

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

January 2011

DAY	DATE	FLOWS										INFLUENT				EFFLUENT				FECAL COLIFORM /100 ml		
		SBR INFLUENT MGD	Mend CFS	SBR TIT EFFL MGD	Recovery Water Dilution	SBR WASTE MGD	Temp	pH	D.O. mg/L	S.S. mg/L	BOD mg/L	BOD mg/L	TEMP °C	pH	D.O. mg/L	TURBID MAX NTU	S.S. mg/L	S.S. LBS	BOD mg/L		BOD LBS	% REMOVAL
SUN	26	1.88	114	1.58	47.3	0.11564	13.9	7.7	7.3	208	3279	320	5044	17.8	7.9	8.9	8.9	20.0	315.3	16.0	238.9	10.0
MON	27	1.91	93	1.66	37.2	0.0855	11.3	8.2	7.1	130	1941	210	3135	14.8	7.2	8.9	8.9	20.0	315.3	14.0	220.7	2.0
TUE	28	1.82	88	1.59	36.8	0.0806	11.3	8.2	7.1	169.0				14.8	7.2	8.9	8.9	20.0	315.3	14.0	220.7	2.0
WED	29	1.91	72	1.65	29.2	0.1001	11.9	8.2	6.3					14.8	7.4	8.9	8.9	20.0	315.3	14.0	220.7	2.0
THU	30	1.96	55	1.63	22.8	0.10122	14.6	7.9	6.0					12.2	7.1	8.9	8.9	20.0	315.3	14.0	220.7	2.0
FRI	31	1.99	208	1.66	81.9	0.1427	11.8	7.9	6.8					12.2	7.1	8.9	8.9	20.0	315.3	14.0	220.7	2.0
SAT	1	1.99	445	1.73	167.2	0.0858																
SUN	2	1.96	421	1.74	157.3	0.0000																
MON	3	1.98	384	1.84	135.8	0.1606																
TUE	4	2.20	332	2.00	108.2	0.0961																
WED	5	2.06	635	1.88	235.1	0.1228																
THU	6	2.01	60	1.79	22.7	0.1015																
FRI	7	1.87	50	1.79	19.0	0.0731																
SAT	8	1.95	84	1.70	32.9	0.0732																
SUN	9	2.04	84	1.71	32.2	0.0302																
MON	10	2.01	80	1.77	30.2	0.0727																
TUE	11	2.03	79	1.80	29.4	0.0776																
WED	12	2.06	101	1.74	38.5	0.0702																
THU	13	2.21	79	1.89	28.0	0.1130																
FRI	14	2.23	105	1.89	1.0	0.1017																
SAT	15	2.27	105	2.02	34.6	0.0751																
SUN	16	2.10	125	1.88	44.0	0.0275																
MON	17	2.08	211	1.87	73.9	0.0757																
TUE	18	1.87	181	1.79	66.3	0.0872																
WED	19	1.82	75	1.64	30.5	0.0667																
THU	20	1.94	224	1.78	82.3	0.1131																
FRI	21	2.21	111	2.01	36.7	0.1154																
SAT	22	3.24	641	3.10	134.6	0.0825																
SUN	23	2.53	497	2.02	159.9	0.0280																
MON	24	2.16	190	1.98	63.0	0.0480																
TUE	25	2.50	224	2.35	62.6	0.1330																
WED	26	2.25	173	2.30	48.9	0.1310																
THU	27	1.96	196	1.92	66.9	0.1240																
FRI	28	1.83	116	1.70	45.1	0.0859																
SAT	29	1.92	125	1.77	46.6	0.0773																
TOTAL		7267		6519		32714																
MAXIMUM		3.28	685	3.10	235.1	0.2880																
MINIMUM		1.82	50	1.59	1.0	0.0000																
AVERAGE		2.08	197	1.86	65.4	0.0935																
Number of Analyses		35	34	35	35	35	25	25	2	2	2	2	25	25	25	25	25	2	2	2	2	2

COMMENTS:
1/14 River frozen
No reading

Temp	81
Alt. mg/L	N/A
D.O. mg/L	5.9
Turbidity	8.9
Tox. Tit.	N/A

Temp	81
Alt. mg/L	N/A
D.O. mg/L	5.9
Turbidity	8.9
Tox. Tit.	N/A

WEEK	1	2	3	4	5
AVG	15.0	229.8	12.00	187.5	3.5
MAX	16.0	238.9	20.0	315.3	5.5

WEEKLY AVERAGE	BOD	TSS	WEEKLY COLIFORM
	mg/L	lbs	Coliform
	1	16.0	238.9
	2	14.0	220.7
	3	14.0	20.0
	4	14.0	315.3
	5	15.0	229.8

% REMOVAL	BOD	S.S.
	94.3	92.9

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 Trengo 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			
YR	MO	DAY	TO
2010	12	26	2011
			YEAR
			MO
			DAY

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Turbidity										
00070 1 0 Effluent Gross Oxygen, dissolved (DO)	MEASUREMENT PERMIT SAMPLE	*****	*****	*****	*****	(43)	0	Continuous	RECORD	
00300 1 0 Effluent Gross BOD, 5-Day, 20 deg C	MEASUREMENT PERMIT SAMPLE	*****	*****	*****	*****	(19)	0	Once Per Month	GRAB	
00310 1 0 Effluent Gross BOD, 5-Day, 20 deg C	MEASUREMENT PERMIT SAMPLE	1226 MO AVG	2452 DAILY MX	lb/d (26)	30 MO AVG	60 DAILY MX	19 mg/L (19)	0	Twice Per Month	COMP24
00310 W 0 See Comments	MEASUREMENT PERMIT SAMPLE	1829 WKLY AVG	*****	lb/d	45 WKLY AVG	*****	19 mg/L (19)	0	Twice Per Month	COMP24
00400 1 0 Effluent Gross Alkalinity, total (asCaCo3)	MEASUREMENT PERMIT SAMPLE	*****	*****	*****	6.3 INST MIN	9.0 INST MAX	12 SIU (12)	0	Weekdays	GRAB
00410 1 7 Effluent Gross Solids, total suspended	MEASUREMENT PERMIT SAMPLE	*****	*****	*****	N/A	N/A	19 mg/L (19)	0	Quarterly	COMP24
00530 1 0 Effluent Gross	MEASUREMENT PERMIT SAMPLE	187	315	(26)	12.0 MO AVG	20.0 DAILY MX	19 mg/L (19)	0	Twice Per Month	COMP24

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=City and Borough of Juneau, ou=City Public Utilities, email=nathan_mccombs@ci.juneau.ak.us, c=US
 Date: 2011.02.09 14:49:42 -0800

Tom Trengo
 Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE 586-0393
 PHONE NUMBER
 DATE

2011 YEAR 2 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
155 South Seward,
Juneau, Alaska 99801
FACILITY: Mendenhall Valley Service Area
LOCATION: Juneau, Alaska 99801
ATTN: 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			
YR	MO	DAY	TO
2010	12	26	

NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
0	Twice Per Month	COMP24
0	Once Per Month	COMP24
0	Twice Per Month	GRAB

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	MEASUREMENT	315	*****	(26)	20.0	*****	*****	(19)	0	Twice Per Month	COMP24
00530 W 0	PERMIT	1829	*****		45	*****	*****	19			
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	WKLY AVG	*****	*****	mg/L			
Nitrogen, ammonia total (as N)	SAMPLE	172	172	(26)	13.0	13.0	13.0	(19)	0	Twice Per Month	COMP24
00610 1 0	MEASUREMENT	1164	1963		28.5	48	19	19			
Effluent Gross	PERMIT	MO AVG	DAILY MX	lb/d	MO AVG	DAILY MX	81	mg/L			
Hardness, total (as CaCO3)	SAMPLE	*****	*****	****	81	81	(19)		0	Once Per Month	COMP24
00900 1 6	MEASUREMENT	*****	*****	****	*****	*****	*****	19			
Effluent Gross	PERMIT	*****	*****	****	MO AVG	DAILY MX	0.0	mg/L			
Silver, total recoverable	REQUIREMENT	0.000	0.000	(26)	0.0	0.0	0.0	(28)	0	Twice Per Month	GRAB
01079 1 0	MEASUREMENT	0.000	0.000		*****	*****	*****	28			
Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	50.0	ug/L			
Zinc, total recoverable	SAMPLE	0.664	0.664	(26)	50.0	50.0	(28)		0	Three Per Year	COMP24
01094 1 0	MEASUREMENT	0.664	0.664		*****	*****	*****	28			
Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	0.00	ug/L			
Lead, total recoverable	REQUIREMENT	0.000	0.000	(26)	0.00	0.00	0.00	(28)	0	Three Per Year	COMP24
01114 1 0	MEASUREMENT	0.000	0.000		*****	*****	*****	28			
Effluent Gross	PERMIT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	23.0	ug/L			
Copper, total recoverable	SAMPLE	0.305	0.305	(26)	23.0	23.0	(28)		0	Three Per Year	COMP24
01119 1 0	MEASUREMENT	0.305	0.305		*****	*****	*****	28			
Effluent Gross	PERMIT	1.82	3.92	lb/d	44.5	95.8	28	ug/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	MO AVG	DAILY MX	lb/d	MO AVG	DAILY MX	*****				

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.

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*)

Typed OR PRINTED

Tom Trego
Wastewater Utilities Superintendent

Nathan D. McCombs
Digitally signed by Nathan D. McCombs
DN: cn=Nathan D. McCombs, o=CBI, ou=CBI Public Utilities, email=nathan.mccombs@cbl.juneauak.us, c=US
Date: 2011.02.09 14:51:35 -09'00'

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
PHONE NUMBER
DATE

2011
YEAR
2
MO
10
DAY

TELEPHONE

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
ATTN: 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			
YR	MO	DAY	TO
2010	12	26	
YEAR	MO	DAY	YEAR
2011	1	10	2011

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE																																								
	VALUE	VALUE		VALUE	VALUE	VALUE				UNITS																																							
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	*****	0	(23)	0	Twice Every Week	GRAB																																								
30500 O 0	PERMIT REQUIREMENT	*****	*****	*****	10	%	0	Twice Every Week	GRAB																																								
See Comments	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB																																								
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	161 MO GEO	Req. Mon. DAILY MX	13 #/100mL	0	Twice Every Week	GRAB																																								
31615 O 0	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB																																								
See Comments	PERMIT REQUIREMENT	*****	*****	400 WKLY GEO	MO GEO	800 DAILY MX	0	Twice Every Week	GRAB																																								
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB																																								
31615 P 0	SAMPLE MEASUREMENT	*****	*****	400 WKLY GEO	MO GEO	800 DAILY MX	0	Twice Every Week	GRAB																																								
See Comments	PERMIT REQUIREMENT	*****	*****	N/A	N/A	(13)	0	Twice Every Week	GRAB																																								
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	400 WKLY GEO	MO GEO	800 DAILY MX	0	Twice Every Week	GRAB																																								
31615 Q 0	SAMPLE MEASUREMENT	*****	*****	5 WKLY GEO	MO GEO	10.0 DAILY MX	0	Twice Every Week	GRAB																																								
See Comments	PERMIT REQUIREMENT	*****	*****	800 WKLY GEO	MO GEO	1200 DAILY MX	0	Twice Every Week	GRAB																																								
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	800 WKLY GEO	MO GEO	1200 DAILY MX	0	Twice Every Week	GRAB																																								
31615 R 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	Once Per Month	VISUAL																																								
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR																																								
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR																																								
45613 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR																																								
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR																																								
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR																																								
50050 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR																																								
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	RCORDR																																								
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	<table border="1"> <tr> <td colspan="2">SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</td> <td colspan="2">Nathan D. McCombs</td> <td colspan="2">Digitally signed by Nathan D. McCombs</td> <td colspan="2">907</td> <td colspan="2">TELEPHONE</td> </tr> <tr> <td colspan="2">OFFICER OR AUTHORIZED AGENT</td> <td colspan="2">Nathan D. McCombs</td> <td colspan="2">One Nathan D. McCombs, o-c@juneau.ak.us, c=US</td> <td colspan="2">586-0393</td> <td colspan="2">AREA</td> </tr> <tr> <td colspan="2">OFFICER OR AUTHORIZED AGENT</td> <td colspan="2">Nathan D. McCombs</td> <td colspan="2">Date: 2011.02.09 14:52:46 -0900'</td> <td colspan="2">2</td> <td colspan="2">PHONE NUMBER</td> </tr> <tr> <td colspan="2">OFFICER OR AUTHORIZED AGENT</td> <td colspan="2">Nathan D. McCombs</td> <td colspan="2">Date: 2011.02.09 14:52:46 -0900'</td> <td colspan="2">10</td> <td colspan="2">DATE</td> </tr> </table>									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		Nathan D. McCombs		Digitally signed by Nathan D. McCombs		907		TELEPHONE		OFFICER OR AUTHORIZED AGENT		Nathan D. McCombs		One Nathan D. McCombs, o-c@juneau.ak.us, c=US		586-0393		AREA		OFFICER OR AUTHORIZED AGENT		Nathan D. McCombs		Date: 2011.02.09 14:52:46 -0900'		2		PHONE NUMBER		OFFICER OR AUTHORIZED AGENT		Nathan D. McCombs		Date: 2011.02.09 14:52:46 -0900'		10		DATE	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		Nathan D. McCombs		Digitally signed by Nathan D. McCombs		907		TELEPHONE																																									
OFFICER OR AUTHORIZED AGENT		Nathan D. McCombs		One Nathan D. McCombs, o-c@juneau.ak.us, c=US		586-0393		AREA																																									
OFFICER OR AUTHORIZED AGENT		Nathan D. McCombs		Date: 2011.02.09 14:52:46 -0900'		2		PHONE NUMBER																																									
OFFICER OR AUTHORIZED AGENT		Nathan D. McCombs		Date: 2011.02.09 14:52:46 -0900'		10		DATE																																									

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 12/26/2010 through 01/29/2011.
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).
00434/981209 1904
PAGE 3 OF 5

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: MENDEHALL TREATMENT PLANT
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: MENDEHALL VALLEY SERVICE AREA
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.

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD		
YR	MO	DAY
2010	12	26
TO	YEAR	MO
	2011	1

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS	DATE			
Chlorine, total residual	PERMIT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24	
50060 S 0	PERMIT	4.09	4.09	lb/d	*****	100	100	ug/l	0			
See Comments	MEASUREMENT	MO AVG	DAILY MX		1.0	MO AVG	DAILY MX					
Dilution factor	PERMIT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U	0	DAILY	MEASRD	
80093 1 0	PERMIT	*****	*****	*****	94.3	*****	*****	(23)	0	Once Per Month	CALCTD	
Effluent Gross	MEASUREMENT	*****	*****	*****	85	*****	*****	23 %	0	Once Per Month	CALCTD	
BOD, 5-day, percent removal	PERMIT	*****	*****	*****	92.9	*****	*****	(23)	0	Once Per Month	CALCTD	
81010 K 0	PERMIT	*****	*****	*****	85	*****	*****	23 %	0	Once Per Month	CALCTD	
Percent Removal	MEASUREMENT	*****	*****	*****	MN % RMV	*****	*****					
Solids, suspended percent removal	PERMIT	*****	*****	*****	85	*****	*****					
81011 K 0 0	PERMIT	*****	*****	*****	MN % RMV	*****	*****					
Percent Removal	MEASUREMENT	*****	*****	*****	*****	*****	*****					
Chlorine usage	PERMIT	N/A	*****	(26)	*****	*****	*****		0	DAILY	MEASRD	
81400 X 0	PERMIT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	(93)	0	Once Per Month	VISUAL	
End of Chlorine Contact Chamber	MEASUREMENT	*****	*****	*****	*****	*****	*****					
Oil and grease visual	PERMIT	*****	*****	*****	*****	*****	*****					
84066 1 0	PERMIT	*****	*****	*****	*****	*****	*****					
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	*****					
Toxicity, Chronic	PERMIT	*****	*****	*****	*****	*****	*****					
TT000 1 8	PERMIT	*****	*****	*****	*****	*****	*****					
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	Signature of Principal Executive Officer: Nathan D. McCombs											
Wastewater Utilities Superintendent	Signature of Authorized Agent: Nathan D. McCombs											

COMMENTS AND EXPLANATION OF ANY VIOLATIONS
 * The reporting period was from 12/26/2010 through 01/29/2011.
 O=<15;I,P=>15;I and <30;I, R=>30;I (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: MENDEHALL TREATMENT PLANT
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: MENDEHALL VALLEY SERVICE AREA
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			
YR	MO	DAY	TO
2010	12	26	2011

PARAMETER	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	*****	*****		400	200	800		Once Every Week	GRAB
See Comments				WPLY GEO	MO GEO	DAILY MX			
Fecal coliform, MPN, EC med, 44.5 C	*****	*****		5.5	3.5	10.0	0	Once Every Week	GRAB
31615 T 9	*****	*****		800	400	1200		Once Every Week	GRAB
See Comments				WPLY GEO	MO GEO	DAILY MX			
						#/100mL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Tom Trego
 Wastewater Utilities Superintendent

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.

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*)

Signature of Principal Executive Officer: Nathan D. McCombs
 Digitally signed by Nathan D. McCombs
 DN: cn=Nathan D. McCombs, o=CBJ, ou=CBJ Public Utilities, email=nathan.mccombs@ci.juneau.ak.us, c=US
 Date: 2011.02.09 14:58:36 -09'00'

Signature of Authorized Agent: Nathan D. McCombs
 Digitally signed by Nathan D. McCombs
 DN: cn=Nathan D. McCombs, o=CBJ, ou=CBJ Public Utilities, email=nathan.mccombs@ci.juneau.ak.us, c=US
 Date: 2011.02.09 14:58:36 -09'00'

Area Code: 907
Telephone Number: 586-0393
Year: 2011
Month: 2
Day: 10

* The reporting period was from 12/26/2010 through 01/29/2011.
 EPA Form 3320-1 (03-99) Previous editions may be used.
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
 00-34/981209 1904
 PAGE 5 OF 5