

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 LOCATION: MENDENHALL VALLEY SERVICE AREA
 JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

AK-002295-1
 PERMIT NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2011	1	30	2011
			2011

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	*****	*****	****	*****	6.2	9.9	(43)	0	Continuous	RCORDR
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	4.5	6.2	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	254.7	316.2	(26)	*****	14.5	17	(19)	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	60	mg/L	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	254.7	316.2	(26)	*****	MO AVG	DAILY MX	(19)	0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	19	0	Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.4	(12)	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5	*****	9.0	12	0	Weekdays	GRAB
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	INST MIN	N/A	INST MAX	(19)	0		
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	263	316	(26)	*****	15.0	17.0	(19)	0		
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	60	mg/L	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.

Tom Trego
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 TELEPHONE
 AREA CODE 586-0393
 PHONE NUMBER
 DATE
 2011 YEAR 3 MO 10 DAY

* The reporting period was from 1/30/2011 through 2/26/2011.
 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 1 OF 4

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LOCATION: JUNEAU, ALASKA 99801
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YR	MO	DAY	TO
2011	1	30	2011
YEAR	MO	DAY	YEAR
2011	2	26	2011

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	316.2	*****	(26)	17.0	*****	(19)	0	Twice Per Month	COMP24	
00530 W 0	PERMIT REQUIREMENT	1829	*****	lb/d	45	*****	19	0	Twice Per Month	COMP24	
See Comments	REQUIREMENT	WKLY AVG	*****	lb/d	WKLY AVG	*****	mg/L	0	Twice Per Month	COMP24	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	228.9	228.9	(26)	15.0	15.0	(19)	0	Once Per Month	COMP24	
00610 1 0	PERMIT REQUIREMENT	1164	1963	lb/d	28.5	48	19	0	Once Per Month	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	MO AVG	*****	lb/d	MO AVG	*****	mg/L	0	Once Per Month	COMP24	
Hardness, total (as CaCO3)	PERMIT REQUIREMENT	*****	*****	****	91	91	(19)	0	Once Per Month	GRAB	
00900 1 6	PERMIT REQUIREMENT	*****	*****	****	MO AVG	MO AVG	mg/L	0	Once Per Month	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	(26)	N/A	N/A	(28)	0	Once Per Month	GRAB	
Silver, total recoverable	MEASUREMENT	N/A	N/A	(26)	N/A	N/A	(28)	0	Once Per Month	GRAB	
01079 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L	0	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	(26)	N/A	N/A	(28)	0	Three Per Year	COMP24	
Zinc, total recoverable	MEASUREMENT	N/A	N/A	(26)	N/A	N/A	(28)	0	Three Per Year	COMP24	
01094 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L	0	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	(26)	N/A	N/A	(28)	0	Three Per Year	COMP24	
Lead, total recoverable	MEASUREMENT	N/A	N/A	(26)	N/A	N/A	(28)	0	Three Per Year	COMP24	
01114 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L	0	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	0.336	0.336	(26)	22.0	22.0	(28)	0	Three Per Year	COMP24	
Copper, total recoverable	MEASUREMENT	0.336	0.336	(26)	22.0	22.0	(28)	0	Three Per Year	COMP24	
01119 1 0	PERMIT REQUIREMENT	3.54	7.63	lb/d	86.7	187	28	0	Once Per Month	COMP24	
Effluent Gross	MEASUREMENT	3.54	7.63	lb/d	86.7	187	ug/L	0	Once Per Month	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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Matthew D. McBeal
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE
PHONE NUMBER
2011
YEAR
3
MO
10
DAY

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JUNEAU ALASKA 99801
FACILITY LOCATION: MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTN: Tom Trego Ww Utilities Superintendent

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MONITORING PERIOD			
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2011	1	30	2011

PARAMETER	SAMPLING MEASUREMENT PERMIT REQUIREMENT	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	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****	0	%	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	13	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	13	#/100ml	0	Twice Every Week	GRAB
31615 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	#/100ml	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	(13)	0	Twice Every Week	GRAB
31615 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	(13)	0	Twice Every Week	GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	(13)	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	(13)	0	Twice Every Week	GRAB
45613 1 0	PERMIT REQUIREMENT	*****	*****	(03)	*****	*****	*****	*****	0	(03)	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	(03)	*****	*****	*****	*****	0	(03)	0	Once Per Month	VISUAL
Flow, in conout or thru treatment plan	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	(03)	*****	*****	*****	*****	0	(03)	0	Once Per Month	VISUAL
50050 1 0	PERMIT REQUIREMENT	*****	*****	3	*****	*****	*****	*****	0	3	0	Continuous	RCORDR
Effluent Gross	PERMIT REQUIREMENT	*****	*****	3	*****	*****	*****	*****	0	3	0	Continuous	RCORDR
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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.												
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											2011	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	* The reporting period was from 1/30/2011 through 2/26/2011.											YEAR	
												MO	
												DAY	

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ATT: Tom Trego WW Utilities Superintendent

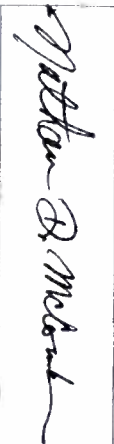
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YEAR	MO	DAY	YEAR
2011	2	26	2011

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l	0		
See Comments	SAMPLE MEASUREMENT	MO AVG	DAILY MX		*****	MO AVG	DAILY MX	ug/l	0		
Dilution factor	PERMIT REQUIREMENT	*****	*****	****	*****	45.0	*****	ug/L	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U	0	DAILY	MEASRD
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(23)	0		
BOD-5-day, percent removal	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	23 %	0	Once Per Month	CALCTD
81010 K 0	SAMPLE MEASUREMENT	*****	*****	****	85	*****	*****	(23)	0	Once Per Month	CALCTD
Percent Removal	PERMIT REQUIREMENT	*****	*****	****	92.2	*****	*****	23 %	0	Once Per Month	CALCTD
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	85	*****	*****	23 %	0	Once Per Month	CALCTD
Percent Removal	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	23 %	0	Once Per Month	CALCTD
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****	*****	0	DAILY	MEASRD
81400 X 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	(93)	0		
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	0	Once Per Month	VISUAL
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	0	Once Per Month	VISUAL
84066 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	0	Once Per Month	VISUAL
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	0	Once Per Month	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0	0	Once Per Month	VISUAL
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	0	Once Per Month	VISUAL
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	0	Once Per Month	VISUAL
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Tom Trego Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS * The reporting period was from 1/30/2011 through 2/26/2011.											
907 AREA CODE 586-0393 TELEPHONE 2011 YEAR 3 MO 10 DAY											

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

February 2011

DAY	DATE	FLOWS						INFLUENT				EFFLUENT				FECAL COLIFORM /100 ml		
		SBR INFLUENT MGD	Mend River CFS	SBR TTTL EFFLU MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	DO mg/L	SS mg/L	BOD mg/L	TEMP °C	pH	DO mg/L	TURBID MAX NTU	SS mg/L		BOD mg/L	BOD mg/L
SUN	30	1.88	114	1.75	43.1 /1	0.0000	11.7	7.1	8.3									
MON	31	1.82	103	1.82	37.6 /1	0.0131	11.9	7.3	8.6									
TUE	1	1.99	93	1.83	33.8 /1	0.0723	9.8	7.2	6.9									
WED	2	2.39	208	2.21	61.8 /1	0.0854	14.5	7.4	8.4									
THU	3	2.05	262	1.93	88.7 /1	0.0758	13.7	7.5	8.5									
FRI	4	1.85		1.76	1.0 /1	0.0894	12.6	7.5	8.5									
SAT	5	1.99	125	1.84	44.9 /1	0.0452												
SUN	6	2.02	162	1.83	58.2 /1	0.0598												
MON	7	1.99	162	1.76	60.5 /1	0.0708	10.3	7.5	8.1									
TUE	8	1.97	129	1.76	48.3 /1	0.0907	11.4	7.3	9.4									
WED	9	2.00	151	1.87	53.2 /1	0.0472	10.4	9.4	8.2									
THU	10	2.33	67	2.23	20.4 /1	0.0914	11.2	7.2	7.2									
FRI	11	2.36	190	2.19	57.0 /1	0.0487	13.1	7.4	8.5									
SAT	12	2.40	237	2.22	70.0 /1	0.0412												
SUN	13	2.09	205	1.90	70.7 /1	0.0553												
MON	14	1.87	149	1.85	53.0 /1	0.0818	10.3	7.9	7.9									
TUE	15	2.02	125	1.88	0.1 /1	0.0788	10.2	7.5	8.6									
WED	16	2.05	132	1.88	46.4 /1	0.1101	11.5	7.7	9.0									
THU	17	2.09	125	1.94	42.6 /1	0.0776	11.3	7.5	8.7									
FRI	18	2.02	116	1.85	41.5 /1	0.0478	10.7	7.7	9.8									
SAT	19	2.09	190	1.86	67.0 /1	0.0305												
SUN	20	2.07	196	1.71	71.3 /1	0.0506												
MON	21	2.11	114	1.75	43.1 /1	0.0985	11.2	7.6	8.9									
TUE	22	2.01	103	1.80	38.0 /1	0.0596	13.0	7.5	8.6									
WED	23	2.06	84	1.77	31.7 /1	0.1043	11.3	7.5	9.2									
THU	24	2.10	54	1.88	19.6 /1	0.0837	10.0	7.5	9.5									
FRI	25	1.91	61	1.69	24.3 /1	0.0438	10.8	7.6	8.8									
SAT	26	2.00	93	1.83	33.8 /1	0.0471												
TOTAL		57.53		52.59		1.7885												
MAXIMUM		2.40	262	2.23	88.7 /1	0.1101	14.5	9.4										
MINIMUM		1.82	54	1.69	0.1 /1	0.0000	9.8	7.1										
AVERAGE		2.05	139	1.88	45.0 /1	0.0639	11.5	7.6										
Number of Analyses		28	27	28	28	28	21	21	21									

COMMENTS
• GEOMETRIC MEAN WAS USED THE AVERAGE FECAL COLIFORM COLONIES

February 2011	
Hid mg/L	91
Alk mg/L	N/A
D.O. mg/L	6.2
Turbidity	9.9
Tox TUE	N/A

February 2011	
Copper	22.0 ug/L
Lead	N/A
Silver	N/A
Zinc	N/A
NH3 mg/L	15.0
	228.93

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM
	BOD mg/L	TSS lbs	Geo Mean	% REMOVAL	
1	12.0	193.2	13.0	209.3	4.0
2	17.0	316.2	17.0	316.2	6.3
3					4.9
4					8.5
5					
AVG	14.5	254.7	15.00	262.7	5.7
MAX	17.0	316.2	17.0	316.2	8.5

% REMOVAL	
BOD	96.5
SS	92.2