

EPA REPORT Mendenhall Wastewater Treatment Facility Juneau, Alaska November 2011

DAY	DATE	FLOWS					INFLUENT					EFFLUENT					FECAL COLIFORM / 100 ml			
		SBR Influent MGD	Mend River CFS	SBR Ttleffl MGD	Receiving Water Dilution	SBR Waste MGD	Temp °C	pH	DO mg/L	SS mg/L	BOD #/g/L	BOD LBS	Temp °C	pH	DO mg/L	TURBID NTU		SS mg/L	SS LBS	BOD mg/L
SUN	30	2.85	353	2.56	81.0	0.0786	13.1	7.5	6.2			12.6	7.0	3.8	4.4					
MON	31	2.68	336	2.48	82.0	0.0842	11.6	7.8	5.7			9.2	6.7	5.2	3.1					38
TUE	1	3.19	357	2.97	73.3	0.1000	12.5	7.1	5.5			12.6	6.7	4.1	4.2					
WED	2	2.83	264	2.65	65.8	0.1179	11.7	7.5	6.2	3283	4363	13.4	7.1	3.9	4.1	13	253	7	136	478
THU	3	2.99	319	2.33	80.6	0.1062	11.4	7.4	6.4			14.2	7.1	5.0	4.4					
FRI	4	2.45	136	2.15	36.9	0.0773	11.4	7.4	6.4											
SAT	5	2.44	141	2.19	38.3	0.0647														
SUN	6	2.73	162	2.47	39.3	0.0766														
MON	7	3.01	278	2.78	1.0	0.0500	12.6	7.5	6.1			14.7	7.1	6.5	4.2					
TUE	8	2.74	181	2.46	43.7	0.0950	12.2	7.1	5.4			12.9	6.9	6.1	4.1					154
WED	9	2.57	167	2.30	43.0	0.0960	11.8	7.1	5.6			14.4	6.9	4.3	4.8					
THU	10	2.58	222	2.22	1.0	0.0703	12.9	8.2	4.9			14.4	7.1	4.3	5.3					34
FRI	11	2.57	178	2.37	45.7	0.0939	11.7	7.8	6.7			13.3	7.2	3.5	6.6					
SAT	12	2.84	173	2.50	40.4	0.0813														
SUN	13	3.04	149	2.65	32.7	0.0196														
MON	14	2.68	91	2.43	22.9	0.0571	11.0	7.3	5.6			12.9	6.9	5.4	6.9					80
TUE	15	2.92	91	2.21	24.3	0.0571	13.2	7.6	6.4			12.3	6.9	4.2	4.7					
WED	16	2.55	91	2.26	24.1	0.0780	11.3	7.2	6.2			13.1	7.0	3.4	4.8					
THU	17	2.46	63	2.13	17.5	0.0625	11.4	7.4	5.9	3488	5970	12.8	6.6	6.2	7.7	20.0	355	29.0	515	404
FRI	18	2.42	97	2.27	26.9	0.0458	10.4	7.1	6.9			12.5	6.9	4.0	6.4					
SAT	19	2.41	91	2.17	25.4	0.0683														
SUN	20	2.83	74	2.19	17.3	0.0936														
MON	21	2.46	21	2.12	6.5	0.0936	11.8	7.2	5.6			12.3	6.6	3.4	4.2					
TUE	22	2.38	44	2.60	12.9	0.1060	11.2	7.1	6.7			13.4	6.4	3.8	5.2					
WED	23	2.33	64	1.95	18.7	0.0555	12.1	7.2	5.7			13.0	6.8	5.3	5.6					
THU	24	2.14	196	1.96	1.0	0.0555	11.4	7.7	6.4			15.0	7.3	5.0	5.1					54.0
FRI	25	2.06	55	1.75	18.2	0.0759	11.4	7.7	6.4			15.0	7.3	5.0	8.5					60
SAT	26	2.07	50	1.78	16.6	0.0874														
TOTAL		72.52		64.90		2.1479														
MAXIMUM		3.19	357	2.97	82.0	0.1179	13.2	8.2	6.9	3488	5970	15.0	7.3	6.5	8.7	20	355	29	515	478
MINIMUM		2.06	21	1.75	1.0	0.0196	10.4	7.1	4.9	152	4363	9.2	6.4	3.4	3.1	13	253	7	136	34
AVERAGE		2.59	151	2.32	33.5	0.0767	11.8	7.4	6.0	161	3386	13.2	6.9	4.6	5.4	17	304	18	326	100
Number of Analyses		28	25	28	28	0	28	20	20	2	2	20	20	20	28	2	2	2	2	8

WEEK	WEEKLY AVERAGE			WEEKLY AVERAGE			WEEKLY COLIFORM			% REMOVAL		
	BOD mg/l	TSS mg/l	lbs	BOD mg/l	TSS mg/l	lbs	COLIFORM	Geo. Mean	SS	BOD	SS	83
1	7	13	136	7	13	253	135					
2	29	20	515	29	20	355	72					
3	20	17	326	20	17	304	180					
4	20	28	2	20	28	2	57					
5	20	20	2	20	20	2						
AVG	18	17	326	18	17	304	100					
MAX	29	20	515	29	20	355	180					

COMMENTS: * GEOMETRIC MEAN WAS US THE AVERAGE FECAL COLIFORM COLONIES

November 2011	ug/L	LBS
Copper	18.0	0.446
Lead	N/A	N/A
Silver	N/A	N/A
Zinc	N/A	N/A
NH3 mg/L	No Test	#VALUE!

November 2011	Hrd. mg/l	No Test
Alk. mg/l	N/A	
D.O. mg/l	4.6	
Turb. NTU	8.7	

Tox. TU	N/A
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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	10	30	
YR	MO	DAY	TO
2011	11		26

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS				
Turbidity	MEASUREMENT	*****	*****	*****	*****	*****	****	0		
00070 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	****	0		
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	****	0		
Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	****	0	Continuous	RCORDR
00300 1 0	MEASUREMENT	*****	*****	*****	*****	*****	****	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	****	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	326	515	*****	*****	*****	(26)	0		
00310 1 0	PERMIT REQUIREMENT	1226	2452	*****	*****	*****	lb/d	0		
Effluent Gross	SAMPLE MEASUREMENT	515	*****	*****	*****	*****	(26)	0		
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	1829	*****	*****	*****	*****	lb/d	0		
00310 W 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	****	0		
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	****	0		
pH	MEASUREMENT	*****	*****	*****	*****	*****	****	0		
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	****	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	****	0		
Alkalinity, total (asCaCo3)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	****	0		
00410 1 7	MEASUREMENT	*****	*****	*****	*****	*****	****	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	****	0		
Solids, total suspended	SAMPLE MEASUREMENT	304	355	*****	*****	*****	(26)	0		
00530 1 0	PERMIT REQUIREMENT	1226	2452	*****	*****	*****	lb/d	0		
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	****	0		

William D. McLean
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

* The reporting period was from 10/30/2011 through 11/26/2011.

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

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

MAJOR (SUB 01)
 OMB No. 2040-0004
 F - FINAL
 EFFLUENT
 *** NO DISCHARGE ***
 Form Approved.
 Approval Expires 05-31-98

NOTE: Read instructions before completing this form.

AK-002295-1
 PERMIT NUMBER
 001 A
 DISCHARGE NUMBER

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

MONITORING PERIOD
 YR 2011 MO 10 DAY 30 TO YR 2011 MO 11 DAY 26

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, total suspended	355	(26)	*****	20	(19)	*****	0		
00530 W 0	1829	lb/d	*****	45	19	*****	0	Twice Per Month	COMP24
See Comments	#VALUE!	(26)	#VALUE!	No Test	(19)	No Test	0		
Nitrogen, ammonia total (as N)	1164	lb/d	1963	28.5	19	DAILY MX	0	Once Per Month	COMP24
00610 1 0	*****	*****	*****	No Test	(19)	No Test	0		
Effluent Gross	*****	*****	*****	Req. Mon. MO AVG	19	Req. Mon. DAILY MX	0	Once Per Month	GRAB
Hardness, total (as CaCO3)	N/A	(26)	N/A	N/A	(28)	N/A	0		
00900 1 6	*****	*****	*****	Req. Mon. MO AVG	28	Req. Mon. DAILY MX	0	Three Per Year	COMP24
Effluent Gross	N/A	(26)	N/A	N/A	(28)	N/A	0		
Silver, total recoverable	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	28	Req. Mon. DAILY MX	0	Three Per Year	COMP24
01079 1 0	N/A	(26)	N/A	N/A	(28)	N/A	0		
Effluent Gross	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	28	Req. Mon. DAILY MX	0	Three Per Year	COMP24
Zinc, total recoverable	N/A	(26)	N/A	N/A	(28)	N/A	0		
01094 1 0	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	28	Req. Mon. DAILY MX	0	Three Per Year	COMP24
Effluent Gross	N/A	(26)	N/A	N/A	(28)	N/A	0		
Lead, total recoverable	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	28	Req. Mon. DAILY MX	0	Three Per Year	COMP24
01114 1 0	N/A	(26)	N/A	N/A	(28)	N/A	0		
Effluent Gross	Req. Mon. MO AVG	lb/d	Req. Mon. DAILY MX	Req. Mon. MO AVG	28	Req. Mon. DAILY MX	0	Three Per Year	COMP24
Copper, total recoverable	0.446	(26)	0.446	18.0	(28)	18.0	0		
01119 1 0	3.54	lb/d	7.63	86.7	28	DAILY MX	0	Once Per Month	COMP24
Effluent Gross	MO AVG	lb/d	DAILY MX	MO AVG	28	DAILY MX	0	Once Per Month	COMP24

Jonathan D. Melton
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
 AREA CODE
 2011
 YEAR
 12
 MO
 10
 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: Ammonia and Hardness (in conjunction with river sampling) not tested for due to unsafe weather conditions for river sampling.
 * The reporting period was from 10/30/2011 through 11/26/2011.

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

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OMB No. 2040-0004
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MAJOR
(SUB 01)
F - FINAL
EFFLUENT

*** NO DISCHARGE ***

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AK-002295-1 PERMIT NUMBER
001 A DISCHARGE NUMBER

MONITORING PERIOD
YR 2011 MO 10 DAY 30 TO 2011 MO 11 DAY 26

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

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	UNITS				
Coliform, fecal - % sample exceeds limit	*****	*****	0	(23)	*****	0		
30500 O 0	*****	*****	10	%	*****	0	Twice Every Week	GRAB
See Comments	*****	*****	N/A		*****	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	161	#/100mL	*****	0	Twice Every Week	GRAB
31615 O 0	*****	*****	N/A		*****	0		
See Comments	*****	*****	800	#/100mL	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	400	#/100mL	*****	0	Twice Every Week	GRAB
31615 P 0	*****	*****	N/A		*****	0		
See Comments	*****	*****	800	#/100mL	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	180	#/100mL	*****	0	Twice Every Week	GRAB
31615 Q 0	*****	*****	400	#/100mL	*****	0	Twice Every Week	GRAB
See Comments	*****	*****	800	#/100mL	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	1200	#/100mL	*****	0	Twice Every Week	GRAB
31615 R 0	*****	*****	0		*****	0		
See Comments	*****	*****	Req. Mon. DAILY MX		*****	0	Once Per Month	VISUAL
Floating solids or visible foam-visual	*****	*****	0		*****	0		
45613 1 0	*****	*****	Req. Mon. DAILY MX		*****	0	Continuous	RCORDR
Effluent Gross	*****	*****	4.9	Mgal/d	*****	0		
Flow, in conduit or thru treatment plan	*****	*****	2.32	(03)	*****	0		
50050 1 0	*****	*****	4.9	Mgal/d	*****	0		
Effluent Gross	*****	*****	4.9	Mgal/d	*****	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Tom Trego Wastewater Utilities Superintendent							
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>Tom Trego</i>							
TELEPHONE	907 586-0393							
AREA CODE	907							
PHONE NUMBER	586-0393							
DATE	2011 12 10							
YEAR	2011							
MO	12							
DAY	10							

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 10/30/2011 through 11/26/2011.
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 3 OF 4

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

MAJOR (SUB 01)
 F - FINAL
 EFFLUENT

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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ADDRESS: MENDENHALL TREATMENT PLANT
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LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

MONITORING PERIOD			
YR	MO	DAY	TO
2011	10	30	2011
YR	MO	DAY	TO
2011	11	11	26

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	N/A	N/A	N/A	N/A	(26)	0		
50060 S 0	4.09	4.09	100	100	lb/d	0	QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX	MO AVG	DAILY MX				
Dilution factor	*****	*****	33.5	*****	ug/l	0		
80093 1 0	*****	*****	Req. Mon. MO AVG	*****	1U		DAILY	MEASRD
Effluent Gross	*****	*****	*****	*****	(23)	0		
BOD, 5-day, percent removal	*****	*****	93	*****				
81010 K 0	*****	*****	*****	*****				
Percent Removal	*****	*****	85	*****	23		Once Per Month	CALCTD
Solids, suspended percent removal	*****	*****	90	*****	(23)	0		
81011 K 0 0	*****	*****	*****	*****				
Percent Removal	*****	*****	85	*****	23		Once Per Month	CALCTD
Chlorine usage	N/A	*****	*****	*****	(26)	0		
81400 X 0	Req. Mon. MO AVG	*****	*****	*****			DAILY	MEASRD
End of Chlorine Contact Chamber	*****	*****	*****	*****				
Oil and grease visual	*****	*****	0	*****	(93)	0		
84066 1 0	*****	*****	*****	*****				
Effluent Gross	*****	*****	Req. Mon. DAILY MX	*****	occur/mo		Once Per Month	VISUAL
Toxicity, Chronic	*****	*****	*****	*****	(2G)	0		
TT000 1 8	*****	*****	N/A	*****				
Effluent Gross	*****	*****	Req. Mon. DAILY MX	*****	px chronic		Semiannual	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.

Scott Jeffers
 Wastewater Utilities Superintendent

TYPED OR PRINTED NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Scott Jeffers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
 586-0393 TELEPHONE

2011 YEAR
 12 MO
 10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 * The reporting period was from 10/30/2011 through 11/26/2011.



Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907) 269-4114

Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-002295-1
Owner or Operator: CBJ	Facility Name: Mendenhall WWTP	Facility Location: Juneau, AK
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 586-0760	Reported How? (e.g. by phone): phone
Date/Time Event was Noticed: 11/28/2011 1100	Date/Time Reported: 11/28/2011 1115	Name of DEC Staff Contacted: Chris Foley

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)

Period of Noncompliance	Start Date/Time (exact): 10/30/2011	End Date/Time (exact): 11/26/2011
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:

Estimated Quantity involved (volume or weight):

Description of the noncompliance and its cause (be specific):

Ammonia and Hardness (in conjunction with river sampling) not tested for due to unsafe weather conditions for river sampling.

Actions taken to reduce, eliminate, and prevent reoccurrence of noncompliance and Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)

Scheduled for in case of repeat weather conditions.

Permit Condition Deviation (Identify each permit condition exceeded during the event.)

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Ammonia	48 mg/l	not tested	
Hardness	monitoring	not tested	

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)

Environmental Damage: (if yes, provide details below) Yes No Unknown

Actual/Potential Impact on Environment/Public Health (describe in detail)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.

Name: Nathan McCombs Title: QA Manager Signature: *Nathan D. McCombs* Date: 11/29/2011

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.