

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska

Feb-2013

DAY	DATE	FLOWS										INFLUENT										EFFLUENT									
		SBR (INFLUENT) MGD	Temp °F	precip	Mend River CFS	SBR Flow TLEFFC MGD	Receiving Water Dilution	SBR WASTE MGD	Temp °C	pH	D.O. mg/L	SS LBS	SS LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	NH3 mg/L	Temp °C	pH	D.O. mg/L	TURBID. MAX NTU	SS mg/L	SS LBS	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	FECAL COLIFORM /100 ml	NH3 mg/L	
SUN	27	2.36	24	0.10	54	2.25	16.50	1	0.030	7.4	7.3	5.8					22	13.6	6.6	3.6	13.8							1	13		
MON	28	2.39	10	0.02	34	2.33	10.43	1	0.053	7.4	7.3	5.8						10.2	6.6	3.6	14.1			20	390	8	156	4			
TUE	29	2.35	12	0.70	33	2.24	10.11	1	0.088	7.6	6.9	6.2					14	11.4	6.6	3.6	14.9								12		
WED	30	2.40	24	0.19		2.24		1	0.110	10.4	6.8	6.2						12.2	6.6	3.4	17.0										
THU	31	2.48	30	0.24	20	2.43	6.32	1	0.124	9.2	7.1	6.2						9.8	6.5	2.7	15.4										
FRI	1	2.65	36	0.50		2.51		1	0.165	8.8	7.0	4.7																			
SAT	2	3.22	39	0.51		3.19		1	0.104																						
SUN	3	3.11	37	0.34		3.01		1	0.035																						
MON	4	2.77	32	0.00	66	2.77	16.39	1	0.069	7.8	7.0	6.8					10	10.3	6.6	4.8	13.0						5	9			
TUE	5	2.49	30	0.00	21	2.45	6.54	1	0.087	8.2	6.9	6.2						10.8	6.6	3.2	15.2			22	450	7	143	25			
WED	6	2.38	33	0.00	55	2.22	17.00	1	0.133	8.6	6.9	6.2						10.8	6.7	3.0	19.2			22	407	8	148				
THU	7	2.30	36	0.25	70	2.21	21.46	1	0.085	8.6	7.1	6.2						10.6	6.6	4.2	18.9			25	461	7	129				
FRI	8	3.01	37	0.88	82	2.84	19.65	1	0.112	7.2	6.9	4.9						9.0	6.5	2.9	17.3										
SAT	9	2.69	39	0.30	88	2.52	23.56	1	0.103																						
SUN	10	3.71	39	0.61	190	3.59	35.19	1	0.060																						
MON	11	3.32	36	0.09	107	3.12	23.15	1	0.072	9.4	6.9	7.1					9	9.4	6.5	4.8	17.3								7		
TUE	12	2.81	34	0.00	107	2.71	26.51	1	0.070	8.6	6.9	6.9						10.0	6.6	3.1	15.2			23	520	10	226				
WED	13	2.45	34	0.05	53	2.45	14.97	1	0.080	9.2	6.9	6.5						11.0	6.5	4.0	17.3			24	490	18	388	60			
THU	14	2.45	37	0.39	53	2.56	14.37	1	0.121	8.4	6.9	4.9						8.4	6.6	2.2	19.2			26	555	22	470				
FRI	15	3.50	38	0.92	227	3.52	42.66	1	0.084	7.2	6.9	6.6						9.0	6.6	2.8	19.7										
SAT	16	2.83	36	0.05		3.08		1	0.078																						
SUN	17	2.34	34	0.09		2.54		1	0.070																						
MON	18	2.74	35	0.27	74	2.65	19.04	1	0.081	7.4	7.1	6.8						8.6	6.8	2.9	17.0						445				
TUE	19	2.54	36	0.03	74	2.41	20.84	1	0.093	8.6	6.9	6.9						9.8	6.5	2.7	16.7			26	523	27	543				
WED	20	2.74	37	0.51	54	2.50	14.95	1	0.098	8.6	7.0	5.8						9.2	6.6	3.6	17.0			26	542	29	600	15	7		
THU	21	2.78	37	0.24	60	2.63	15.74	1	0.083	8.0	7.0	6.2						10.4	6.6	4.0	17.8			24	526	28	621	8	10		
FRI	22	2.60	36	0.05	58	2.49	16.05	1	0.062	8.0	7.0	5.0						9.4	6.6	2.3	29.3										
SAT	23	2.27	34	0.10	57	2.22	17.59	1	0.082																						
TOTAL		75.68		7.43		73.78			2.432																						
MAXIMUM		3.71	39	0.92	227	3.59	42.66	1	0.165	10.4	7.3	7.1						12.2	6.7	4.8	29.3			26	555	29	621	10	228	445	13
MINIMUM		2.27	10	0.00	20	2.21	6.32	1	0.030	7.2	6.8	4.7						8.4	6.5	2.2	10.2			20	390	7	129	1	7		
AVERAGE		2.70	33	0.27	74	2.64	18.59	1	0.087	8.4	6.1	210						10.0	6.6	3.4	16.3			24	486	22	453	8	160	79	10
Number of Analyses		28	28	28	22	28	22	22	28	20	20	20	10	10	10	5	5	5	20	20	20	28	10	10	10	10	10	5	5	7	5

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

FOG samples that are highlighted yellow are composite samples

WEEKLY AVERAGE		WEEKLY COLIFORM	
WEEK	BOD mg/L	TSS lbs	Geo. Mean
1	20	390	20
2	19	355	23
3	20	437	24
4	28	568	25
MAX	28	568	25

WEEKLY AVERAGE		WEEKLY COLIFORM	
WEEK	BOD mg/L	TSS lbs	Geo. Mean
1	20	390	20
2	19	355	23
3	20	437	24
4	28	568	25
MAX	28	568	25

2013 Influent		2013 Effluent	
Parameter	mg/L	Parameter	mg/L
Copper	16	Copper	0.33
Lead	NA	Lead	NA
Silver	NA	Silver	NA
Zinc	NA	Zinc	NA
NH3	10	NH3	206

2013	
Parameter	mg/L
Hrd	80
Alk	NA
D.O	3.4
Turb. NTU	29
Tox. TU	NA

2013	
Parameter	LBS
Copper	0.33
Lead	NA
Silver	NA
Zinc	NA
NH3	206

% REMOVAL	
Parameter	%
B.O.D.	92
S.S.	89



**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  
**ATTI:** Tom Trego WW Utilities Superintendent

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
2013	1	27	2013	2	23
FROM			TO		

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	UNITS			
Turbidity	MEASUREMENT	*****	*****	****	*****	29	(43)	0		
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	****	*****	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	*****	mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	MEASUREMENT	453	621	(26)	*****	29	(19)	0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	MO AVG	DAILY MX	mg/L	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	MEASUREMENT	588	*****	(26)	*****	*****	(19)	0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1829	*****	lb/d	WKLY AVG	*****	mg/L	0	Twice Per Month	COMP24
pH	MEASUREMENT	*****	*****	****	*****	6.7	(12)	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	INST MIN	INST MAX	SU	0	Weekdays	GRAB
Alkalinity, total (asCaCo3)	MEASUREMENT	*****	*****	****	*****	NA	(19)	0		
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Quarterly	COMP24
Solids, total suspended	MEASUREMENT	486	555	(26)	*****	24	(19)	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	lb/d	MO AVG	DAILY MX	mg/L	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.

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

907 AREA CODE  
2013 YEAR  
3 MO  
10 DAY  
586-0393 TELEPHONE  
PHONE NUMBER  
DATE

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**

\* The reporting period was from 01/27/2013 through 02/23/2013.



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

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

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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	YEAR	MO	DAY
2013	1	27	2013	2	23

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	530	*****	25	*****	(26)	0		
00530 W 0	1829	*****	45	*****	lb/d			
See Comments	206	*****	10	*****	(26)	0	Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	1164	1963	28.5	48	lb/d			
00610 1 0	*****	*****	80	80	(26)	0	Once Per Month	COMP24
Effluent Gross	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****			
Hardness, total (as CaCO3)	*****	*****	NA	NA	****			
00900 1 6	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****			
Effluent Gross	NA	NA	NA	NA	****			
Silver, total recoverable	NA	NA	Req. Mon. MO AVG	Req. Mon. DAILY MX	(26)	0	Once Per Month	GRAB
01079 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****			
Effluent Gross	NA	NA	NA	NA	*****			
Zinc, total recoverable	NA	NA	Req. Mon. MO AVG	Req. Mon. DAILY MX	(26)	0	Three Per Year	COMP24
01094 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****			
Effluent Gross	NA	NA	NA	NA	*****			
Lead, total recoverable	NA	NA	Req. Mon. MO AVG	Req. Mon. DAILY MX	(26)	0	Three Per Year	COMP24
01114 1 0	Req. Mon. MO AVG	Req. Mon. DAILY MX	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****			
Effluent Gross	0.327	0.327	16	16	*****			
Copper, total recoverable	3.54	7.63	86.7	187	(26)			
01119 1 0	MO AVG	DAILY MX	MO AVG	DAILY MX	*****			
Effluent Gross	*****	*****	*****	*****	*****			

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Tom Trego**  
Wastewater Utilities Superintendent

907  
AREA CODE  
2013  
YEAR  
586-0393  
TELEPHONE  
3  
MO  
10  
DAY  
PHONE NUMBER  
DATE

TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* The reporting period was from 01/27/2013 through 02/23/2013.  
EPA Form 3320-1 (03-99) Previous editions may be used.



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

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

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

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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	YEAR	MO	DAY
2013	1	27	2013	2	23
FROM			TO		

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	UNITS				
Coliform, fecal - % sample exceeds limit	*****	*****	*****	(23)	0	0		
30500 O 0 See Comments	*****	*****	10 DAILY MX	%			Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	N/A	(13)	0			
31615 O 0 See Comments	*****	*****	161 MO GEO	13 #/100ml			Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	N/A	(13)	0			
31615 P 0 See Comments	*****	*****	200 MO GEO	#/100ml			Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	N/A	(13)	0			
31615 Q 0 See Comments	*****	*****	400 WKLY GEO	#/100ml			Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	82	(13)	0			
31615 R 0 See Comments	*****	*****	400 MO GEO	#/100ml			Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	82	(13)	0			
45613 1 0 Effluent Gross	*****	*****	1200 DAILY MX				Once Per Month	VISUAL
Flow, in conduit or thru treatment plant	*****	*****	0		0			
50050 1 0 Effluent Gross	*****	*****	*****	****	0		Continuous	RCORDR

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.

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
*Tom Trego*  
**Tom Trego**  
**Wastewater Utilities Superintendent**

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**  
*Matha D. Moberg*

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

**TYPED OR PRINTED**

**COMMENT AND EXPLANATION OF ANY VIOLATIONS**

\* The reporting period was from 01/27/2013 through 02/23/2013.

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 3 OF 4



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

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT

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

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


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

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AK-002295-1 PERMIT NUMBER	001 A DISCHARGE NUMBER
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MONITORING PERIOD			
YR	MO	YEAR	MO
2013	1	2013	2
DAY	DAY	DAY	DAY
27	27	23	23

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** MENDENHALL TREATMENT PLANT  
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**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Tom Trego WW Utilities Superintendent

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	N/A	(26)	N/A	(28)	N/A	(28)	0		
50060 S 0	4.09	lb/d	100	ug/l	100	ug/l	0	QUARTERLY	COMP24
See Comments	MO AVG		MO AVG		DAILY MX				
Dilution factor	*****	****	19	ug/L	*****	*****	0		
80093 1 0	*****	****	Req. Mon.	1U	*****	*****	0	DAILY	MEASRD
Effluent Gross	*****	****	MO AVG		*****	*****			
BOD, 5-day, percent removal	*****	****	*****	(23)	*****	*****	0		
81010 K 0	*****	****	*****	23	*****	*****	0	Once Per Month	CALCTD
Percent Removal	*****	****	MIN % RMV	%	*****	*****			
Solids, suspended percent removal	*****	****	89	(23)	*****	*****	0		
81011 K 0 0	*****	****	*****	23	*****	*****	0	Once Per Month	CALCTD
Percent Removal	*****	****	MIN % RMV	%	*****	*****			
Chlorine usage	N/A	(26)	*****		*****	*****	0		
81400 X 0	Req. Mon.		*****		*****	*****	0	DAILY	MEASRD
End of Chlorine Contact Chamber	MO AVG		*****		*****	*****			
Oil and grease visual	*****	****	*****	(93)	0	0	0		
84066 1 0	*****	****	*****	occur/mo	Req. Mon.	*****		Once Per Month	VISUAL
Effluent Gross	*****	****	*****		DAILY MX	*****			
Toxicity, Chronic	*****	****	*****	(2G)	NA	*****	0		
TT000 1 8	*****	****	*****	px chronic	Req. Mon.	*****		Semiannual	COMP24
Effluent Gross	*****	****	*****		DAILY MX	*****			
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	AREA CODE 907 TELEPHONE 586-0393 PHONE NUMBER DATE YEAR 2013 MO 3 DAY 10								

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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