

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

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

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

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

*** NO DISCHARGE ***

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2012	12	30		2013	1	26

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 REQUIREMENT	*****	*****	*****	****	*****	24	100	(43)	0	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous
Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8	*****	(19)		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L	0	Once Per Month
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	(26)	*****	23	27	(19)		GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	30	60	19		
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	*****	(26)	*****	MO AVG	DAILY MX	mg/L	0	Twice Per Month
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	27	*****	(19)		COMP24
See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	*****	45	*****	19		COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	WKLY AVG	*****	mg/L	0	Twice Per Month
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	6.5	6.9	(12)		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	INST MIN	9.0	12		GRAB
Alkalinity, total (asCaCo3)	PERMIT REQUIREMENT	*****	*****	*****	****	*****	*****	INST MAX	SU		
00410 1 7	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NA	NA	(19)	0	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Quarterly
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	(26)	*****	25	34	(19)		
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	30	60	19		COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	MO AVG	DAILY MX	mg/L		

Tom Trego
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE	PRINCIPAL EXECUTIVE OFFICER
907 AREA CODE	586-0393
2013 YEAR	2 MO
10 DAY	10 DAY

* The reporting period was from 12/30/2012 through 01/26/2013.

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

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

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

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YR	MO	DAY	YEAR	MO	DAY
2012	12	30	2013	1	26

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	UNITS			
Solids, total suspended	PERMIT REQUIREMENT	883	*****	(26)	*****	32	0		
00530 W 0	REQUIREMENT	1829	*****	lb/d	*****	45	0	Twice Per Month	COMP24
See Comments	SAMPLE MEASUREMENT	244	244	(26)	*****	13	0		
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1164	1963	lb/d	*****	28.5	0	Once Per Month	COMP24
00610 1 0	REQUIREMENT	MO AVG	DAILY MX		*****	80	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	80	0		
Hardness, total (as CaCO3)	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	0	Once Per Month	GRAB
00900 1 6	REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY MX	0	Once Per Month	
Effluent Gross	SAMPLE MEASUREMENT	<.02	<.02	(26)	*****	<.02	0		
Silver, total recoverable	PERMIT REQUIREMENT	Req. Mon. MO AVG	DAILY MX	lb/d	*****	Req. Mon. DAILY MX	0	Three Per Year	COMP24
01079 1 0	REQUIREMENT	0.59	0.59	(26)	*****	30	0		
Effluent Gross	SAMPLE MEASUREMENT	Req. Mon. MO AVG	DAILY MX		*****	Req. Mon. DAILY MX	0		
Zinc, total recoverable	PERMIT REQUIREMENT	Req. Mon. MO AVG	DAILY MX	lb/d	*****	Req. Mon. DAILY MX	0	Three Per Year	COMP24
01094 1 0	REQUIREMENT	Req. Mon. MO AVG	DAILY MX		*****	Req. Mon. DAILY MX	0	Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	<.02	<.02	(26)	*****	<.02	0		
Lead, total recoverable	PERMIT REQUIREMENT	Req. Mon. MO AVG	DAILY MX	lb/d	*****	Req. Mon. DAILY MX	0	Three Per Year	COMP24
01114 1 0	REQUIREMENT	Req. Mon. MO AVG	DAILY MX		*****	Req. Mon. DAILY MX	0	Three Per Year	COMP24
Effluent Gross	SAMPLE MEASUREMENT	0.41	0.41	(26)	*****	21	0		
Copper, total recoverable	PERMIT REQUIREMENT	3.54	7.63	lb/d	*****	86.7	0	Once Per Month	COMP24
01119 1 0	REQUIREMENT	MO AVG	DAILY MX		*****	MO AVG	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	lb/d	*****	*****	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	TELEPHONE
Tom Trego Wastewater Utilities Superintendent	586-0393
TYPED OR PRINTED	DATE
	2013 2 10
COMMENT AND EXPLANATION OF ANY VIOLATIONS	AREA CODE
* The reporting period was from 12/30/2012 through 01/26/2013.	PHONE NUMBER
EPA Form 3320-1 (03-99) Previous editions may be used.	DATE

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	12	30	
YEAR	MO	DAY	TO
2013	1		26

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	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		0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	161	Req. Mon. DAILY MX	13	Twice Every Week	GRAB
31615 O 0	*****	*****	*****	*****	N/A		0		
See Comments	*****	*****	*****	*****	N/A		0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	400	800		Twice Every Week	GRAB
31615 P 0	*****	*****	*****	*****	N/A		0		
See Comments	*****	*****	*****	*****	N/A		0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	400	800		Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	*****	75	75		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	800	1200		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	800	1200		Twice Every Week	GRAB
31615 R 0	*****	*****	*****	*****	*****		0		
See Comments	*****	*****	*****	*****	*****		0		
Floating solids or visible foam-visual	*****	*****	*****	*****	*****		0		
45613 1 0	*****	*****	*****	*****	*****		0		
Effluent Gross	*****	*****	*****	*****	*****		0		
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****		0		
50050 1 0	*****	*****	*****	*****	*****		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 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/TITLE PRINCIPAL EXECUTIVE OFFICER Tom Trego Wastewater Utilities Superintendent									
TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 									
COMMENT AND EXPLANATION OF ANY VIOLATIONS * The reporting period was from 12/30/2012 through 01/26/2013.									

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LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

MAJOR (SUB 01)
 F - FINAL
 EFFLUENT


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AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR 2013
 MO 1
 DAY 26
 YR 2012
 MO 12
 DAY 30
 TO

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	N/A	N/A	N/A	N/A	(26)	0		
50060 S 0	4.09	4.09	100	100	lb/d	0	QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX	MO AVG	DAILY MX				
Dilution factor	*****	*****	13	*****	****	0		
80093 1 0	*****	*****	Req. Mon.	*****	****		DAILY	MEASRD
Effluent Gross	*****	*****	MO AVG	*****	****	0		
BOD.5-day, percent removal	*****	*****	92	*****	****			
81010 K 0	*****	*****	85	*****	****		Once Per Month	CALCTD
Percent Removal	*****	*****	MN % RMV	*****	****			
Solids, suspended percent removal	*****	*****	87	*****	****	0		
81011 K 0 0	*****	*****	85	*****	****		Once Per Month	CALCTD
Percent Removal	*****	*****	MN % RMV	*****	****			
Chlorine usage	N/A	*****	*****	*****	(26)	0		
81400 X 0	Req. Mon.	*****	*****	*****	lb/d		DAILY	MEASRD
End of Chlorine Contact Chamber	MO AVG	*****	*****	*****				
Oil and grease visual	*****	*****	*****	0	****	0		
84066 1 0	*****	*****	*****	*****	****		Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	*****	****			
Toxicity, Chronic	*****	*****	*****	NA	****	0		
TT000 1 8	*****	*****	*****	*****	****		Semiannual	COMP24
Effluent Gross	*****	*****	*****	*****	****			
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 Trego Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
TYPED OR PRINTED	TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE 2013 YEAR 2 MO 10 DAY							

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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MAJOR (SUB 01)
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YR	MO	DAY	TO
YR	MO	DAY	TO

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	UNITS			
Turbidity	*****	*****	****	*****	0.0	0		
00070 1 0 Effluent Gross	*****	*****	****	*****	Req. Mon. DAILY MX		Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	****	*****	*****	0		
00300 1 0 Effluent Gross	*****	*****	****	*****	Req. Mon. MO AVG		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	0.0	0.0	(26)	*****	0	0		
00310 1 0 Effluent Gross	1226	2452	lb/d	*****	30		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	0.0	*****	(26)	*****	0.0	0		
00310 W 0 See Comments	1829	*****	lb/d	*****	45		Twice Per Month	COMP24
pH	*****	*****	****	*****	6.5	0		
00400 1 0 Effluent Gross	*****	*****	****	*****	6.5		Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	*****	****	*****	INST MAX	0		
00410 1 7 Effluent Gross	*****	*****	****	*****	0.0		Quarterly	COMP24
Solids, total suspended	0	0	(26)	*****	0.0	0		
00530 1 0 Effluent Gross	1226	2452	lb/d	*****	30		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tom Trego
Wastewater Utilities Superintendent

Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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00434/981209 1904
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PAGE 4 OF 4