

EPA REPORT

Juneau, Alaska

November 2010

DAY	DATE	FLOWS				INFLUENT				EFFLUENT				FECAL COLIFORM /100 ml									
		SBR INFLUENT MGD	Wend River CFS	SBR Ttl Effl MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	BOD. mg/L	BOD. LBS		TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	S.S. LBS	BOD. mg/L	BOD. LBS	
SUN	31	2.09	176	1.96	62.1	0.0000	14.6	7.6	5.3				17.0	7.3	5.4	8.3							
MON	1	2.22	162	2.00	53.3	0.0626	14.4	7.5	5.4				15.7	7.3	4.6	7.8							
TUE	2	2.44	371	2.34	103.4	0.0749	14.0	7.4	5.7				15.6	7.1	4.7	7.7							
WED	3	2.41	580	2.27	166.1	0.0794	14.0	7.4	5.7	338	6399	289	5471	15.6	7.3	6.8	8.3			189	10	193	8.6
THU	4	3.35	1010	3.30	198.7	0.0748	13.9	7.5	6.4				15.6	7.3	6.8	8.3							
FRI	5	2.96	1060	2.96	232.3	0.0900	13.0	7.6	6.6				15.8	7.2	6.8	7.5							
SAT	6	2.71	843	2.61	208.7	0.0996										7.4							
SUN	7	2.40	641	2.34	178.0	0.0000										7.3							
MON	8	2.44	455	2.38	124.5	0.0787	14.7	7.7	6.7				16.2	7.3	7.8	7.9							
TUE	9	2.29	397	2.08	124.3	0.0953	13.0	7.6	5.6				14.7	7.2	4.4	6.8							
WED	10	2.15	303	1.94	101.9	0.0772	13.7	7.6	5.9	210	3398	340	5501	16.9	7.2	5.3	6.4			11.0	178	11.0	2.0
THU	11	2.21	471	2.01	152.4	0.0916	12.5	7.3	7.2				13.3	7.1	2.1	7.9							
FRI	12	2.75	507	2.47	133.6	0.0636	13.2	7.3	6.2				14.1	7.2	3.2	7.4							
SAT	13	2.91	843	2.64	207.3	0.0779										8.2							
SUN	14	2.72	471	2.44	125.7	0.0160										8.9							
MON	15	1.50	471	2.21	138.7	0.0717	13.1	7.7	6.5				15.1	7.1	7.1	10.4							
TUE	16	2.45	353	2.09	110.1	0.0789	15.1	7.6	6.1				16.0	7.3	6.7	8.2							
WED	17	2.36		2.13	1.0	0.0892	13.2	7.6	5.5				15.1	7.1	3.9	7.4							
THU	18	2.30	262	2.02	84.8	0.0894	13.1	7.6	6.0				14.7	7.2	4.3	6.9							
FRI	19	2.28	251	2.03	80.9	0.0808	12.9	7.8	6.5				14.7	7.2	5.8	7.7							
SAT	20	2.22	237	2.03	76.4	0.0653										8.9							
SUN	21	2.16	215	1.88	74.9	0.0000										9.7							
MON	22	2.24	190	1.92	64.9	0.0673	13.0	7.8	6.7				15.3	7.3	7.4	8.6							
TUE	23	2.19	176	1.90	60.8	0.0728	14.5	7.5	7.4				14.7	7.1	7.8	7.9							
WED	24	2.18	141	2.00	46.5	0.0809	13.0	7.6	6.0				14.8	7.2	4.5	8.3							
THU	25	2.19	151	1.95	51.0	0.0000																	
FRI	26	2.05	107	1.79	39.6	0.0578																	
SAT	27	2.00	125	1.80	45.9	0.0495																	
TOTAL		66.17	10969	61.39		1.7852																	
MAXIMUM		3.35	1060	3.30	208.5	0.0896	15.1	7.8	7.4	338	6399	340	5501	17.0	7.3	7.8	10.4			11.0	189.3	11.0	193.1
MINIMUM		1.50	107	1.79	39.6	0.0000	12.5	7.3	5.3	210	3398	289	5471	13.3	7.1	2.1	6.4			10.0	178.0	10.2	178.0
AVERAGE		2.36	406	2.19	120.7	0.0638	13.6	7.6	6.2	274	4899	315	5486	15.3	7.2	5.5	8.0			10.5	183.6	10.6	185.5

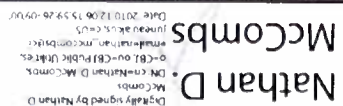
COMMENTS:  
 CALCULATE THE AVERAGE FECAL COLIFORM COLONIES


November 2010	
Hid mg/l	76
Alk mg/l	no test
D.O. mg/l	5.5
Turb. NTU	10.4
Tox. TLU	3.03

November 2010	
Copper ug/L	18.9
Lead	no test
Silver	no test
Zinc	no test
NH3 mg/L	14.00
	273.2

WEEK	WEEKLY AVERAGE				WEEKLY REMOVAL			
	BOD mg/l	TSS lbs	Coliform mg/l	Geo Mean	BOD %	TSS %	Coliform %	Geo Mean %
1	10.2	193	10.0	189	8.6			
2	11.0	178	11.0	178	2.0			
3					2.0			
4					2.0			
AVG	10.6	186	10.5	184	2.9			
MAX	11.0	193	11.0	189	8.6			

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

<b>GENERAL INFORMATION</b>		PERMIT# (if any):
Owner or Operator:	CBJ	Facility Name:
Person Reporting:	Nathan McCombs	Phone Numbers of Person Reporting:
Date/Time Event was Noticed:	12/6/2010	Date/Time Reported:
		12/6/2010 1545
		Name of DEC Staff Contacted:
		DEC phone
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE		
<b>INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)</b>		
Period of Noncompliance	Start Date/Time (exact): 10/31/2010	End Date/Time (exact): 11/27/2010
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:		
Estimated Quantity Involved (volume or weight):		
Description of the noncompliance and its cause (be specific):		
Effluent fecal frequency was not 2/week in November.		
Actions taken to reduce, eliminate, and prevent recurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)		
Clearly scheduled as frequency changes.		
Permit Condition Deviation (Identify each permit condition exceeded during the event.)		
Parameter (e.g. BOD pH)	2/wk Eff. fecal Nov.-May	Permit Limit
	2/wk	
Exceedance (sample result)	1/wk in Nov.	Sample Date
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)		
Scheduled 2/wk. Nov.- May.		
Environmental Damage: (if yes, provide details below)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
Actual/Potential Impact on Environment/Public Health (describe in detail)		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.		
Name:	Nathan McCombs	Title:
	QA Manager	
Signature:		
Date:	12/10/2010	



**Alaska Department of Environmental Conservation**

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-7508 E-mail address: dec-wqreporting@alaska.gov.

**NONCOMPLIANCE NOTIFICATION**

BIOMONITORING REPORT

*Ceriodaphnia dubia* SURVIVAL AND REPRODUCTION TEST

Permittee: Juneau, City and Borough of - Mendenhall WWTP  
 Permit No.: AK-002295-1  
 Outfall No.: 001

Dates and times Composites were collected:

FROM: 11/14/2010 @ 07:00	TO: 11/15/2010 @ 08:00
FROM: 11/16/2010 @ 08:30	TO: 11/17/2010 @ 08:30
FROM: 11/18/2010 @ 08:30	TO: 11/19/2010 @ 08:30

Sample three was received out of hold time. The test was started out of hold time.

Test Initiation: Time: 17:30 Date: 11/16/2010

Dilution Water Used:  Receiving Water  Synthetic Dilution Water

NUMBER OF YOUNG PRODUCED PER ADULT AT TEST TERMINATION

EFFLUENT CONCENTRATION (%)													
REPLICATE	A	B	C	D	E	F	G	H	I	J	MEAN	CV % <sup>1</sup>	PMSD
0%	40	21	37	27	23	26	22	30	32	34	29.4	19.4	19.4
5 %	27	37	22	29	28	26	22	30	32	27	29.1	16.4	16.4
10 %	26	25	27	29	23	25	22	22	23	27	24.9	9.5	9.5
18.7 %	15	17	31	38	28	26	D-0	21	17	E	24.1	33.3	33.3
25 %	19	31	15	29	33	24	31	35	34	24	27.5	24.4	24.4
33 %	37	28	22	29	20	18	31	24	25	E	26	22.7	22.7
Acceptable Range (<47)													
24.5 %													

<sup>1</sup> Coefficient of Variation = (standard deviation/mean) x 100) Calculations are based on young of the surviving females. Males are designated (M), and dead females are designated (D) along with the number of neonates released prior to death. (E) anomalous value, spilled cup, or technician error.

Approved by: Cl. Ribson

Prepared by: Nanna Blake

BIOMONITORING REPORT

*Ceriodaphnia dubia* SURVIVAL AND REPRODUCTION TEST

Permittee: Juneau, City and Borough of - Mendenhall WWTP  
 Permit No.: AK-002295-1  
 Outfall No.: 001

PERCENT SURVIVAL

EFFLUENT CONCENTRATION (%)						Time of Reading
0%	5%	10%	18.7%	25%	33%	7-DAY
100.0	100.0	100.0	100.0	100.0	100.0	24 HOURS
100.0	100.0	100.0	100.0	100.0	100.0	48 HOURS
100.0	100.0	100.0	88.9	100.0	100.0	7-DAY

1. Enter the percent effluent corresponding to each NOEC/LOEC below:

- a. NOEC Survival =  $\frac{33}{\text{Effluent}} = \text{Q}^*$  % Effluent
- b. LOEC Survival =  $\frac{\text{Q}^*}{\text{Effluent}}$  % Effluent
- c. NOEC Reproduction =  $\frac{33}{\text{Effluent}}$  % Effluent
- d. LOEC Reproduction =  $\frac{\text{Q}^*}{\text{Effluent}}$  % Effluent
- e. TOXIC UNITS Lethal =  $\frac{3.03}{\text{NOEC Based}}$
- f. TOXIC UNITS Sub-Lethal =  $\frac{3.03}{\text{NOEC Based}}$

Q\* refers to a value that is not calculable

(Parameter TTP3B)

*Pimephales promelas* SURVIVAL AND GROWTH TEST

BIOMONITORING REPORT

Permittee: Juneau, City and Borough of - Mendenhall WWTP  
 Permit No.: AK-002295-1  
 Outfall No.: 001

Dates and times FROM: 11/14/2010 @07:00 TO: 11/15/2010@ 08:00  
 Composites were collected: FROM: 11/16/2010 @08:30 TO: 11/17/2010@ 08:30  
 FROM: 11/18/2010 @08:30 TO: 11/19/2010@ 08:30

Sample three was received out of hold time. The test was started out of hold time.

Test Initiation: Time: 17:10 Date: 11/16/2010

Dilution Water Used:  Receiving Water  Synthetic Dilution Water

DATA TABLE FOR GROWTH OF *Pimephales promelas*

Effluent Concentration	Average Dry Weight in milligrams (mg) per replicate					Mean Dry Weight (mg)	CV % <sup>1</sup>
	A	B	C	D	E		
0%	0.604	0.508	0.493	0.528	0.479	0.522	9.40
5 %	0.569	0.500	0.516	0.543	0.486	0.523	6.38
10 %	0.470	0.482	0.387	0.391	0.444	0.435	10.16
18.7 %	0.542	0.509	0.439	0.460	0.463	0.482	8.63
25 %	0.415	0.558	0.474	0.469	0.491	0.481	10.71
33 %	0.543	0.445	0.465	0.470	0.504	0.485	7.93
PMSD	Acceptable Range (<30)						12.4 %

<sup>1</sup> Coefficient of Variation = (standard deviation/mean) x 100      ? = cannot be calculated due to 100% mortality

DATA TABLE FOR SURVIVAL OF *Pimephales promelas*

Effluent Concentration	Percent Survival per replicate					Average % Survival			CV % <sup>1</sup>
	A	B	C	D	E	24 Hours	48 Hours	7-Day	
0%	100	87.5	100	87.5	100	100	97.5	95	7.21
5 %	100	100	100	100	100	100	100	100	0.00
10 %	100	100	100	87.5	100	100	100	97.5	5.73
18.7 %	100	100	100	100	100	100	100	100	0.00
25 %	100	100	100	100	100	100	100	100	0.00
33 %	100	100	100	100	87.5	100	100	97.5	5.73

Table 1 (Sheet 4 of 4 )  
 BIOMONITORING REPORT

*Pimephales promelas* SURVIVAL AND GROWTH TEST

Prepared by: Dianne Blake

Approved by: Chi Roberson

1. Enter the percent effluent corresponding to each NOEC/LOEC below:

For DMR Form:

a. NOEC Survival = 33 % Effluent

b. LOEC Survival = Q\* % Effluent

c. NOEC Growth = 33\*\* % Effluent

d. LOEC Growth = Q\* % Effluent

e. TOXIC UNITS Lethal = 3.03 NOEC based (Parameter TTP6C)

f. TOXIC UNITS Sub-Lethal = 3.03 NOEC Based

Q\* refers to a value that is not calculable

\*\*There was a statistically significant difference between the control and the 10% effluent concentration only. A review of the test conditions, test sensitivity and the concentration-response curve has shown this result to be anomalous.

Prepared by:

*Klamm Blake*

Approved by:

*C.A. Robison*

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  
2009 RADCLIFFE ROAD  
JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL WWTF  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Trego WW Utilities Superintendent

FROM

AK-002295-1	PERMIT NUMBER
2010	2010

MONITORING PERIOD			
YEAR	MO	DAY	TO
2010	10	31	2010

001 A  
DISCHARGE NUMBER

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	MEASUREMENT	*****	*****	****	*****	*****	*****	(43)	0		
00070 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	0	Continuous	RCORDR
Effluent Gross Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
00300 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	0	Once Per Month	GRAB
Effluent Gross BOD, 5-Day, 20 deg C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
00310 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	0	Twice Per Month	COMP24
Effluent Gross BOD, 5-Day, 20 deg C	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
00310 W 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	0	Twice Per Month	COMP24
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0	Weekdays	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	0		
Effluent Gross Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0	Quarterly	COMP24
00410 1 7	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	0		
Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
00530 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	0	Twice Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	(19)	0		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Nathan D. McCombs, Digitaly signed by Nathan D. McCombs, DN: cn=Nathan D. McCombs, o=City of Juneau, ou=Public Utilities, email=nathan.mccombs@cityofjuneau.ak.us, c=US, Date: 20101209 14:49:06 -0900

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Tom Trego, Wastewater Utilities Superintendent

COMMENT AND EXPLANATION OF ANY VIOLATIONS: \* Concerning violations please see attached. The reporting period was from 10/31/2010 through 11/27/2010. 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\*)

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  
2009 RADCLIFFE ROAD  
JUNEAU ALASKA 99801  
**FACILITY:** MENDENHALL WWTF  
**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

001 A  
DISCHARGE NUMBER

MONITORING PERIOD		
YEAR	MO	DAY
2010	10	31
2010	11	27

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	PERMIT		VALUE	PERMIT	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	189	*****	(26)	11.0	*****	(19)	0			
00530 W 0	PERMIT REQUIREMENT	1829	*****		45	*****	19		Twice Per Month	COMP24	
See Comments	SAMPLE MEASUREMENT	273	*****	(26)	14.0	*****	(19)	0			
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1164	*****		28.5	*****	19		Once Per Month	COMP24	
00610 1 0	SAMPLE MEASUREMENT	1963	*****	lb/d	76	*****	(19)	0			
Effluent Gross	PERMIT REQUIREMENT	1164	*****		76	*****	19		Once Per Month	GRAB	
Hardness, total (as CaCO3)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	19		Once Per Month	GRAB	
00900 1 6	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	19		Once Per Month	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	19		Once Per Month	GRAB	
Silver, total recoverable	PERMIT REQUIREMENT	no test	no test	(26)	no test	no test	(28)	0		Three Per Year	COMP24
01079 1 0	SAMPLE MEASUREMENT	no test	no test		no test	no test	(28)	0			
Effluent Gross	PERMIT REQUIREMENT	no test	no test	lb/d	no test	no test	28		Three Per Year	COMP24	
Zinc, total recoverable	PERMIT REQUIREMENT	no test	no test	(26)	no test	no test	(28)	0			
01094 1 0	SAMPLE MEASUREMENT	no test	no test		no test	no test	28		Three Per Year	COMP24	
Effluent Gross	PERMIT REQUIREMENT	no test	no test	lb/d	no test	no test	28		Three Per Year	COMP24	
Lead, total recoverable	PERMIT REQUIREMENT	no test	no test	(26)	no test	no test	(28)	0			
01114 1 0	SAMPLE MEASUREMENT	no test	no test		no test	no test	28		Three Per Year	COMP24	
Effluent Gross	PERMIT REQUIREMENT	no test	no test	lb/d	no test	no test	28		Three Per Year	COMP24	
Copper, total recoverable	PERMIT REQUIREMENT	0.37	0.37	(26)	18.9	18.9	(28)	0			
01119 1 0	SAMPLE MEASUREMENT	0.37	0.37		18.9	18.9	(28)	0			
Effluent Gross	PERMIT REQUIREMENT	0.37	0.37	lb/d	18.9	18.9	28		Once Per Month	COMP24	

**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

**Nathan D. McCombs**  
Digitally signed by Nathan D. McCombs  
DN: cn=Nathan D. McCombs, o=(C)BI, ou=(81)Public Utilities, email=nathan.mccombs@junEAU.ak.us, c=US  
Date: 2010.12.09 14:51:00 -09'00'

**Signature of Principal Executive Officer or Authorized Agent**

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
\* Concerning violations-please see attached. The reporting period was from 10/31/2010 through 11/27/2010.  
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. (REPLACES EPA FORM T-40 WHICH MAY NOT 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:** MENDENHALL TREATMENT PLANT  
 2009 RADDCLIFFE ROAD  
 JUNEAU, ALASKA 99801  
**FACILITY LOCATION:** MENDENHALL WWTF  
 JUNEAU, ALASKA 99801  
**ATT:** Tom Trego WW Utilities Superintendent

FROM

AK-002295-1	PERMIT NUMBER
2010	YR
10	MO
31	DAY

**MONITORING PERIOD**

2010	YEAR
11	MO
27	DAY

001 A  
 DISCHARGE NUMBER

Form Approved.  
**OMB No. 2040-0004**  
 F - FINAL  
 Approval Expires 05-31-98  
 \*\*\* NO DISCHARGE \*\*\*  
**NOTE: Read instructions before completing this form.**

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS	REQ. MON. MO AVG	VALUE	UNITS	REQ. MON. DAILY MX				
Coliform, fecal - % sample exceeds limit 30500 O 0	*****	*****	*****	*****	*****	0	(23)	0	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT SAMPLE	*****	*****	*****	*****	10	DAILY MX	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	N/A	N/A	N/A	N/A	0	Twice Every Week	GRAB
31615 O 0	*****	*****	*****	161	MO GEO	800	DAILY MX	13	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT SAMPLE	*****	*****	N/A	N/A	N/A	N/A	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	400	MO GEO	800	DAILY MX	#/100mL	Twice Every Week	GRAB
31615 P 0	*****	*****	*****	N/A	N/A	N/A	N/A	(13)	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT SAMPLE	*****	*****	400	MO GEO	800	DAILY MX	#/100mL	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	N/A	N/A	N/A	N/A	(13)	Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	400	MO GEO	800	DAILY MX	#/100mL	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT SAMPLE	*****	*****	8.6	MO GEO	8.6	DAILY MX	(13)	Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	*****	800	MO GEO	1200	DAILY MX	#/100mL	Twice Every Week	GRAB
45613 1 0	*****	*****	*****	*****	*****	0	*****	0	Twice Every Week	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Flow, in count or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
50050 1 0	*****	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
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	<p><b>Nathan D. McCombs</b>                  Digitally signed by Nathan D. McCombs                  DN: cn=Nathan D. McCombs, o=CB1, ou=BI, publicUtilities, email=nathan_n.mccombs@ci.juneauak.us, c=US                  Date: 2010.12.09 14:52:06 -0900</p>									
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS                  O = &lt;15:1; P = &gt;15:1 and &lt;30:1; R = &gt;30:1 (O/P and R used Nov 1-May 31 &amp; T Jun 1-Oct 31; Q and S are never used *no chlorine*)                  * Concerning violations-please see attached. The reporting period was from 10/31/2010 through 11/27/2010.                  EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).</p>										

TYPED OR PRINTED  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Nathan D. McCombs  
 907 AREA CODE  
 586-0393 TELEPHONE  
 PHONE NUMBER  
 DATE  
 2010 YEAR  
 12 MO  
 10 DAY

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  
2009 RADCLIFFE ROAD  
JUNEAU, ALASKA 99801  
MENDENHALL WWTF  
JUNEAU, ALASKA 99801  
ATT: Tom Trego WW Utilities Superintendent

MAJOR (SUB 01)  
F - FINAL EFFLUENT  
NOTE: NO DISCHARGE

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

AK-002295-1  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
FROM	TO	YEAR	DAY
2010	10	31	27

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24
50060 S 0	4.09	4.09	lb/d	*****	100	100	ug/l	0	QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX		*****	MO AVG	DAILY MX		0	QUARTERLY	COMP24
Dilution factor	SAMPLE	SAMPLE	****	40	121	*****	ug/L	0		
80093 1 0	PERMIT	PERMIT	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	IU	0	DAILY	MEASRD
Effluent Gross	REQUIREMENT	REQUIREMENT	****	97	*****	*****	(23)	0		
BOD 5-day, percent removal	SAMPLE	SAMPLE	****	85	*****	*****	23 %	0	Once Per Month	CALCTD
87010 K 0	PERMIT	PERMIT	****	96	*****	*****	(23)	0	Once Per Month	CALCTD
Percent Removal	REQUIREMENT	REQUIREMENT	****	85	*****	*****	23 %	0	Once Per Month	CALCTD
Percent Removal	SAMPLE	SAMPLE	****	MN % RMV	*****	*****	%	0	Once Per Month	CALCTD
Chlorine usage	REQUIREMENT	REQUIREMENT	(26)	*****	*****	*****		0		
81400 X 0	MEASUREMENT	MEASUREMENT	****	*****	*****	*****		0		
End of Chlorine Contact Chamber	PERMIT	PERMIT	lb/d	*****	*****	*****		0	DAILY	MEASRD
Oil and grease visual	REQUIREMENT	REQUIREMENT		*****	*****	*****	(93)	0		
84066 1 0	SAMPLE	SAMPLE	****	*****	*****	*****		0	Once Per Month	VISUAL
Effluent Gross	PERMIT	PERMIT	****	*****	*****	*****		0	Once Per Month	VISUAL
Toxicity, Chronic	REQUIREMENT	REQUIREMENT	****	*****	*****	*****	occur/mo	0		
TT000 1 8	SAMPLE	SAMPLE	****	*****	*****	*****	(26)	0		
Effluent Gross	MEASUREMENT	MEASUREMENT	****	*****	*****	*****		0	Semiannual	COMP24
TT000 1 8	PERMIT	PERMIT	****	*****	*****	*****	tox chronic	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	REQUIREMENT	****	*****	*****	*****		0		
Tom Trego	*****	*****	****	*****	*****	*****		0		
Wastewater Utilities Superintendent	*****	*****	****	*****	*****	*****		0		

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.

**Nathan D. McCombs**  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 586-0393  
AREA CODE: 907  
PHONE NUMBER: 586-0393  
DATE: 2010-12-10

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  
 2009 RADCLIFFE ROAD  
 JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL WWTF  
**LOCATION:** JUNEAU, ALASKA 99801  
**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  
**NOTE: Read instructions before completing this form.**

**AK-002295-1**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	10	31	2010 11 27

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C		*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
31615 S 9	See Comments	*****	*****		400 WPLY GEO	200 MO GEO	800 DAILY MIX	0	Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C		*****	*****		N/A	N/A	N/A	0	Once Every Week	GRAB
31615 T 9	See Comments	*****	*****	****	800 WPLY GEO	400 MO GEO	1200 DAILY MIX	#/100mL	Once Every Week	GRAB

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

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
**Nathan D. McCombs**  
 Digitally signed by Nathan D. McCombs  
 DN: cn=Nathan D. McCombs, o=(81) Public Utilities, email=nathan\_mccombs@ci.juneau.ak.us, c=US  
 Date: 2010.12.09 14:54:16 -09'00'

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**  
**McCombs**

**TELEPHONE**  
**907 566-0393**

**AREA CODE**  
**PHONE NUMBER**

**DATE**  
**YEAR** 2010 **MO** 12 **DAY** 10

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**  
 \* Concerning violations-please see attached. The reporting period was from 10/31/2010 through 11/27/2010.  
 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\*)  
 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.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904 PAGE 5 OF 5