

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

December 2011

DAY	DATE	FLOWS										INFLUENT					EFFLUENT				
		SBR Influent MGD	Mend River CFS	SBR TTL Effl MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	DO mg/L	S.S. mg/L	BOD mg/L	BOD LBS	TEMP °C	pH	DO mg/L	Turbid MAX NTU	S.S. mg/L	S.S. LBS	BOD mg/L	BOD LBS	FECAL COLIFORM /100 ml
SUN	27	2.18	45	1.95	14.3	11.8	7.9	5.6				13.8	7.2	4.2	4.8	8.2					470
MON	29	2.23	45	1.99	14.0	11.8	7.7	5.6				13.8	7.3	4.5	4.3						470
TUE	28	2.17	41	1.78	13.2	11.8	7.7	6.0				13.8	7.3	4.5	4.3						470
WED	30	2.45	45	2.05	12.9	11.8	7.8	6.3	224	4577	180	3678	15.4	7.3	5.1	5.3	15	256	9	154	72
THU	1	4.40	85	3.90	13.5	11.8	7.3	7.6				11.3	6.8	5.9	8.8						161
FRI	2	3.43	148	3.17	29.1	11.8	7.3	6.7				10.8	6.9	5.9	8.3	4.1					161
SAT	3	3.40	319	3.12	91.6	11.8	7.3	6.7				10.8	6.9	5.9	8.3	4.1					161
SUN	4	3.24	409	3.24	82.5	11.8	7.3	6.7				10.8	6.9	5.9	8.3	4.1					161
MON	5	3.71	1140	3.44	189.5	11.8	7.4	6.2				12.5	6.9	4.6	3.9	7.7					170
TUE	6	3.11	1020	2.78	212.9	11.8	7.5	7.7				10.8	6.9	5.2	3.7						170
WED	7	2.74	966	2.43	228.8	11.8	7.2	7.0	190	4669	146	3787	10.5	6.7	4.4	4.4	34	788	16	371	230
THU	8	2.68	982	2.37	239.5	11.8	7.3	7.9				14.7	6.8	5.6	5.7						230
FRI	9	3.03	1130	2.78	241.9	11.8	7.2	5.7				12.3	6.8	5.3	6.3						230
SAT	10	2.78	125	2.50	30.0	11.8	7.2	5.7				12.3	6.8	5.3	6.3						230
SUN	11	2.78	114	2.50	27.5	11.8	7.3	7.6				12.9	6.9	4.4	3.4						230
MON	12	2.67	93	2.38	23.5	11.8	7.3	7.6				12.9	6.9	4.4	3.4						230
TUE	13	2.92	21	2.30	6.4	11.4	7.4	6.9				12.5	6.8	4.4	6.9						230
WED	14	2.53	25	2.20	7.4	11.3	7.4	7.1				11.3	6.8	4.2	7.1						230
THU	15	2.49	29	2.18	6.5	10.8	7.4	8.4				11.6	6.6	4.2	5.3						230
FRI	16	2.33	125	2.04	36.7	11.3	7.5	5.8				13.2	7.1	4.8	7.1						230
SAT	17	2.24	93	1.98	27.8	11.3	7.5	5.8				13.2	7.1	4.8	7.1						230
SUN	18	2.37	67	2.09	19.3	10.7	6.0	7.5				14.2	6.9	4.9	7.9						230
MON	19	2.56	21	2.21	6.3	10.7	7.2	7.0				13.4	6.9	4.8	7.2						230
TUE	20	2.48	31	2.08	9.0	12.8	7.1	6.3				11.9	6.7	3.2	6.8						230
WED	21	2.72	37	2.20	9.8	11.3	7.1	6.3				16.1	6.0	3.9	8.2						230
THU	22	3.38	39	2.92	8.5	11.3	7.6	6.7				9.2	6.9	3.9	8.8						230
FRI	23	3.06	103	2.62	22.7	11.3	6.9	7.3				9.2	6.9	3.9	8.8						230
SAT	24	2.77	83	2.43	22.7	10.8	7.3	6.8				13.5	7.0	3.7	10.1						230
SUN	25	2.87	114	2.48	26.7	10.9	7.4	6.8				13.7	7.0	3.4	7.4						230
MON	26	2.73	84	2.35	20.9	10.7	7.2	5.8				11.8	7.0	4.3	7.6						230
TUE	27	2.66	82	2.28	20.9	11.3	7.3	6.0				13.7	6.9	5.1	8.4						230
WED	28	2.54	77	2.15	20.6	11.3	7.3	6.0				9.4	6.8	3.9	7.5						230
THU	29	2.38	88	2.12	24.9	11.3	7.3	6.0				9.4	6.8	3.9	7.5						230
FRI	30	2.31	86	1.93	19.5	11.3	7.3	6.0				9.4	6.8	3.9	7.5						230
SAT	31	2.31	66	2.01	19.5	11.3	7.3	6.0				9.4	6.8	3.9	7.5						230
TOTAL		96.24		84.43		3.6921															
MAXIMUM		4.40	1140	3.90	241.9	11.8	7.9	8.4	224	4669	180	3787	16.1	7.3	5.9	13.7	34	788	16	371	875
MINIMUM		2.17	21	1.78	6.3	10.7	6.0	5.6	180	4577	146	3678	9.2	6.0	3.2	3.4	15	266	8	154	65
AVERAGE		2.75	228	2.41	50.9	11.2	7.4	6.8	202	4623	163	3732	12.6	6.9	4.5	6.7	25	322	13	262	183
Number of Analyses		26	28	28	28	20	20	20	1	1	1	1	20	20	20	1	1	1	1	1	8

COMMENTS:
* GEOMETRIC MEAN WAS US THE AVERAGE FECAL COLIFORM COLONIES
12-20-2011 River Was sampled Up river Fiscal 16 Down River 9 MTR EFF 65

WEEK	WEEKLY AVERAGE			WEEKLY			% REMOVAL
	BOD mg/l	BOD lbs	TSS mg/l	BOD mg/l	BOD lbs	COLIFORM Geo Mean	
1	154	286	176	154	286	176	88
2	16	371	34	16	371	34	88
3							88
4							88
5							88
AVG	13	282	25	13	282	25	88
MAX	16	371	34	16	371	34	88

WEEK	WEEKLY AVERAGE			WEEKLY			% REMOVAL
	BOD mg/l	BOD lbs	TSS mg/l	BOD mg/l	BOD lbs	COLIFORM Geo Mean	
1	154	286	176	154	286	176	88
2	16	371	34	16	371	34	88
3							88
4							88
5							88
AVG	13	282	25	13	282	25	88
MAX	16	371	34	16	371	34	88

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2011	11	27	2011
			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	*****	*****	*****	6.7	13.7	(43)	0	Continuous	RCORDR
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	3.2	4.5	(19)	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	262	371	(26)	*****	13	16	(19)	0	
Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	60	19	Twice Per Month	COMP24
BOD, 5-Day, 20 deg C	SAMPLE MEASUREMENT	262	*****	(26)	*****	MO AVG	DAILY MX	mg/L	0	
Effluent Gross	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	19	Twice Per Month	COMP24
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	WPLY AVG	*****	mg/L	0	
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.0	7.3	(12)	0	Weekdays	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5	9.0	12	12	Weekdays	GRAB
Alkalinity, total (asCaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	INST MIN	*****	INST MAX	SU	0	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	146.0	146.0	(19)	0	
00410 1 7	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19	Quarterly	COMP24
Effluent Gross	SAMPLE MEASUREMENT	522	788	(26)	*****	25	34	(19)	0	
Solids, total suspended	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	60	19	Twice Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	mg/L	0	

Tom Trego
Wastewater Utilities Superintendent

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 person(s) properly gather and evaluate the information submitted. Based on my inquiry of the person(s) 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
PHONE NUMBER

2012 YEAR
10 DAY

* The reporting period was from 11/27/2011 through 12/31/2011.

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

**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

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
FROM	TO	YEAR	DAY
2011	11	27	27
2011	12	12	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	788			(26)	34			(19)	0		
00630 W 0	1829			(26)	45			(19)	0		
See Comments	289.4			(26)	15.7			(19)	0		
Nitrogen, ammonia total (as N)	289.4			(26)	15.7			(19)	0		
00610 1 0	1164			(26)	28.5			(19)	0		
Effluent Gross				(26)	186			(19)	0		
Hardness, total (as CaCO3)				(26)				(19)	0		
00900 1 6				(26)				(19)	0		
Effluent Gross				(26)				(19)	0		
Silver, total recoverable				(26)				(19)	0		
01079 1 0				(26)				(19)	0		
Effluent Gross				(26)				(19)	0		
Zinc, total recoverable				(26)				(19)	0		
01094 1 0				(26)				(19)	0		
Effluent Gross				(26)				(19)	0		
Lead, total recoverable				(26)				(19)	0		
01114 1 0				(26)				(19)	0		
Effluent Gross				(26)				(19)	0		
Copper, total recoverable				(26)				(19)	0		
01119 1 0				(26)				(19)	0		
Effluent Gross				(26)				(19)	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	3.54			(26)	86.7			(19)	0		
Tom Trego	7.63			(26)	187			(19)	0		
Wastewater Utilities Superintendent				(26)				(19)	0		

1 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 COMMENT AND EXPLANATION OF ANY VIOLATIONS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2012 YEAR

1 MO

10 DAY

907 AREA CODE

586-0393 TELEPHONE

PHONE NUMBER

DATE

**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 Trigo 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	11	27	2011 12 31

PARAMETER	SAMPLE 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	PERMIT	*****	*****		*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT	*****	*****		*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****		*****	*****	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 O	PERMIT	*****	*****	****	*****	*****	161	#/100mL	13	Twice Every Week	GRAB
31615 O 0	PERMIT	*****	*****	****	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	****	*****	*****	400	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 O	PERMIT	*****	*****	****	*****	*****	200	#/100mL	0	Twice Every Week	GRAB
31615 P 0	PERMIT	*****	*****	****	*****	*****	800	#/100mL	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	****	*****	*****	400	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 O	PERMIT	*****	*****	****	*****	*****	378	#/100mL	0	Twice Every Week	GRAB
31615 Q 0	PERMIT	*****	*****	****	*****	*****	800	#/100mL	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	****	*****	*****	183	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 O	PERMIT	*****	*****	****	*****	*****	675	#/100mL	0	Twice Every Week	GRAB
31615 R 0	PERMIT	*****	*****	****	*****	*****	1200	#/100mL	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB
45613 1 0	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB
Effluent Gross	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB
Flow, in count or thru treatment plan	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB
50050 1 0	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB
Effluent Gross	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB
Tom Trigo Wastewater Utilities Superintendent	PERMIT	*****	*****	****	*****	*****	0	#/100mL	0	Twice Every Week	GRAB

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Victoria A. Andrews

907
 AREA CODE
 586-0393
 TELEPHONE
 PHONE NUMBER
 2012
 YEAR
 1
 MO
 10
 DAY

* The reporting period was from 11/27/2011 through 12/31/2011.

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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 ***
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OMB No. 2040-0004
Approval Expires 05-31-98

MONITORING PERIOD			
YR	MO	DAY	TO
2011	11	27	2011
YEAR	MO	DAY	YEAR
2011	12	31	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		
50060 S 0	PERMIT REQUIREMENT	4.09	4.09		*****	100	100			QUARTERLY	COMP24
See Comments	SAMPLE MEASUREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	DAILY MX	ug/l	0		
Dilution factor	PERMIT REQUIREMENT	*****	*****	*****	*****	50.9	*****	ug/l	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
BOD-5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
81010 K 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Solids, suspended percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Chlorine usage	PERMIT REQUIREMENT	N/A	N/A	(26)	*****	MO AVG	*****	ug/l	0		
81400 X 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	MO AVG	*****	lb/d	*****	MO AVG	*****	ug/l	0		
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
84066 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
TT000 1 8	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		

* The reporting period was from 11/27/2011 through 12/31/2011.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego

TELEPHONE 907 586-0393
AREA CODE 907
PHONE NUMBER 586-0393
DATE
2012 1 10
YEAR MO DAY