



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: Jim Westcott WW Utilities Supervisor

AK-002295-1  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |      |
|-------------------|----|-----|------|
| YR                | MO | DAY | TO   |
| 2013              | 5  | 26  | 2013 |
| YEAR              | MO | DAY | YEAR |
| 2013              | 6  | 29  | 2013 |

| PARAMETER                   | QUANTITY OR LOADING |          |          | QUALITY OR CONCENTRATION |                  |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|---------------------|----------|----------|--------------------------|------------------|-------|--------|-----------------------|-------------|
|                             | VALUE               | VALUE    | UNITS    | VALUE                    | VALUE            | UNITS |        |                       |             |
| Turbidity                   | SAMPLE MEASUREMENT  | *****    | *****    | *****                    | *****            | (43)  | 0      |                       |             |
| 00070 1 0                   | PERMIT REQUIREMENT  | *****    | *****    | *****                    | *****            |       |        | Continuous            | RCORDR      |
| Effluent Gross              | SAMPLE MEASUREMENT  | *****    | *****    | 1.8                      | 2.3              | (19)  | 0      |                       |             |
| Oxygen, dissolved (DO)      | PERMIT REQUIREMENT  | *****    | *****    | Req. Mon. DAILY MN       | Req. Mon. MO AVG |       |        | Once Per Month        | GRAB        |
| 00300 1 0                   | PERMIT REQUIREMENT  | *****    | *****    | *****                    | *****            |       |        |                       |             |
| Effluent Gross              | SAMPLE MEASUREMENT  | 431      | 539      | 26                       | 33               | (19)  | 0      |                       |             |
| BOD, 5-Day, 20 deg. C       | PERMIT REQUIREMENT  | 1226     | 2452     | 30                       | 60               | 19    |        | Twice Per Month       | COMP24      |
| 00310 1 0                   | PERMIT REQUIREMENT  | MO AVG   | DAILY MX | *****                    | *****            |       |        |                       |             |
| Effluent Gross              | SAMPLE MEASUREMENT  | 461      | *****    | 28                       | *****            | (19)  | 0      |                       |             |
| BOD, 5-Day, 20 deg. C       | PERMIT REQUIREMENT  | 1829     | *****    | 45                       | *****            | 19    |        | Twice Per Month       | COMP24      |
| 00310 W 0                   | PERMIT REQUIREMENT  | WKLY AVG | *****    | *****                    | *****            |       |        |                       |             |
| See Comments                | SAMPLE MEASUREMENT  | *****    | *****    | 6.6                      | 7.4              | (12)  | 0      |                       |             |
| pH                          | PERMIT REQUIREMENT  | *****    | *****    | 6.5                      | *****            | 12    |        | Weekdays              | GRAB        |
| 00400 1 0                   | PERMIT REQUIREMENT  | *****    | *****    | INST MIN                 | INST MAX         | SU    |        |                       |             |
| Effluent Gross              | SAMPLE MEASUREMENT  | *****    | *****    | 135                      | 135              | (19)  | 0      |                       |             |
| Alkalinity, total (asCaCO3) | PERMIT REQUIREMENT  | *****    | *****    | *****                    | *****            |       |        |                       |             |
| 00410 1 7                   | PERMIT REQUIREMENT  | *****    | *****    | *****                    | *****            | 19    |        | Quarterly             | COMP24      |
| Effluent Gross              | SAMPLE MEASUREMENT  | 430      | 489      | 26                       | 30               | (19)  | 0      |                       |             |
| Solids, total suspended     | PERMIT REQUIREMENT  | 1226     | 2452     | 30                       | 60               | 19    |        | Twice Per Month       | COMP24      |
| 00530 1 0                   | PERMIT REQUIREMENT  | MO AVG   | DAILY MX | *****                    | *****            |       |        |                       |             |
| Effluent Gross              | SAMPLE MEASUREMENT  | *****    | *****    | *****                    | *****            |       |        |                       |             |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 5/26/13 through 6/29/13.

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

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LOCATION: JUNEAU, ALASKA 99801  
ATT: Jim Westcott WW Utilities Supervisor

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| PARAMETER                      | MEASUREMENT        | QUANTITY OR LOADING |       | UNITS | QUALITY OR CONCENTRATION |       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-------|--------|-----------------------|-------------|
|                                |                    | VALUE               | VALUE |       | VALUE                    | VALUE | VALUE |        |                       |             |
| Solids, total suspended        | SAMPLE MEASUREMENT | 460                 | ***** | (26)  | 29                       | ***** | (19)  | 0      | Twice Per Month       | COMP24      |
| 00530 W 0                      | PERMIT REQUIREMENT | 1829                | ***** | lb/d  | 45                       | ***** | 19    | 0      | Twice Per Month       | COMP24      |
| See Comments                   | SAMPLE MEASUREMENT | 295                 | ***** | (26)  | 17                       | ***** | (19)  | 0      | Twice Per Month       | COMP24      |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | 295                 | ***** | (26)  | 17                       | ***** | (19)  | 0      | Twice Per Month       | COMP24      |
| 00610 1 0                      | PERMIT REQUIREMENT | 1164                | ***** | lb/d  | 28.5                     | ***** | 19    | 0      | Once Per Month        | COMP24      |
| Effluent Gross                 | SAMPLE MEASUREMENT | MO AVG              | ***** | lb/d  | 84                       | ***** | (19)  | 0      | Once Per Month        | COMP24      |
| Hardness, total (as CaCO3)     | PERMIT REQUIREMENT | *****               | ***** | ****  | *****                    | ***** | 19    | 0      | Once Per Month        | GRAB        |
| 00900 1 6                      | PERMIT REQUIREMENT | *****               | ***** | ****  | *****                    | ***** | 19    | 0      | Once Per Month        | GRAB        |
| Effluent Gross                 | SAMPLE MEASUREMENT | NA                  | ***** | (26)  | NA                       | ***** | (28)  | 0      | Three Per Year        | COMP24      |
| Silver, total recoverable      | PERMIT REQUIREMENT | NA                  | ***** | (26)  | NA                       | ***** | (28)  | 0      | Three Per Year        | COMP24      |
| 01079 1 0                      | PERMIT REQUIREMENT | Req. Mon. MO AVG    | ***** | lb/d  | *****                    | ***** | 28    | 0      | Three Per Year        | COMP24      |
| Effluent Gross                 | SAMPLE MEASUREMENT | NA                  | ***** | (26)  | NA                       | ***** | (28)  | 0      | Three Per Year        | COMP24      |
| Zinc, total recoverable        | PERMIT REQUIREMENT | NA                  | ***** | (26)  | NA                       | ***** | (28)  | 0      | Three Per Year        | COMP24      |
| 01094 1 0                      | PERMIT REQUIREMENT | Req. Mon. MO AVG    | ***** | lb/d  | *****                    | ***** | 28    | 0      | Three Per Year        | COMP24      |
| Effluent Gross                 | SAMPLE MEASUREMENT | NA                  | ***** | (26)  | NA                       | ***** | (28)  | 0      | Three Per Year        | COMP24      |
| Lead, total recoverable        | PERMIT REQUIREMENT | NA                  | ***** | (26)  | NA                       | ***** | (28)  | 0      | Three Per Year        | COMP24      |
| 01114 1 0                      | PERMIT REQUIREMENT | Req. Mon. MO AVG    | ***** | lb/d  | *****                    | ***** | 28    | 0      | Three Per Year        | COMP24      |
| Effluent Gross                 | SAMPLE MEASUREMENT | 0.341               | ***** | (26)  | 20                       | ***** | (28)  | 0      | Three Per Year        | COMP24      |
| Copper, total recoverable      | PERMIT REQUIREMENT | 0.341               | ***** | (26)  | 20                       | ***** | (28)  | 0      | Three Per Year        | COMP24      |
| 01119 1 0                      | PERMIT REQUIREMENT | 3.54                | ***** | lb/d  | 86.7                     | ***** | 28    | 0      | Once Per Month        | COMP24      |
| Effluent Gross                 | SAMPLE MEASUREMENT | 7.63                | ***** | lb/d  | 187                      | ***** | 28    | 0      | Once Per Month        | COMP24      |

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**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** MENDENHALL TREATMENT PLANT  
 155 SOUTH SEWARD,  
 JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
 JUNEAU, ALASKA 99801  
**LOCATION:** Jim Westcott WW Utilities Supervisor  
**ATT:**


MAJOR (SUB 01)  
 F - FINAL  
 EFFLUENT  
 \*\*\* NO DISCHARGE  
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| 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  | MEASUREMENT  | *****               | ***** |       | *****                    | *****    | 0                  | (23)     | 0      | Twice Every Week      | GRAB        |
| 30500 O 0   | PERMIT REQUIREMENT   | *****               | ***** |       | *****                    | *****    | 10                 | %        | 0      | Twice Every Week      | GRAB        |
| See Comments  | SAMPLE MEASUREMENT   | *****               | ***** | ****  | N/A                      | N/A      | N/A                | (13)     | 0      | Twice Every Week      | GRAB        |
| Fecal coliform, MPN, EC med, 44.5 C   | PERMIT REQUIREMENT   | *****               | ***** | ****  | 161                      | MO GEO   | Req. Mon. DAILY MX | 13       | 0      | Twice Every Week      | GRAB        |
| 31615 O 0   | PERMIT REQUIREMENT   | *****               | ***** | ****  | N/A                      | N/A      | N/A                | (13)     | 0      | Twice Every Week      | GRAB        |
| See Comments  | SAMPLE MEASUREMENT   | *****               | ***** | ****  | 400                      | WKLY GEO | 800                | #/100ml  | 0      | Twice Every Week      | GRAB        |
| Fecal coliform, MPN, EC med, 44.5 C   | PERMIT REQUIREMENT   | *****               | ***** | ****  | N/A                      | N/A      | N/A                | (13)     | 0      | Twice Every Week      | GRAB        |
| 31615 P 0   | PERMIT REQUIREMENT   | *****               | ***** | ****  | 400                      | WKLY GEO | 800                | #/100ml  | 0      | Twice Every Week      | GRAB        |
| See Comments  | SAMPLE MEASUREMENT   | *****               | ***** | ****  | 400                      | MO GEO   | 800                | #/100ml  | 0      | Twice Every Week      | GRAB        |
| Fecal coliform, MPN, EC med, 44.5 C   | PERMIT REQUIREMENT   | *****               | ***** | ****  | 33                       | WKLY GEO | 115                | (13)     | 0      | Twice Every Week      | GRAB        |
| 31615 R 0   | PERMIT REQUIREMENT   | *****               | ***** | ****  | 800                      | WKLY GEO | 1200               | #/100ml  | 0      | Twice Every Week      | GRAB        |
| See Comments  | SAMPLE MEASUREMENT   | *****               | ***** | ****  | *****                    | *****    | 0                  |          | 0      | Twice Every Week      | GRAB        |
| Floating solids or visible foam-visual  | PERMIT REQUIREMENT   | *****               | ***** | ****  | *****                    | *****    | 0                  |          | 0      | Twice Every Week      | GRAB        |
| 45613 1 0   | PERMIT REQUIREMENT   | *****               | ***** | ****  | *****                    | *****    | Req. Mon. DAILY MX | Y=1; N=0 | 0      | Once Per Month        | VISUAL      |
| Effluent Gross  | SAMPLE MEASUREMENT   | 1.99                | 2.54  | (03)  | *****                    | *****    | *****              | ****     | 0      | Continuous            | RCORDR      |
| 50050 1 0   | PERMIT REQUIREMENT   | *****               | ***** | ****  | *****                    | *****    | *****              | ****     | 0      | Continuous            | RCORDR      |
| Effluent Gross  | PERMIT REQUIREMENT   | *****               | ***** | ****  | *****                    | *****    | *****              | ****     | 0      | Continuous            | RCORDR      |
| 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. |                     |       |       |                          |          |                    |          |        |                       |             |
| Jim Westcott<br>Wastewater Utilities Supervisor   | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  |                     |       |       |                          |          |                    |          |        |                       |             |
| TYPED OR PRINTED<br>COMMENT AND EXPLANATION OF ANY VIOLATIONS<br>* The reporting period was from 5/26/13 through 6/29/13. |  |                     |       |       |                          |          |                    |          |        |                       |             |

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| PARAMETER                         | QUANTITY OR LOADING |                  |          | UNITS | QUALITY OR CONCENTRATION |                  |       | NO. EX   | FREQUENCY OF ANALYSIS | SAMPLE TYPE    |        |
|-----------------------------------|---------------------|------------------|----------|-------|--------------------------|------------------|-------|----------|-----------------------|----------------|--------|
|                                   | VALUE               | VALUE            | VALUE    |       | VALUE                    | VALUE            | VALUE |          |                       |                |        |
| Chlorine, total residual          | MEASUREMENT         | N/A              | N/A      | (26)  | *****                    | N/A              | N/A   | (28)     | 0                     | QUARTERLY      | COMP24 |
| 50060 S 0                         | PERMIT              | 4.09             | 4.09     | lb/d  | *****                    | 100              | 100   | ug/l     | 0                     |                |        |
| See Comments                      | REQUIREMENT         | MO AVG           | DAILY MX |       |                          |                  |       |          |                       |                |        |
| Dilution factor                   | SAMPLE              | *****            | *****    | ****  | 1                        | 452              | ***** | ug/L     | 0                     |                |        |
| 80093 1 0                         | PERMIT              | *****            | *****    | ****  | Req. Mon. DAILY MN       | Req. Mon. MO AVG | ***** |          |                       | DAILY          | MEASRD |
| Effluent Gross                    | REQUIREMENT         | *****            | *****    | ****  | 93                       | *****            | ***** | 1U       | 0                     |                |        |
| BOD-5-day, percent removal        | SAMPLE              | *****            | *****    | ****  | 85                       | *****            | ***** | 23       | 0                     | Once Per Month | CALCTD |
| 81010 K 0                         | PERMIT              | *****            | *****    | ****  | 85                       | *****            | ***** | %        | 0                     | Once Per Month | CALCTD |
| Percent Removal                   | REQUIREMENT         | *****            | *****    | ****  | 90                       | *****            | ***** | (23)     | 0                     | Once Per Month | CALCTD |
| Solids, suspended percent removal | SAMPLE              | *****            | *****    | ****  | 85                       | *****            | ***** | 23       | 0                     | Once Per Month | CALCTD |
| 81011 K 0 0                       | PERMIT              | *****            | *****    | ****  | MN % RMV                 | *****            | ***** | %        | 0                     | Once Per Month | CALCTD |
| Percent Removal                   | REQUIREMENT         | *****            | *****    | ****  | *****                    | *****            | ***** |          | 0                     |                |        |
| Chlorine usage                    | SAMPLE              | N/A              | *****    | (26)  | *****                    | *****            | ***** |          | 0                     |                |        |
| 81400 X 0                         | PERMIT              | *****            | *****    | ****  | *****                    | *****            | ***** |          | 0                     | DAILY          | MEASRD |
| End of Chlorine Contact Chamber   | REQUIREMENT         | Req. Mon. MO AVG | *****    | lb/d  | *****                    | *****            | ***** |          | 0                     |                |        |
| Oil and grease visual             | SAMPLE              | *****            | *****    | ****  | *****                    | *****            | ***** | (93)     | 0                     |                |        |
| 84066 1 0                         | PERMIT              | *****            | *****    | ****  | *****                    | *****            | ***** |          | 0                     | Once Per Month | VISUAL |
| Effluent Gross                    | REQUIREMENT         | *****            | *****    | ****  | *****                    | *****            | ***** | occur/mo | 0                     |                |        |
| Toxicity, Chronic                 | SAMPLE              | *****            | *****    | ****  | *****                    | *****            | ***** | (26)     | 0                     |                |        |
| TT000 1 8                         | PERMIT              | *****            | *****    | ****  | *****                    | *****            | ***** |          | 0                     | Semiannual     | COMP24 |
| Effluent Gross                    | REQUIREMENT         | *****            | *****    | ****  | *****                    | *****            | ***** |          | 0                     |                |        |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Jim Westcott**  
**Wastewater Utilities Supervisor**

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