

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska  
October 2012

FLOWS										INFLUENT					EFFLUENT														
DAY	DATE	SRR	TEMP	precip	River	SRR	Receiving	SRR	TEMP	pH	D.O.	SS	BOD	BOD	FOG	FOG	TEMP	pH	D.O.	TURBID	SS	SS	BOD	BOD	FOG	FOG	FECAL		
		MGD	°F		CFR	MGD	Dalton	MGD	°C		mg/L	mg/L	LBBS	LBBS	mg/L	LBBS	°C		mg/L	NTU	mg/L	LBBS	mg/L	LBBS	mg/L	LBBS	COLIFORM		
SUN	30	2.73	44	0.07	2840	2.61	728.68 / 0.1141		12.6	7.3	3.6				52	1095	13.6	6.7	4.0	18.9							15	294	34
MON	1	2.55	40	0.01	1290	2.43	343.94 / 0.1126		13.0	7.4	3.6				29	612	13.4	6.8	3.9	16.5							8	148	12
TUE	2	2.53	38	0.00	524	2.39	142.63 / 0.0925		13.0	7.0	3.4	233	4411	204	3862	41	776	13.2	6.7	4.8	17.8	20	367	8	147	10	183		
WED	3	2.27	45	0.00	411	2.20	121.68 / 0.0709		13.4	7.0	3.4	233	4411	204	3862	41	776	13.2	6.7	4.8	17.8	20	367	8	147	10	183		
THU	4	2.33	44	0.04	438	2.11	134.49 / 0.0849		13.6	6.9	3.7	208	4061	240	4664	33	641	15.2	6.7	3.7	14.4	24	422	11	194	7	114		
FRI	5	2.38	48	0.08	311	1.97	102.98 / 0.0651		13.8	7.1	3.9				30	588	15.2	6.7	3.4	42.4						9	148		
SAT	6	2.28	51	0.00	594	2.05	188.31 / 0.0894														66.82								
SUN	7	2.12	48	0.00	455	1.91	154.86 / 0.0808														19.5								
MON	8	2.29	48	0.00	507	2.07	159.22 / 0.0956		13.8	9.3	3.6				35	659	15.4	6.8	4.1	12.6						7	112	65	
TUE	9	2.04	47	0.02	491	1.93	165.35 / 0.1079		13.6	7.1	3.5	321	5461	285	4849	16	298	14.8	6.9	4.6	14.3	23	370	10	161	7	113	25	
WED	10	2.14	46	0.00	472	1.85	165.82 / 0.1111		14.2	7.3	3.4	221	3844	299	5356	49	866	14.8	6.8	3.88	20.0	32	494	13	201	6	93		
THU	11	2.13	45	0.00	353	1.98	116.17 / 0.0823		13.7	7.0	3.8				43	755	16.2	6.8	4.3	18.6						10	157		
FRI	12	2.09	39	0.57	370	1.90	126.80 / 0.0876		15.0	7.3	3.5				37	645	17.8	7.1	5.55	17.1						10	151		
SAT	13	2.49	44	1.65	407	2.21	119.97 / 0.0803														17.4								
SUN	14	2.60	44	0.16	934	2.43	249.30 / 0.1040														39.7								
MON	15	2.73	45	0.39	866	2.47	227.49 / 0.1124		12.8	7.3	3.0						13.8	6.9	2.8	55.7						4	82	8	
TUE	16	2.66	41	0.25	958	2.47	251.55 / 0.1065		12.6	7.1	4.2	148	3308	169	3777	36	838	14.6	6.8	2.9	52.4	31	639	10	206	4	82	5	
WED	17	2.79	39	0.80	1230	2.54	313.83 / 0.1069		12.8	7.2	2.5	188	4374	272	6329	38	864	13.4	6.9	3.1	35.1	28	593	11	233	10	212		
THU	18	2.63	36	0.04	896	2.51	231.60 / 0.0911		12.6	7.2	4.5	264	5791	294	6449	27	592	14.8	6.8	3.6	23.4	40	837	19	388	14	283		
FRI	19	2.44	33	0.00	959	2.28	272.72 / 0.0822		12.8	7.4	3.2				25	499	14.2	6.9	3.8	22.1						6	114		
SAT	20	2.24	34	0.00	984	2.02	315.69 / 0.0735														18.2								
SUN	21	2.21	35	0.00	1007	2.04	319.88 / 0.0692														19.6								
MON	22	2.22	38	0.00	146	2.09	46.13 / 0.1058		12.8	7.6	3.3						14.2	6.9	4.2	20.3						7	113	60	
TUE	23	2.23	37	0.00	91	1.91	31.78 / 0.1018		12.6	7.3	4.0						14.0	7.0	4.3	30.2								30	
WED	24	2.13	34	0.00	69	1.98	23.51 / 0.0892		12.4	7.3	3.8	188	3340	131	2327	48	853	13.2	6.8	2.6	26.5	30	495	14	231	14	231		
THU	25	2.17	30	0.00	77	1.92	26.91 / 0.0830		12.6	7.3	2.4				42	760	13.6	6.9	3.1	28.9						9	136		
FRI	26	2.21	27	0.00	74	1.89	26.29 / 0.0830		12.1	7.3	2.9				24	442	13.4	6.9	3.0	23.6						8	126		
SAT	27	2.00	28	0.00	69	1.77	26.18 / 0.1049														17.5								
TOTAL		65.66		4.08		59.93		2.4886																					
MAXIMUM		2.79		1.65	2940	2.61	729 / 0.1141		15.0	9.3	4.5	321	5791	289	6449	52	1095	17.8	7.1	5.7	66.6	40	837	19	388	15	294	65	
MINIMUM		2.00		0.00	69	1.77	24 / 0.0003		12.1	6.9	2.4	148	3308	131	2327	18	298	13.2	6.7	2.6	12.6	20	367	8	147	4	82	5	
AVERAGE		2.35		0.15	640	2.14	183 / 0.0889		13.1	7.3	3.5	222	4336	237	4699	35	690	14.5	6.8	3.8	26.2	29	527	12	221	9	156	30	
Number of Analyses		28			28	28	28	28	20	20	20	8	8	8	18	18	19	20	20	28	8	8	8	8	8	18	18	8	

COMMENTS:  
\* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECL COLIFORM COLONIES  
FOG samples that are highlighted yellow are composite samples

2012	
Hrd mg/l	62
AK mg/l	NA
D.O mg/l	3.8
Turb./TU	NA
Tox TU	NA

2012 Effluent	
mg/L	LBBS
Copper	15
Lead	NA
Silver	NA
Zinc	NA
NH3 mg/L	15.2

Week	WEEKLY AVERAGE				WEEKLY
	BOD mg/l	TSS lbs	COLIFORM	% REMOVAL	
1	10	170	22	395	20
2	12	191	28	432	40
3	13	219	33	690	6
4	14	231	30	495	42
5					
MAX	14	279	33	690	42



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 Treago WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	9	30	2012
			YEAR
			MO
			DAY

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS				
Turbidity	PERMIT	*****	*****	****	*****	26	67	(43)	0	Continuous	RECORDR	
00070 1 0	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	RECORDR	
Effluent Gross	SAMPLE	*****	*****	****	2.6	3.8	*****	(19)	0	Continuous	RECORDR	
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	****	2.6	3.8	*****	(19)	0	Continuous	RECORDR	
00300 1 0	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L	0	Once Per Month	GRAB	
Effluent Gross	REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L	0	Once Per Month	GRAB	
BOD, 5-Day, 20 deg. C	SAMPLE	221	398	(26)	*****	12	19	(19)	0	Once Per Month	GRAB	
00310 1 0	PERMIT	1226	2452	lb/d	*****	30	60	19	0	Twice Per Month	COMP24	
Effluent Gross	REQUIREMENT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L	0	Twice Per Month	COMP24	
BOD, 5-Day, 20 deg. C	SAMPLE	279	*****	(26)	*****	14	*****	(19)	0	Twice Per Month	COMP24	
00310 W 0	PERMIT	1829	*****	lb/d	*****	45	*****	19	0	Twice Per Month	COMP24	
See Comments	REQUIREMENT	1829	*****	lb/d	*****	WKLY AVG	*****	mg/L	0	Twice Per Month	COMP24	
pH	SAMPLE	*****	*****	****	6.7	*****	7.1	(12)	0	Twice Per Month	COMP24	
00400 1 0	MEASUREMENT	*****	*****	****	6.5	*****	9.0	12	0	Twice Per Month	COMP24	
Effluent Gross	PERMIT	*****	*****	****	INST MIN	*****	INST MAX	SU	0	Twice Per Month	COMP24	
Alkalinity, total (asCaCo3)	SAMPLE	*****	*****	****	*****	NA	NA	(19)	0	Twice Per Month	COMP24	
00410 1 7	MEASUREMENT	*****	*****	****	*****	NA	NA	(19)	0	Twice Per Month	COMP24	
Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Twice Per Month	COMP24	
Solids, total suspended	REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Twice Per Month	COMP24	
00530 1 0	SAMPLE	527	837	(26)	*****	29	40	(19)	0	Twice Per Month	COMP24	
Effluent Gross	MEASUREMENT	527	837	(26)	*****	29	40	(19)	0	Twice Per Month	COMP24	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	1226	2452	lb/d	*****	30	60	19	0	Twice Per Month	COMP24	
Tom Treago Wastewater Utilities Superintendent	REQUIREMENT	1226	2452	lb/d	*****	30	60	19	0	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.					*****		*****		*****		*****	
TYPED OR PRINTED					*****		*****		*****		*****	
COMMENT AND EXPLANATION OF ANY VIOLATIONS					*****		*****		*****		*****	
* The reporting period was from 09/30/2012 through 10/27/2012.					*****		*****		*****		*****	
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 1 OF 4					*****		*****		*****		*****	

Signature of Principal Executive Officer or Authorized Agent  
*Tom Treago*

907 AREA CODE  
586-0393 TELEPHONE  
11 MO DATE  
10 DAY



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

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

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

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* 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  
**ATTN:** Tom Treago WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	9	30	2012
			YEAR
			MO
			DAY
			27

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	690	*****	(26)	*****	33	*****	(19)	0		
	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	19		Twice Per Month	COMP24
00530 W 0 See Comments	SAMPLE MEASUREMENT	303	*****	(26)	*****	15	*****	(19)	0		
	PERMIT REQUIREMENT	1164	*****	lb/d	*****	28.5	*****	19		Once Per Month	COMP24
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	62	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	62	*****	19		Once Per Month	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	****	*****	NA	*****	(28)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	NA	*****	19		Once Per Month	GRAB
00900 1 6 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	(26)	*****	NA	*****	(28)	0		
	PERMIT REQUIREMENT	NA	*****	(26)	*****	NA	*****	28		Three Per Year	COMP24
01079 1 0 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	(26)	*****	NA	*****	(28)	0		
	PERMIT REQUIREMENT	NA	*****	(26)	*****	NA	*****	28		Three Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	NA	*****	(26)	*****	NA	*****	(28)	0		
	PERMIT REQUIREMENT	NA	*****	(26)	*****	NA	*****	28		Three Per Year	COMP24
01094 1 0 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	(26)	*****	NA	*****	(28)	0		
	PERMIT REQUIREMENT	NA	*****	(26)	*****	NA	*****	28		Three Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NA	*****	(26)	*****	NA	*****	(28)	0		
	PERMIT REQUIREMENT	NA	*****	(26)	*****	NA	*****	28		Three Per Year	COMP24
01114 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.31	*****	(26)	*****	15	*****	(28)	0		
	PERMIT REQUIREMENT	0.31	*****	(26)	*****	15	*****	28		Three Per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0.31	*****	(26)	*****	15	*****	(28)	0		
	PERMIT REQUIREMENT	0.31	*****	(26)	*****	15	*****	28		Three Per Year	COMP24
01119 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.54	*****	lb/d	*****	86.7	*****	28			
	PERMIT REQUIREMENT	7.63	*****	lb/d	*****	187	*****	28		Once 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.

*Michael O. Meland*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907  
AREA CODE  
586-0393  
TELEPHONE  
PHONE NUMBER  
2012  
YEAR  
11  
MO  
10  
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.**

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
2012	9	30	2012 10 27

PARAMETER	SAMPLE MEASUREMENT	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	0	Twice Every Week	GRAB
30500 O 0	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
31615 O 0	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
31615 P 0	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
31615 Q 0	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
31615 R 0	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
45613 1 0	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
Flow, in conduit or thru treatment plan	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
50050 1 0	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
<b>Tom Trego</b> Wastewater Utilities Superintendent	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB
TYPED OR PRINTED	PERMIT	*****	*****	*****	*****	*****	*****	0	0	Twice Every Week	GRAB

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

907 AREA CODE  
586-0393 TELEPHONE  
2012 YEAR  
11 MO  
10 DAY



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

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  
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**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** 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 \*\*\*  
**NOTE: Read instructions before completing this form.**

**PARAMETER**

MONITORING PERIOD			
YR	MO	DAY	TO
2012	9	30	2012
			YEAR
			MO
			DAY

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24	
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l	0			
See Comments	SAMPLE MEASUREMENT	*****	*****		*****	183	*****	ug/l	0			
Dilution factor	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon, DAILY MIN	Req. Mon, MO AVG	*****	1U	0	DAILY	MEASRD	
80093 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(23)	0			
BOD 5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD	
81010 K 0	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****	(23)	0	Once Per Month	CALCTD	
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	23	0	Once Per Month	CALCTD	
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	%	0	Once Per Month	CALCTD	
Chlorine usage	PERMIT REQUIREMENT	N/A	*****	(26)	*****	*****	*****		0	DAILY	MEASRD	
81400 X 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(93)	0			
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL	
84066 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL	
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(2G)	0	Semiannual	COMP24	
TT000 1 8	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	Semiannual	COMP24	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	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.

*Patricia A. McArthur*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

**907** AREA CODE  
**586-0393** TELEPHONE NUMBER  
**2012** YEAR  
**11** MO  
**10** DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* The reporting period was from 09/30/2012 through 10/27/2012.