

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

December 2010

DAY	DATE	FLOWS										INFLUENT					EFFLUENT						
		SBR INFLUENT MGD	Mend 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	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	FECAL COLIFORM /100 ml	
SUN	28	2.12	125	1.83	45.1 /1	0.0000	13.7	8.5	7.4														
MON	29	2.23	103	2.03	33.8 /1	0.0967	13.7	8.5	7.4														
TUE	30	2.05	125	1.83	45.1 /1	0.0486	14.6	7.7	6.7														
WED	1	2.02	127	1.87	44.9 /1	0.0574	12.8	7.6	5.4														
THU	2	2.08	120	1.85	42.9 /1	0.0785	13.4	7.7	6.4														
FRI	3	1.99	2	1.85	1.6 /1	0.0784	13.7	7.7	6.2														
SAT	4	2.28	109	1.93	37.5 /1	0.0429																	
SUN	5	2.28	114	2.09	36.2 /1	0.0000																	
MON	6	2.17	129	1.95	43.7 /1	0.0948	12.2	7.9	7.3														
TUE	7	2.16	114	1.92	41.5 /1	0.0729	12.2	7.6	5.8														
WED	8	1.99		1.75	1.0 /1	0.0935	16.8	7.6	7.1	168	2452	300	4379										
THU	9	2.02	97	1.89	38.1 /1	0.0456	14.7	7.7	6.6														
FRI	10	1.94	93	1.69	36.5 /1	0.0774	15.0	7.6	6.8														
SAT	11	1.93	103	1.65	41.3 /1	0.0541																	
SUN	12	1.91	97	1.59	40.4 /1	0.0000																	
MON	13	1.97	84	1.67	33.5 /1	0.0798	12.3	8.0	6.1														
TUE	14	1.92	84	1.66	33.7 /1	0.0734	12.0	7.6	6.5														
WED	15	2.02	70	1.75	26.8 /1	0.0400	12.9	7.7	6.1														
THU	16	1.94	97	1.72	37.4 /1		13.4	7.6	5.9														
FRI	17	1.97	91	1.79	34.0 /1	0.0776	12.6	7.7	6.4														
SAT	18	2.02	103	1.77	38.6 /1	0.0229																	
SUN	19	2.07		1.73	1.0 /1	0.0377																	
MON	20	2.16		1.85	1.0 /1	0.0882	11.6	8.1	7.0														
TUE	21	2.16		1.80	1.0 /1	0.0542	15.6	7.8	7.8														
WED	22	2.06	292	1.80	105.8 /1	0.0578	12.2	8.4	7.0	234	3513	670	10058										
THU	23	2.16	104	1.77	39.0 /1	0.0012	12.6	7.8	5.8														
FRI	24	2.02		1.73	1.0 /1	0.0755																	
SAT	25	1.85	176	1.62	71.2 /1	0.0999	15.1	7.8	7.9														
TOTAL		57.49	2559	50.07		1.5211																	
MAXIMUM		2.28	292	2.09	91.3 /1	0.0999	16.8	8.5	7.9	234	3513	670	10058										
MINIMUM		1.85	2	1.59	1.7 /1	0.0000	11.6	7.6	5.4	168	2452	300	4379										
AVERAGE		2.06	111.26	1.7892	41.2 /1	0.1	13.5	7.8	6.6	201	2982	485	7218										
Number of Analyses		28	23	28	28	27	20	20	20	2	2	2	2	20	20	20	28	2	2	2	2	2	2

COMMENTS
• GEOMETRIC MEAN WAS USED TO CALCULATE AVERAGE FECAL COLIFORM COL.

December 2010	
Hrd mg/l	81.0
Alk mg/l	140.0
D.O mg/l	5.1
Turbidity	22.1
Tox TU	N/A

December 2010		
Copper	ug/l	0.382
Lead	no test	
Silver	no test	
Zinc	no test	
NH3 mg/L	16.00	244.20

WEEK	WEEKLY AVERAGE		WEEKLY		WEEKLY COLIFORM
	BOD mg/l	TSS lbs	BOD lbs	TSS lbs	
1	15.0	218.9	9.0	131.4	2.0
2	31.0	465.4	19.0	285.2	2.0
3	23.0	342.1	14.00	208.3	2.0
4	31.0	465.4	19.0	285.2	2.0
AVG	31.0	465.4	19.0	285.2	2.0
MAX	31.0	465.4	19.0	285.2	2.0

% REMOVAL	
BOD	93.3
S.S.	

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

FROM

YR	MO	DAY
2010	11	28

MONITORING PERIOD		
YEAR	MO	DAY
2010	12	25

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE			
Turbidity	PERMIT	*****	*****	****	*****	*****	*****	0		
00070 1 0	REQUIREMENT	*****	*****	****	*****	*****	*****		Continuous	RCORDR
Effluent Gross	SAMPLE	*****	*****	****	*****	*****	*****	0		
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	****	*****	*****	*****			
00300 1 0	PERMIT	*****	*****	****	*****	*****	*****		Once Per Month	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****			
BOD, 5-Day, 20 deg. C	SAMPLE	342	465	(26)	23.0	31.0	(19)	0		
00310 1 0	PERMIT	1226	2452	lb/d	*****	*****	*****		Twice Per Month	COMP24
Effluent Gross	REQUIREMENT	465	*****	(26)	*****	*****	*****	0		
BOD, 5-Day, 20 deg. C	SAMPLE	*****	*****	****	*****	*****	*****			
00310 W 0	PERMIT	1829	*****	lb/d	*****	*****	*****		Twice Per Month	COMP24
See Comments	REQUIREMENT	*****	*****	****	*****	*****	*****			
pH	SAMPLE	*****	*****	****	7.1	*****	7.5	0		
00400 1 0	PERMIT	*****	*****	****	6.5	*****	9.0		Weekdays	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	MIN	*****	MAX	0		
Alkalinity, total (asCaCo3)	SAMPLE	*****	*****	****	140.0	140.0	(19)	0		
00410 1 7	PERMIT	*****	*****	****	*****	*****	*****		Quarterly	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	0		
Solids, total suspended	SAMPLE	208	285	(26)	14.0	19.0	(19)	0		
00530 1 0	PERMIT	1226	2452	lb/d	*****	*****	*****		Twice Per Month	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****			

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
Digitally signed by Nathan D. McCombs
DN: cn=Nathan D. McCombs, o=(BJ) ou=(C) Public Utilities, email=nathan_mccombs@juneauakus.ces Date: 2011.01.06 14:04:40 -09'00'

907 TELEPHONE
AREA CODE **586-0393**
PHONE NUMBER
DATE
2011 1 10

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tom Trego
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

YEAR MO DAY
2011 1 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* Concerning violations please see attached. The reporting period was from 11/28/2010 through 12/25/2010.

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. (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 RADCLIFFE ROAD
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL WWTF
LOCATION: JUNEAU, ALASKA 99801
ATTN: Tom Trego WW Utilities Superintendent

FROM

AK-002295-1
PERMIT NUMBER

YR MO DAY
2010 11 28

MONITORING PERIOD
TO

YEAR MO DAY
2010 12 25

DISCHARGE NUMBER
001 A

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	UNITS			
Solids, total suspended	PERMIT MEASUREMENT	285	*****	(26)	19.0	*****	(19)	0		
00530 W 0	PERMIT MEASUREMENT	1829	*****	(26)	45	*****	19	0	Twice Per Month	COMP24
See Comments	PERMIT MEASUREMENT	244	*****	(26)	16.0	*****	16.0	0		
Nitrogen, ammonia total (as N)	PERMIT MEASUREMENT	1164	*****	lb/d	28.5	*****	48	0	Once Per Month	COMP24
00610 1 0	PERMIT MEASUREMENT	MO AVG	*****	lb/d	81	*****	81	0	Once Per Month	COMP24
Hardness, total (as CaCO3)	PERMIT MEASUREMENT	*****	*****	****	no test	*****	19	0	Once Per Month	GRAB
00900 1 6	PERMIT MEASUREMENT	*****	*****	****	no test	*****	28	0	Three Per Year	COMP24
Effluent Gross	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
01079 1 0	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
Effluent Gross	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
Zinc, total recoverable	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
01094 1 0	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
Effluent Gross	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
Lead, total recoverable	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
01114 1 0	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
Effluent Gross	PERMIT MEASUREMENT	no test	*****	(26)	no test	*****	28	0	Three Per Year	COMP24
Copper, total recoverable	PERMIT MEASUREMENT	0.38	*****	(26)	25.0	*****	25.0	0	Once Per Month	COMP24
01119 1 0	PERMIT MEASUREMENT	0.38	*****	(26)	25.0	*****	25.0	0	Once Per Month	COMP24
Effluent Gross	PERMIT MEASUREMENT	0.38	*****	(26)	25.0	*****	25.0	0	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	<p>Nathan D. McCombs Digitally signed by Nathan D. McCombs DN: cn=Nathan D. McCombs, o=CBU, ou=81 Public Utilities, email=nathan.mccombs@ci.juneau.ak.us, c=US Date: 2011.01.06 14:06:16 -0900</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>									
COMMENT AND EXPLANATION OF ANY VIOLATIONS	<p>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*)</p>									
OTHER INFORMATION	<p>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*)</p>									

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

MAJOR (SUB 01)
F - FINAL EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2010	11	28	
			2010

PARAMETER	VALUE	UNITS	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	0	%	0	%	0	%	0	%	0	Twice Every Week	GRAB
30500 O 0	0	%	0	%	0	%	0	%	0	Twice Every Week	GRAB
See Comments											
Fecal coliform, MPN, EC med, 44.5 C	0	MPN	0	MPN	0	MPN	0	MPN	0	Twice Every Week	GRAB
31615 O 0	0	MPN	0	MPN	0	MPN	0	MPN	0	Twice Every Week	GRAB
See Comments											
Fecal coliform, MPN, EC med, 44.5 C	0	MPN	0	MPN	0	MPN	0	MPN	0	Twice Every Week	GRAB
31615 P 0	0	MPN	0	MPN	0	MPN	0	MPN	0	Twice Every Week	GRAB
See Comments											
Fecal coliform, MPN, EC med, 44.5 C	0	MPN	0	MPN	0	MPN	0	MPN	0	Twice Every Week	GRAB
31615 Q 0	0	MPN	0	MPN	0	MPN	0	MPN	0	Twice Every Week	GRAB
See Comments											
Fecal coliform, MPN, EC med, 44.5 C	0	MPN	0	MPN	0	MPN	0	MPN	0	Twice Every Week	GRAB
31615 R 0	0	MPN	0	MPN	0	MPN	0	MPN	0	Twice Every Week	GRAB
See Comments											
Floating solids or visible foam-visual	0	mg/l	0	mg/l	0	mg/l	0	mg/l	0	Once Per Month	VISUAL
45613 1 0	0	mg/l	0	mg/l	0	mg/l	0	mg/l	0	Once Per Month	VISUAL
Effluent Gross	1.79	mg/l	1.79	mg/l	1.79	mg/l	1.79	mg/l	1.79	Continuous	RECORDR
Flow, in conduit or thru treatment plant	2.09	MGAL/D	2.09	MGAL/D	2.09	MGAL/D	2.09	MGAL/D	2.09	Continuous	RECORDR
50050 1 0	0	MGAL/D	0	MGAL/D	0	MGAL/D	0	MGAL/D	0	Continuous	RECORDR
Effluent Gross	0	MGAL/D	0	MGAL/D	0	MGAL/D	0	MGAL/D	0	Continuous	RECORDR

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Signature of Principal Executive Officer

TELEPHONE

Tom Trego
Wastewater Utilities Superintendent

Nathan D. McCombs
OFFICER OR AUTHORIZED AGENT

907 586-0393
PHONE NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS

Signature of Principal Executive Officer

2011 1 10
YEAR MO DAY

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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
*** 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
2010	YR	11	MO
28	DAY	28	DAY
2010	YR	12	MO
25	DAY	25	DAY

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100			QUARTERLY	COMP24
See Comments	SAMPLE REQUIREMENT	MO AVG	DAILY MX		*****	MO AVG	DAILY MX		0		
Dilution factor	MEASUREMENT	*****	*****	****	2	41	*****	ug/l			
80093 1 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	MO AVG	*****	1U	0	DAILY	MEASRD
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	95	*****	*****	(23)			
BOD, 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	23 %	0	Once Per Month	CALCTD
81010 K 0	SAMPLE MEASUREMENT	*****	*****	****	93	*****	*****	(23)			
Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	23 %	0	Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	****	MN % RMV	*****	*****				
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		0	DAILY	MEASRD
Chlorine usage	MEASUREMENT	N/A	*****	(26)	*****	*****	*****				
81400 X 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****		0	Once Per Month	VISUAL
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		0	Semiannual	COMP24
84066 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		0	Once Per Month	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
Effluent Gross	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										
TYPED OR PRINTED											
COMMENT AND EXPLANATION OF ANY VIOLATIONS											
* Concerning violations- please see attached. The reporting period was from 11/28/2010 through 12/25/2010.											
EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).											

Nathan D. McCombs
Digitally signed by Nathan D. McCombs
DN: cn=Nathan D. McCombs, o=C81,
ou=C81 Public Utilities,
email=nathan_mccombs@ci.juneau.ak.us, c=US
Date: 2011.01.06 14:08:12 -09'00'

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2011 YEAR 1 MO 10 DAY

