

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

Apr-2013

DAY	DATE	FLOWS										INFLUENT										EFFLUENT									
		SBR Influent MGD	Temp °F	precip	Mend River CFS	TTL Effl MGD	SBR 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	NH3 grab 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	FECAL COLIFORM /100 ml	NH3 Grab mg/L					
SUN	31	1.82	38	0.00		1.69	1.00	1.00	0.0487																						
MON	1	2.11	44	0.33		1.84	1.00	1.00	0.0693																						
TUE	2	2.02	43	0.14		1.80	1.00	1.00	0.1280																						
WED	3	2.02	42	0.00		1.88	1.00	1.00	0.1072																						
THU	4	1.85	40	0.00		1.62	1.00	1.00	0.1155																						
FRI	5	2.03	37	0.08		1.76	1.00	1.00	0.1209																						
SAT	6	1.81	40	0.19		1.76	1.00	1.00	0.0985																						
SUN	7	1.82	51	0.00		1.62	1.00	1.00	0.0803																						
MON	8	2.04	42	0.25		1.59	1.00	1.00	0.0810																						
TUE	9	2.09	38	0.80		1.90	1.00	1.00	0.0252																						
WED	10	2.21	35	0.09		2.00	1.00	1.00	0.0657																						
THU	11	2.09	33	0.14		1.82	1.00	1.00	0.1883																						
FRI	12	2.05	38	0.00		1.80	1.00	1.00	0.1571																						
SAT	13	1.80	36	0.00		1.56	1.00	1.00	0.0614																						
SUN	14	1.84	38	0.00		1.62	1.00	1.00	0.0596																						
MON	15	2.05	36	0.00		1.73	1.00	1.00	0.1457																						
TUE	16	1.99	36	0.42		1.75	1.00	1.00	0.0891																						
WED	17	2.03	41	0.14		1.83	1.00	1.00	0.1068																						
THU	18	2.02	38	0.00		1.83	1.00	1.00	0.0639																						
FRI	19	1.92	35	0.00		1.68	1.00	1.00	0.1648																						
SAT	20	1.75	34	0.00		1.52	1.00	1.00	0.0882																						
SUN	21	1.79	37	0.00		1.58	1.00	1.00	0.0551																						
MON	22	1.90	37	0.15		1.72	1.00	1.00	0.1070																						
TUE	23	1.84	38	0.01		1.68	1.00	1.00	0.0888																						
WED	24	1.89	41	0.23		1.76	1.00	1.00	0.0810																						
THU	25	2.10	38	0.98		1.95	1.00	1.00	0.0785																						
FRI	26	2.25	34	1.36		2.20	1.00	1.00	0.1069																						
SAT	27	2.22	36	0.45		2.12	1.00	1.00	0.0833																						
TOTAL		55.35		5.76		49.61			2.6658																						
MAXIMUM		2.25	51	1.36		45	2.20	17.9	0.1883																						
MINIMUM		1.75	33	0.00		16	1.52	1.0	0.0252																						
AVERAGE *		1.98	38	0.21		25	1.77	3.2	0.0952																						
Number of Analyses		28				7	28	28	28																						
		2013										2013 Effluent										WEEKLY AVERAGE									
		Hrd. mg/l 105										u/L (ppm) LBS										WEEKLY COLIFORM									
		Hrd. mg/l										Copper 36.0 0.53										TSS lbs									
		Alk. mg/l										Copper 0.00										BOD mg/l lbs									
		D.O. mg/l 2.4										Lead 0.00										Geo. Mean									
		Turb. NTU 100.0										Silver 0.00										S.S. mg/l lbs									
												Zinc 0.00										S.S. mg/l lbs									
												**NH3 mg/L 20.8										WEEKLY COLIFORM									
		Tox. TU: NA																				Geo. Mean									

Comments: \*Geometric mean is used to calculate the average fecal coliform colonies. \*\*NH3 sample is a composite

The BOD result from 4/16 needs to be reported as greater than 79.1

*Amended 5.15.13*



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

MAJOR (SUB 01)  
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	YEAR	MO	DAY
13	3	31	13	4	27

PARAMETER	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	VALUE			
Turbidity	SAMPLE MEASUREMENT	*****	*****	29	100	(43)	0	
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	1.9	2.4	(19)	0	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L	0	Once Per Month
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	38	79	0	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30	60	0	Twice Per Month
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	42	*****	0	
00310 W 0	PERMIT REQUIREMENT	*****	*****	*****	45	*****	0	Twice Per Month
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	
pH	PERMIT REQUIREMENT	*****	*****	*****	6.7	7.1	0	
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.5	9.0	0	Weekdays
Alkalinity, total (asCaCo3)	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	INST MAX	0	
00410 1 7 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Quarterly
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Twice Per Month

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 03/31/2013 through 04/27/2013.



**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  
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**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
13	3	31	13	4	27

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	965	(26)	66	(19)	0		
00530 W 0	1829	lb/d	45	mg/L	0	Twice Per Month	COMP24
See Comments	305	(26)	21	(19)	0		
Nitrogen, ammonia total (as N)	1164	lb/d	28.5	mg/L	0	Once Per Month	COMP24
00610 1 0	1963	lb/d	105	(19)	0		
Effluent Gross	*****	****	Req. Mon. MO AVG	DAILY MX			
Hardness, total (as CaCO3)	*****	****	105	(19)	0		
00900 1 6	*****	****	Req. Mon. MO AVG	DAILY MX			
Effluent Gross	*****	****	NA	(28)	0		GRAB
Silver, total recoverable	NA	(26)	Req. Mon. MO AVG	DAILY MX			
01079 1 0	Req. Mon. MO AVG	lb/d	NA	(28)	0	Three Per Year	COMP24
Effluent Gross	NA	(26)	Req. Mon. MO AVG	DAILY MX			
Zinc, total recoverable	NA	(26)	NA	(28)	0		
01094 1 0	Req. Mon. MO AVG	lb/d	Req. Mon. MO AVG	DAILY MX			
Effluent Gross	NA	(26)	NA	(28)	0		
Lead, total recoverable	NA	(26)	Req. Mon. MO AVG	DAILY MX			
01114 1 0	Req. Mon. MO AVG	lb/d	Req. Mon. MO AVG	DAILY MX			
Effluent Gross	NA	(26)	NA	(28)	0		
Copper, total recoverable	0.264	(26)	36.0	(28)	0	Three Per Year	COMP24
01119 1 0	3.54	lb/d	86.7	ug/L	0	Once Per Month	COMP24
Effluent Gross	7.63	lb/d	MO AVG	DAILY MX			

*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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.

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* The reporting period was from 03/31/2013 through 04/27/2013.



**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

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  
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**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
13	3	31	13	4	27
FROM			TO		

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	*****	*****	*****	*****	*****	*****	0		
30500 O 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
31615 O 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
31615 P 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
31615 Q 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
31615 R 0 See Comments	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
45613 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB
<p>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.</p>									
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Tom Trego Wastewater Utilities Superintendent</b></p>									
<p>TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT </p>									
<p>TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE</p>									
<p>2013 YEAR 5 MO 10 DAY 2013 YEAR 5 MO 10 DAY</p>									

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 03/31/2013 through 04/27/2013.

EPA Form 3320-1 (03-99) Previous editions may be used.

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

00434/981209 1904

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

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

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

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

NOTE: Read instructions before completing this form.

AK-002295-1 PERMIT NUMBER  
001 A DISCHARGE NUMBER

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**ATT:** Tom Trego WW Utilities Superintendent


**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
13	3	31	13	4	27
FROM			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	ug/l	0	QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX	MO AVG	DAILY MX	ug/l	0		
Dilution factor	*****	*****	3	*****				
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	*****	*****	MN % RMV	*****	%			
Solids, suspended percent removal	*****	*****	81	*****	(23)	0		
81011 K 0 0	*****	*****	*****	*****	23	0	Once Per Month	CALCTD
Percent Removal	*****	*****	MN % RMV	*****	%			
Chlorine usage	N/A	N/A	*****	*****		0		
81400 X 0	Req. Mon.	*****	*****	*****	(93)	0	DAILY	MEASRD
End of Chlorine Contact Chamber	MO AVG	*****	*****	*****				
Oil and grease visual	*****	*****	*****	*****				
84066 1 0	*****	*****	*****	0	occur/mo	0	Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	Req. Mon.				
Toxicity, Chronic	*****	*****	*****	DAILY MX	(2G)	0		
TT000 1 8	*****	*****	*****	NA				
Effluent Gross	*****	*****	*****	Req. Mon.	px chronic		Semiannual	COMP24
TT000 1 8	*****	*****	*****	DAILY MX				

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  
Wastewater Utilities Superintendent**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


907 AREA CODE  
2013 YEAR  
586-0393 TELEPHONE  
PHONE NUMBER  
DATE

TYPED OR PRINTED  
5 MO  
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* The reporting period was from 03/31/2013 through 04/27/2013.