

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

DECEMBER 2012

DAY	FLOWS										INFLUENT										EFFLUENT									
	DATE	SBR INFLUENT MGD	TEMP °F	precip	Mend River CFS	SBR Receiving TITL/FFL MGD	Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	Ammonia mg/L	TEMP °C	pH	D.O. mg/L	TURBID MAX NTU	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	FECAL COLIFORM /100 ml	Ammonia mg/L		
SUN	25	1.78	31	0.32		1.63	1.0	/1	0.0748										14.0											
MON	26	1.96	25	0.07	41	1.75	16.1	/1	0.0645	10.6	7.6	4.5		56	24		12.2	6.9	3.4	13.9					9		15	19		
TUE	27	2.00	20	0.00	23	1.75	9.5	/1	0.0846	10.6	7.3	3.9					11.4	6.9	3.4	12.8							15			
WED	28	1.92	26	0.00	38	1.87	14.1	/1	0.0803	11.2	7.1	4.3		36	568		11.6	6.9	3.6	13.8					10	148				
THU	29	1.95	23	0.06	22	1.71	9.3	/1	0.0543	10.0	7.6	3.6		42	26		11.8	6.8	3.3	16.5					8			17		
FRI	30	1.76	17	0.00	23	1.71	9.7	/1	0.1050	10.0	7.4	4.5		38			12.0	6.8	3.8	13.7					11					
SAT	1	1.77	16	0.08	20	1.63	8.9	/1	0.0798											13.2										
SUN	2	1.85	15	0.31	15	1.63	6.9	/1	0.0519											12.4										
MON	3	1.86	24	0.22		1.72	1.0	/1	0.0782	10.6	7.5	3.6		42	25		13.6	6.9	5.8	11.2					9		5	18		
TUE	4	1.94	19	0.00	14	1.76	6.1	/1	0.0657	9.6	7.2	3.3	208	3365	290	4692	10.6	6.8	2.3	15.2	17	250	18	264			25			
WED	5	1.92	23	0.03	23	1.75	9.5	/1	0.0648	10.2	6.9	4.6	248	3971	433	6954	11.2	6.8	3.9	16.8	19	277	21	306	5	66				
THU	6	1.95	23	0.17		1.79	1.0	/1	0.0550	10.2	7.5	4.7	220	3578	309	5025	12.4	6.8	3.8	14.1	20	299	25	373						
FRI	7	1.84	24	0.00		1.69	1.0	/1	0.0816	9.8	7.5	4.7					10.8	6.8	2.4	13.8										
SAT	8	1.79	26	0.14		1.63	1.0	/1												14.1										
SUN	9	1.80	34	0.16		1.65	1.0	/1												11.8										
MON	10	2.05	35	0.81	255	1.81	92.0	/1	0.0920	10.8	7.6	4.6		44	25		12.6	6.9	4.9	16.2					7		4	19		
TUE	11	1.94	27	0.03		1.83	1.0	/1	0.0959	10.2	7.3	4.3	200	3236	272	4401	12.0	6.8	4.0	27.9	17	259	20	305	8	114	10			
WED	12	1.96	28	0.24		1.71	1.0	/1	0.1003	10.6	7.0	4.8	292	4773	520	8500	11.8	6.8	4.1	23.7	21	299	31	442	9	128	19			
THU	13	2.03	36	0.05	738	1.89	253.2	/1	0.0874	10.4	7.3	4.2	232	3928	334	5655	16.3	6.7	3.6	16.3	28	441	33	520	10	158				
FRI	14	2.16	37	0.77	731	1.93	245.7	/1	0.0446	10.0	7.4	4.3		33			11.2	6.8	2.2	19.6					8					
SAT	15	2.14	35	0.13	765	2.05	242.1	/1	0.0563								12.7			12.7										
SUN	16	1.93	31	0.19	822	1.75	304.4	/1	0.0650								13.5			13.5										
MON	17	2.03	19	0.00	13	2.07	5.1	/1	0.0211	10.2	7.6	4.5		52	24		12.0	6.8	4.3	14.8					9		5	17		
TUE	18	2.11	14	0.00		2.06	1.0	/1	0.0318	9.4	7.0	4.8	196	3449	285	5015	11.0	6.8	3.7	19.1	17	292	26	447	8	129	5	18		
WED	19	2.08	20	0.00	23	2.05	8.2	/1	0.0411	9.6	7.1	5.2	218	3773	395	6552	10.6	6.9	3.3	22.5	24	410	46	786	10	162				
THU	20	1.96	20	0.00		1.92	1.0	/1	0.0451	11.0	7.1	4.1		32	523	21	12.0	6.8	3.2	26.1					9	136		17		
FRI	21	1.97	11	0.00		1.94	1.0	/1		10.0	7.6	4.3		44			10.8	6.9	3.0	29.3					9					
SAT	22	1.97	10	0.00		1.93	1.0	/1												12.7										
SUN	23	2.01	13	0.00		1.98	1.0	/1	0.0228											21.1										
MON	24	2.08	19	0.00		1.98	1.0	/1	0.0848	10.2	7.3	5.6		34			10.8	6.7	3.5	19.8							5			
TUE	25	1.78	16	0.00		1.77	1.0	/1	0.0414	8.8	7.2	5.4		25			10.2	6.7	3.2	19.4							15			
WED	26	1.95	12	0.00		1.87	1.0	/1	0.0570	9.0	7.5	4.8		154			9.6	6.8	3.9	24.6										
THU	27	2.10	19	0.21		1.98	1.0	/1	0.0536	8.8	7.1	4.6		33			10.4	6.6	3.1	31.7										
FRI	28	2.02	32	0.36		1.88	1.0	/1	0.0862	9.4	7.4	5.6		46			11.8	6.7	4.5	39.5										
SAT	29	2.18	35	0.07		2.00	1.0	/1	0.0731											34.3										
TOTAL		68.52		3.89		64.07			2.0469																					
MAXIMUM		2.18	37	0.81	822	2.07	304.4	/1	0.1090	11.2	7.6	5.6	292	4773	520	8500	16.3	6.9	5.8	39.5	39	651	46	786	11	162	25	19		
MINIMUM		1.76	10	0.00	13	1.63	1.0	/1	0.0211	8.8	6.9	3.3	196	3236	272	4401	9.6	6.6	2.2	11.2	17	250	18	264	5	66	4	17		
AVERAGE		1.96	23	0.13	223	1.83	36.0	/1	0.0660	10.0	7.3	4.5	226	3778	349	5684	11.7	6.8	3.6	19.1	22	353	29	459	8	130	9	18		
Number of Analyset		35	35	35	16	35	0	24	20	20	20	20	9	9	8	17	7	5	22	20	20	20	20	27	9	9	9	7		

WEEKLY AVERAGE		WEEKLY REMOVAL	
BOD	TSS	B.O.D.	COLIFORM
mg/l	lbs	mg/l	S.S.
1	15	92	90
2	315	19	11
3	28	423	6
4	36	617	5
5	41	664	9
MAX	41	664	15

2012		2012	
Hrd mg/l	LBS	ug/L	LBS
41	0.413	24	0.306
Hrd mg/l		Copper	
122		Copper	
Alk mg/l		Lead	
D.O mg/l		Silver	
Turb NTU		Zinc	
Tox Tue	N/A	NHS mg/L	18

* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

FOG samples that are highlighted yellow are composite samples

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

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

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

YR 2012 MO 11 DAY 25 TO YEAR 2012 MO 12 DAY 29
MONITORING PERIOD

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Turbidity	*****	*****	****	*****	19	40	(43)	0		
00070 1 0 Effluent Gross	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	****	*****	3.6	*****	(19)	0		
00300 1 0 Effluent Gross	*****	*****	****	*****	Req. Mon. MO AVG	*****	19 mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	459	786	(26)	*****	29	46	(19)	0		
00310 1 0 Effluent Gross	1226	2452	lb/d	*****	30	60	19 mg/L	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	684	*****	(26)	*****	41	*****	(19)	0		
00310 W 0 See Comments	1829	*****	lb/d	*****	45	*****	19 mg/L	0	Twice Per Month	COMP24
pH	*****	*****	****	*****	*****	6.9	(12)	0		
00400 1 0 Effluent Gross	*****	*****	****	*****	6.5	9.0	12 SU	0	Weekdays	GRAB
Alkalinity, total (asCaCO3)	*****	*****	****	*****	INST MIN	INST MAX	(19)	0		
00410 1 7 Effluent Gross	*****	*****	****	*****	122	122	(19)	0		
Solids, total suspended	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L	0	Quarterly	COMP24
00530 1 0 Effluent Gross	353	651	(26)	*****	22	39	(19)	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1226	2452	lb/d	*****	30	60	19 mg/L	0	Twice Per Month	COMP24
Tom Trego Wastewater Utilities Superintendent	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
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tom Trego

907 AREA CODE
586-0393 TELEPHONE
2013 YEAR
1 MO
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 11/25/2012 through 12/29/2012.
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 1 OF 5

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** 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

NOTE: Read instructions before completing this form.

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2012	11	25	2012	12	29

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Solids, total suspended	651	(26)	*****	(19)	0			
00530 W 0	1829	lb/d	*****	mg/L	0	Twice Per Month	COMP24	
See Comments	0.3	(26)	*****	(19)	0			
Nitrogen, ammonia total (as N)	0.3	lb/d	*****	mg/L	0	Once Per Month	COMP24	
00610 1 0	1164	lb/d	*****	(19)	0			
Effluent Gross	1963	*****	*****	mg/L	0	Once Per Month	COMP24	
Hardness, total (as CaCO3)	*****	*****	*****	(19)	0			
00900 1 6	*****	*****	*****	mg/L	0	Once Per Month	GRAB	
Effluent Gross	*****	*****	*****	(28)	0			
Silver, total recoverable	NA	(26)	NA	ug/L	0	Three Per Year	COMP24	
01079 1 0	Req. Mon. DAILY MX	lb/d	Req. Mon. DAILY MX	(28)	0			
Effluent Gross	NA	(26)	NA	ug/L	0			
Zinc, total recoverable	NA	(26)	NA	(28)	0			
01094 1 0	Req. Mon. DAILY MX	lb/d	Req. Mon. DAILY MX	ug/L	0	Three Per Year	COMP24	
Effluent Gross	NA	(26)	NA	(28)	0			
Lead, total recoverable	NA	(26)	NA	ug/L	0			
01114 1 0	Req. Mon. DAILY MX	lb/d	Req. Mon. DAILY MX	ug/L	0	Three Per Year	COMP24	
Effluent Gross	0.413	(26)	0.413	(28)	0			
Copper, total recoverable	0.413	(26)	0.413	ug/L	0			
01119 1 0	3.54	lb/d	86.7	ug/L	0	Once Per Month	COMP24	
Effluent Gross	7.63	lb/d	187	ug/L	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	907	907	2013	1	10
Tom Trego Wastewater Utilities Superintendent	AREA CODE	AREA CODE	YEAR	MO	DAY
	TELEPHONE	TELEPHONE			
	586-0393	586-0393			
	PHONE NUMBER	PHONE NUMBER			
	DATE	DATE			

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 11/25/2012 through 12/29/2012.

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

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

Form Approved.
F - FINAL
EFFLUENT
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.


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 Treggo WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	11	25	
YR	MO	DAY	TO
2012	12	29	

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	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 (C)	*****	*****	*****	*****	161	Req. Mon. DAILY MX	13	Twice Every Week	GRAB
31615 O 0	*****	*****	*****	N/A	N/A	(13)	0		
See Comments	*****	*****	*****	*****	MO GEO	#/100mL	0		
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	200	DAILY MX		Twice Every Week	GRAB
31615 P 0	*****	*****	*****	N/A	N/A	(13)	0		
See Comments	*****	*****	*****	*****	MO GEO	#/100mL	0		
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	200	DAILY MX		Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	*****	800	DAILY MX		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	9	(13)	0		
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	800	DAILY MX		Twice Every Week	GRAB
31615 R 0	*****	*****	*****	*****	400	DAILY MX		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	800	DAILY MX		Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	*****	*****	0		0		
45613 1 0	*****	*****	*****	*****	Req. Mon. DAILY MX	f=1 ; N=0		Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	*****	*****	*****	0		
Flow, in conduit or thru treatment plan	*****	1.8	(03)	*****	*****	*****			
50050 1 0	*****	2.1	3	*****	*****	*****			
Effluent Gross	*****	4.9	Mgal/d	*****	*****	*****			
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 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 Treggo Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED	TELEPHONE AREA CODE PHONE NUMBER DATE								
	907 586-0393 2013 1 10 YEAR MO DAY								

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 11/25/2012 through 12/29/2012.

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

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

*** NO DISCHARGE ***

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AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2012	11	25	2012	12	29

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	N/A	N/A	(26)	*****	N/A	(28)	0		
50060 S 0	4.09	4.09	lb/d	*****	100	ug/l		QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX		*****	MO AVG				
Dilution factor	*****	*****	****	1	36	ug/L	0		
80093 1 0	*****	*****	****	*****	Req. Mon. MO AVG	1U		DAILY	MEASRD
Effluent Gross	*****	*****	****	*****	*****	(23)	0		
BOD,5-day, percent removal	*****	*****	****	92	*****				
81010 K 0	*****	*****	****	*****	*****			Once Per Month	CALCTD
Percent Removal	*****	*****	****	85	*****	23 %			
Solids, suspended percent removal	*****	*****	****	90	*****	(23)	0		
81011 K 0 0	*****	*****	****	*****	*****			Once Per Month	CALCTD
Percent Removal	*****	*****	****	85	*****	23 %			
Chlorine usage	N/A	*****	(26)	*****	*****		0		
81400 X 0	*****	*****	****	*****	*****			DAILY	MEASRD
End of Chlorine Contact Chamber	Req. Mon. MO AVG	*****	lb/d	*****	*****				
Oil and grease visual	*****	*****	****	*****	0	(93)	0		
84066 1 0	*****	*****	****	*****	*****				
Effluent Gross	*****	*****	****	*****	*****			Once Per Month	VISUAL
Toxicity, Chronic	*****	*****	****	*****	*****				
TT000 1 8	*****	*****	****	*****	*****				
Effluent Gross	*****	*****	****	*****	*****			Semiannual	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tom Trego
Wastewater Utilities Superintendent

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2013 YEAR
1 MO DATE
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 11/25/2012 through 12/29/2012.

MAJOR
(SUB 01)
F - FINAL
EFFLUENT

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

