PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) FACILITY: LOCATION: NAME: ADDRESS: JUNEAU, ALASKA 99801

MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER MAJOR (SUB 01) F - FINAL EFFLUENT NOTE: Read instructions before completing this form. *** NO DISCHARGE MONITORING PERIOD Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 001 A
DISCHARGE NUMBER

rocalion.	JUNEAU, ALASKA 99801	9801			¥	OM	DAY		VEAD		
AII:	Tom Trego WW Utilities Superintendent	es Superintende	nt	FROM	2010	9	26	70	2010	10 2	30 30
PARAMETER		QUANTI	QUANTITY OR LOADING		QUALIT	QUALITY OR CONCENTRATION	NTRATION		NO.	REQUENC	SAMPLE
T		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINII	EX	F ANALYS	TYPE
i ununity	SAMPLE MEASUREMENT	* * * *	** ** ** **	* * *	****	6.7	11.5	(43)	0		
00070 1 0	PERMIT					Rea. Mon.	Reg. Mon.			Continuous	BCOBDB
Effluent Gross	REQUIREMENT	****	****	* * *	****	MO AVG	DAILY MX	Z T		Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE				3.5	4.8		(19)	0		
	MEASUREMENT	****	****	***		i	****	(43)	c		
DUSUU I U	PERMIT				Req. Mon.	Req. Mon.		19		Once Per	GRAB
BOD 5 Day 20 Acc C	REQUIREMENT	****	****	**	DAILY MN	MO AVG	****	mq/L		Month	Cierc
book, 3-bay, 20 deg. C	SAMPLE MEASUREMENT	213.0	220.6	(26)	****	21.2	12.3	(19)	0	. olici	
00310 1 0	PERMIT	1226	2452			30	60	;		1	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DATI Y MY	19		I WICE Per	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE	220.6	***	(26)		12.3		(19)	0	7	
00310 W 0	PERMIT	1829				45	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5			
See Comments	REQUIREMENT	WKLY AVG	*****	lh/d	****	WKIY AVG	* * * * *	- F1		I WICE Per	COMP24
J	SAMPLE	* * * *	****	•	6.8		7.3	(12)	0	ווועוטוניו	
00400 1 0	PERMIT				29	111111111111111111111111111111111111111		;			
Effluent Gross	REQUIREMENT	****	*****	* * *	NIM LSNI	****	TNICT MAY	2 5		Weekdays	GRAB
Alkalinity, total (asCaCo3)	SAMPLE					no test	no test	(19)	0		
00410 1 7	MEASUREMENT	****	****	***	*****			(,		
Effluent Gross	REOUIREMENT	****	****	* * *	* * * *	Req. Mon.	Req. Mon.	19		Quarterly	COMP24
Solids, total suspended	SAMPLE	199.9	269.0	(26)		TO AVG	DAILY MX	mg/L			
	MEASUREMENT				*****	-		(12)	c		
00530 1 0	PERMIT	1226	2452			30	60	1		Twice Dor	COMBOA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ma/i		Month	COMPZH
NAME OF THE PRINCIPAL EXECUTIVE OF TICER	certify under penalty of	law that this docu	certify under penalty of law that this document and all attachments were	were	-	,	Digitally signed b	y Nathan D.		TELEPHONE	
Tom Trego	to assure that the qualifie	d personnel proper	to assure that the qualified personnel properly gather and evaluate the information	stem designed information	Nath	than D	McCombs DN: cn=Nathan D. McCombs.	McCombs.	+	586-0393	
Wastewater Utilities Superintendent	submitted. Based on my or those persons directly	inquiry of the person responsible for gat	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.	e the system,	McC		o=CBJ, ou=CBJ Public Utilities email=nathan_mccombs@ci.	ıblic Utilities, ccombs@ci.	CODE	PHONE NUMBER	MBER
	submitted is, to the best of I am aware that there are	of my knowledge a	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	nd complete.		CHATIBEOT	Date: 2010.11.08 10:42:49 -09'00'	10:42:49 -09'00'		in in	
TYPED OR PRINTED	including the possibility	of fine and impriso	including the possibility of fine and imprisonment for knowing violations	ions		DEELCEB OB	DEELCED OB VILLADRIZED VCEVIE STONYLLOVE OF LATINGIANT EXECUTIVE		0T07	11	10
COMMENT AND EXPLANATION OF ANY VIOLATIONS	O SNC	=<15:1,P=>15:	0=<15:1,P=>15:1 and <30:1, R=>30:1 (O.P. and R used Nov 1-May 31 & T Jun 1- O.P. 31 O and < are navor used *no abbeing \$1.	(O,P,and R used	Nov 1-May 3	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	& T Jun 1- Oct 31 O and S are no	AGENT	YEAR.	MO	DAY
Ine reporting period was from 09/27/2009 through 10/31/2009 . EPA Form 3320-1 (03-99) Previous editions may be used	he used		CDEDI ACTO TOA TOAT				, A and	מול וולאכו מסמ	מ ווס מווסווו	e.)	
ARILI SHOTING SPOIND (66-00) 1-0400 mm o 1110	/ Det Used		(DED) ACES EDA EODM T 40 MILITOLL MAY NOT	T 40 127 1701 144	101	,					

EPA Form 3320-1 (03-99) Previous editions may be used.

FACILITY: LOCATION: NAME: PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) ADDRESS: JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF Tom Trego WW Utilities Superintendent FROM . **YR** AK-002295-1
PERMIT NUMBER 9 0 EFFLUENT
*** NO DISCHARGE DAY 26 MONITORING PERIOD 0 YEAR 2010

MAJOR (SUB 01) F - FINAL NOTE: Read instructions before completing this form. Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 001 A
DISCHARGE NUMBER

10 M

DAY 30

		no chlorine)	never used *	1, Q and S are	Jun 1- Oct 31	/ 1-May 31 & T),P,and R used Nov	U=<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*	:<15:1,P=>15:1 and		#REF!
DAY	N E	YEAR	AGENT	OFFICER OR AUTHORIZED AGENT	OFFICER OR A		18.	nt for knowing violation	fine and imprisonmer	uding the possibilit	COMMENT AND EVEL ON PAIN FED
5	-	2010	0:43:44 -09:00	SIGNATURE OF PRINCIPAL EXECUTIVE	NATURE OF F	SIC	nation,	submitting false inforr	ignificant penalties for	I am aware that there are significant penalties for submitting false information,	77777 07 77777
Ö	DATE	CORE	combs@ci.	juneau.ak.us, c=US	cCombs :	McCc	n	g the information, the i	my knowledge and be	or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief the accurate and complete.	
ARED	DHONE NI IN	CODE	blic Utilities,	o=CBJ, ou=CBJ Public Utilities)		persons who manage tl	quiry of the person or	submitted. Based on my inquiry of the person or persons who manage the system,	Wastewater Utilities Superintendent
	586-0393	907	McCombs,	McCombs DN: cn=Nathan D. McCombs,	than D.	Natha	iformation	ther and evaluate the in	personnel properly ga	to assure that the qualified personnel properly gather and evaluate the information	Tom Trego
	TELEPHONE		Nathan D.	Digitally signed by Nathan D		-	ere	cordance with the cut	on or supervision in a	prepared under my direction or supervision in accordance with the matter	
	Month		ug/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	I certify under penalty of	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
COMP24	Once Per		28	Report	Report			Keport	Keport	DEOLITOCHILL	Effluent Gross
		0	(28)	13,80	10.00	*****	(50)			MEASUREMENT	01119 1 0
	Year		1/gu	DAIL! IN	1300		(36)	0.227	0.227	SAMPLE	Copper, total recoverable
COMP24	Three Per		28	Req. Mon.	Req. Mon.	** ** **	lb/d	Req. Mon.	MO AVG	REQUIREMENT	Effluent Gross
		c	(28)	no test	ווט נפטנ	****	(=0)			MEASUREMENT	01114 1 0
	Year		7/gu	DAIL! PA	no tast		(26)	no test	no test	SAMPLE	Lead, total recoverable
COMP24	Three Per		28	DATI Y MY	MO AVG	****	Jb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
	!		,	Dog Man	Den Mon			Reg. Mon.	Req. Mon.	PERMIT	01094 1 0
		0	(28)	no test	no test	****	(26)	no test	no test	MEASUREMENT	
	Year		ug/L	DAILY MX	MO AVG	****	lb/d	DAIL! MX	TIO AVO	SAMDIE ILI	Zinc, total recoverable
COMP24	Three Per		28	Req. Mon.	Req. Mon.		=	Req. Mon.	MO AVIO	REOUTREMENT	Effluent Gross
		c	(20)			****	,		Don Mon	MEASUREMENT	01079 1 0
	Month		(38)	DAIL! MA	no test		(26)	no test	no test	SAMPLE	Silver, total recoverable
GRAB	Once Per		- 19	Report	MO AVG	****	***	****	*****	REQUIREMENT	Effluent Gross
			5	7000	Donort					PERMIT	00900 1 6
		0	(19)	70.0	70.0	* * * * *	* * *	****	****	MEASUREMENT	
	Month		mg/L	DAILY MX	MO AVG	*****	ID/C	DAIL! IIIX	0	SAMPLE	Hardness, total (as CaCO3)
COMP24	Once Per		19	48	28.5		-	1963	1164 MO AVG	RECHIREMENT	Effluent Gross
		0	(19)	16.0	16.0	****	(20)			MEASUREMENT	000000000000000000000000000000000000000
	Month		mg/L	***	WKLY AVG	11 11 11 11 11	(36)	262.0	262.9	SAMPLE	Nitrogen, ammonia total (as N)
COMP24	Twice Per		19		45	* * * * * * * * * * * * * * * * * * * *	<u>-</u>	****	WKLY AVG	REQUIREMENT	See Comments
				****		*****			1829	PERMIT	00530 W 0
		0	(19)		15.0	*****	(26)	*****	269.0	MEASUREMENT	comes, com suspenied
177	O AIMALT OIG		STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		Solids total suspended
SAMPLE	FREQUENCY	NO.		NTRATION	QUALITY OR CONCENTRATION	QUALIT		QUANTITY OR LOADING	QUANTITY		PARAMETER

FACILITY: LOCATION: ATT: PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) ADDRESS: NAME: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801

Tom Trego WW Utilities Superintendent MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER ⋨ 3 MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. DAY MONITORING PERIOD Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 YEAR ** 001 A
DISCHARGE NUMBER 8 DAY

ATT:	Tom Trano WW Utilitia	Cinciptondost			-17	ē	DAT		YEAR	<u>M</u> O	DAY
	on rego www onlines substilled life	Superintendent		FROM	2010	9	26	T0	2010	10	30
PARAMETER		QUANTITY	QUANTITY OR LOADING		QUALITY	QUALITY OR CONCENTRATION	NTRATION		NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	STINI	VALUE	VALLE	1/4/		EX	OF ANALYSIS	TYPE
Coliform, fecal - % sample exceeds	SAMPLE					17.00	2000	(23)			
30500 O O	MEASUREMENT	****	*****	***	****	****	c	(23)	C		
See Comments	REQUIREMENT	* * * * * * *	* * * * * * * * * * * * * * * * * * *	* * *	* * * * * * *	* * * *	10	2		Twice Every	GRAB
recal collform, MPN, EC med. 44.5 C	SAMPLE	***				N/A	N/A	(13)	0	WEEK	
31615 0 0	PERMIT	***	***	***	****						
See Comments	REQUIREMENT	*****	****	* * *	****	161	Req. Mon.	13		Twice Every	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				2/2	N/V	DAILY MX	#/100mL		Week	
	MEASUREMENT	****	****	* * *	3	IW/A	N/A	(13)	c		
31615 P 0	PERMIT				400	200	800			4	
See Comments	REQUIREMENT	****	****	***	WKLY GEO	MO GEO	DAILY MX	#/100ml		Wice Every	GKAD
con Comonn, MEN, EC med. 44.5 C	SAMPLE MEASUREMENT	****	****	* * * *	N/A	N/A	N/A	(13)	0	***************************************	
See Comments	PERMIT	****	+++++		400	200	800			Twice Every	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE				WALY GEO	MO GEO	DAILY MX	#/100mL		Week	
31615 0 0	MEASUREMENT	****	****	* * *	2/2	7	7/2	(13)	_		
See Comments	REOLIREMENT	****	* * * *	***	800	400	1200			Twice Every	GRAB
Floating solids or visible foam-visual	SAMPLE				WALL GEO	MO GEO	DAILY MX	#/100mL		Week	
A5643 1 0	MEASUREMENT	****	****		****	****	c		_		
THE COST OF THE CO	TERMI						Reg. Mon.			Once Day	MISIN
Flow in consist or thru treatment plant	REQUIREMENT	****	****		*****	****	DAILY MX	Y=1; N=0		Month Month	VISUAL
1 Contract of this acquirent blank	SAMPLE	2,18	2.81	(03)					0		
50050 1 0	PERMIT	Reg. Mon.	4.9	w	****	***	****	**			
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	****	****	****	* * * * * * * * * * * * * * * * * * * *		Continuous	RCURUX
NAME/IIILE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	w that this document	and all attachments w	ere			ligitally signed by	2144		TEI EDUONIE	
Tom Trego	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	on or supervision in ac personnel properly ga	cordance with the systher and evaluate the i	tem designed	Nathan D	n D	McCombs DN: cn=Nathan D. McCombs,	McCombs,	907	586-0393	
Wastewater Utilities Superintendent	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	quiry of the person or sponsible for gatherin	persons who manage t g the information, the	he system, information	McCo	mbs	o=(BJ, ou=CBJ Public Utilities, email=nathan_mccombs@ci.	ombs@ci.	CODE	PHONE NUMBER	BER
	am aware that there are significant penalties for submitting false information	my knowledge and be gnificant penalties for	lief, true, accurate, and submitting false infor	d complete.	SIG	NATI ITA	Date: 2010.11.08 1):50:30 -09'00'			>
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	fine and imprisonmen	it for knowing violatio	ns.	D	EFTOER OR A	OFFICER OR AUTHORIZED AGENT	ACENT ECOLIVE	2010		20
COMMENT AND EXPLANATION OF ANY VIOLATIONS #BEE!		=<15:1,P=>15:1 ar	0=<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*)	(O,P,and R used No	v 1-May 31 & T	Jun 1- Oct 3	1, Q and S ar	e never used	*no chlorine	3	DAT
EDA Form 3300 1 (03 00) Decision of the										,	

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

Wastewater Utilities Superintendent COMMENT AND EXPLANATION OF ANY VIOLATIONS Effluent Gross Effluent Gross Oil and grease visual Chlorine usage Tom Trego NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TT000 1 8 Toxicity, Chronic End of Chlorine Contact Chamber 84066 1 0 81400 X 0 Percent Removal Solids, suspended percent removal BOD,5-day, percent removal 81011 K 0 0 Effluent Gross Percent Removal 81010 K 0 Dilution factor See Comments 50060 S 0 Chlorine, total residual 80093 1 0 PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) À LOCATION: NAME: FACILITY: ADDRESS: TYPED OR PRINTED PARAMETER 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 to assure that the qualified personnel properly gather and evaluate the information submitted is, to the best of my knowledge and belief, true, accurate, and complete prepared under my direction or supervision in accordance with the system designed including the possibility of fine and imprisonment for knowing violations am aware that there are significant penalties for submitting false information I certify under penalty of law that this document and all attachments were MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 Trego WW Utilities Superintendent JUNEAU, CITY AND BOROUGH OF MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT 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*) MO AVG Req. Mon. ***** ***** ***** MO AVG ***** ***** N/A **** ***** **** ***** VALUE QUANTITY OR LOADING 4.09 **** DAILY MX ***** ***** ***** ***** ***** ***** ***** VALUE ***** **** ***** ***** 4.09 *** *** *** FROM **** *** *** *** **** SLINN *** lb/d (26)**** lb/d (26)McCombs Nathan D. McCombs. MN % RMV MN % RMV Req. Mon. DAILY MN ***** **** **** ***** **** 93.5 95.8 VALUE **** 67.0 ***** YR 2010 85 85 PERMIT NUMBER AK-002295-1 QUALITY OR CONCENTRATION SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Req. Mon. MO AVG MO AVG 376.6 ***** ***** **** **** ***** ***** **** **** VALUE N/A 100 등 o=CBJ, ou=CBJ Public Utilities,
email=nathan_mccombs@ci.
juneau.ak.us, c=US
Date: 2010.11.08 10:56:22 -09'00' Digitally signed by Nathan D. (SUB 01) F - FINAL DAILY MX NOTE: Read instructions before completing this form. *** NO DISCHARGE MAJOR Req. Mon. **EFFLUENT** DAILY MX Req. Mon. DAILY MX M/A ***** ***** **** ***** ***** **** **** **** N/A VALUE 0 100 DAY 26 MONITORING PERIOD tox chronic occur/mo SLIND (2G) (93) (23)% 23 (23)10 % (28)TO l 23 Form Approved.

OMB No. 2040-0004 Approval Expires 05-31-98 YEAR 907 **YEAR** 2010 0 E S 0 0 CODE C 0 0 0 AREA OF ANALYSIS Semiannual 586-0393 TELEPHONE QUARTERLY ** Month Once Per Once Per Once Per DAILY Month PHONE NUMBER Month DAILY 8 DISCHARGE NUMBER 등 COMP24 MEASRD SAMPLE VISUAL CALCTD CALCTD MEASRD COMP24 DAY TYPE DAY

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

Wastewater Utilities Superintendent COMMENT AND EXPLANATION OF ANY VIOLATIONS Tom Trego NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were See Comments See Comments 31615 T 9 Fecal coliform, MPN, EC med, 44.5 C 31615 S 9 PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) Fecal coliform, MPN, EC med, 44.5 C NAME: LOCATION ADDRESS: FACILITY: TYPED OR PRINTED PARAMETER 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 to assure that the qualified personnel properly gather and evaluate the information including the possibility of fine and imprisonment for knowing violations submitted is, to the best of my knowledge and belief, true, accurate, and complete. prepared under my direction or supervision in accordance with the system designed am aware that there are significant penalties for submitting false information. MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF Trego WW Utilities Superintendent MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT PERMIT PERMIT SAMPLE SAMPLE 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*) **** VALUE ***** **** QUANTITY OR LOADING ***** ***** **** VALUE *** SLIND FROM *** Nathan D. **McCombs** WKLY GEO WKLY GEO VALUE N/A 800 2010 400 PERMIT NUMBER QUALITY OR CONCENTRATION AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MO GEO MO GEO VALUE 400 2,6 200 N/A 등 ak.us, c=US Date: 2010.11.08 11:01:29 -09'00' Digitally signed by Nathan D.

McCombs

DN: cn=Nathan D. McCombs, o=CBJ,
ou=(BJ Public Utilities, email=nathan_mccombs@ci.juneau. MAJOR (SUB 01) F - FINAL NOTE: Read instructions before completing this form. *** NO DISCHARGE EFFLUENT DAILY MX DAILY MX 1200 VALUE N/A 7.1 DAY 26 MONITORING PERIOD #/100mL #/100ml SLIND (13)(13)OT0 OMB No. 2040-0004 Form Approved. Approval Expires 05-31-98 YEAR 907 2010 2010 E NO YEAR CODE 0 AREA О OF ANALYSIS 586-0393 ELEPHONE Once Every Once Every PHONE NUMBER Week Week 001 A
DISCHARGE NUMBER 종급 ^금 중 SAMPLE DAY GRAB GRAB S PAY ΎРЕ

	Ì	
	Ţ	
	7	
	Ž	
	-	

MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska

					* SEE ENCLOSED LETTER FOR ADDITIONAL COMMENTS * SEE ENCLOSED LETTER FOR ADDITIONAL COMMENTS	* GEOMETRIC MEANIN	COMMENTS	Number of Analyses	AVERAGE	MUNIMUM	MAXIMUM	TOTAL	FRI 29	t		TUE 26	MON 25	SUN 24	SAT 23			WED 20	TUE 19	MON 18	SUN 17				WED 13	MUN 11			FRI 8		WED 6	TUE NO.	WON W	SAT 2	FRJ 1	THU 30					DAY DATE	
					ER FOR A	VAR LIGHT		35	2 33	2.00	297	2.19	2.12	2.08	2.13	2.22	2.20	2.39	2.34	2.31	2.36	2.48	2.76	2.97	2.81	2.86	2.52	2.49	272	2.43	2.58	2.29	2.14	2.16	2.18	2.36	214	2.08	2.00	2.11	2.22	2.16	2.03	2.02	MGD	SBR
				0	DOITIONA	2	00	35	1060	184	3700	184	211	251	266	292	311	353	552	590	793	873	1120	958	919	958	1240	1210	0211	1310	958	919	1170	1250	1260	1300	2020	3300	2820	3060	3790	2580	1460	1310		Mend.
				Contract	L COMMEN		00	25	3 18	1.80	76.39	2.10	2.03	1.94	2.03	2.01	2.15	2.09	2.24	2.19	2.24	2.36	2.58	2.81	2.62	2.76	246	2 45	2.34	2.42	2.33	2.17	2.04	1.97	215	7.94	1.89	1.92	1.81	1.93	2.11	1.97			TTL EFFL MGD	SBR
				9	UTS		001	36.071	3766 14	67.0 /1	9777 7 14	57.6 /1	68.1 /1	84.6 /1	85.6 /1	94.8 /1	94.4 /1	110,1 /1	160.2 /1	175.0 /1	229.7 /1	240.0 /1	281.4 /1	221.2 /1			3286 /1			T				410.9 /1	T	1			1007.5 /1		1161.4 /1	847.0 /1			Water	Receiving
					CAL COLIF		30	0.0893		_	3.1252	-	0.0795													0.0894	+	+	1					0.0148	+	+		+	1 0.1110	-	0.1484			-	WASTE	SBR
					ORM COL			3 75.2									14.3	-							7	4 150			2 15.6	T	80			8 15.1		7 15.2							15.5	\rightarrow	TEMP	
	Tox. TUc		D.O.mg/I	Alk. mg/l	Hrd. mg/l	October 2010	1			5.0							7.9								7.6		T	T	7,3	T			7.5		T	T							5 7.8		무	
	no test		11.00	no test	70.0	2010	26	5.4	2.4	7.0			6.1	6.8	2.4	6.0	5.6			5.1	5.2			40		T	5.0		5.2				4										6.1	1.00	3	
	ارخ	No. 1 or	o les			_	2	168	158	178											158													178									Ī	- Ner	0.0	000000000000000000000000000000000000000
	NH3 mg/L	Zinc	ead	Copper		0	2	3072	2952	3192											2952													3192										100	D 0	2
	16.00	no test	no test	13.80	ug/L	October 2010	2	276	250	301											250													301									T	1/Qri	0.0.0	7
	262.88	no test	no test	0.227	LBS		2	5034	4670	5397										10.00	T	1												5397	T						İ	1	+	CBS	0.00	
				1-4	1			4 17.2	14.3				14.3	16.2	16.0	10.0	10.0	Ì	17.0	7		10.0	15.9	16.8	17.4	17.4	18.1		16.3	16.6	1	0.9	16.7	1	18.0	16.8			16.9	180	10.0	173	20	ď		
AVG	۵ ۵	2 12	, _		WEEK		26		6.8					72	Ť		Ť		0.0	T	T	T		Ī	T	T				6.9		/.0	T		6.9				Ť	7 4			T		P	
11.7	11.0	12.3		mg/l	BC			4.6	3.5	6.2			4 0	n c					2.0	T				T	T	1				5.1		4./			5.0	4.1			41	1				mg/L	D.O.	
213.0	205.5	220.6		106	BOD	WEEKLY AVERAGE	34	6.7	4.0	11.5			7.6	0 -	5.0	1.2	6.2	6.00	1.4	1.3	4.0	4.1	5.1	00.4	T	T		4.3			5 00	6.1	T				5.8	71				1		DIN	MAX MAX	
11.0	7.0	15.0		mg/l	TSS	VERAGE	2	11.0	7.0	15.0			į							7.0														15.0										mg/L	SS	EFFLUENT
199.9	130.8	269.0		Di			2	199.9	130.8	269.0										130.8														269.0										LBS	S	JENT
2.0	2.0	7.1	2.0	Geo. Mean	COLIFORM	WEE			11.0	12.3										11.0														12.3										mg/L	B .O.D.	
			i c	S	B.O.D.	\$ RE		213.0	205.5	220.6										205.5														220.6										LBS	B.O.D.	
			80.0	93.5	95.8	OVA		2.6		7.1						2.0				5 2.0							2.0						7.1	o								2.0		/100 ml	COLIFORM	