

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
ATTN: 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	6	26	2011
			7
			30

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	PERMIT	*****	*****	****	*****	4.3	6.8	(43)	0	Continuous	RECORDR
00070 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	RECORDR
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	3.3	4.8	*****	(19)	0	Continuous	RECORDR
00300 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	186.0	200.2	(26)	*****	12.5	12.7	(19)	0	Once Per Month	GRAB
00310 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	60	19	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	186.0	DAILY MX	(26)	*****	MO AVG	DAILY MX	mg/L	0	Twice Per Month	COMP24
00310 W 0 See Comments	PERMIT	1829	*****	lb/d	*****	45	*****	19	0	Twice Per Month	COMP24
PH	REQUIREMENT	WKLY AVG	*****	lb/d	*****	WKLY AVG	*****	mg/L	0	Twice Per Month	COMP24
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.1	(12)	0	Twice Per Month	COMP24
Alkalinity, total (asCaCO3)	PERMIT	*****	*****	****	6.5	*****	9.0	12	0	Weekdays	GRAB
	REQUIREMENT	*****	*****	****	INST MTN	*****	INST MAX	SU	0	Weekdays	GRAB
00410 1 7 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0	Weekdays	GRAB
Solids, total suspended	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Quarterly	COMP24
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	275	299	(26)	*****	18.5	19.0	(19)	0	Quarterly	COMP24
	REQUIREMENT	1226	2452	lb/d	*****	30	60	19	0	Twice Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	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.

Patricia D. Madsen
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE
8
PHONE NUMBER
2011
YEAR
10
DAY

* The reporting period was from 6/26/2011 through 7/30/2011.

**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
2011	6	26	2011
YEAR	MO	DAY	YEAR
2011	7	30	2011

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	299.5	*****	(26)	19.0	*****	*****	*****	0		
00530 W 0	PERMIT REQUIREMENT	1829	*****		45	*****	*****	*****			
See Comments	SAMPLE	Wkly Avg	*****	lb/d	Wkly Avg	*****	*****	*****			
Nitrogen, ammonia total (as N)	MEASUREMENT	256.7	*****	(26)	18.0	*****	*****	*****	0		
00610 1 0	PERMIT REQUIREMENT	1164	*****		28.5	*****	*****	*****			
Effluent Gross	SAMPLE	MO Avg	*****	lb/d	MO Avg	*****	*****	*****			
Hardness, total (as CaCO3)	MEASUREMENT	*****	*****	****	92	*****	*****	*****	0		
00900 1 6	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO Avg	*****	*****	*****			
Effluent Gross	SAMPLE	N/A	*****	(26)	N/A	*****	*****	*****	0		
Silver, total recoverable	MEASUREMENT	N/A	*****	(26)	Req. Mon. DAILY MX	*****	*****	*****			
01079 1 0	PERMIT REQUIREMENT	Req. Mon. MO Avg	*****	lb/d	Req. Mon. DAILY MX	*****	*****	*****			
Effluent Gross	SAMPLE	N/A	*****	(26)	N/A	*****	*****	*****			
Zinc, total recoverable	MEASUREMENT	N/A	*****	(26)	Req. Mon. DAILY MX	*****	*****	*****	0		
01094 1 0	PERMIT REQUIREMENT	Req. Mon. MO Avg	*****	lb/d	Req. Mon. DAILY MX	*****	*****	*****			
Effluent Gross	SAMPLE	N/A	*****	(26)	N/A	*****	*****	*****			
Lead, total recoverable	MEASUREMENT	N/A	*****	(26)	Req. Mon. DAILY MX	*****	*****	*****	0		
01114 1 0	PERMIT REQUIREMENT	Req. Mon. MO Avg	*****	lb/d	Req. Mon. DAILY MX	*****	*****	*****			
Effluent Gross	SAMPLE	0.254	*****	(26)	14.5	*****	*****	*****			
Copper, total recoverable	MEASUREMENT	0.254	*****	(26)	15.0	*****	*****	*****	0		
01119 1 0	PERMIT REQUIREMENT	3.54	*****	lb/d	86.7	*****	*****	*****			
Effluent Gross	SAMPLE	MO Avg	*****	lb/d	MO Avg	*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	7.63	*****	lb/d	187	*****	*****	*****			
Tom Trego	PERMIT	Req. Mon. DAILY MX	*****	lb/d	Req. Mon. DAILY MX	*****	*****	*****			
Wastewater Utilities Superintendent	MEASUREMENT	N/A	*****	(26)	N/A	*****	*****	*****			

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
 AREA CODE
 586-0393
 TELEPHONE NUMBER
 PHONE NUMBER
 DATE
 2011
 YEAR
 8
 MO
 10
 DAY

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

PERMITTEE NAME/ADDRESS/Include Facility name/Location if different)

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

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 Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2011	6	26	2011
YEAR	MO	DAY	DAY
2011	7	30	30

PARAMETER	SAMPLE MEASUREMENT	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		
30500 O 0	PERMIT REQUIREMENT	*****	*****		*****	*****	10				
See Comments	SAMPLE	*****	*****		*****	*****	DAILY MX	%			GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0		
31615 O 0	PERMIT REQUIREMENT	*****	*****	****	161	MO GEO	Req. Mon.	13			GRAB
See Comments	SAMPLE	*****	*****	****	N/A	N/A	DAILY MX	#/100mL	0		GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	400	MO GEO	800				GRAB
31615 P 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	DAILY MX	#/100mL			GRAB
See Comments	SAMPLE	*****	*****	****	400	MO GEO	800				GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	N/A	N/A	DAILY MX	(13)	0		GRAB
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	400	MO GEO	800				GRAB
See Comments	SAMPLE	*****	*****	****	4.0	WPLY GEO	DAILY MX	#/100mL			GRAB
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	800	MO GEO	1200				GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	4.0	WPLY GEO	DAILY MX	#/100mL	0		GRAB
See Comments	SAMPLE	*****	*****	****	*****	*****	0				GRAB
Floating solids or visible foam-visual	MEASUREMENT	*****	*****	****	*****	*****	0				GRAB
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0				GRAB
Effluent Gross	MEASUREMENT	*****	*****	****	*****	*****	0				GRAB
Flow, in conduit or thru treatment plant	SAMPLE	1.8	2.2	(03)	*****	*****	Req. Mon.	1	N=0		VISUAL
50050 1 0	MEASUREMENT	*****	*****	3	*****	*****	DAILY MX	*****	0		VISUAL
Effluent Gross	PERMIT REQUIREMENT	*****	*****	3	*****	*****	DAILY MX	*****	0		VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	Req. Mon.	MO AVG	DAILY MX	Mgal/d						RECORDR

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.

Malta S. McNeil
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393
AREA CODE
PHONE NUMBER
DATE
2011 8 10
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 6/26/2011 through 7/30/2011.

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 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

Form Approved
AK-002295-1
PERMIT NUMBER

MONITORING PERIOD
YR MO DAY TO YEAR MO DAY
2011 6 26 2011 7 30

DISCHARGE NUMBER
001 A

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	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 REQUIREMENT	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				
Dilution factor	PERMIT REQUIREMENT	*****	*****	*****	1.0	922	*****	ug/L	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U	0	DAILY	MEASRD
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	98.3	*****	*****	(23)			
BOD-5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	%			
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	94.6	*****	*****	(23)	0		
Solids, suspended percent removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	%			
Percent Removal	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		0		
Chlorine usage	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
81400 X 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****				
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	(93)	0	DAILY	MEASRD
84066 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		0	Once Per Month	VISUAL
TT000 1 8	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	(25)	0	Semiannual	COMP24
Effluent Gross	PERMIT 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.

Patricia Q. McLaughlin
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
907 586-0393

AREA CODE
586-0393

PHONE NUMBER
8

DATE
2011 8 10

YEAR
2011

DAY
10

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 6/26/2011 through 7/30/2011.

