

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	8	29	
YEAR	MO	DAY	DAY
2010	9	9	25

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

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

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	355	(26)	20.0	(19)	0		
00530 W 0	1829	lb/d	45	mg/L	0	Twice Per Month	COMP24
See Comments	278	(26)	18.0	(19)	0		
Nitrogen, ammonia total (as N)	1164	lb/d	28.5	mg/L	0	Once Per Month	COMP24
00610 1 0	1963	lb/d	72	(19)	0		
Effluent Gross	0.000	****	0.0	mg/L	0	Twice Per Month	GRAB
Hardness, total (as CaCO3)	0.000	(26)	7.6	(28)	0		
00900 1 6	0.131	lb/d	0.0	ug/L	0	Three Per Year	COMP24
Effluent Gross	0.131	(26)	7.6	(28)	0		
Silver, total recoverable	0.000	lb/d	0.00	(28)	0		
01079 1 0	0.355	(26)	18.1	(28)	0		
Effluent Gross	0.355	lb/d	44.5	ug/L	0	Twice Per Month	COMP24
Zinc, total recoverable	3.92	lb/d	95.8	ug/L	0		
01094 1 0	0.000	lb/d	0.00	(28)	0		
Effluent Gross	0.000	(26)	0.00	(28)	0		
Lead, total recoverable	0.000	lb/d	0.00	(28)	0		
01114 1 0	0.000	lb/d	0.00	(28)	0		
Effluent Gross	0.000	(26)	0.00	(28)	0		
Copper, total recoverable	0.000	lb/d	0.00	(28)	0		
01119 1 0	0.000	lb/d	0.00	(28)	0		
Effluent Gross	0.000	(26)	0.00	(28)	0		

Nathan D. McCombs
Digitally signed by Nathan D. McCombs
DN: cn=Nathan D. McCombs, o=CBI, ou=CBI Public Utilities, email=nathan_mccombs@cbi.juneauak.us, c=US
Date: 2010.10.06 14:36:42 -0800

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
907 AREA CODE
586-0393 TELEPHONE
2010 YEAR
10 MO
8 DAY

TYPED OR PRINTED
Tom Trego
Wastewater Utilities Superintendent

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 08/29/2010 through 09/25/2010.
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*)
EPA Form 3320-1 (03-99) Previous editions may be used.

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ATT: Tom Trego WW Utilities Superintendent

MAJOR (SUB 01)
F - FINAL EFFLUENT
*** NO DISCHARGE

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

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AK-002295-1 PERMIT NUMBER
001 A DISCHARGE NUMBER

MONITORING PERIOD
YR 2010 MO 8 DAY 29 FROM
YEAR 2010 MO 9 DAY 25 TO

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE				
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	0	(23)	0		
30500 O 0	PERMIT REQUIREMENT	*****	*****	10	%		Twice Every Week	GRAB
See Comments	SAMPLE	*****	*****	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	161	Req. Mon. DAILY MX #/100mL	0	Twice Every Week	GRAB
31615 O 0	PERMIT REQUIREMENT	*****	*****	N/A	(13)	0		
See Comments	SAMPLE	*****	*****	400	WPLY GEO MO GEO #/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	200	DAILY MX #/100mL	0		
31615 P 0	PERMIT REQUIREMENT	*****	*****	N/A	(13)	0		
See Comments	SAMPLE	*****	*****	400	WPLY GEO MO GEO #/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	200	DAILY MX #/100mL	0		
31615 Q 0	PERMIT REQUIREMENT	*****	*****	N/A	(13)	0		
See Comments	SAMPLE	*****	*****	800	WPLY GEO MO GEO #/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	400	DAILY MX #/100mL	0		
31615 R 0	PERMIT REQUIREMENT	*****	*****	N/A	(13)	0		
See Comments	SAMPLE	*****	*****	800	WPLY GEO MO GEO #/100mL	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	MEASUREMENT	*****	*****	400	DAILY MX #/100mL	0		
45613 1 0	PERMIT REQUIREMENT	*****	*****	0	(13)	0		
Effluent Gross	MEASUREMENT	*****	*****	Reg. Mon. DAILY MX	Y=1; N=0	0	Once Per Month	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE	1.88	2.13	*****	*****	0	Continuous	RCORDR
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0		
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	*****	*****	0		
Tom Trego Wastewater Utilities Superintendent	MEASUREMENT	*****	*****	*****	*****	0		

Nathan D. McCombs
Digitally signed by Nathan D. McCombs
DN: cn=Nathan D. McCombs, o=CBJ, ou=CBJ Public Utilities, email=nathan_mccombs@junEAU.ak.us, c=US
Date: 2010.10.06 14:37:32 -0800

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393
DATE: 2010 10 06

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 08/29/2010 through 09/25/2010.
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MAJOR
(SUB 01)
F - FINAL
EFFLUENT

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AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	TO	YR	MO	DAY
2010	8	29		2010	9	25

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	N/A	(26)	N/A	(28)	0	QUARTERLY	COMP24
50060 S 0	4.09	lb/d	100	ug/l	0		
See Comments	MO AVG		MO AVG				
Dilution factor	*****	****	524.7	*****	0		
MEASUREMENT	*****	****	*****	*****			
80083 1 0	*****	****	Req. Mon. DAILY MN	10	0	DAILY	MEASRD
Effluent Gross	*****	****	*****	(23)	0		
BOD, 5-day, percent removal	*****	****	*****	*****			
MEASUREMENT	*****	****	*****	*****			
81010 K 0	*****	****	*****	*****	0	Once Per Month	CALCTD
Percent Removal	*****	****	*****	*****	0		
PERMIT REQUIREMENT	*****	****	*****	*****			
Solids, suspended percent removal	*****	****	*****	*****	0	Once Per Month	CALCTD
MEASUREMENT	*****	****	*****	*****			
81011 K 0 0	N/A	(26)	*****	*****	0	DAILY	MEASRD
Percent Removal	*****	****	*****	*****	0		
PERMIT REQUIREMENT	*****	****	*****	*****			
Chlorine usage	*****	****	*****	*****	0		
MEASUREMENT	*****	****	*****	*****			
81400 X 0	Req. Mon. MO AVG	lb/d	*****	*****	0	Once Per Month	VISJAL
End of Chlorine Contact Chamber	*****	****	*****	*****	0		
PERMIT REQUIREMENT	*****	****	*****	*****			
Oil and grease visual	*****	****	*****	*****	0	DAILY	MEASRD
MEASUREMENT	*****	****	*****	*****			
84066 1 0	*****	****	*****	*****	0	Once Per Month	VISJAL
Effluent Gross	*****	****	*****	*****	0		
PERMIT REQUIREMENT	*****	****	*****	*****			
Toxicity, Chronic	*****	****	*****	*****	0	Semiannual	COMP24
MEASUREMENT	*****	****	*****	*****			
TT000 1 8	*****	****	*****	*****	0		
Effluent Gross	*****	****	*****	*****	0		
PERMIT REQUIREMENT	*****	****	*****	*****			

Nathan D. McCombs
Digitally signed by Nathan D. McCombs
DN: cn=Nathan D. McCombs, o=CBI,
ou=CBI Public Utilities,
email=nathan_mccombs@cbl.juneau.
ak.us, c=US
Date: 2010.10.06 14:39:00 -0800

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393

AREA CODE
PHONE NUMBER

DATE

2010 10 8
YEAR MO DAY

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 09/29/2010 through 09/25/2010.

EPA Form 3320-1 (03-86) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 4 OF 5

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

EPA REPORT

DAY	DATE	INFLUENT										EFFLUENT										September 2010				
		SBR INFLUENT MOD.	SBR RIVER CFS	Meth. RVS	MBR RVS	MBR EFFL MGD	SBR WASTING MGD	SR WASTE MGD	PH	TEMP °C	D.O. mg/L	S.S. mg/L	B.O.D. mg/L	CHL mg/L	CU LBS	HAZ mg/L	TEMP °C	PH	D.O. mg/L	TURBID NTU	S.S. mg/L	B.A. LBS	B.O.D. mg/L	B.O.D. LBS	TECH COLIFORM /100 ml	MISC POWER METER READINGS
SUN	28	2.05	1260	1.92	424.9	0.1111		7.4	4.9							18.2	7.0	4.9	7.3							
MON	30	2.02	1260	1.95	441.0	0.0925		7.4	5.8							18.0	7.0	5.2	6.9							
TUE	31	1.98	1460	1.85	510.8	0.0871		7.2	5.8							18.9	7.0	5.0	7.7							
WED	1	2.04	1460	1.86	515.0	0.1005		7.5	5.0							18.9	7.1	4.2	8.7							
THU	2	2.33	2210	2.13	873.1	0.1337		7.1	6.9							17.7	7.1	4.2	9.1							
FRI	3	2.14	2630	2.06	919.8	0.1101		7.1	6.9							17.7	7.1	4.2	9.1							
SAT	4	2.06	2640	1.96	862.3	0.1059		7.2	5.0							17.4	7.0	4.4	8.4							
SUN	5	2.18	1960	1.98	840.5	0.1080		7.2	5.8							17.9	7.1	3.8	7.0							
MON	6	2.20	1830	2.08	589.4	0.0854		7.1	6.5							17.8	7.0	3.3	6.8							
TUE	7	2.07	1810	2.02	579.8	0.0910		7.0	4.3							17.5	6.9	3.7	8.2							
WED	8	2.03	1940	1.92	653.7	0.0771		7.2	5.0							17.5	6.9	3.7	8.2							
THU	9	2.16	1780	2.01	573.1	0.1074		7.2	5.0							17.4	7.0	4.4	8.4							
FRI	10	2.08	2220	2.02	711.0	0.0862		7.5	5.0							17.5	6.9	3.7	8.2							
SAT	11	2.03	1730	1.95	574.1	0.0717		7.5	5.0							17.5	6.9	3.7	8.2							
SUN	12	2.13	1410	1.84	470.5	0.0717		7.5	5.4							17.9	6.9	4.8	8.2							
MON	13	2.08	1540	1.96	508.6	0.0893		7.5	5.4							19.0	7.2	6.3	6.9							
TUE	14	1.97	1680	1.83	587.0	0.0970		7.5	5.4							19.0	7.1	5.1	8.2							
WED	15	1.99	1280	1.86	438.9	0.1420		7.5	5.8							18.3	6.9	4.9	7.9							
THU	16	1.84	1280	1.78	453.7	0.1058		7.5	5.9							19.3	6.9	6.1	8.4							
FRI	17	1.89	1540	1.77	583.1	0.0855		7.5	5.0							19.6	7.1	5.1	8.3							
SAT	18	1.92	1420	1.86	484.2	0.1083		7.5	5.0							19.6	7.1	5.1	8.3							
SUN	19	2.02	1170	1.79	423.2	0.0989		7.9	6.0							18.0	7.2	6.3	6.9							
MON	20	1.91	1170	1.78	423.2	0.0983		7.9	6.0							17.9	7.1	5.1	8.8							
TUE	21	1.90	851	1.38	400.8	0.0740		7.9	5.2							16.8	7.1	4.9	7.3							
WED	22	1.90	622	1.71	238.0	0.1157		7.4	5.9							17.7	7.0	5.2	10.4							
THU	23	1.86	653	1.89	250.8	0.0000		7.5	4.7							17.3	7.1	3.9	10.6							
FRI	24	2.00	332	1.85	116.9	0.0948		7.7	4.9							17.3	7.1	3.9	10.6							
SAT	25	2.01	1310	1.84	480.9	0.0899		7.7	4.9							17.3	7.1	3.9	10.6							
TOTAL		56.92	52.89	52.89	2,547.9																					
MAXIMUM		2.33	2930	2.13	809.9	0.1420		7.9	6.9							17.4	7.9	6.9	7.2							
MINIMUM		1.89	332	1.38	157.0	0.0000		6.5	4.3							15.1	6.5	4.3	218							
AVERAGE		2.03	1525.3	1.96	524.7	0.0910		7.4	5.5							18.2	7.0	4.6	8.0							
Number of Analytes		28	28	28	28	28		28	28							20	20	20	20							

COMMENTS:

* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM

* DURING THIS MONTH, DUPLICATE EFF. SAMPLES WERE TAKEN.

FOR REPORTING PURPOSE, THE HIGHEST RESULTS WERE USED.

253 mg/L	18.7 mg/L	1.84 mg/L
0.54 mg/L	19.7 mg/L	1.84 mg/L
18.7 mg/L	1.84 mg/L	1.84 mg/L

72	180	2.8	10.6
7.2	180	2.8	10.6
7.2	180	2.8	10.6

72	180	2.8	10.6
7.2	180	2.8	10.6
7.2	180	2.8	10.6

72	180	2.8	10.6
7.2	180	2.8	10.6
7.2	180	2.8	10.6

72	180	2.8	10.6
7.2	180	2.8	10.6
7.2	180	2.8	10.6

1	18.0	284	20	365	3.0
2	14.0	235	17	285	2.0
3					
4					
AVG	15.0	269	19	320	2.7
MAX	18.0	284	20	365	3.0

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