

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

September 2011

DAY	DATE	FLOWS						INFLUENT						EFFLUENT									
		SBR Influent MGD	Receiving River CFS	SBR TTL Effl MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	BOD mg/L	BOD LBS	TEMP °C	pH	D.O. mg/L	TURBID MAX NTU	SS mg/L	SS LBS	BOD mg/L	BOD LBS	FECAL COLIFORM /100 ml	
SUN	28	3.28	2390	3.17	402.4	0.1051	14.3	7.6	8.8	160	4270	288	8173	17.2	7.4	6.7	8.6	13.0	280.5	12.2	300.2	30	
MON	29	3.14	3500	3.09	721.1	0.0917	14.3	7.4	6.3	15.0	2656	189	5308	14.0	6.5	3.0	2.1	9.0	221.4	10.0	193.4	2	
TUE	30	2.95	1570	2.68	1.0	0.0486	13.8	7.7	4.9	15.3	3464	243.5	5741	15.2	7.0	4.9	5.8	11.0	298	11.1	247	6	
WED	31	2.71	1570	2.49	375.3	0.0813	14.3	7.7	4.9	14.2	2898	289	6173	14.3	6.9	4.1	6.7	11.0	298	11.1	247	6	
THU	1	3.09	1840	2.85	343.9	0.0120	14.1	7.5	4.3	14.0	4270	288	8173	14.3	7.1	4.8	4.0	13	260	10	193	10	
FRI	2	2.89	1670	2.47	402.0	0.0998	14.2	7.8	4.8	14.3	4270	288	8173	14.3	7.4	5.8	4.4	13	260	10	193	10	
SAT	3	2.87	1980	2.83	442.2	0.0876	14.2	7.8	4.8	14.3	4270	288	8173	14.3	7.4	5.8	4.4	13	260	10	193	10	
SUN	4	3.07	2820	2.98	584.4	0.0876	14.2	7.8	4.8	14.3	4270	288	8173	14.3	7.1	5.3	3.2	13	260	10	193	10	
MON	5	3.05	3250	3.01	889.4	0.0876	13.7	7.8	7.1	14.3	4270	288	8173	14.3	7.1	5.3	3.2	13	260	10	193	10	
TUE	6	3.37	4090	3.30	785.0	0.0275	14.5	7.4	6.7	14.3	4270	288	8173	14.3	6.8	3.9	4.4	13	260	10	193	10	
WED	7	3.20	3820	2.85	772.2	0.1243	15.4	7.3	5.2	15.1	4270	288	8173	14.7	7.0	5.8	7.1	9	221	12	300	8	
THU	8	3.01	2580	2.81	554.7	0.0914	13.8	7.9	5.4	14.7	4270	288	8173	14.7	7.1	4.9	4.0	9	221	12	300	8	
FRI	9	3.08	2580	3.03	542.1	0.0970	14.1	7.7	5.6	14.8	4270	288	8173	14.8	7.2	6.1	4.2	9	221	12	300	8	
SAT	10	2.70	2520	2.58	603.9	0.0824	14.1	7.7	5.6	14.8	4270	288	8173	14.8	7.2	6.1	4.2	9	221	12	300	8	
SUN	11	2.59	1980	2.42	489.9	0.0581	14.7	7.4	6.1	14.8	4270	288	8173	14.8	7.0	4.6	3.6	13	260	10	193	10	
MON	12	2.42	1310	2.34	350.7	0.0532	15.1	8.8	3.4	15.8	4270	288	8173	15.8	6.7	4.0	7.8	13	260	10	193	10	
TUE	13	2.98	1270	2.22	345.7	0.0742	15.1	8.8	3.4	15.8	4270	288	8173	15.8	6.7	4.0	7.8	13	260	10	193	10	
WED	14	2.57	1240	2.31	312.7	0.0743	14.4	7.0	5.6	15.6	4270	288	8173	15.6	6.5	3.0	8.1	13	260	10	193	10	
THU	15	2.51	1310	2.38	339.2	0.0869	14.3	7.7	4.8	14.1	4270	288	8173	14.1	6.6	3.9	7.4	13	260	10	193	10	
FRI	16	2.36	1480	2.23	400.8	0.0916	14.2	7.7	4.8	14.5	4270	288	8173	14.5	6.7	4.3	7.3	13	260	10	193	10	
SAT	17	2.21	988	2.11	289.8	0.0554	14.2	7.7	4.8	14.5	4270	288	8173	14.5	6.7	4.3	7.3	13	260	10	193	10	
SUN	18	2.31	881	2.49	247.4	0.0545	14.2	7.7	4.8	14.5	4270	288	8173	14.5	6.7	4.3	7.3	13	260	10	193	10	
MON	19	2.25	881	2.08	253.9	0.0886	15.8	7.7	5.9	18.9	4270	288	8173	18.9	7.2	5.7	8.4	13	260	10	193	10	
TUE	20	2.25	1280	2.11	371.4	0.0498	15.2	7.7	5.8	17.2	4270	288	8173	17.2	7.3	5.8	8.6	13	260	10	193	10	
WED	21	2.74	1350	2.48	319.3	0.0669	14.8	7.9	5.2	15.0	4270	288	8173	15.0	6.9	3.0	7.5	13	260	10	193	10	
THU	22	2.88	1480	2.48	357.7	0.0715	14.1	7.2	5.1	14.3	4270	288	8173	14.3	6.9	4.1	6.7	13	260	10	193	10	
FRI	23	2.51	1120	2.39	289.3	0.0744	15.2	7.5	5.1	17.2	4270	288	8173	17.2	7.1	4.6	7.0	13	260	10	193	10	
SAT	24	2.59	1040	2.39	289.4	0.0773	15.2	7.5	5.1	17.2	4270	288	8173	17.2	7.1	4.6	7.0	13	260	10	193	10	
TOTAL		78.49		72.44		2.0436																	
MAXIMUM		3.37	4090	3.30	785.0	0.1243	15.8	7.9	6.1	18.9	4270	288	8173	18.9	7.4	6.7	8.6	13.0	280.5	12.2	300.2	30	
MINIMUM		2.21	881	2.08	1.0	0.0120	13.7	6.8		14.0	2656	189	5308	14.0	6.5	3.0	2.1	9.0	221.4	10.0	193.4	2	
AVERAGE		2.73	1823	2.58	425.8	0.0730	14.5	7.5	5.1	15.2	3464	243.5	5741	15.2	7.0	4.9	5.8	11.0	298	11.1	247	6	
Number of Analyses		28	27	28	28	28	20	20	2	2	2	2	20	20	20	28	28	2	2	2	2	2	

COMMENTS:
* GEOMETRIC MEAN WAS USED THE AVERAGE FE CAL COLIFORM COLONIES

MONTH	SEPTEMBER 2011
Hard mg/L	87
Alk mg/L	140.0
D.O mg/L	4.8
Turbidity	8.9
Tox. Tit.	N/A

MONTH	SEPTEMBER 2011
Hard mg/L	87
Alk mg/L	140.0
D.O mg/L	4.8
Turbidity	8.9
Tox. Tit.	N/A

WEEK	WEEKLY AVERAGE	WEEKLY
BOD	mg/L	lbs
TSS	mg/L	lbs
COLIFORM	Colo./100ml	Colo./100ml
SS	mg/L	lbs
% REMOVAL		
BOD	95	
SS	92	

WEEK	WEEKLY AVERAGE	WEEKLY
BOD	mg/L	lbs
TSS	mg/L	lbs
COLIFORM	Colo./100ml	Colo./100ml
SS	mg/L	lbs
% REMOVAL		
BOD	95	
SS	92	

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 Trepo 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

001A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2011	8	28	2011

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	5.8	8.8	(43)	0		
00070 1 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			Continuous	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	3.0	4.9	(19)	0	RCORDR	
Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG			Once Per Month	
00300 1 0	PERMIT REQUIREMENT	*****	*****	*****	11	12	(19)	0	GRAB	
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	247	300	(26)	*****	*****				
00310 1 0	PERMIT REQUIREMENT	1226	2452		30	60	19	0	Twice Per Month	
Effluent Gross	SAMPLE MEASUREMENT	247	DAILY MX	(26)	MO AVG	DAILY MX	mg/L	0	COMP24	
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	1829	*****	lb/d	*****	*****				
00310 W 0	PERMIT REQUIREMENT	WPLY AVG	*****	lb/d	45	7.4	19	0	Twice Per Month	
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			COMP24	
pH	PERMIT REQUIREMENT	*****	*****	*****	6.5	9.0	12	0	Weekdays	
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	INST MAX	SU	0	GRAB	
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00410 1 7	PERMIT REQUIREMENT	*****	*****	*****	140	140	(19)	0	Weekdays	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Solids, total suspended	SAMPLE MEASUREMENT	236	250	(26)	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Quarterly	
00530 1 0	PERMIT REQUIREMENT	1226	2452		30	60	19	0	Twice Per Month	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			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 Trepo 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 8/28/2011 through 9/24/2011.

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

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 Trepo 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	8	28	2011
YEAR	MO	DAY	YEAR
2011	9	24	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	PERMIT MEASUREMENT	250	*****	(26)	*****	13	*****	(19)	0		
00630 W 0	PERMIT MEASUREMENT	1829	*****	(26)	*****	45	*****	19		Twice Per Month	COMP24
See Comments	PERMIT MEASUREMENT	1829	*****	(26)	*****	45	*****	19			
Nitrogen, ammonia total (as N)	PERMIT MEASUREMENT	228	*****	(26)	*****	11	*****	(19)	0		
00610 1 0	PERMIT MEASUREMENT	1164	*****	(26)	*****	28.5	*****	48		Once Per Month	COMP24
Effluent Gross	PERMIT MEASUREMENT	1164	*****	(26)	*****	28.5	*****	48			
Hardness, total (as CaCO3)	PERMIT MEASUREMENT	0	*****	(26)	*****	87	*****	(19)	0		
00900 1 6	PERMIT MEASUREMENT	0	*****	(26)	*****	87	*****	19		Once Per Month	GRAB
Effluent Gross	PERMIT MEASUREMENT	0	*****	(26)	*****	87	*****	19			
Silver, total recoverable	PERMIT MEASUREMENT	0	*****	(26)	*****	0	*****	(28)	0		
01079 1 0	PERMIT MEASUREMENT	0	*****	(26)	*****	0	*****	(28)	0		
Effluent Gross	PERMIT MEASUREMENT	0	*****	(26)	*****	0	*****	(28)	0		
Zinc, total recoverable	PERMIT MEASUREMENT	0.6	*****	(26)	*****	28	*****	(28)	0		
01094 1 0	PERMIT MEASUREMENT	0.6	*****	(26)	*****	28	*****	(28)	0		
Effluent Gross	PERMIT MEASUREMENT	0.6	*****	(26)	*****	28	*****	(28)	0		
Lead, total recoverable	PERMIT MEASUREMENT	0	*****	(26)	*****	0	*****	(28)	0		
01114 1 0	PERMIT MEASUREMENT	0	*****	(26)	*****	0	*****	(28)	0		
Effluent Gross	PERMIT MEASUREMENT	0	*****	(26)	*****	0	*****	(28)	0		
Copper, total recoverable	PERMIT MEASUREMENT	0.23	*****	(26)	*****	11	*****	(28)	0		
01119 1 0	PERMIT MEASUREMENT	0.23	*****	(26)	*****	11	*****	(28)	0		
Effluent Gross	PERMIT MEASUREMENT	0.23	*****	(26)	*****	11	*****	(28)	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	3.54	7.63	lb/d	*****	86.7	187	28		Once Per Month	COMP24
Tom Trepo	REQUIREMENT	3.54	7.63	lb/d	*****	86.7	187	28			
Wastewater Utilities Superintendent	REQUIREMENT	3.54	7.63	lb/d	*****	86.7	187	28			

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 Trepo
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
PHONE NUMBER
2011
YEAR
10
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
ATT: Tom Trege WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

Form Approved,
OMB No. 2040-0004
Approval Expires 05-31-98

NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2011	8	28	2011
			YEAR
			MO
			DAY

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	*****	*****		*****	*****	*****	*****	0			
See Comments	REQUIREMENT	*****	*****		*****	*****	*****	*****	0			
Fecal coliform, MPN, EC med, 44.5	SAMPLE	*****	*****	****	*****	*****	*****	*****	0			
See Comments	PERMIT	*****	*****	****	*****	*****	*****	*****	0			
Fecal coliform, MPN, EC med, 44.5	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0			
31615 P 0	SAMPLE	*****	*****	****	*****	*****	*****	*****	0			
See Comments	PERMIT	*****	*****	****	*****	*****	*****	*****	0			
Fecal coliform, MPN, EC med, 44.5	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0			
31615 Q 0	SAMPLE	*****	*****	****	*****	*****	*****	*****	0			
See Comments	PERMIT	*****	*****	****	*****	*****	*****	*****	0			
Fecal coliform, MPN, EC med, 44.5	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0			
31615 R 0	SAMPLE	*****	*****	****	*****	*****	*****	*****	0			
See Comments	PERMIT	*****	*****	****	*****	*****	*****	*****	0			
Floating solids or visible foam-visual	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0			
45613 1 0	SAMPLE	*****	*****	****	*****	*****	*****	*****	0			
See Comments	PERMIT	*****	*****	****	*****	*****	*****	*****	0			
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0			
Flow, in conduit or thru treatment plant	SAMPLE	*****	*****	(03)	*****	*****	*****	*****	0			
50050 1 0	MEASUREMENT	*****	*****	(03)	*****	*****	*****	*****	0			
Effluent Gross	PERMIT	*****	*****	(03)	*****	*****	*****	*****	0			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	(03)	*****	*****	*****	*****	0			
Tom Trege	PERMIT	*****	*****	(03)	*****	*****	*****	*****	0			
Wastewater Utilities Superintendent	REQUIREMENT	*****	*****	(03)	*****	*****	*****	*****	0			
TYPED OR PRINTED	PERMIT	*****	*****	(03)	*****	*****	*****	*****	0			
COMMENT AND EXPLANATION OF ANY VIOLATIONS	REQUIREMENT	*****	*****	(03)	*****	*****	*****	*****	0			

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Tom Trege
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

* The reporting period was from 8/28/2011 through 9/24/2011.

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

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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 Treago 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	8	28	
YEAR	MO	DAY	NO. EX
2011	9	24	0

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		
50060 S 0	PERMIT	4.09	4.09	lb/d	*****	100	100	ug/l	0	QUARTERLY	COMP24
See Comments	PERMIT	MO AVG	DAILY MX		*****	MO AVG	DAILY MX	ug/l	0		
Dilution factor	SAMPLE	*****	*****	*****	*****	425.6	*****	ug/L	0		
80093 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
BOD-5-day, percent removal	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****		
81010 K 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Percent Removal	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Solids, suspended percent removal	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****		
81011 K 0 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Percent Removal	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Chlorine usage	SAMPLE	N/A	*****	(26)	*****	*****	*****	*****	*****		
81400 X 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
End of Chlorine Contact Chamber	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Oil and grease visual	SAMPLE	MO AVG	*****	lb/d	*****	*****	*****	*****	*****		
84066 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Toxicity, Chronic	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****		
TT000 1 8	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****		
Tom Treago Wastewater Utilities Superintendent	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.

Tom Treago
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

* The reporting period was from 8/28/2011 through 9/24/2011.