

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska  
SEPTEMBER 2012

DAY	FLOWS										INFLUENT										EFFLUENT									
	DATE	SBR INFLUENT MGD	TEMP °F	precip	Mend. River CFS	SBR TITL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	TEMP °C	pH	D.O. mg/L	TURBID. NTU	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	FOG COLIFORM /100 ml		
SUN	26	2.08	55	0.00	2410	1.87	833.5 /1	0.0817																						
MON	27	2.65	51	0.79	1300	2.03	440.2 /1	0.0748	14.6	7.9	2.5				36			17.0	7.0	3.0	739					9		15		
TUE	28	3.05	51	1.28	2470	2.78	576.0 /1	0.1102	14.2	7.2	2.8	580	14753	336	8547	31	789	-16.8	6.8	3.0	456	27	628	26	603	4	83	5		
WED	29	3.06	55	0.00	3120	2.69	750.3 /1	0.0923	13.8	6.9	3.7	232	5921	233	5946	37	931	17.0	6.9	8.3	896	26	953	20	449	14	314			
THU	30	2.85	54	0.00	2560	2.37	688.8 /1	0.0896	13.8	7.2	4.0	260	5746	264	5835	46	1017	-15.4	6.8	2.9	500	34	672	26	514	16	316			
FRI	31	2.28	52	0.00	2920	2.09	778.9 /1	0.0976	13.4	7.2	4.3				73			-16.6	6.8	4.1	194					16				
SAT	1	2.31	52	0.30	2430	2.12	741.5 /1	0.1215																						
SUN	2	2.47	52	0.15	2570	2.27	732.4 /1	0.1116																						
MON	3	2.84	51	0.31	2950	2.43	625.7 /1	0.1413	13.2	7.3	4.2				23			-16.4	6.8	3.8	60.9					8		5		
TUE	4	3.07	55	0.20	4030	2.87	876.0 /1	0.0789	14.4	7.5	3.2				26	698	-15.8	6.9	2.9	17.2					6	122	20			
WED	5	2.74	51	0.10	3010	2.48	781.8 /1	0.0897	13.6	7.1	4.1	357	8158	337	7701	50	1131	15.2	6.9	3.9	16.2	21	438	10	208	8	156			
THU	6	2.52	53	0.06	3050	2.37	832.4 /1	0.1080	13.2	7.2	4.3	269	5654	265	5569	30	831	-16.2	6.8	3.2	15.2	26	514	14	277	9	178			
FRI	7	2.75	48	0.69	3260	2.48	850.2 /1	0.1114	13.4	7.2	3.8				30			-15.8	6.9	3.4	18.8					7				
SAT	8	3.07	52	1.11	3200	2.95	701.7 /1	0.1331																						
SUN	9	3.77	49	0.87	3310	3.57	600.0 /1	0.1303																						
MON	10	3.25	49	0.45	3190	2.93	704.3 /1	0.0472	12.6	7.2	3.6				26			13.8	7.0	6.1	86.2					11		16		
TUE	11	3.14	49	0.24	1910	3.03	498.2 /1	0.0551	12.8	7.1	3.7	232	5893	214	5604	26	681	15.8	6.9	5.1	66.2	23	551	14	354	8	190	14		
WED	12	4.44	55	0.71	2000	4.16	330.9 /1	0.0883	12.8	7.2	3.6							14.8	6.8	2.7	23.6									
THU	13	4.84	53	1.81	2890	4.01	486.6 /1	0.1778	13.0	7.5	3.8							13.8	6.7	2.5	100.0									
FRI	14	5.00	49	0.36	4310	5.32	524.4 /1	0.0880	12.2	7.0	5.6				16			-16.0	6.9	8.8	100.0					7	311			
SAT	15	3.82	49	0.13	3690	3.85	653.7 /1	0.0925																						
SUN	16	3.34	50	0.10	2500	3.18	565.9 /1	0.0776																						
MON	17	4.01	48	1.03	2310	3.96	377.8 /1	0.1068	12.8	6.9	5.0				21			14.8	7.0	4.5	14.5					10		5		
TUE	18	3.39	47	0.00	2360	3.29	464.4 /1	0.0906	12.8	7.1	5.0	189	5186	157	4439	33	919	14.4	7.0	4.8	6.4	24	659	13	357	9	233			
WED	19	3.02	46	0.00	1530	2.91	345.8 /1	0.1037	12.6	7.3	4.1	173	4189	209	5284	21	529	14.0	7.0	4.6	6.4	16	388	10	243	6	133	14		
THU	20	2.83	51	0.08	2518	2.88	605.0 /1	0.1084	13.4	7.3	3.5	209	4671	271	6388			14.4	6.9	2.6	12.5	15	335	7	195					
FRI	21	2.68	53	0.00	1600	2.43	426.3 /1	0.1023	13.4	7.4	3.2				30			15.2	6.9	3.9	12.5					5				
SAT	22	2.46	52	0.19	1910	2.35	498.6 /1	0.1042																						
SUN	23	2.52	52	0.27	2652	2.24	768.7 /1	0.1019																						
MON	24	2.89	50	0.13	3350	2.57	843.1 /1	0.1137	13.4	7.8	3.3				29			15.4	7.1	4.2	8.3					9				
TUE	25	2.61	49	0.19	1610	2.43	428.0 /1	0.1079	13.0	7.4	3.5	184	3729	194	4223			14.2	7.1	4.7	12.8	14	284	9	182					
WED	26	2.81	50	0.71	2040	2.48	532.4 /1	0.0897	13.4	7.1	3.6	204	4219	310	6748	38	827	14.8	7.0	3.9	17.1	18	372	10	207	8	165			
THU	27	3.04	50	0.46	2410	2.89	538.7 /1	0.1182	12.8	7.4	3.3	272	6656	356	8026	36	900	15.2	6.7	3.3	12.2	21	506	16	366	9	217			
FRI	28	2.87	49	0.28	2390	2.59	597.1 /1	0.0915	12.2	7.1	4.2				18			15.2	6.7	4.3	13.0					5				
SAT	29	2.79	48	0.44	2740	2.63	674.0 /1	0.1196																						
TOTAL		108.74		10.65		88.11		3.5787																						
MAXIMUM		5.60	55	1.61	4310	5.32	976.0 /1	0.1778	14.6	7.9	5.6	580	14753	356	9026	73		17.0	7.1	6.8	100.0	34	672	26	603	16	316	20		
MINIMUM		2.08	46	0.00	1380	1.87	320.9 /1	0.0472	12.2	6.9	2.5	173	3729	157	4223	16		13.6	6.7	2.5	6.4	14	284	7	156	4	83	2		
AVERAGE		3.05	51	0.37	2621	2.83	617.3 /1	0.1023	13.2	7.3	3.6	263	6221	262	6275	32		15.3	6.9	4.2	31.1	22	499	15	328	9	202	7		
Number of Analyses		35	35	35	35	35	0	26	20	20	20	9	9	9	9	9		20	20	20	26	9	9	9	9	9	16	9	9	

  

WEEK	BOD			TSS			WEEKLY AVERAGE			WEEKLY REMOVAL		
	mg/l	lbs	lbs	mg/l	lbs	lbs	mg/l	lbs	lbs	COLIFORM	B.O.D.	S.S.
1	24	522	29	627	9							
2	12	242	24	475	10							
3	14	354	23	561	15							
4	10	252	23	591	8							
5	12	268	23	561	2							
MAX	24	522	29	627	15							

  

2012	2012		2012	
	ug/L	LBS	Hrs mg/l	278.5
Copper	22.0	0.384	8/31/2012	72.0
Copper	18.0	0.595	8/17/2012	106.0
Lead	ND	ND		
D.O.mg/l	20.0			
Turbidity	100			
Tox. Tite	N/A			
Zinc	39.0	1.289		
NH3 mg/L	9.6	0.264		

8/31/2012  
8/17/2012  
8/17/2012  
8/17/2012

FOG samples that are highlighted yellow are composite samples

COMMENT \* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COUNTES





**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](mailto:dec-wqreporting@alaska.gov)

## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		PERMIT# (if any): AK-002295-1	
Owner or Operator: CBJ	Facility Name: Mendenhall WWTP	Facility Location: Radcliffe Rd., Juneau	
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 586-0741	Reported How? (e.g. by phone): phone	
Date/Time Event was Noticed: 9/15/2012 0915	Date/Time Reported: 9/15/2012 0915	Name of DEC Staff Contacted: Chris Foley	
VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE			
<b>INCIDENT DETAILS (attach additional sheets, lab reports, and photos as necessary)</b>			
Period of Noncompliance	Start Date/Time (exact): 9/14/2012 0900	End Date/Time (exact): 9/14/2012 0900	
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): 0.42 MGD			
Description of the noncompliance and its cause (be specific): Exceeded Effluent flow due to excessive rain and a manhole that was compromised by an auto accident, which allowed ditch flow directly into the collection system.			
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) Replaced manhole lid and ring.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
Effluent Flow	4.9 MGD	0.42 MGD	9/15/2012
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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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:	WWTP Supervisor
Signature:	<i>Nathan D. McCombs</i>		Date:
			9/18/2012
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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

MAJOR (SUB 01)  
OMB No. 2040-0004  
F - FINAL  
Approval Expires 05-31-98

Form Approved.

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

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

**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	YR	MO	DAY
2012	8	26	2012	9	29

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Turbidity	*****	*****	31	(43)	0		
00070 1 0 Effluent Gross	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	2.5	(19)	0		
00300 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MN	*****		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	328	(26)	15	(19)	0		
00310 1 0 Effluent Gross	1226	(26)	30	19		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	522	(26)	24	(19)	0		
00310 W 0	1829	(26)	45	19		Twice Per Month	COMP24
See Comments	*****	*****	*****	*****			
pH	*****	*****	6.7	(12)	0		
00400 1 0 Effluent Gross	*****	*****	6.5	12		Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	*****	INST MIN	INST MAX			
00410 1 7 Effluent Gross	*****	*****	106	(19)	0		
Solids, total suspended	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		Quarterly	COMP24
00530 1 0 Effluent Gross	496	(26)	22	(19)	0		
00530 1 0 Effluent Gross	1226	(26)	30	19		Twice Per Month	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.

*Tom Trego*  
Tom Trego  
Wastewater Utilities Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	907	TELEPHONE
Tom Trego Wastewater Utilities Superintendent	AREA CODE	586-0393
TYPED OR PRINTED	PHONE NUMBER	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	DATE	
* The reporting period was from 8/26/2012 through 9/29/2012.	2012	10
EPA Form 3320-1 (03-99) Previous editions may be used.	YEAR	MO
	DAY	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 Trego WW Utilities Superintendent

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			
YR	MO	DAY	TO
2012	8	26	
YEAR	MO	DAY	TO
2012	9	9	29

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE				
Solids, total suspended	627	*****	29	*****	(26)	0		
00530 W 0	1829	*****	45	*****	lb/d			
See Comments	WKLY AVG		WKLY AVG					
Nitrogen, ammonia total (as N)	0.3	0.3	10	10	(26)	0	Twice Per Month	COMP24
00610 1 0	1164	1963	28.5	48	lb/d			
Effluent Gross	MO AVG	DAILY MX	MO AVG	DAILY MX				
Hardness, total (as CaCO3)	*****	*****	175	279	*****	0	Once Per Month	COMP24
00900 1 6	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	0	Once Per Month	GRAB
Effluent Gross	*****	*****	ND	ND	*****	0	Once Per Month	
Silver, total recoverable	ND	ND	Req. Mon. MO AVG	Req. Mon. DAILY MX	(26)			
01079 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		Three Per Year	COMP24
Effluent Gross	1.289	1.289	39	39	*****	0	Three Per Year	
Zinc, total recoverable	MEASUREMENT	MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	(26)			
01094 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	0	Three Per Year	COMP24
Effluent Gross	ND	ND	ND	ND	*****	0	Three Per Year	
Lead, total recoverable	MEASUREMENT	MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	(26)			
01114 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	0	Three Per Year	COMP24
Effluent Gross	0.489	0.384	20	22	*****	0	Three Per Year	
Copper, total recoverable	MEASUREMENT	MEASUREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	(26)			
01119 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	86.7	187	*****		Once Per Month	COMP24
Effluent Gross	3.54	7.63	MO AVG	DAILY MX	*****		Once Per Month	

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*Tom Trego*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907  
 AREA CODE  
 586-0393  
 TELEPHONE

PHONE NUMBER  
 DATE

2012  
 YEAR  
 10  
 MO  
 10  
 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 \* The reporting period was from 8/26/2012 through 9/29/2012.

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 2 OF 5



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

MAJOR (SUB 01)  
F - FINAL  
EFLUENT  
\*\*\* NO DISCHARGE \*\*\*

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

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

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	8	26	
YR	MO	DAY	TO
2012	9	29	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS				
Coliform, fecal - % sample exceeds limit	*****	*****	*****	*****	0	(23)		0		
30500 O 0	*****	*****	*****	*****	10	DAILY MX	%		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	161	Req. Mon. DAILY MX	#/100mL	0	Twice Every Week	GRAB
31615 O 0	*****	*****	*****	*****	N/A	N/A	(13)	0		
See Comments	*****	*****	*****	*****	400	WKLY GEO	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	200	DAILY MX	#/100mL	0	Twice Every Week	GRAB
31615 P 0	*****	*****	*****	*****	N/A	N/A	(13)	0		
See Comments	*****	*****	*****	*****	400	WKLY GEO	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	200	DAILY MX	#/100mL	0	Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	*****	15	7	(13)	0		
See Comments	*****	*****	*****	*****	800	WKLY GEO	#/100mL	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	400	DAILY MX	#/100mL	0	Twice Every Week	GRAB
31615 R 0	*****	*****	*****	*****	0	0		0		
See Comments	*****	*****	*****	*****	*****	*****		0	Once Per Month	VISUAL
Floating solids or visible foam-visual	*****	*****	*****	*****	*****	*****		0	Continuous	RCORDR
45613 1 0	*****	*****	*****	*****	*****	*****		0		
Effluent Gross	*****	*****	*****	*****	*****	*****		0		
Flow, in conduit or thru treatment plan	*****	*****	*****	*****	*****	*****		0		
50050 1 0	*****	*****	*****	*****	*****	*****		0		
Effluent Gross	*****	*****	*****	*****	*****	*****		0		

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*Yolanda D. Melomb*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	907	TELEPHONE
Tom Trego Wastewater Utilities Superintendent	AREA CODE	586-0393
	PHONE NUMBER	
TYPED OR PRINTED	DATE	
	2012	10
	YEAR	MO
		DAY
		10
		DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* The reporting period was from 8/26/2012 through 9/29/2012.  
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**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.**

**AK-002295-1**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	8	26	
YR	MO	DAY	TO
2012	9	9	29

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	N/A	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0	4.09	4.09	4.09	lb/d	*****	MO AVG	DAILY MX	ug/l	0	QUARTERLY	COMP24
See Comments	*****	*****	*****	*****	321	617	*****	ug/L	0		
Dilution factor	*****	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U	0	DAILY	MEASRD
80093 1 0	*****	*****	*****	*****	94	*****	*****	(23)	0		
Effluent Gross	*****	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD
BOD, 5-day, percent removal	*****	*****	*****	*****	92	*****	*****	(23)	0		
81010 K 0	*****	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD
Percent Removal	*****	*****	*****	*****	*****	*****	*****	%	0		
Solids, suspended percent removal	*****	*****	*****	*****	*****	*****	*****	(23)	0		
81011 K 0 0	*****	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD
Percent Removal	*****	*****	*****	*****	*****	*****	*****	%	0		
Chlorine usage	N/A	N/A	N/A	(26)	*****	*****	*****		0		
81400 X 0	Req. Mon. MO AVG	Req. Mon. MO AVG	Req. Mon. MO AVG	lb/d	*****	*****	*****		0	DAILY	MEASRD
End of Chlorine Contact Chamber	*****	*****	*****	*****	*****	*****	*****		0		
Oil and grease visual	*****	*****	*****	*****	*****	*****	*****	(93)	0		
84066 1 0	*****	*****	*****	*****	*****	*****	*****	occur/mo	0		
Effluent Gross	*****	*****	*****	*****	*****	*****	*****		0	Once Per Month	VISUAL
Toxicity, Chronic	*****	*****	*****	*****	*****	*****	*****	(2G)	0	Semiannual	COMP24
TT000 1 8	*****	*****	*****	*****	*****	*****	*****	px chronic	0		
Effluent Gross	*****	*****	*****	*****	*****	*****	*****		0		

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 Trego*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907  
 AREA CODE  
 586-0393  
 PHONE NUMBER  
 DATE

2012  
 YEAR  
 10  
 MO  
 10  
 DAY

TYPED OR PRINTED  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 8/26/2012 through 9/29/2012.

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

MAJOR  
(SUB 01)  
F - FINAL  
EFFLUENT

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