				No reading.	1/14 river frozen	COMMENS	COMMENTS OF ARI	AVEXAGE	MOWINIM	MAXIMUM	TOTAL	SAT	FRI	Ŧ	WED	TUE	MON	SUN	SAT	FR	THU	WED TO	MON	SUN	SAT	FRI	THU	WED	Ā.	MON	SAT	FRI	THU	WED	TUE	MON	2 2	2 2	Ħ	WED	TUE	NON	SUN	DAY		
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							8	2.08	1.82	3.24	72.67	192	1.83	1.96	2.25	2.50	2.16	2.53	3.24	221	194	1 90	2.08	2.10	2.27	2.23	2.21	2.06	2 03	201	1.95	1.87	2.01	2.06	2.20	198	1 08	1.99	Т	1.91	T	1.91	1.88	INFLUENT	SBR	
							34	761	50	685		125	116	196	173	224	190	497	2	111	3 3	101	211	125	105		79	101	79	2 2	. 00	50	60	685	332	384	440	208	55	72	88	93		River		
							35	1.86	1.59	3.10	65.19	1.77	1.70	1.92	2.30	2.35	1.98	202	3 10	201	7 0	1/9	1.87	1.88	2.02	1.89	1.89	174	185	177	1.70	1.79	1.79	1.89	200	1 /4	1.73	1.66	1.63	1.65	1.59	1.66		-	-1	FI OWS
							35	65.4	1.0	235.1		46.6	45.1	66.9	49.6	62.6	63.0	1500	1346	26.70	30.5	66.3	73.9	44.0	34.6	1.0	28.0	385	200	32.7	32.9	19.0	22.7	235.1	108.2	-	+	-	H			+	47.3	FL Water	Receiving	SVV
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#### DISCHARGE MONITORING REPORT (DMR) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

EPA Form 3320-1 (03-99) Previous editions may be used \* The reporting period was from 12/26/2010 through 01/29/2011. COMMENT AND EXPLANATION OF ANY VIOLATIONS Wastewater Utilities Superintendent Tom Trego Effluent Gross Solids, total suspended NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 00530 1 0 Effluent Gross Alkalinity, total (asCaCo3) Effluent Gross See Comments Effluent Gross 00410 1 7 00400 1 0 00310 W 0 BOD, 5-Day, 20 deg. C Effluent Gross Oxygen, dissolved (DO) 00310 1 0 BOD, 5-Day, 20 deg. 00300 1 0 Effluent Gross 00070 1 0 PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) urbidity AT: LOCATION **ADDRESS** FACILITY: NAME: TYPED OR PRINTED PARAMETER C including the possibility of fine and imprisonment for knowing violations or those persons directly responsible for gathering the information, the information submitted. Based on my inquiry of the person or persons who manage the system submitted is, to the best of my knowledge and belief, true, accurate, and complete to assure that the qualified personnel properly gather and evaluate the information prepared under my direction or supervision in accordance with the system designed I certify under penalty of law that this document and all attachments were am aware that there are significant penalties for submitting false information. MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF fom Trego WW Utilities Superintendent JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT SAMPLE SAMPLE PERMIT PERMIT PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE O = <15:1, P = >15:1 and <30:1, R = >30:1 ( $O, \overline{P}$ , and R used Nov 1-May 31 & T Jun 1- Oct 31, Q and S are never used \*no chlorine\*) 1829 WKLY AVG MO AVG 1226 MO AVG 1226 187 \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 230 230 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE QUANTITY OR LOADING DAILY MX DAILY MX 2452 315 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2452 239 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE \*\*\* \*\*\*\* lb/d (26) \*\*\* \*\*\* (26) \*\*\*\* \*\*\* SLIND FROM \*\*\*\* lb/d \*\*\* (26)McCombs email=nathan\_mccombs@ci.
Date: 2011.02:09 14:49:42 -09:00 Nathan D. McCombs NIM TSNI DAILY MN Req. Mon. \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* 6.7 \*\*\*\*\* 6.3 VALUE \*\*\*\* \*\*\*\*\* 2.7 2010 QUALITY OR CONCENTRATION ⋨ PERMIT NUMBER AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MO AVG MO AVG WKLY AVG Req. Mon. MO AVG Req. Mon. MO AVG 12.0 MO AVG \*\*\*\*\* \*\*\*\* 15.0 N/A 15.0 30 5.9 VALUE 45 30 6.1 2 8 o=CBJ, ou=CBJ Public Utilities Digitally signed by Nathan D. Req. Mon. DAILY MX DAILY MX INST MAX Req. Mon. DAILY MX DAILY MX MAJOR (SUB 01) F - FINAL NOTE: Read instructions before completing this form. \*\*\* NO DISCHARGE 20.0 EFFLUENT \*\*\*\*\* \*\*\*\*\* N/A \*\*\*\*\* **VALU**€ 60 16.0 \*\*\*\*\* 7.9 8.9 60 DAY 26 MONITORING PERIOD mg/L mg/t mg/L (12) mg/L (19) (19)(19) mg/L SLIND 19 12 SU 3 19 (19)19 (19)19 (43) 19 70 OMB No. 2040-0004 Form Approved. Approval Expires 05-31-98 YEAR 2011 907 YEAR 2011 0 CODE 0 AREA 0 0 0 NO 0 EX 0 OF ANALYSIS FREQUENCY 586-0393 TELEPHONE Twice Per Quarterly Weekdays Continuous Twice Per Month Month Twice Per DATE Once Per Month Month PHONE NUMBER 중 MO DISCHARGE NUMBER COMP24 COMP24 COMP24 COMP24 RCORDR DAY GRAB SAMPLE GRAB TYPE DAY 29

00434/981209 1904

# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Wastewater Utilities Superintendent COMMENT AND EXPLANATION OF ANY VIOLATIONS Effluent Gross NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Copper, total recoverable Tom Trego 01119 1 0 Effluent Gross 01114 1 0 Lead, total recoverable Effluent Gross 01094 1 0 Zinc, total recoverable Effluent Gross Silver, total recoverable 01079 1 0 Effluent Gross 00900 1 6 Hardness, total (as CaCO3) Effluent Gross Nitrogen, ammonia total (as N) See Comments Solids, total suspended The reporting period was from 12/26/2010 through 01/29/2011. 00610 1 0 00530 W 0 PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) DISCHARGE MONITORING REPORT (DMR) LOCATION: NAME: Ä FACILITY: **ADDRESS** TYPED OR PRINTED PARAMETER including the possibility of fine and imprisonment for knowing violations. submitted is, to the best of my knowledge and belief, true, accurate, and complete or those persons directly responsible for gathering the information, the information submitted. Based on my inquiry of the person or persons who manage the system, to assure that the qualified personnel properly gather and evaluate the information prepared under my direction or supervision in accordance with the system designed am aware that there are significant penalties for submitting false information, certify under penalty of law that this document and all attachments were REQUIREMENT MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF om Trego WW Utilities Superintendent 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT PERMIT SAMPLE PERMIT SAMPLE PERMIT SAMPLE PERMIT 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\*) Req. Mon. MO AVG 1829 WKLY AVG MO AVG Req. Mon 0.305 Req. Mon MO AVG 0.000 MO AVG 0.664 0.000 MO AVG \*\*\*\* 1164 1.82 \*\*\*\*\* QUANTITY OR LOADING VALUE 172 315 Req. Mon. DAILY MX DAILY MX Req. Mon. DAJLY MX 0.305 0.000 DAILY MX Req. Mon. 0.000 DAILY MX 0.664 3.92 \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\* \*\*\*\* 1963 172 lb/d FROM ib/d (26) (26) \*\*\* SLINO (26)\*\*\* (26)lb/d (26)lb/d (26)McCombs email-anathan\_mccombspect.
Date: 2011 02:09 14:51:35 -09:00 Nathan D. McCombs
McCombs.
O=C8J, ou=C8J Public Utilities. \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* VALUE \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* 2010 QUALITY OR CONCENTRATION × AK-002295-1 PERMIT NUMBER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Reg. Mon. MO AVG Req. Mon. MO AVG MO AVG Req. Mon. MO AVG MO AVG WKLY AVG MO AVG 44.5 23.0 0.00 50.0 0.0 13.0 AL 81 28.5 45 20.0 ~ ₹ Req. Mon. DAILY MX MAJOR (SUB 01) F - FINAL Req. Mon. DAILY MX Req. Mon. DAILY MX Req. Mon. DAILY MX DAILY MX NOTE: Read instructions before completing this form. **EFFLUENT** DAILY MX \*\*\* NO DISCHARGE 23.0 0.00 95.8 50.0 0.0 13.0 \*\*\*\*\* VALUE 48 DAY 26 MONITORING PERIOD
YEAR ug/l (28) mg/L (28) STIND 28 28 19/L (28) (28) mg/L 28 mg/L (19) 28 19 (19) 19 (19) 19 70 OMB No. 2040-0004 Form Approved. Approval Expires 05-31-98 YEAR 2011 907 CODE 0 0 0 E S 2011 0 0 AREA 0 0 OF ANALYSIS 586-0393 TELEPHONE Three Per Year Twice Per Month Three Per Three Per Once Per PHONE NUMBER Month wice Per Month Month wice Per 3 Year Year DISCHARGE NUMBER 3 COMP24 COMP24 COMP24 COMP24 SAMPLE COMP24 COMP24 DAY GRAB TYPE 15 DAY 29

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

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

EPA Form 3320-1 (03-99) Previous editions may be used. COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 12/26/2010 through 01/29/2011. Wastewater Utilities Superintendent Effluent Gross Flow, in conuit or thru treatment plant Floating solids or visible foam-visual Tom Trego Effluent Gross 45613 1 0 See Comments See Comments
Fecal coliform, MPN, EC med, 44.5 C NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 50050 1 0 31615 R 0 See Comments 31615 Q 0 See Comments See Comments ecal coliform, MPN, EC med, 44.5 C 31615 P 0 Fecal coliform, MPN, EC med, 44.5 C 31615 O 0 Fecal coliform, MPN, EC med, 44.5 C Coliform, fecat - % sample exceeds PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) 30500 O 0 Ä ADDRESS: LOCATION FACILITY: TYPED OR PRINTED PARAMETER including the possibility of fine and imprisonment for knowing violations submitted is, to the best of my knowledge and belief, true, accurate, and complete or those persons directly responsible for gathering the information, the information submitted. Based on my inquiry of the person or persons who manage the system, to assure that the qualified personnel properly gather and evaluate the information prepared under my direction or supervision in accordance with the system designed I certify under penalty of law that this document and all attachments were 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 om Trego WW Utilities Superintendent JUNEAU, CITY AND BOROUGH OF MEASUREMENT PERMIT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT SAMPLE PERMIT PERMIT SAMPLE PERMIT SAMPLE SAMPLE PERMIT PERMIT SAMPLE 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 1.86 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* VALUE \*\*\*\*\* QUANTITY OR LOADING DAILY MX 3.10 \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 4.9 \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* VALUE Mgal/d \*\*\* \*\*\*\* \*\*\*\* \*\*\* \*\*\* \*\*\* \*\*\*\* FROM (03) \*\*\* \*\*\* SLIND \*\*\* Nathan D. McCombs

DN: Cn=Nathan D. McCombs, o=CBJ, WKLY GEO WKLY GEO WKLY GEO \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* N/A \*\*\*\* \*\*\*\*\* VALUE N/A \*\*\*\*\* \*\*\*\*\* 400 400 2010 PERMIT NUMBER QUALITY OR CONCENTRATION AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT \*\*\*\* 200 MO GEO **3.5** MO GEO MO GEO MO GEO \*\*\*\*\* \*\*\*\*\* VALUE 400 \*\*\*\*\* N/A 161 3 ak.us, C=US Date: 2011.02.09 14:52:46 -09:00° email=nathan\_mccombsexcr.juneau Digitally signed by Nathan D. McCombs ou=CBJ Public Utilities, Req. Mon. DAILY MX DAILY MX DAILY MX BOO DAILY MX Req. Mon. DAILY MX DAILY MX MAJOR NOTE: Read instructions before completing this form. \*\*\* NO DISCHARGE EFFLUENT F - FINAL (SUB 01) \*\*\*\*\* \*\*\*\* N/A VALUE DAY 0 26 MONITORING PERIOD Y=1 ; N=0#/100mt (13) #/100mL (13) #/100ml #/100ml \*\*\* \*\*\* (13) SLING (13)(23)13 % 7 Form Approved.

OMB No. 2040-0004 Approval Expires 05-31-98 2011 YEAR 907 YEAR 2011 CODE 0 0 0 NO AREA 0 0 0 m 0 Continuous Twice Every Twice Every Week Twice Every Week OF ANALYSIS FREQUENCY 586-0393 Twice Every wice Every ELEPHONE Once Per Week PHONE NUMBER Week ₹ ~ DISCHARGE NUMBER 8 001 RCORDR VISUAL GRAB GRAB SAMPLE GRAB DAY 10 GRAB **GRAB** TYPE DAY 29

00434/981209 1904

#### NATIONAL POLLUTANT

						EFFLUENT	7	obbiosai expans 02-21-20
JUNEAU, CITY AND BOR	OUGH OF					*** NO DISC	ARGE	
MENDENHALL TREATME	NT PLANT			AV-0	2	NOTE: Read	instructions t	efore com
155 SOUTH SEWARD, JUNEAU, ALASKA 99801				PERMI	T NUMBER			
JUNEAU, ALASKA 9980	SERVICE AREA			S		MONIT	ORING PERI	OD
Tom Trego WW Utilities	superintendent		FROM	2010	12	DAY 26	ТО	YEAR 2011
	QUANTITY	OR LOADING		QUAL	ITY OR CONCE	VTRATION		NO.
	VALUE	VALUE	STINII	VALUE	VALLE	1/4:11		EX
SAMPLE	N/A	N/A	(26)	AVEOL	N/A	N/A	(28)	0
PERMIT	4 09	4 000		****				
REQUIREMENT	MO AVG	DATI Y MY	<u> </u>		100	100		
SAMPLE		סקנרו דין א	10/0	10	MO AVG	DAILY MX	l/gu	
MEASUREMENT	<b>分析所</b>	*****	***		00.4	****	ug/L	0
REQUIREMENT	***	***	*	Req. Mon.	Req. Mon.			
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MEASUREMENT	****	*****	***		****	****	(23)	C
REQUIREMENT	****	****	*	85			23	
SAMPLE				MN % RMV	*****	****	%	
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REQUIREMENT	*****	****	***	MN % RMV	***	***	23	
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PERMIT	Req. Mon.		30	1	***	*****		
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SAMPLE						0	(93)	>
PERMIT	****	****	***	*****	****	(	(22)	c
REQUIREMENT	****	****	* * * *	* * * *		Req. Mon.		
SAMPLE					***	DAILY MX	occur/mo	
MEASUREMENT	****	****	* * *	* * * * * *	****	N/A	(2G)	0
REQUIREMENT	****	****	* * *	***	* * * * * * * * * * * * * * * * * * * *			
I certify under penalty of law	that this document ar	nd all attachments were		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DAILY MX	ox chronic	1000011
prepared under my direction	or supervision in acco	ordance with the system	designed	Natha	J	igitally signed by Nati cCombs	an D.	907
submitted. Based on my inquer those persons directly responsed to those persons directly responsed to those persons directly responsed to the second second to the second	rsonnel properly gathe iry of the person or pe onsible for gathering t	er and evaluate the infor crsons who manage the the information, the information	mation system,		֡֝֝֓֓֓֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֟֝֓֓֓֓֓֓֓֓֓֓֓֟֝֓֓֓֟֝֓֓֓֡֓֡֓֓֡֓֡֓֡֓֡	N: cn=Nathan D. McC u=CBJ Public Utilities, nail=nathan_mccomi	mbs, o=CBJ, s@ci juneau.	AREA CODE
submitted is, to the best of my I am aware that there are sign	knowledge and belie ficant penalties for su	of, true, accurate, and continued false information	mplete	_		us, c=US ate: 2011.02.09 14:57:	9-09'00'	
including the possibility of fit	s:1 and <30:1 D=	for knowing violations		. I	TICER OR AUTHO	RIZED AGENT		2011 YEAR
	ADDRESS:  ADDRESS:  ADDRESS:  MENDENJALL TREATME  155 SOUTH SEWARD, JUNEAU, CITY AND BOR  MENDENJALL TREATME  155 SOUTH SEWARD, JUNEAU, ALASKA 99801  DUNEAU, ALASKA 99801  LOCATION:  PARAMETER  PARAMETER  PARAMETER  Chlorine, total residual  SAMPLE  SO050 S 0  SAMPLE  MEASUREMENT  See Comments  SAMPLE  MEASUREMENT  REQUIREMENT  REQUIREMENT  SOIIds, Suspended percent removal  SAMPLE  MEASUREMENT  SAMPLE  MEASUREMENT  REQUIREMENT  SAMPLE  MEASUREMENT  REQUIREMENT  SAMPLE  MEASUREMENT  SAMPLE  MEASUREMENT  REQUIREMENT  SAMPLE  MEASUREMENT  REQUIREMENT  SAMPLE  MEASUREMENT  REQUIREMENT  REQU	JUNIEAU, CITY AND BOROUGH OF  MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801  MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801  Tom Trego WW Utilities Superintendent  PERMIT  REQUIREMENT  SAMPLE  MEASUREMENT  PERMIT  REQUIREMENT  SAMPLE  MEASUREMENT  PERMIT  REQUIREMENT  SAMPLE  MEASUREMENT  PERMIT  REQUIREMENT  SAMPLE  MEASUREMENT  PERMIT  REQUIREMENT  REASUREMENT  PERMIT  REQUIREMENT  REQUIREMENT  REQUIREMENT  PERMIT  REQUIREMENT  REQUIREMENT  PERMIT  REQUIREMENT  PERMIT  REQUIREMENT  REQU	MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801  MENDENHALL VALUE YERVICE AREA JUNEAU, ALASKA 99801  TOM Trego WW Utilities Superinkendent  PERMIT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT REQUIREMENT REASUREMENT REASUREMENT REASUREMEN	MENDENHALL TREATMENT PLANT  155 SOUTH SEWARD, JUNEAU, ALASKA 99801  MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801  TOTT Trego WW Utilities Superintendent  PERMIT  REQUIREMENT  REQUI	ALL TREATMENT PLANT   15EWARD   15	Try And Borough Of	TOTA AND BOROUGH OF  ITY AND BOROUGH OF  ALL TREATHENT PLANT  SEMANT  ALL TREATH SERVICE AREA  LUSCA 99801  LUSCA 99801  LUSCA 99801  VALUE  V	Try AND BOROUGH OF   EFF. LIEHT   EVALUE   LICENT   EFF. LIEHT   EVANO   LICENT   LICENT   EVANO   LICENT   LICENT   EVANO   LICENT   LICE

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 12/26/2010 through 01/29/2011.

EPA Form 3320-1 (03-99) Previous editions may be used. Wastewater Utilities Superintendent Tom Trego NAME/TITLE PRINCIPAL EXECUTIVE OFFICER See Comments Fecal coliform, MPN, EC med, 44.5 C See Comments 31615 T 9 31615 S 9 Fecal coliform, MPN, EC med, 44.5 C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) LOCATION Ä. NAME: FACILITY **ADDRESS** TYPED OR PRINTED PARAMETER including the possibility of fine and imprisonment for knowing violations

OFFICER OR AUTHORIZED AGENT

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\*) or those persons directly responsible for gathering the information, the information I certify under penalty of law that this document and all attachments were submitted is, to the best of my knowledge and belief, true, accurate, and complete, submitted. Based on my inquiry of the person or persons who manage the system, to assure that the qualified personnel properly gather and evaluate the information prepared under my direction or supervision in accordance with the system designed am aware that there are significant penalties for submitting false information. JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF fom Trego WW Utilities Superintendent 155 SOUTH SEWARD, MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT PERMIT SAMPLE \*\*\*\*\* \*\*\*\*\* VALUE QUANTITY OR LOADING \*\*\*\*\* \*\*\*\* VALUE \*\*\*\* \*\*\* SLIND FROM Nathan D. Digitally signed by Nathan D. McCombs
McCombs D. Dix cn=Nathan D. McCombs,
O=CBJ. Oua-CBJ Public Utilities,
McCombs Juneauakus, c=US
Date: 2011.02.09 14.58.36 -09'00' 400 WKLY GEO **5.5** WKLY GEO VALUE 800 2010 ¥ AK-002295-1 PERMIT NUMBER QUALITY OR CONCENTRATION SIGNATURE OF PRINCIPAL EXECUTIVE **3.5** MO GEO VALUE 400 200 28 MAJOR (SUB 01) F - FINAL NOTE: Read instructions before completing this form. EFFLUENT 1200 DAILY MX DAILY MX \*\*\* NO DISCHARGE 10.0 N/A DAY 26 MONITORING PERIOD #/100mL #/100mL (13) (13)70 Form Approved.

OMB No. 2040-0004 Approval Expires 05-31-98 YEAR 907 CODE AREA 2011 YEAR E ŏ 0 0 TELEPHONE 586-0393 OF ANALYSIS Once Every FREQUENCY Once Every PHONE NUMBER 3 Week Week DISCHARGE NUMBER M SAMPLE DAY GRAB GRAB TYPE DAY 29