



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

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

Form Approved.  
\*\*\* 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:** Jim Westcott

**AK-002295-1** PERMIT NUMBER  
**001 A** DISCHARGE NUMBER

**MONITORING PERIOD**  
YR 2013 MO 6 DAY 30 TO 2013 MO 7 DAY 27

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Turbidity	*****	****	20	(43)	0		
00070 1 0 Effluent Gross	*****	****	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	*****	****	2.0	(19)	0		
00300 1 0 Effluent Gross	*****	****	Req. Mon. DAILY MN	mg/L		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	342	(26)	20	(19)	0		
00310 1 0 Effluent Gross	1226	lb/d	30	19		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	437	(26)	26	(19)	0		
00310 W 0 See Comments	1829	lb/d	45	19		Twice Per Month	COMP24
pH	*****	****	6.8	(12)	0		
00400 1 0 Effluent Gross	*****	****	6.5	12		Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	****	INST MIN	SU			
00410 1 7 Effluent Gross	*****	****	NA	(19)	0		
Solids, total suspended	312	(26)	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
00530 1 0 Effluent Gross	1226	lb/d	19	(19)	0		
00530 1 0 Effluent Gross	2452	lb/d	30	19		Twice Per Month	COMP24
<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><b>Jim Westcott</b> Wastewater Utilities Supervisor</p>							
<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>							
<p>TELEPHONE <b>586-0393</b></p>							
<p>AREA CODE <b>907</b></p>							
<p>PHONE NUMBER <b>586-0393</b></p>							
<p>DATE</p>							
<p>YEAR <b>2013</b></p>							
<p>MO <b>7</b></p>							
<p>DAY <b>10</b></p>							

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 06/30/2013 through 07/27/2013.

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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**ATT:** Jim Westcott WW Utilities Supervisor

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PERMIT NUMBER

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**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
2013	6	30	2013	7	27

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	PERMIT REQUIREMENT	364	(26)	*****	(19)	0		
00530 W 0	SAMPLE MEASUREMENT	1829	lb/d	*****	19	0	Twice Per Month	COMP24
See Comments	PERMIT REQUIREMENT	196	(26)	*****	(19)	0		
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1164	lb/d	*****	19	0	Once Per Month	COMP24
00610 1 0	PERMIT REQUIREMENT	196	(26)	*****	(19)	0		
Effluent Gross	SAMPLE MEASUREMENT	1963	lb/d	*****	19	0	Once Per Month	COMP24
Hardness, total (as CaCO3)	PERMIT REQUIREMENT	*****	****	*****	(19)	0		
00900 1 6	SAMPLE MEASUREMENT	*****	****	*****	19	0	Once Per Month	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	(28)	0		
Silver, total recoverable	SAMPLE MEASUREMENT	NA	(26)	NA	28	0	Three Per Year	COMP24
01079 1 0	PERMIT REQUIREMENT	NA	(26)	NA	(28)	0		
Effluent Gross	SAMPLE MEASUREMENT	NA	lb/d	NA	28	0	Three Per Year	COMP24
Zinc, total recoverable	PERMIT REQUIREMENT	NA	(26)	NA	(28)	0		
01094 1 0	SAMPLE MEASUREMENT	NA	lb/d	NA	28	0	Three Per Year	COMP24
Effluent Gross	PERMIT REQUIREMENT	NA	(26)	NA	(28)	0		
Lead, total recoverable	SAMPLE MEASUREMENT	NA	lb/d	NA	28	0	Three Per Year	COMP24
01114 1 0	PERMIT REQUIREMENT	NA	(26)	NA	(28)	0		
Effluent Gross	SAMPLE MEASUREMENT	NA	lb/d	NA	28	0	Three Per Year	COMP24
Copper, total recoverable	PERMIT REQUIREMENT	0.000	(26)	0.019	(28)	0		
01119 1 0	SAMPLE MEASUREMENT	0.000	lb/d	0.019	28	0	Once Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	3.54	lb/d	86.7	28	0	Once Per Month	COMP24
01119 1 0	SAMPLE MEASUREMENT	7.63	lb/d	187	28	0	Once Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	7.63	lb/d	187	28	0	Once 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.

**Jim Westcott**  
Wastewater Utilities Supervisor

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 AREA CODE 907  
 TELEPHONE 586-0393  
 YEAR 2013  
 MO 7  
 DAY 10

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
 \* The reporting period was from 06/30/2013 through 07/27/2013.



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YR 2013 MO 6 DAY 30 FROM  
YEAR 2013 MO 7 DAY 27 TO

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE				
Coliform, fecal - % sample exceeds limit	*****	*****	*****	0	(23)	0		
30500 O 0	*****	*****	*****	10	%	0	Twice Every Week	GRAB
See Comments	*****	*****	*****	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	Req. Mon.	13	0	Twice Every Week	GRAB
31615 O 0	*****	*****	*****	DAILY MX	#/100mL	0		
See Comments	*****	*****	*****	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	400		0	Twice Every Week	GRAB
31615 P 0	*****	*****	*****	WKLY GEO	#/100mL	0		
See Comments	*****	*****	*****	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	400		0	Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	WKLY GEO	#/100mL	0		
See Comments	*****	*****	*****	37	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	800		0	Twice Every Week	GRAB
31615 R 0	*****	*****	*****	WKLY GEO	#/100mL	0		
See Comments	*****	*****	*****	0		0		
Floating solids or visible foam-visual	*****	*****	*****	Req. Mon.		0	Once Per Month	VISUAL
45613 1 0	*****	*****	*****	DAILY MX	r=1 ; N=0	0		
Effluent Gross	*****	*****	*****	*****		0		
Flow, in conduit or thru treatment plant	*****	*****	*****	*****		0		
50050 1 0	*****	*****	*****	*****		0		
Effluent Gross	*****	*****	*****	*****		0		
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 Wastewater Utilities Supervisor	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
TYPED OR PRINTED	TELEPHONE AREA CODE PHONE NUMBER DATE 907 586-0393 2013 7 10 YEAR MO DAY							

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		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Chlorine, total residual	PERMIT REQUIREMENT	N/A	N/A	(26)	*****	N/A	(28)	0			
50060 S 0	REQUIREMENT	4.09	4.09	lb/d	*****	100	ug/l		QUARTERLY	COMP24	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	412	ug/L	0			
Dilution factor	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG			DAILY	MEASRD	
80093 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	1U	0			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	(23)				
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	23 %	0	Once Per Month	CALCTD	
81010 K 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	(23)				
Percent Removal	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	23 %	0	Once Per Month	CALCTD	
Solids, suspended percent removal	PERMIT REQUIREMENT	N/A	*****	(26)	*****	*****					
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	23 %	0			
Percent Removal	PERMIT REQUIREMENT	*****	*****	****	*****	*****					
Chlorine usage	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	(93)				
81400 X 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****			DAILY	MEASRD	
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****					
84066 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0				
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	occur/mo		Once Per Month	VISUAL	
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	(2G)	0			
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****			Semiannual	COMP24	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****					

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**Jim Westcott**  
**Wastewater Utilities Supervisor**

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 586-0393  
 AREA CODE: 907  
 PHONE NUMBER: 586-0393  
 DATE: 7/27/2013  
 YEAR: 2013  
 MO: 7  
 DAY: 27

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