MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska APRIL

					* GEOME	COMMEN	140mber	Number	A STATE	MAX		97	201	<u> </u>		j (i n	S S S	SUN	SAT	22	ŦIJ	WED	E E	MON	SUN	SAT	FRI	THE.	WED	ᄪ	MON	SUN	SAT	8	H	WED	TUE .	NON NON	SUN		DAY		
					* GEOMETRIC MEAN WAS USED TO CALCULATE	COMMENTS: Up River Fecal 2 Down River Fecal 2 on 4/11/2012	Multiple of Antalyses	AVERAGE	MINIMUM	MINAMONI	0170		2 2	27	30	25.	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	n .	on .	4	ω	2	_		DATE		
					WAS USE	Fecal 2 D	6	3	1.92	1.36	2.23	53.62	2.06	2.05	1.97	1.98	1.96	1.36	1.82	1.86	2.23	2.13	1.98	1.77	3.5	1.75	1.91	1.87	1.86	1.89	1.99	1.95	1.87	2.02	2.01	1.97	1.93	1.93	1.85	1.82	MGD	INFLUENT	SER	
					D TO CAL	own River I	20	2	51.68	46.00	62.00		5	46	51	58	50	48	52	49	53	54	59	ç	: 0	8	3 8	57	62	54	52	51	49	50	48	47	48	46	47	48	'n	TEMP		
					CULATE	ecal 2 on	20	2	0.03		0.21	0.81	2.2	0.14	0.07	0.00	0.00	0.21	0.00	0.04	0.20	0.00	0.00	0.00	0.02	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.02	0.00		precip		
					THE AV	4/11/2012	6	2	63	22	136		23	21	132	108	120	136	114	120	120	136	21	1	2 8	3 8	3 9	22	2	22	4	జ	36	25	28	26	24	28	23	23	CFS	River	Mend.	FLOWS
					THE AVERAGE FECAL COLIFORM COLONIES 4/11/2012			သူ	1.65	1.53	1.98	46.28	1.62	1.59	1.58	1.60	1.62	1.96	1.53	1.63	1.76	1.67	1.87	1.90	100	1.04	1,69	1.57	1.66	1.56	1.68	1,58	1.60	1.63	1.62	1.62	1.64	1.63	1.59	1.64	MGD	TIL EFFL	SBR	S
					CAL COLIF		5	+	+	\dashv	55.0	-+	\dashv	\dashv	-	44.61	48.85	45.82	49.13	48.56	45.05	53.61	8.25	7.00	705	26.70	35.78	35.56	9.17	9.70	17.92	14.49	15.54	10.91	12.17	11.37	10.45	12.10	10.34	9,67	Dilution		Receiving	
					ORM COL		-	1	Σ	=	=		۱ =	2	- 1	- 1	/1 0.0576	1 0.0539	/1 0.0521	/1 0.0843	l	1	1					1	1	/1 0.1087	/1 0.1321	/1 0.1825	/1 0.1208	/1 0.1961	/1 0.1118	/1 0.1248	/1 0.1723	/1 0.1279	ŀ	/1 0.0585				
					ONIES 4/	٦	-	-	_	\dashv	_	3.0771	_	\dashv	\dashv	+	-		521	843	+	-	+-	$^{+}$	+	+	3 41	+-	+	\vdash	╫	-	208	961			\vdash	-	 	585	-	m	SBR	
	To:			À	11/2012 HIG		+	+	_	\dashv	12.6			12.4	-		12.1	12.0			11.2	H	+	╬	+	+		11.9	+	-	10.7 7	11.0 7	_		10.9 7	10.1 7	11.1 7	9.8 7	10.3 7		+	TEMP		
	Tox. TUe		D.O.mg/f 4		\neg	_	2012	+	\dashv	-	8.1 7			8.1	-	7.9 5.4	8.0 5.0	7.9 6.5		-	7.6 7.4	+	+	+-	-			7.4 6.7			7.5 6.5	7.5 6.0			7.3 6.4	7.5 6.1	7.5 7.1	7.7 6.2	7.7 5.8		ma/L	모	D.O.	
	N/A 4/11		89.0	+		:] .	+	+	+	\dashv	7.9 620			6.8	\dashv	.4 229	.0 319	Ċn	_		4	620	╁	+	+	n	+		ω	4	5	0			4 269	1 260		2 276	-		M ma/L		s	_
	4/11/2012 NH3 mg/L	Zinc	Lead	4/11/2012 Copper		T	+	- -	5067		0 11014			_		9 3782	9 5215		_			0 11014	-	+	979n		+	+							9 4509	0 4272		6 4443	⊢		LBS		s. s.s.	INFLUENT
	\Box		-	+	32.0	-	-	\dashv	\dashv	\dashv	14 521				20	32	15 521					14	. 6	+	282	+	+			-	-				9	2		3 331	╁	_	S mg/L		š. B.O.D.	7
	\vdash	N/A	-	+	\dashv	-	~	+	-		1 8516					_	1 8516			_			1	╀	2 4163	+		+	-		-		-				-	1 5328	-		/L LBS		D, 8.O.D.	
	228	NA	NA .	N	0.44		+	-		\dashv	16 3153		_	183	158	45	16					8	2 2	+	55		+	ŧ	58	\vdash	-	-			142	35	40	8 3153	\vdash		s mg/L		D. FOG	
							-	\dashv	364 12		53 14.0		_	12.9	13.8	5 12.8	12.6	14.0	-	ŀ	12.2	-	+	+	12.8	<u>ا</u>	+			╁.	12.2	12.9			2 13.4	11.8		3 12.4	╀	-)L	TEMP	O	
AVG 5	4	ω	N -	Т	***		╣	+	12.6 7.0	.7 6.7	.0 7.3	.:. -:	_	.9 7.2	.8 7.3	.8 7.0	.6 7.2	.0 7.2		-	2 61	+	+	+	+	3 6 6	-	i	╫	+	╫	╁			4 6.9	8 6.9	-	\vdash	╁	+	-	뫈		
5 AVG 31 MAX 36	36	27	\dashv	30		₹ 	+	28	4.0	2.4	6.0			3.9	4.0	2.4	3.6	6.0	-	-	2.5	+	+	+	+	40	+	5		+	+	-		-	4.2	<u>+</u>	4	-	+	+	mg/L		D.O.	
447	486	446		408		800		-	31.5		89.0		26.5	26.4	30.5	31.1	27.5	24.3	┝	30.1		+	+	4		18.4	46.4	10 10 10 10 10 10 10 10 10 10 10 10 10 1	24.5	20.4	17.4	24.0	46.8	79.5	23.7	28.2	33.1	24.1	19.5	19.1	NIC.	MAX	TURBID.	
72	46	55	\vdash	39	3	WELLINE SYLVINGE	VANCEDA	\dashv	48	37	72				50	46	4.				2	╁	3 8	à	38	1				-	1				37	8		41					S.S.	Щ
672	609	827		528	₹ 8	Tee	- i	5	672	500	1003				659	614	554				080	200	inna	764	644										500	527		557			LBS		S.S.	EFFLUENT
94 30	83	17	22	8	Con Mean	COLLEGEN	WEEK	ω	31	27	36						36			-	+			İ	27													30	3		mg/L	•	B.O.D.	
			<u> </u> _		5	<u> </u>		ω	447	408	486						486			1				1	446				+									408	-		LBS		B.O.D.	
								10	54	12	118		-	ね	50	12	108	T		\dagger	+	1:	17	1		+			ķ	3	\dagger				87	118	13	15	3		mg/L		FOG	
					SS	BOD	8	8	30	4	94						42	94	+			-			14	20		1	+	- t	; Z							4	. 6	5	/100 ml	COLIFORM	FECAL	
					+	92	% REMOVAL											-	-	-	+		+	-	1			+	+	+	-	-	-	+					+	-	=		-	1
									<u> </u>			<u>. </u>	<u></u>	_	<u></u>	_	1_					_									1	1				L	1							



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	V	PERMIT# (if any):				
Owner or Operator:		Facility Name:		Facility Lo		
CBJ		Mendenhall WW	TP	Radcliff		
Person Reporting:		Phone Numbers of Perso	on Reporting:		How? (e.g. by phone):	
Nathan McCombs		907-586-0393		phone		
Date/Time Event was Notice	d:	Date/Time Reported:		1	EC Staff Contacted:	
4/20/2012 1300		4/20/2012 140	00	Chris F	oley	
VERBAL NOTIFICATION					ONCOMPLIANCE	
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	ports, and photos	s as necessary)		
Period of Noncompliance		Fime (exact): 4/16/20			exact): 4/20/2012	1300
If noncompliance has not be	en corrected,	, provide a statement rega	rding the anticipated	time the noncom	pliance is expected to col	itinue:
	N	* 14				
Estimated Quantity involved	d (volume or	weight):				
Description of the noncompl	liance and its	cause (he specific).				
Influent grease and CC)[] [nading	cased a filamentous	s bloom. The soli	ds haven't bee	en settling and incre	ases the
effluent TSS.						
Actions taken to reduce, elir (describe in detail) (e.g. Sup	ninate, and p plied drinkin	orevent reoccurrence of no ng water to nearby well ow	oncompliance and Ac oners and informed w	tual/Potential Imp vell owners not to	pact on Environmental H drink from wells until fu	ealth rther
notice) Working the basins t	o romovo	oveceive foam a	nd pressing out	t foam and so	olids.	
vvorking the basins t	o remove	e excessive loant a	nu pressing ou	riodin and oc	Jiido.	
Permit Condition Deviation	(Identify eac	ch permit condition exceed	led during the event.)		
Parameter (e.g. BOD pH)		mit Limit	Exceedance (samp		Sample Date	
Effluent TSS	45	mg/L/week	55 mg/L		4/16-4/20 2012	
Emaoni 100	I .	mg/L/day	72 mg/l, 61 m	g/l	4/19, 4/20 2012	
Corrective Actions (Attach chances of recurrence.)	a description	of corrective actions take	en to restore the syste	m to normal oper	ation and to minimize or	eliminate
Working the basins	to remove	e excessive foam a	nd pressing ou	t foam and s	oli	
Environmental Damage: (if yes, provid	le details below)	Yes	No	✓Unknov	vn
Actual /Potential Impact on	Environme	nt/Public Health (describe	in detail)		•	
I certify under penalty of law to assure that qualified persons system, or those persons direct accurate, and complete. I am a knowing violations.	nel properly ga	ther and evaluate the information	ation submitted. Based (on my inquiry of the itted is, to the best o	e person or persons who man of my knowledge and belief, possibility of fine and impri	true, isonment for
Name: Nathan McCo	mbo	M/M/TD Suponied	vr ~~~	$H \subset M$	Jon L Date: 4/23	/2012
Name:	Title	. WWTP Superviso ENT TO ADEC WITHIN I	Signature:	Month 1140		12012



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):					,	
Owner or Operator:		Facility Name:		İ	Facility Lo			
CBJ		Mendenhall WW			Radcliff			
Person Reporting:		Phone Numbers of Perso	n Reporting:			How? (e.g. by	phone):	
Nathan McCombs		907-586-0393			phone			
Date/Time Event was Noticed:	:	Date/Time Reported:				EC Staff Cor	ntacted:	
5/1/2012 1600		5/1/2012 1600)		Chris F	oley		
VERBAL NOTIFICATION M	IUST BE M	IADE TO ADEC WITHIN	1 24 HOURS OF DI	SCOV	ERY OF NO	ONCOMPLL	ANCE	
INCIDENT DETAILS (2	attach ado	litional sheets, lab rep	ports, and photos	s as n	ecessary)			
- 1		Time (exact): 4/1/2012				exact): 4/28		2400
If noncompliance has not been The plant is settling down a			ding the anticipated	l time t	the noncomp	pliance is exp	ected to cont	tinue:
Estimated Quantity involved (volume or v	weight):						
	`	J ,						
Description of the noncomplia	nce and its	cause (be specific):						
The WWTP has experier	nced an u	pset condition due to	influent grease a	and C	OD loadir	ng. This ca	uses a	
filamentous bloom. The f	ilaments	remain as a thick laye	er of foam, when	, unde	er aeratio	n increases	s the efflue	ent TSS.
Actions taken to reduce, elimi (describe in detail) (e.g. Suppl notice)	nate, and pi ied drinking	revent reoccurrence of nor g water to nearby well own	ncompliance and Ac ners and informed w	tual/Po	otential Imp ners not to d	act on Enviro Irink from w	onmental He ells until fur	alth ther
Working the basins to	remove	excessive foam an	nd pressing out	t foar	n and so	lids. We l	have hire	da
consultant to study the								
Permit Condition Deviation (I	dentify eacl	h permit condition exceeds	ed during the event.)				
Parameter (e.g. BOD pH)		mit Limit	Exceedance (sample		<u>(t)</u>	Sample Dat	<u>e</u>	
Effluent TSS	45	mg/L/week	46 mg/L			4/23-4/27	7 2012	
	I	mg/L/month	48 mg/l			4/1 - 4/28		
Effluent BOD	I	mg/L/month	31 mg/L			4/1 - 4/28		
TSS % Removal	85%	_	84%			4/1 - 4/28		
Corrective Actions (Attach a chances of recurrence.)	description	of corrective actions taken	to restore the syste	m to ne	ormal opera	tion and to n	ninimize or e	liminate
Working the basins to	remove	evcessive foam ar	nd pressing out	t foar	n and so	dide		•
Working the basins to	· ICIIIOVC	CAGGGGIVE TOUTH AT	ia pressing out	t ioui	n and oc	ildo.		
Environmental Damage: (if	yes, provide	e details below)	Yes		No		✓Unknow	1
Actual /Potential Impact on E	nvironmen	t/Public Health (describe i	n detail)					
I certify under penalty of law that to assure that qualified personnel system, or those persons directly accurate, and complete. I am awa knowing violations.	properly gath responsible f	her and evaluate the informati or gathering the information,	ion submitted. Based o the information submi	n my in itted is,	nquiry of the p to the best of	person or perso my knowledge	ons who mana e and belief, tr	ge the ue,
Name: Nathan McComl	bs _{Title:}	WWTP Supervisor	Signature:	tac	A. and		_{ate:} 5/1/20)12
FORMS MU	IST BE SEN	NT TO ADEC WITHIN FI	IVE DAYS OF BEC	OMIN	G AWARE	OF THE EV	ENT.	

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

FACILITY: LOCATION: AT: NAME: ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

MAJOR (SUB 01) F - FINAL EFFLUENT
*** NO DISCHARGE

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

NOTE: Read instructions before completing this form. ***

NAME	JONEAU, CITT AND BONOGER OF	DONOGOL OF			,00-7v	201-4				001	Δ
ADDRESS:	MENDENHALL I REALMENT PLANT 155 SOUTH SEWARD,	D,			PERMIT NUMBER	PERMIT NUMBER				DISCHARGE NUMBER	NUMBER
	JUNEAU, ALASKA 99801	9801					MONITORING PERIOD	RING PE	RIOD		
FACILITY	MENDENHALL VA	MENDENHALL VALLEY SERVICE AREA	F		YR.	MO	DAY		YEAR	MO	DAY
ATT:	Tom Trego WW Utilities St	Tom Trego WW Utilities Superintendent		FROM	2012	4	₽	д П	2012	4	28
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
	\setminus	VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU			
Turbidity	SAMPLE					31.5	89.0	(43)	0	· · ·	
	MEASUREMENT	****	****	***	****			1			
00070 1 0	PERMIT					Req. Mon.	Reg. Mon.			Continuous	RCORDR
ଦ୍ର .	REQUIREMENT	****	****	***	****	MO AVG	DAILY MX	E N	,		
Oxygen, dissolved (DO)	SAMPLE				2.4	4.0	***	(19)	c		
	MEASUREMENT	*****	****	***			****	;		7	3
00300 1 0	PERMIT				Req. Mon.	Req. Mon.		19		Once Per	GKAB
Effluent Gross	REQUIREMENT	****	****	***	DAILY MN	MO AVG	***	mg/L		Monun	
BOD, 5-Day, 20 deg. C	SAMPLE	447	486	(26)	* * * * *	ង	S S	(ET)	F		
	MEASUKEMENT	3006	2452			30	60	19		Twice Per	COMP24
Efficient Gross	REOURREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	mg/L		Month	
BOD. 5-Day. 20 deg. C	SAMPLE	447		(26)		31		(19)	0		
	MEASUREMENT		****		*****		****	; -)	200
00310 W 0	PERMIT	1829				45		. 19		Wice Per	COMP24
See Comments	REQUIREMENT	WKLY AVG	****	lb/d	****	WKLY AVG	1 **	mg/L	0	ואוסוונוו	
рН	SAMPLE		****	*	6.7	* * * * * *	1.3	(77)	c		
	MEASUREMENT	4444	and the first of the second		n		0.0	5		Weekdays	GRAB
00400 1 0	PERMIT		*****	***	O.D	* * * *	INICT MAY	2 ;		· · · · · · · · · · · · · · · · · · ·	
Effluent Gross	REQUIREMENT	** ** **	****	7.7.7	NIIV I CNI	Z	A/N	(19)	0		
Alkalifility, total (ascacos)	MEASIBEMENT	****	****	***	****						
00410 1 7	PERMIT					Req. Mon.	Req. Mon.	19		Quarterly	COMP24
Effluent Gross	REQUIREMENT	*****	*****	***	****	MO AVG	DAILY MX	mg/L			
Solids, total suspended	SAMPLE	672	1003	(26)		48	72	(19)	2		
	MEASUREMENT				***		3	5		Tuibo Por	COMB34
00530 1 0	PERMIT-	1226	2452			30	60	19		Mostb	COMPAT
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	mg/L		THIOHIGH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my dire	of law that this documen ection or supervision in a	I certify under penalty of law that this document and all aftachments were prepared under my direction or supervision in accordance with the system designed	n designed					907	586-0393	
Tom Trego Wastewater Utilities Superintendent	to assure that the qualif submitted. Based on more those persons directly	ied personnel properly a v inquiry of the person o v responsible for gather	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 or those persons directly responsible for gathering the information, the information.	ormation system, formation	Sint to	A Land	*	· · · · · · · · · · · · · · · · · · · ·	CODE	PHONE NUMBER	BER
	submitted is, to the best I am aware that there a	t of my knowledge and t e significant penalties fo	submitted is, to the best of my knowledge and belief, true, accurate, and compl I am aware that there are significant penalties for submitting false information,	complete.	SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE	PAL EXECUTIVE		2012	₹ ഗ	10
I YPEU OR PRINIEU	Including the possibility	A OT THE SHATTED THE	CHU TOL KHOWHIE ALORINOUS		,	i					

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (03-99) Previous editions may be used. * The reporting period was from04/01/2012 through 04/28/2012.

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

00434/981209 1904

FACILITY: LOCATION: PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER ð *** NO DISCHARGE NOTE: Read instructions before completing this form. MONITORING PERIOD
DAY
YE YEAR ** ĕ O DISCHARGE NUMBER 001 A 28 PA

URI	Pic	YEAR		RIZED AGENT	OFFICER OR AUTHORIZED AGENT	OF		including the possibility of fine and imprisonment for knowing violations.	of fine and imprisonme	including the possibility	TYPED OR PRINTED
	50	2012		PAL EXECUTIVE	ATURE OF PRINCI	SIGN	tion,	I am aware that there are significant penalties for submitting false information,	e significant penalties fo	I am aware that there ar	
F	52.5			1	a D. Molor	milla	ormation molete.	or those persons directly responsible for gathering the information, the information	y responsible for gatheri of my knowledge and h	or those persons directly	,
T	DATI	0000		•		. \	system,	submitted. Based on my inquiry of the person or persons who manage the system,	inquiry of the person of	submitted. Based on my	Wastewater Utilities Superintendent
PHONE NI MBER	품	AREA					rmation	to assure that the qualified personnel properly gather and evaluate the information	ed personnel properly g	to assure that the qualif	Tom Trego
)393	586-0393	907					designed	I certify under penalty of law that this document and all attachments were represent under my direction or supervision in accordance with the system designed	of law that this document of law that this document	I certify under penalty c	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	TELEPHONE		ug/L	DAILY MX	MO AVG	***	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
ָּדָּ הַּנְי	Once Per		28	18/	86.7			7.63	3.54	PERMIT	01119 1 0
			3	2		****				MEASUREMENT	
		C	(28)	32.0	32.0		(26)	0.435	0.435	SAMPLE	Copper, total recoverable
=	rear	,	ug/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
ָרָם מַי	Inree Per		. 28	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	PERMIT	01114 1 0
	4		}			****				MEASUREMENT	
		c	(28)	N/A	N/A		(26)	N/A	N/A	SAMPLE	Lead, total recoverable
"	Year		ug/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
e	Inree Per		. 28	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	PERMIT	01094 1 0
-	1		}			****				MEASUREMENT	
		c	(28)	N/A	N/A		(26)	N/A	N/A	SAMPLE	Zinc, total recoverable
=	Year		ug/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
Per	I hree Per		28	Req. Mon.	Req. Mon.			Req. Mon.	Req. Mon.	PERMIT	01079 1 0
7	1		:			****				MEASUREMENT	
	-:	O	(28)	N/A	N/A		(26)	N/A	N/A	SAMPLE	Silver, total recoverable
- 3	Month		mg/L	DAILY MX	MO AVG	****	***	****	****	REQUIREMENT	ଦ୍ର
Per	Once Per	_	19	Req. Mon.	Req. Mon.					PERMIT	00900 1 6
						****	***	****	****	MEASUREMENT	
		c	(19)	214	214					SAMPLE	Hardness, total (as CaCO3)
13	Month		mg/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
Per	Once Per		19	48	28.5			1963	1164	PERMIT	00610 1 0
' 	,					****				MEASUREMENT	
		0	(19)	16.8	16.8		(26)	228	228	SAMPLE	Nitrogen, ammonia total (as N)
=	Month		mg/L	****	WKLY AVG	****	lb/d	****	WKLY AVG	REQUIREMENT	See Comments
- Per	I wice Per		19		45				1829	PERMIT	00530 W 0
7				****		*****		****		MEASUREMENT	•
	4	ь	(19)		UT UT		. (26)		1003	SAMPLE	Solids, total suspended
			UNITS	VALUE	VALUE	VALUE	UNITS	VALUE	VALUE	X	
YSIS	OF ANALYSIS	ΩŞ		RATION	QUALITY OR CONCENTRATION	QUAL		OADING	QUANTITY OR LOADING		PARAMETER
	4	7107	5	-	4	2012	FROM		ities Superintendent	Tom Trego WW Utilities Superintendent	ATT:
	_	ر د د	3	•		3333	,		TOOCE	JUNEAU, ALADRA JUNEA	LOCALION:

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA Form 3320-1 (03-99) Previous editions may be used. * The reporting period was from 04/01/2012 through 04/28/2012.

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

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

MAJOR (SUB 01) F - FINAL

00434/981209 1904

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

||<u>></u> 5 FACILITY: ADDRESS: NAME: MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF

MAJOR (SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires 05-31-98
EFFLUENT *** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

YR MO		PERMIT NUMBER	AK-002295-1
DAY	MONITO	<u> </u>	
	MONITORING PERIOD		
YEAR	ERIOD		
Mo		DISCHARG	00
DAY		DISCHARGE NUMBER	001 A

- PACTI TTV:	STATISTICS VA		た すり				-3 C.4F.	THE			
FACILIT:	MENDENNIACE ACCE. OCKARGE CINES		<u> </u>		≨	MO.	DAY		YEAR	MO	DAY
LOCATION:	Tom Trego WW Uti	Tom Tread WW Utilities Superintendent	Ħ.	FROM	2012	4	j-t	70 	2012	4	28
PARAMETER		QUANTITY OR LOADING	LOADING		QUAL	QUALITY OR CONCENTRATION	RATION		Z S	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds	SAMPLE						0	(23)	0		
limit	MEASUREMENT	****	****		****	****		· · · ·			
30500 O 0	PERMIT						10			Twice Every	GRAB
See Comments	REQUIREMENT	****	****		****	*****	DAILY MX	%	1.	Week	
Fecal coliform, MPN, EC med, 44.5 (SAMPLE			• •		N/A	N/N	(13)	0		
	MEASUREMENT	****	****	***	****						
31615 O 0	PERMIT					161	Req. Mon.	13		Twice Every	GRAB
See Comments	REQUIREMENT	****	****	***	****	MO GEO	DAILY MX	#/100mL		Week	
Fecal coliform, MPN, EC med, 44.5 (SAMPLE				N/A	N/A	N/A	(13)	0		
	MEASUREMENT	****	****	***				1			
31615 P 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	****	***	**************************************	WKLY GEO	MO GEO	DAIL! MA	#/ #OULIE		AA GGV	
Fecal coliform, MPN, EC med, 44.5 (SAMPLE				N/A	N/N	N/A	(13)	C		
	MEASUREMENT	****	****					1			
31615 Q 0	PERMIT				400	200	800			Twice Every	GRAB
See Comments	REQUIREMENT	****	****		WKLY GEO	MO GEO	DAILY MX	#/100mL	,	Week	
Fecal coliform, MPN, EC med, 44.5 (SAMPLE				94	30	94	(13)	c		
	MEASUREMENT	****	****	***				7		1	3
31615 R 0	PERMIT				800	400	1200			Twice Every	GRAB
See Comments	REQUIREMENT	****	****	***	WKLY GEO	MO GEO	DAILY MX	#/100mL		Week	
Floating solids or visible foam-visual	SAMPLE						Н				
	MEASUREMENT	****	****	1	** ** **	****					MISTA
45613 1 0	PERMIT						Req. Mon.	-		Month	JACCIA
Effluent Gross	REQUIREMENT	****	****		***	***	DAILY MX	0=N ' T=J		ואוסוזנוז	
Flow, in conuit or thru treatment plan		1.65	1.98	(03)		++++	***	* * *	c		
	MEASUREMENT				****	****	****	**		:	200
50050 1 0	PERMIT	Req. Mon.	4.9	3	****	****	* * * * *	* * *		Continuous	RCORUR
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	******	A state de de de de	1			TEI EPHONE	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of prepared under my direction	of law that this document ection or supervision in	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	m designed				1	907	586-0393	
Tom Trego Wastewater Utilities Superintendent	to assure that the qualit submitted. Based on m	ied personnel properly s v inquiry of the person c	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,	formation e system,	>)	•		AREA CODE	PHONE NUMBER	BER
	or those persons direct	y responsible for gather	or those persons directly responsible for gathering the information, the information with the heat of my knowledge and belief true, accurate, and complete.	nformation complete.	Motha	D. Molow	and !	-		DAIE	
	I am aware that there a	e significant penalties for	I am aware that there are significant penalties for submitting false information,	ation,	SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE	PAL EXECUTIVE		2012 YFAR	<u>X</u> 0	DAY
TYPED OR PRINTED	lincluding the possibilit	of fine and imprisonment	including the possibility of fine and imprisonment for knowing violations.	S.	-	TICER OR AUTHOR	KIZED AGENT		LAN	17.0	55.2

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from04/01/2012 through 04/28/2012.

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

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

MAJOR (SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

* *

P. Z. Z NAME: ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER NOTE: Read instructions before completing this form. 001 A
DISCHARGE NUMBER

					000		5	including the possibility of fine and imprisonment for knowing violations.	v of fine and imprisoning	including the possibilit	TYPED OR PRINTED
DAY	MO	YEAR		RIZED AGENT	OFFICER OF AUTHORIZED AGENT.) John John John John John John John John	iation,	I am aware that there are significant penalties for submitting false information,	re significant penalties	I am aware that there a	
10	U	2012		DAI EXECUTIVE	ATTRICE DE DOING	Thouse	complete.	submitted is, to the best of my knowledge and belief, true, accurate, and complete	t of my knowledge and	submitted is, to the bes	
	DATE		1	Malt	\	Carte	aformation	submitted. Based on my inquiry of the person of persons who manage the information.	y inquiry of the person	submitted. Based on m	Wastewater Utilities Superintendent
1BER	PHONE NUMBER	CODE	ı —	•)		formation e system	to assure that the qualified personnel properly gather and evaluate the information	ied personnel properly	to assure that the quali	Tom Treao
	586-0393	907	7-1				m designed	I certify under penalty of law that this document and all attachments were	of law that this docume	I certify under penalty	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	TELEPHONE			0,41			3 3 3 3 3 3	****	****	REQUIREMENT	Effluent Gross
-	Settilatilical		hy chronic	Reg. Mon.	* * * *	*** *** **	÷			PERMIT	TT000 1 8
COMP34	Cominanua		1		****	****	***	****	****	MEASUREMENT	•
			(5.0)	N/A	+++++					SAMPLE	Toxicity, Chronic
		0	(36)	DAIL! MA	1	***************************************	**	****	****	REQUIREMENT	Effluent Gross
	Month		hccille/mo	DATI Y MY	* * * *	****				PERMIT	84066 1 0
VISUAL	Once Per		<u> </u>	Dog Mon		1	, , ,	***	****	MEASUREMENT	
		١	(2)	ŀ	* * * *	*				SAMPLE	Oil and grease visual
		_	(03)	•	1000	***	lb/d	****	MO AVG	REQUIREMENT	End of Chlorine Contact Chamber
	į			* * * * *	++++				Req. Mon.	PERMIT	81400 X 0
MEASRD	DATLY					1	,	***		MEASUREMENT	
				* * * *	* * * *	* * * * *	(26)		N/A	SAMPLE	Chlorine usage
		0	2		de de de de de de de	MN % KIMV	***	****	****	REQUIREMENT	Percent Removal
	Month		8 !	*****	****	2 0				PERMIT	81011 K 0 0
CALCTD	Once Per		ದ ದ			on		444444	***	MEASUREMENT	
				****	****		* * *	**		SAMPLE	Solids, suspended percent removal
		ц	(23)			84				STATE OF THE PARTY	Percent Removal
	Month		%	****	****	MN % RMV	***	****	****	DEOLITE MENT	8 0 0 0 0
5	Mark		: 2			85				PERMIT	81010 K O
CAICID	Onco Dar		3	de de la constante de la const	*****		* * *	****	****	MEASUREMENT	
		c	(2)	* * * * *	++++	92				SAMPLE	BOD,5-day, percent removal
		0	3 5		MO AVG	DAILY MIN	***	****	*****	REQUIREMENT	Effluent Gross
	!		=	*** *** **	Keq. Moli.	Req. Mon.				PERMIT	80093 1 0
MEASRD	DATLY						****	****	****	MEASUREMENT	
		¢	1/6n	* * * *	25.5	7.9	,		-	SAMPLE	Dilution factor
		5	1/2/1	DAIL! MA	MO AVG	1 ** **	lb/d	DAILY MX	MO AVG	REQUIREMENT	
			<u>.</u>	100	TOO			4.09	4.09	PERMIT	50060 S 0
COMP24	OUARTERLY		1	100	3	*****				MEASUREMENT	
			(28)	N/A	N/A		(26)	N/A	N/A	SAMPLE	Chlorine, total residual
			STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE	X	-
TYPE	OF ANALYSIS	ΣŞ		ATION	QUALITY OR CONCENTRATION	QUALI		LOADING	QUANTITY OR LOADING		PARAMETER
CAMD! F	FDEOLIENOV	1			-	2012	rkom		ties Superintenden	Tom Trego WW Utilities Superintendent	
28	4	2012	ᇹ	-4	4	2013	50		99801	JUNEAU, ALASKA 99801	••
DAY	MO	YEAR	DAY YEAR	DAY	MO	ΥR		(EA	LEY SERVICE AF	MENDENHALL VALLEY SERVICE AREA	FACILITY:
		TOD	RING PER	OLINOW					9801	JUNEAU, ALASKA 99801	

TYPED OR PRINTED | Including the possibility of fine COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/01/2012 through 04/28/2012.