MENDENHALL WASTEWATER TREATMENT FACILITY Juneau, Alaska JULY 2012

					100 6011	FOG sam	• Temper	· GEOM	COMMENTS:	Number	AVE	MIN	MAX	75	SAT	Æ	H	NI CITY	T I	MON	SCN	SAT	FR	THU	WED	TUE	MON	SUN	SAT	FR	크	WED	TUE	NON ON	SAT	FRI	크	WED	TUE	MON	SUN		DAY			
					Pico tilat a	oles that a	sture, pH.	ETRIC ME	SIS	Number of Analyses	AVERAGE	MINIMUM	MAXIMUM	TOTAL	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	<u></u>	12	4	10										DATE			
					Rungun	re highligh	and DO da	AN WAS L		38 28	2.40	2.02	3.25	67.07	8 2.07	2.03				3 2.07	2.06	2.14	0 2.41	9 2.23	8 2.36	2.46	8 2.50	5 2.47	3.02	3 2.85	2.43	2.87		2.45			5 2.29	4 2.22	3 2,49	2 2.64	2.79	MGD	INFLUENT	000		
					too yearon	ted vellow	ta was only	JSED TO C		28		50	68		58	56	9	56	57	59	59	59	63	55	55	57	56	56	57	54	53	51	50	52 6	7 6	68	60	56	55	59	51		NT TEMP		Ĭ	
					and company	are compo	collected	GEOMETRIC MEAN WAS USED TO CALCULATE		28	0.15	0.00	1.64	4.29	0.08	0.28	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.06	0.83	0.15	0.02	0.44	1.64	0.00	0.12	0.02	0.14	0.00	0.00	0.06		precip			
					earline attal are Highlighted John Royal board and second and and the second and second	ite sample	or 4 days o			28	5 2311	0 1330	4 4060	9	8 1780	8 2180				2060	1 1690	0 1790	0 1750	1 1610	1660	1840	2090	2340	5 2440	3 2510	5 2390		00000	7767	3336	000	1 220	1	1330	1440	3 3143		p River	Mar	п	
						n	furing the v	VERAGE						61									Sec. of				110										1000	-		-				- 20	DIVIC	
							 Temperature, pH, and DO data was only collected for 4 days during the week of the 6th 	THE AVERAGE FECAL COLIFORM COLONIES		28	2.21 6	1.82 38	3.11 12	61.79	1.95 59	1.97 71			1.93 69	1.97 67	1.92 56	2.46 47	2.03 65	2.10 49	2.04 52	2.25 52	2.16 62	2.21 68	2.65 59	2.56 63	2.33 66	2.66 65			101 112			-	2.21 389	2.43 38	2.55 79		70	S D D D D D D D D D D D D D D D D D D D		
							6	LIFORM C		28	680.8 /1	383.8 /1	1255.2 /1		590.68 /1	715.86 /1			690.51 /1	676.51 /1	569.61 /1	471.06 /1	557.90 /1	496.27 /1	526.67 /1	529.28 /1	626.06 /1	685.00 /1	595.81 /1	634.38 /1	663.64 /1	654.29 /1	The State of the S		1125 58 //				389.77 /1	383.81 /1	797.23 //	Dilution	Water	- Vilna		
								OLONIES		28	0.114	0.017	0.857	3.200	0.087	0.062	0.100	0.126	0.127	0.099	0.061	0.078	0.074	0.074	0.089	0.063	0.164	0.082	0.117	0.080	0.091	0.098	0.065	0.095	0.051	0.017	0.053	0.071	0.099	0.146	0.857	MGD	WASTE	SBB		
					7/18/2012	7/18/2012	7/27/2012	7/18/2012		20	13.4	11.6	16.2			16.2	15.2	14.4	13.4	13.8			14.4	13.6	13.6	13.2	12.8			13.0	12.6	13.8	11.6	13.8		12.2	12.8	12.5	12.0	12.8		nC	TEMP			
			Tox. Tue	Turb.NTU	D.O.mg/l	Alk ma/l	Hrd. mg/l	Hrd. mg/l	20	20	7.4	7.1	8.2			7.1	7.2	8.2	7.5	7.5			7.2	7.2	7.5	7.3	7.3			7.4	7.4	7.2	7.3	7.6		7.6	7.6	7.5	7.3	7.5			P			
			0.0	8.2	19.0	135	68	80	2012	20	2.8	1.4	5.3			5.3	2.3	1.4	2.5	1.8			2.6	1.9	1.8	2.3	2.4			2.6	3.1	2.1	3.8	3.9		2.9	3.0	3.6	2.8	3.2		mg/L	-	0		
			7/18/2012				7/18/2012			10	203	181	264					224	204					196	264	196					200	184	200					181	183			mg/L		20 10 10 10 10 10 10 10 10 10 10 10 10 10	INF	
		NH3 mg/L	Zinc	Silver	Lead	Copper	Copper			10	4125	3351	5421					3848	3505					3645	5196	4021					4053	4404	5421					3351	3800			LBS	4	S SS	TENT	Junea
		16.1	78	ᇜ	na	22.0	16.0	ug/L	2012	11	250	213	341					325	237					258	239	220					341	219	243				230	220	213			mg/L	1	0		Juneau, Alaska
		297				0.41	0.32	LBS		11	5244	4073	6911					6451	5584					4798	4704	4514					6911	5242	6587				4393	4073	4423			LBS		0		Ka
										14						29	56	44	37	57			40	40	58	46				37	37	198	41	35								mg/L	į	FOG		
										19	15.1	13.7	16.6			16.6	16.4	15.8	16.0	15.2			16.6		15.3	15.8	14.5			14.8	14.2	15.9	14.0	14.6		4.0	13.8	14.2	13.7	14.5		ô	TEMP			
MAX	AVG	cn	4	ω	2			WEEK		19	7.0	6.9	7.2			6.9	7.0	7.0	7.1	7.1			7.0		7.0	7.0	7.1			6.9	7.0	6.9	7.0	7.0		1.2	7.0	6.9	6.9	6.9			P			JULY
i	£ 12		16	10	12	12	mg/l	BOD	V	19	4.4	2.7	6,0			5.9	2.9	2.7	4.7	5.1			4.9		4.8	51 80	51			3.1	3.5	6.0	3.5	3.5		Ö	1000			4.8		mg/L		0		
200	254		233	183	254	215	lbs	0	WEEKLY AVERAGE	28	21.1	8.2	35.8		30.9	28.7	25.3	24.8	28.6	25.5	26.0	21.8	30.7	8.2	17.6	16.7	15.8	21.8	35.8	18.0	15.7	18.9	26.1	16.9	18.7	5 5	15.9	15.7	14.8	15.8	22.6	O.P.		TURBID		2012
***	28 25		26	23	28	24	mg/l	TSS	/ERAGE	10	25	21	32				-	28						23	27					-			23			+		-	25					S E	EFFLUENT	
1	469		419	413	621		lbs G	C	5	10	478	383	643					451	386					385	459	394					622	643	597				1	383	461			BS			TNE	
	35		35	15	1	24	Geo. Mean	COLIFORM	WEEKLY	11	12	00	17					17	12					3	=	9					16	=======================================	œ				13	12	=======================================			mg/L		000		
										1	220	169	311					274	193					193	187	169					311	244	207				234	209	203			LBS		BOD		
										o						=	=	7	12	5											_			12								mg/L		FOG		
							SO.	B.O.D.	% REMOVAL	Ø	26	N	56						36	34					N	56	30						6	တ					36	16		/100 ml	COLIFORM	FECAL		
							88	95	OVAL																																					
																																								200						



Alaska Department of Environmental Conservation

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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 INFORMATIO	N	PERMIT# (if any): AK-	002295-1			
Owner or Operator:		Facility Name:		Facility L		3
CBJ		Mendenhall WV	VTP	Radclif		
Person Reporting:		Phone Numbers of Pers	on Reporting:		How? (e.g. by	phone):
Nathan McCombs		586-0741		phone		
Bate/Time Event was Notice	ed:	Date/Time Reported:			DEC Staff Cont	
7/23/2012 1100		7/23/2012 12	50	Honor	Carpente	ſ
VERBAL NOTIFICATION	MUST BE N	MADE TO ADEC WITH	IN 24 HOURS OF DI	SCOVERY OF N	ONCOMPLIA	NCE
INCIDENT DETAILS	(attach ad	ditional sheets, lab re	eports, and photo	s as necessary)		The second secon
Period of Noncompliance		Time (exact): 7/16		End Date/Time (
If noncompliance has not be	en corrected	, provide a statement rega	arding the anticipated	d time the noncom	pliance is expe	cted to continue:
Estimated Quantity involved	d (volume or	weight):				
Description of the noncomp	liance and its	cause (he specific)				
4 x week pH grab sam			week due to a m	iscommunicat	ion amona t	he lah and
operations staff.	pies weie	taken instead of 3 x	week due to a m	iiscommunicat	ion among t	ne lab and
Actions taken to reduce, elir (describe in detail) (e.g. Sup notice)						
Communication prot	ocols are	in effect				
pro-						
Permit Condition Deviation	(Identify and	h parmit condition excee	ded during the event	,		
Parameter (e.g. BOD pH)		mit Limit	Exceedance (sample		Sample Date	
		week	4 x week		7/16 - 7/2	
рН	3 ^	Week	4 X WEEK		1110-112	2
Corrective Actions (Attach	a description	of corrective actions take	en to restore the syste	m to normal oper	ation and to mi	inimize or eliminate
chances of recurrence.)						
				320		
Environmental Damage: (i	if yes, provide	e details below)	Yes	✓ No		Unknown
Actual /Potential Impact on	Environmen	t/Public Health (describe	in detail)			
I certify under penalty of law th						[1] [1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
to assure that qualified personne system, or those persons directly						
accurate, and complete. I am av						
knowing violations.						结
NI-11 N 0		MAATE C		elle a		7/04/0040
Name: Nathan McCon	nds Title:	WWTP Superviso	Signature: Na	Han Ol.	Woon L Dat	7/24/2012
FORMS M	IUST BE SE	NT TO ADEC WITHIN F	TIVE DAYS OF/BEC	OMING AWARE		

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF AK-002295-1 PERMIT NUMBER EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form. MAJOR (SUB 01) F - FINAL Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 001 A
DISCHARGE NUMBER

DAY 10	MO 8	YEAR		RIZED AGENT	OFFICER OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	OFF /	on,	I am aware that there are significant penalties for submitting false information. Including the possibility of fine and imprisonment for knowing violations.	e significant penalties for of fine and imprisonmer	I am aware that there ar including the possibility	TYPED OR PRINTED Including the possibility of fine and imprisonment for knowing violations. I am aware that there are significant penalties for submitting false information, OFFICER OR AUTH O
ER	PHONE NUMBER DATE	AREA CODE	J.,	1	a. Med	notto.	nation vstem. rmation nplete.	to assure that the qualified bersonnel properly eather and evaluate the information submitted. Based on my inputry of the person or persons who manage the system, or those persons directly responsible for anthering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	ed personnel properly ga inquiry of the person or responsible for gatherin of my knowledge and be	to assure that the qualification in the control or those persons directly submitted is, to the best	Tom Trego Wastewater Utilities Superintendent
	586-0393	907					designed	I certify under penalty of law that this document and all attachments were never the system designed	f law that this document ction or supervision in a	I certify under penalty of	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	Month		mg/L	DAILY MX	MO AVG	****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
COMP24	Twice Per		19	60	30			2452	1226	PERMIT	00530 1 0
	3010					****				MEASUREMENT	Me
		0	(19)	32	25		(26)	478	478	SAMPLE	Solids, total suspended
			mg/L	DAILY MX	MO AVG	****	***	****	*****	REQUIREMENT	Effluent Gross
COMP24	Quarterly		19	Req. Mon.	Req. Mon.					PERMIT	00410 1 7
						****	***	****	****	MEASUREMENT	
		0	(19)	135.2	135.2					SAMPLE	Alkalinity, total (asCaCo3)
			SU	INST MAX	****	INST MIN	***	****	****	REQUIREMENT	Effluent Gross
GRAB	Weekdays		12	9.0		6.5				PERMIT	00400 1 0
					****		***	****	****	MEASUREMENT	
		н	(12)	7.2		6.9				SAMPLE	рH
	Month		mg/L	****	WKLY AVG	****	lb/d	****	WKLY AVG	REQUIREMENT	See Comments
COMP24	Twice Per		19		45				1829	PERMIT	00310 W 0
				****		****		****		MEASUREMENT	
		0	(19)		17.0		(26)		221	SAMPLE	BOD, 5-Day, 20 deg. C
	Month		mg/L	DAILY MX	MO AVG	*****	lb/d	DAILY MX	MO AVG	REQUIREMENT	Effluent Gross
COMP24	Twice Per		19	60	30			2452	1226	PERMIT	00310 1 0
						****				MEASUREMENT	
		0	(19)	17	12		(26)	311	220	SAMPLE	BOD, 5-Day, 20 deg. C
	Month		mg/L	****	MO AVG	DAILY MN	***	****	****	REQUIREMENT	Effluent Gross
GRAB	Once Per		19		Req. Mon.	Req. Mon.				PERMIT	00300 1 0
				****			* * *	****	****	MEASUREMENT	
		0	(19)		4.4	2.7				SAMPLE	Oxygen, dissolved (DO)
			OLN	DAILY MX	MO AVG	****	***	****	****	REQUIREMENT	Effluent Gross
RCORDR	Continuous		LY.	Req. Mon.	Req. Mon.					PERMIT	00070 1 0
						****	***	****	****	MEASUREMENT	The state of the s
		0	(43)	35.8	21.1					SAMPLE	Turbidity
			STINU	VALUE	VALUE	VALUE	UNITS	VALUE	VALUE	\rangle	
SAMPLE	FREQUENCY OF ANALYSIS	E N		RATION	QUALITY OR CONCENTRATION	QUALI		OADING	QUANTITY OR LOADING		PARAMETER
28	7	2012	70	<u></u>	7	2012	FROM		Tom Trego WW Utilities Superintendent	Tom Trego WW Uti	ATT:
DAY	MO	YEAR		DAY	MO	YR			99801	JUNEAU, ALASKA 99801	LOCATION:
		RIOD	RING PE	MONITORING PERIOD				EA	MENDENHALL VALLEY SERVICE AREA	MENDENHALL VALLEY	FACILITY:
TAMES OF STREET									9801	TINEALL DIASKA C	

COMMENT AND EXPLANATION OF ANY VIOLATIONS: On aThursday 7/19/2012 the lab did not collect a pH sample which is in violation of the permit.

EPA Form 3320-1 (03-99) Previous editions may be used. * The reporting period was from 7/1/2012 through 7/28/2012.

(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: FACILITY: ADDRESS: JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF AK-002295-1
PERMIT NUMBER MAJOR (SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE NOTE: Read instructions before completing this form. MONITORING PERIOD Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 *** DISCHARGE NUMBER 001 A

DFFICER		O OSS UNCIPAL EXECUTIVE OFFICER	PFICER					Copper total recoverable SAMPLE	Effluent Gross REQUIREMENT	01114 1 0 PERMIT	MEASUREMENT	Lead, total recoverable SAMPLE	Effluent Gross REQUIREMENT	01094 1 0 PERMIT	ME	Zinc, total recoverable SAMPLE	Effluent Gross REQUIREMENT	01079 1 0 PERMIT	ME	Silver, total recoverable SAMPLE	Effluent Gross REQUIREMENT	00900 1 6 PERMIT	MEASUREMENT	il (as CaCO3)	Effluent Gross REQUIREMENT	00610 1 0 PERMIT	ME	Nitrogen, ammonia total (as N) SAMPLE	See Comments REQUIREMENT	00530 W 0 PERMIT	MEASUREMENT	Solids, total suspended SAMPLE		PARAMETER	ATT: Tom Trego WW Utilities Superintendent	LOCATION: JUNEAU, ALASKA 99801	
oiomificant nonalties for	responsible for gatheri	inquiry of the person or	tion or supervision in a	law that this document	MO AVG	3.54		0.324	MO AVG	Req. Mon.		na	MO AVG	Req. Mon.		na	MO AVG	Req. Mon.		na	****		****		MO AVG	1164		296.7	WKLY AVG	1829		621	VALUE	QUANTITY OR LOADING	ties Superintenden	99801	THE SENATOR OF
I am aware that there are significant penalties for submitting false information,	ng the information, the in	submitted. Based on my inquiry of the person or persons who manage the system.	prepared under my direction or supervision in accordance with the system designed	certify under penalty of law that this document and all attachments were	DAILY MX	7.63		0.324	DAILY MX	Req. Mon.		na	DAILY MX	Req. Mon.		na	DAILY MX	Req. Mon.		na	****		****		DAILY MX	1963		296.7	*****		****		VALUE	LOADING	ľ		(6)
ation,	formation	system,	n designed		lb/d			(26)	lb/d		70.00	(26)	lb/d			(26)	lb/d			(26)	***		***		lb/d			(26)	lb/d			(26)	STINU		FROM		
SIGNA	and thou	1			****		****	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****		****		****		****		****		****		****		****		****		****		*****		****		VALUE	QUAL	2012	YR	
SIGNATURE OF PRINCIPAL EXECUTIVE	than a. M				MO AVG	86.7		16.0	MO AVG	Req. Mon.		na	MO AVG	Req. Mon.		na	MO AVG	Req. Mon.		na	MO AVG	Req. Mon.		74	MO AVG	28.5		16.1	WKLY AVG	45		28	VALUE	UALITY OR CONCENTRATION	7	MO	
AL EXECUTIVE	Modah			9	DAILY MX	187		16.0	DAILY MX	Req. Mon.		na	DAILY MX	Req. Mon.	100	na	DAILY MX	Req. Mon.		na	DAILY MX	Req. Mon.		80	DAILY MX	48		16.1	*****		****		VALUE	RATION	1	DAY	- Indian
			1		ug/L	28		(28)	ug/L	28		(28)	ug/L	28	ı	(28)	ug/L	28		(28)	mg/L	19		(19)	mg/L	19		(19)	mg/L	19		(19)	STINU		70	Т	1 00 1 100 1
2012 YEAR		CODE	907					0				0				0				0				0				0				0		E Õ	2012	YEAR	DAVE
X ∞	DATE	PHONE NUMBER	586-0393	TELEPHONE	Month	Once Per			Year	Three Per			Year	Three Per			Year	Three Per			Month	Once Per			Month	Once Per			Month	Twice Per				FREQUENCY OF ANALYSIS	7	MO	
10 DAY		BER				COMP24				COMP24				COMP24				COMP24				GRAB				COMP24				COMP24				SAMPLE	28	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 7/1/2012 through 7/28/2012.

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

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

Tom Trego Wastewater Utilitles Superintendent Flow, in conuit or thru treatment plan Effluent Gross See Comments Fecal coliform, MPN, Fecal coliform, MPN, EC med, 44.5 H Coliform, fecal - % sample exceeds Effluent Gross 45613 1 0 Floating solids or visible foam-visual Fecal coliform, MPN, EC med, 44.5 See Comments See Comments Fecal coliform, MPN, EC med, 44.5 See Comments 31615 O 0 See Comments PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 50050 1 0 31615 R 0 31615 Q 31615 P 30500 0 0 LOCATION FACILITY: ADDRESS 0 YPED OR PRINTED PARAMETER EC med, 44.5 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. 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, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA MENDENHALL TREATMENT PLANT prepared under my direction or supervision in accordance with the system designed JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. certify under penalty of law that this document and all attachments were Trego WW Utilities Superintendent MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT PERMIT Req. Mon. MO AVG QUANTITY OR LOADING ***** VALUE ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** 2.2 DAILY MX VALUE ***** ***** ***** ***** ***** 3.1 ***** **** ***** ***** ***** ***** 4.9 Mgal/d SLIND **** **** *** *** FROM *** *** (03) ω WKLY GEO WKLY GEO WKLY GEO VALUE N/A ***** N/A 2012 ***** ***** ***** ***** ***** ***** ***** 400 35 800 400 ¥ AK-002295-1 PERMIT NUMBER SIGNATURE OF PRINCIPAL QUALITY OR CONCENTRATION OFFICER OR AUTHORIZED AGENT MO GEO MO GEO VALUE MO GEO N/A N/A MO GEO N/N ***** ***** ***** ***** ***** ***** 161 400 26 200 200 Mo MAJOR
(SUB 01)
Form Approved.
(SUB 01)
F - FINAL
F - FINAL
Approval Expires 05-31-98
EFFLUENT
*** NO DISCHARGE

NOTE: Read instructions before completing this form. DAILY MX DAILY MX Req. Mon. DAILY MX DAILY MX DAILY MX Req. Mon. DAILY MX N/A N/A N/A VALUE ***** 1200 DAY 800 800 56 0 10 0 MONITORING PERIOD #/100ml =1; N=0 #/100ml #/100ml #/100ml SLIND **** **** (23) (13)(13)(13)(13)13 % 70 2012 SOE AREA YEAR 0 Z S 0 0 0 0 0 0 FREQUENCY OF ANALYSIS TELEPHONE 586-0393 Twice Every Continuous Twice Every Twice Every Twice Every Twice Every Once Per Month Week Week Week Week Week PHONE NUMBER 30 $\frac{3}{2}$ DISCHARGE NUMBER SAMPLE RCORDR VISUAL GRAB GRAB GRAB GRAB GRAB DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 7/1/2012 through 7/28/2012

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

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

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

FACILIT LOCATION ATT: NAME: ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF AK-002295-1 PERMIT NUMBER

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

DISCHARGE NUMBER 001 A

	TUNEALL VI VEKA 66801	00901					5				- 1
FACILITY:	MENDENHALL VALLEY SERVICE AREA	LLEY SERVICE A	REA				TINOM	MONITORING PERIOD	RIOD		
LOCATION:	JUNEAU, ALASKA 99801	99801	•	FROM	2012	7 8	DAY	а Т	2012	7 30	_
-	Toll Help www onlines subclinical resident	ines superinterior				- CONTRACTOR OF THE CONTRACTOR	TOTAL PARTY OF THE	L	5	יייייייייייייייייייייייייייייייייייייי	4
PARAMETER		QUANTITY OR LOADING	LOADING		QUA	QUALITY OR CONCENTRATION	RATION		ΩŞ	OF ANALYSIS	Sis
		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE	N/A	N/A	(26)		N	N/A	(28)	0		
	MEASUREMENT	3		(1)	****						
50060 S 0	PERMIT	4.09	4.09			100	100			QUARTERLY	RLY
See Comments	REQUIREMENT	MO AVG	DAILY MX	lb/d	****	MO AVG	DAILY MX	ug/l			
Dilution factor	SAMPLE				383.8	8.089		ug/L	0		
	MEASUREMENT	****	****	* *			****				
80093 1 0	PERMIT				Req. Mon.	Req. Mon.				DAILY	~
Effluent Gross	REQUIREMENT	****	****	* * *	DAILY MN	MO AVG	****	10			
BOD,5-day, percent removal	SAMPLE				95			(23)	0	3331-3	
	MEASUREMENT	****	****	* * *		*****	****				
81010 K 0	PERMIT				85			23		Once Per	er
Percent Removal	REQUIREMENT	****	****	* * *	MN % RMV	****	****	%		Month	
Solids, suspended percent removal	SAMPLE				88			(23)	0		
	MEASUREMENT	****	****	* * *		*****	****				
81011 K 0 0	PERMIT				85			23		Once Per	er
_	REQUIREMENT	****	****	****	MN % RMV	****	****	%		Month	
Chlorine usage	SAMPLE	N/A		(26)					0		
	MEASUREMENT		****		****	****	****				
81400 X 0	PERMIT	Req. Mon.								DAILY	
End of Chlorine Contact Chamber	REQUIREMENT	MO AVG	*****	lb/d	****	* * * * * *	*****				
Oil and grease visual	SAMPLE						0	(93)	0		
	MEASUREMENT	****	****	***	****	****					
84066 1 0	PERMIT						Req. Mon.			Once Per	er
Effluent Gross	REQUIREMENT	****	****	***	****	*****	DAILY MX	occur/mo		Month	
Toxicity, Chronic	SAMPLE						NA	(2G)	0		
	MEASUREMENT	****	****	***	****	****					
TT000 1 8	PERMIT						Req. Mon.			Semiannual	ual
Effluent Gross	REQUIREMENT	****	****	****	****	****	DAILY MX	px chronic			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of	of law that this documen	I certify under penalty of law that this document and all attachments were	Te designed					907	TELEPHONE	2
Tom Trego	prepared under my dire to assure that the qualif	inquiry of the person of	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly against and evaluate the information submitted. Based on my inquiry of the nerson or nersons who manage the system submitted.	in designed formation e system	^		100		AREA	PHONE	N N
	or those persons directly	v responsible for gather	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.	nformation complete.	Shoote	the Dimons	Conh	l		DATE	
TYPED OR BRIVIED	I am aware that there ar	e significant penalties for	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	nation,	Sign J	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	IPAL EXECUTIVE ORIZED AGENT		2012 YEAR	M ₈	
THE ON THE	THE PERSON AND PROPERTY.						- Contraction of the Contraction			The second secon	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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* The reporting period was from 7/1/2012 through 7/28/2012.