req. Mon. DAILY PK	28			
01094 1 0	N/A	(26)	N/A	(28)	0		
Effluent Gross	Req. Mon. DAILY PK	B/d	Req. Mon. DAILY PK	28			
Lead, total recoverable	N/A	(26)	N/A	(28)	0		
01114 1 0	Req. Mon. DAILY PK	B/d	Req. Mon. DAILY PK	28			
Effluent Gross	0.169	(26)	18.1	(28)	0		
Copper, total recoverable	1.82	B/d	41.5	28			
01119 1 0	3.92	B/d	95.0	28			
Effluent Gross	MO AVG	B/d	MO AVG	28			

NAME/TITLE: **Nathan D. McCombs** PRINCIPAL EXECUTIVE OFFICER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE: 907
 PHONE NUMBER: 586-0293
 DATE: 2010
 MO: 8
 DAY: 10

TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS
 #REF!

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

MAJOR Form Approved.
(SUB 01) OMB No. 2840-0084
F - FINAL Approval Expires 05-31-98
EFFLUENT

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: HENDERHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: HENDERHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Tropp WW Utilities Superintendent

AK-082295-1
PERMIT NUMBER

D01 A
DISCHARGE NUMBER

MONITORING PERIOD		YEAR		MO		DAY	
YR	2010	MO	6	YEAR	2010	MO	7
DAY	27	TO		DAY		DAY	31

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0 See Comments	*****	*****	10	%	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
31616 O 0 See Comments	*****	*****	161	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
31615 P 0 See Comments	*****	*****	800	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
31615 Q 0 See Comments	*****	*****	800	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
31615 R 0 See Comments	*****	*****	1200	#/100mL	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
46613 I 0 Effluent Gross	*****	*****	*****	Y=1, N=0	0	Once Per Month	VISUAL
Flow, in canal or thru treatment plant	*****	*****	*****	*****	0	Twice Every Week	GRAB
50050 I 0 Effluent Gross	*****	*****	*****	*****	0	Twice Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>Nathan D. McCombs Digitally signed by Nathan D. McCombs DN: cn=Nathan D. McCombs, o=City of Juneau, ou=City of Juneau, email=nathan.mccombs@cityofjuneau.ak.us, c=US Date: 2010.06.10 11:05:59 -0800</p>						
Tom Tropp Wastewater Utilities Superintendent	<p>TELEPHONE: 586-0393 AREA CODE: 907 PHONE NUMBER: 586-0393 DATE: 2010.06.10 11:05:59 -0800</p>						
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS (SEE #REF)	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Nathan D. McCombs OFFICER OR AUTHORIZED AGENT Date: 2010.06.10 11:05:59 -0800</p>						

