

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

August 2011

DAY	DATE	FLOWS										INFLUENT					EFFLUENT					FECAL COLIFORM /100 ml
		SBR INFLUENT MGD	Manic River CFS	SBR Ttl Effl. MGD	Receiving Water	SBR WASTE MGD	TEMP °C	pH	DO mg/L	SS mg/L	BOD mg/L	TEMP °C	pH	DO mg/L	TURBID MAX NTU	SS mg/L	SS LBS	BOD mg/L	3.0 D LBS			
SUN	31	2.13	2970	1.96	782.1 /1	0.0984	15.8	7.5	6.5		17.5	7.0	4.3	4.0								
MON	1	2.13	2640	1.93	884.8 /1	0.0984	14.6	7.1	5.3		16.5	6.9	3.8	3.9								
TUE	2	2.02		1.87	1000 /1	0.0985	15.8	7.1	6.3	224	17.7	6.9	4.5	4.4	10.0	156.0	11.1	173.0	4			
WED	3	1.97	2190	1.87	757.5 /1	0.0876	15.5	7.2	5.9		16.4	6.9	4.1	3.4								
THU	4	2.22	2310	1.97	758.5 /1	0.0227	15.1	7.3	6.4		18.8	6.9	4.1	3.4								
FRI	5	2.19	2870	1.87	992.5 /1	0.0959	15.1	7.3	6.4													
SAT	6	2.13	2520	1.90	857.8 /1	0.1176																
SUN	7	2.15	2280	1.79	823.8 /1	0.1627																
MON	8	2.15	1980	1.79	708.4 /1	0.1270	15.1	8.0	8.0		16.5	7.0	4.9	2.8								
TUE	9	2.00	1560	1.85	548.7 /1	0.0282	15.5	7.2	5.9		16.5	7.0	5.4	3.8								
WED	10	2.11	1460	1.82	519.2 /1	0.0000	16.0	7.1	5.5		17.3	6.8	4.3	9.8								
THU	11	2.02	1500	1.65	588.3 /1	0.0000	15.3	7.2	6.0	381	17.4	6.7	5.0	15.0	15.0	206.4	11.8	162.5	2			
FRI	12	2.13	1510	1.78	549.0 /1	0.1199	15.2	7.4	6.7		15.7	6.9	4.3	9.8								
SAT	13	2.05	1510	1.78	549.0 /1	0.1288																
SUN	14	2.16	1460	1.79	527.9 /1	0.0902																
MON	15	2.32	1610	2.03	513.3 /1	0.1059	15.3	7.7	8.3		15.8	7.1	4.8	3.1								
TUE	16	3.10	1690	2.99	366.1 /1	0.0665	15.0	7.1	5.1		15.5	6.9	5.3	4.9								
WED	17	2.85	1740	2.89	418.9 /1	0.0841	14.8	7.5	6.1		15.1	6.8	5.3	2.1								
THU	18	2.44	2800	2.33	777.3 /1	0.1142	15.5	7.1	6.2		15.6	6.7	4.5	2.4								
FRI	19	2.89	2050	2.45	541.5 /1	0.1991	14.6	7.3	4.9		15.1	6.8	4.7	2.5								
SAT	20	3.55	4780	3.37	917.3 /1	0.1200																
SUN	21	3.50	8270	3.25	1644.8 /1	0.0416																
MON	22	3.62	9520	3.58	1718.9 /1	0.0982	14.8	7.0	6.4		15.5	6.8	5.5	3.2								
TUE	23	3.29	9450	3.23	1891.0 /1	0.1042	14.5	7.1	5.4		14.5	7.0	5.4	2.8								
WED	24	3.57	4640	3.51	855.0 /1	0.1287	14.3	7.1	5.4		14.7	6.9	5.4	2.4								
THU	25	3.24	4590	3.12	951.4 /1	0.1178	14.6	7.3	5.9		14.5	6.9	6.5	2.3								
FRI	26	3.18	3570	3.10	744.9 /1	0.0982	14.6	7.3	6.1		13.9	7.1	6.6	2.4								
SAT	27	2.93	3370	2.93	744.0 /1	0.0833																
TOTAL		71.83		66.20		2.5242																
MINIMUM		3.62	9520	3.56	1891.0 /1	0.1691	16.0	8.0	381	6419	759	12787	17.7	7.1	6.6	15.0	206.4	11.8	173.0			
AVERAGE		1.97	1460	1.65	1.0 /1	0.0000	14.3	7.0	224	3690	494	8116	13.9	6.7	3.8	10.0	156.0	11.1	162.5			
		2.57	3193	2.36	783.2 /1	0.0901	15.1	7.3	302.5	5049.5	626.5	10451.5	15.9	6.9	5.0	4.3	12.5	181.2	11.5	167.7		

COMMENTS:
* GEOMETRIC MEAN WAS USED THE AVERAGE FECAL COLIFORM COLUMNS

August 2011	
Hid mg/L	76
Alk mg/L	0.0
DO mg/L	5.0
Turb NTU	15.0
Tox TU	N/A

August 2011	
Copper ug/L	14.0
Copper LBS	0.218
Lead ug/L	12.0
Silver ug/L	N/A
Zinc ug/L	N/A
NH3 mg/L	19.0
	296.32

WEEK	WEEKLY AVERAGE BOD		WEEKLY AVERAGE TSS		WEEKLY COLIFORM	
	mg/L	lbs	mg/L	lbs	Geo Mean	Coliform
1	11.1	173.0	10.0	156.0		4
2	11.8	182.5	15.0	206.4		2
3						2
4						3
5						3
AVG	11.5	167.7	12.50	181.2		3
MAX	11.8	173.0	15.0	206.4		4

% REMOVAL	
BOD	98.2
SS	95.9

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 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	7	31	2011

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE				UNITS
Turbidity	MEASUREMENT	*****	*****	*****	*****	*****	(43)	0	Continuous	RCORDR
00070 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	Continuous	RCORDR
Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
00300 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	Continuous	RCORDR
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
00310 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	Continuous	RCORDR
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
00310 W 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
See Comments	MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	Continuous	RCORDR
pH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	Continuous	RCORDR
Alkalinity, total (asCaCO3)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
00410 1 7	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	Continuous	RCORDR
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	Continuous	RCORDR

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 review of the information and the information submitted by those persons directly responsible for gathering the information, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Tom Trego

907 AREA CODE
586-0393 TELEPHONE
9 MO DATE
2011 YEAR
9 MO DATE
10 DAY

* The reporting period was from 7/31/2011 through 8/27/2011.

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 LOCATION: MENDENHALL VALLEY SERVICE AREA
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
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AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2011	7	31	2011
YEAR	MO	DAY	YEAR
2011	8	27	2011

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, total suspended	PERMIT MEASUREMENT	206.4	*****	*****	(26)	15.0	*****	*****	0		
00530 W 0	PERMIT REQUIREMENT	1829	*****	*****		45	*****	*****		Twice Per Month	COMP24
See Comments	SAMPLE REQUIREMENT	296.3	*****	*****	(26)	19.0	*****	*****	0		
Nitrogen, ammonia total (as N)	PERMIT MEASUREMENT	1164	*****	*****		28.5	*****	*****		Once Per Month	COMP24
00610 1 0	PERMIT REQUIREMENT	MO AVG	*****	*****	lb/d	76	*****	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	*****		Once Per Month	GRAB
00900 1 6	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	*****		Once Per Month	GRAB
Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	(26)	N/A	N/A	N/A	0		
Silver, total recoverable	PERMIT MEASUREMENT	N/A	N/A	N/A		N/A	N/A	N/A		Three Per Year	COMP24
01079 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. DAILY MX	lb/d	*****	*****	*****		Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	(26)	N/A	N/A	N/A	0		
Zinc, total recoverable	PERMIT MEASUREMENT	N/A	N/A	N/A		N/A	N/A	N/A		Three Per Year	COMP24
01094 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. DAILY MX	lb/d	*****	*****	*****		Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	(26)	N/A	N/A	N/A	0		
Lead, total recoverable	PERMIT MEASUREMENT	N/A	N/A	N/A		N/A	N/A	N/A		Three Per Year	COMP24
01114 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. DAILY MX	lb/d	*****	*****	*****		Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	0.203	0.218	0.218	(26)	13.0	14.0	14.0	0		
Copper, total recoverable	PERMIT MEASUREMENT	3.54	7.63	7.63	lb/d	86.7	187	187		Once Per Month	COMP24
01119 1 0	PERMIT REQUIREMENT	MO AVG	DAILY MX	DAILY MX	ug/L	*****	*****	*****		Once Per Month	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	*****		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

TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER
DATE

2011 YEAR
9 MO
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 7/31/2011 through 8/27/2011.

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
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	7	31	2011
YEAR	MO	DAY	NO. EX
2011	8	27	0

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	Twice Every Week	GRAB
30500 O 0	PERMIT REQUIREMENT	*****	*****		*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (	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	N/A	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	800 DAILY MX	13	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 P 0	SAMPLE MEASUREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL	0	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	4	3	4	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 (	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL	0	Twice Every Week	GRAB
31615 R 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
Floating solids or visible foam-visual	MEASUREMENT	*****	*****		*****	*****	0		0	Twice Every Week	GRAB
45613 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	0		0	Twice Every Week	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	(03)	*****	*****	0		0	Twice Every Week	GRAB
Flow, in conduit or thru treatment plan	PERMIT REQUIREMENT	2.4	3.6		*****	*****	0		0	Twice Every Week	GRAB
50050 1 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0		0	Twice Every Week	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0		0	Twice Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	3	*****	*****	0		0	Twice Every Week	GRAB
Tom Trego	PERMIT REQUIREMENT	*****	*****		*****	*****	0		0	Twice Every Week	GRAB
Wastewater Utilities Superintendent	SAMPLE MEASUREMENT	*****	*****		*****	*****	0		0	Twice Every Week	GRAB
Typed or Printed	PERMIT REQUIREMENT	*****	*****		*****	*****	0		0	Twice Every Week	GRAB
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT REQUIREMENT	*****	*****		*****	*****	0		0	Twice Every Week	GRAB

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Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **907 586-0393**
AREA CODE
PHONE NUMBER
DATE
2011 9 10
YEAR MO DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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NAME: JUNEAU, CITY AND BOROUGH OF
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ATT: Tom Trego WW Utilities Superintendent

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
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	*****	*****		1.0	783.2	*****	ug/l	0		
Dilution factor	PERMIT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	IU	0		
80093 1 0	MEASUREMENT	*****	*****	****	98	*****	*****	(23)	0		
Effluent Gross	PERMIT	*****	*****	****	85	*****	*****	23 %		Once Per Month	CALCTD
BOD-5-day, percent removal	MEASUREMENT	*****	*****	****	96	*****	*****	(23)	0		
81010 K 0	PERMIT	*****	*****	****	85	*****	*****	23 %		Once Per Month	CALCTD
Percent Removal	MEASUREMENT	*****	*****	****	MN % RMV	*****	*****	%		Once Per Month	CALCTD
Solids, suspended percent removal	PERMIT	N/A	N/A	(26)	*****	*****	*****		0		
Chlorine usage	MEASUREMENT	*****	*****		*****	*****	*****		0		
81400 X 0	PERMIT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	(93)	0		
End of Chlorine Contact Chamber	MEASUREMENT	*****	*****	****	*****	*****	*****		0		
Oil and grease visual	PERMIT	*****	*****	****	*****	*****	*****		0		
84066 1 0	MEASUREMENT	*****	*****	****	*****	*****	*****		0		
Effluent Gross	PERMIT	*****	*****	****	*****	*****	*****		0		
Toxicity, Chronic	MEASUREMENT	*****	*****	****	*****	*****	*****	occu/mo	0		
TT000 1 8	PERMIT	*****	*****	****	*****	*****	*****	chronic	0		
Effluent Gross	MEASUREMENT	*****	*****	****	*****	*****	*****		0		
NAME, TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	****	*****	*****	*****		0		

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Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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COMMENT AND EXPLANATION OF ANY VIOLATIONS
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