

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska  
September 2013

FLOWS															INFLUENT															EFFLUENT														
DAY	DATE	SBR INFLUENT MGD	TEMP °F	precip	Mind River CFS	SBR TITL EFTL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	B.O.D. mg/L	FOG** mg/L	FOG LBS	NH3 Grab mg/L	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L	B.O.D. mg/L	B.O.D. LBS	FOG mg/L	FOG LBS	FOCAL COLIFORM /100 ml	NH3 Grab mg/L																	
SUN	25	1.88	55	0.04		1.81	1.0	1.0	16.1	7.5	3.3						17.4	6.6	3.2	24.7							480																	
MON	26	1.88	56	0.07		1.95	1.0	1.0	16.2	7.5	3.2	310	5429	442	7741	21	17.9	6.7	2.8	34.8	18	287	39	621			2200																	
TUE	27	2.10	57	0.00		1.91	1.0	1.0	16.4	6.4	2.6	300	4504	590	8857		17.7	6.7	2.7	39.4	29	426	54	793																				
WED	28	1.80	58	0.00	1660	1.76	610.3	1.1400	16.4	6.4	1.2						18.0	6.6	2.6	39.9							5500																	
THU	29	1.85	56	0.00	1590	1.74	591.3	1.1120	16.4	6.6	1.2						17.9	6.4	2.4	29.4	37	537	52	755			8000																	
FRI	30	1.75	52	0.14	1270	1.74	472.5	1.0429	16.3	6.9	2.7	210	3065	430	6276		17.9	6.4	2.4	29.3							400																	
SAT	31	1.49	56	1.30	2100	1.79	758.9	1.0440												27.8							64																	
SUN	1	2.49	56	1.30		2.49	1.0	1.0	15.6	7.0	2.3						17.4	6.4	2.7	23.9							18																	
MON	2	1.32	60	0.00		2.20	1.0	1.0	15.9	7.1	2.7	250	4587	260	4770		17.2	7.1	1.9	44.8	17	308	33	597			1000																	
TUE	3	2.20	58	0.04	3610	2.17	1075.7	1.0362	15.9	6.3	3.1	320	6138	510	9783	25	16.9	6.5	4.7	32.3	22	415	51	961			740	19																
WED	4	2.30	55	0.74	3910	2.26	1118.6	1.1100	16.1	6.5	3.3	170	3389	340	6777		17.4	6.4	2.9	24.8	20	380	40	761			170																	
THU	5	2.39	57	0.04	4820	2.28	1366.7	1.0900	16.1	6.6	2.8	180	3318	310	5714		17.2	6.4	3.4	23.9	18	329	32	584			46	16																
FRI	6	2.21	56	0.10	4740	2.19	1395.2	1.0670	16.6	6.6	2.8	180	3318	310	5714		17.2	6.4	3.4	24.4							40																	
SAT	7	2.18	60	0.74	4890	2.11	1498.1	1.0460												24.4							6																	
SUN	8	2.64	55	0.33	6200	2.57	1559.4	1.0397										16.6	6.3	3.0	20.7	17	336	24	474			74																
MON	9	2.30	54	0.00	6130	2.37	1871.9	1.0430	15.7	6.3	3.4	150	2877	180	3453		16.2	6.4	2.8	24.9	25	448	23	412			800																	
TUE	10	2.12	50	0.30	5040	2.15	1515.3	1.0460	15.3	6.6	3.0	230	4087	260	4597		17.3	6.5	2.8	30.3	22	402	29	530				16																
WED	11	2.20	58	0.00	4620	2.19	1363.8	1.0629	15.8	6.5	3.4	190	3486	350	6422	25	17.3	6.4	2.4	29.6	31	546	49	862																				
THU	12	2.16	56	0.06	4640	2.11	1421.6	1.0830	15.7	6.1	3.1	240	4323	430	7746	24	18.5	6.7	3.5	24.3	27	441	38	621				14																
FRI	13	2.08	52	0.00	1650	1.96	544.8	1.00910	15.7	6.8	2.7	1000	17431	950	16559					23.2																								
SAT	14	2.02	53	0.00		1.93	1.0	1.0												25.1																								
SUN	15	1.98	52	0.10		1.85	1.0	1.0										16.2	7.1	3.0	27.6	23	388	35	560																			
MON	16	1.96	54	0.17		1.92	1.0	1.0	15.9	7.1	2.9	150	2452	230	3760		16.4	7.1	2.7	32.4							6																	
TUE	17	1.99	51	0.35	1260	1.92	424.9	1.0822	15.6	7.2	3.3						20.8	7.3	6.0	32.2	23	397	35	604			68	19																
WED	18	2.18	51	0.17	2150	2.07	672.0	1.0481	16.0	7.2	2.8	200	3636	430	7818	22	16.8	7.1	2.2	28.4	33	633	34	652			5																	
THU	19	2.35	48	0.91	1730	2.30	486.9	1.0646	17.1	7.1	2.3	230	4508	320	6272	15	17.4	7.0	4.4	24.3	30	668	32	713																				
FRI	20	2.73	52	1.05	2060	2.67	499.4	1.0307	15.0	7.2	2.3	150	3415	290	6803					22.6																								
SAT	21	2.91	49	0.42	3600	2.95	789.3	1.1302										16.7	7.0	2.6	18.7	18	353	15	294																			
SUN	22	2.50	49	0.10	4110	2.50	1063.0	1.0885										15.9	7.1	2.4	30.5	14	256	16	292			10																
MON	23	2.31	51	0.00	2020	2.35	556.3	1.0882	15.3	7.2	2.8	140	2897	180	3468		16.2	7.1	2.5	29.8	26	458	19	334			16																	
TUE	24	2.25	46	0.00	793	2.19	234.9	1.0768	15.3	7.3	3.0	120	2252	210	3941		16.2	7.1	2.2	30.3	28	497	25	444																				
WED	25	2.13	43	0.07	610	2.11	187.8	1.0629	15.1	7.2	3.4	280	4619	330	5862		16.1	7.2	2.7	28.4	33	653	34	652																				
THU	26	2.26	48	0.25	552	2.13	168.4	1.1010	14.8	7.4	3.2	300	5655	340	6408		16.0	6.9	2.5	29.8	33	575	28	488																				
FRI	27	2.17	47	0.20	807	2.09	250.4	1.1315	14.5	7.4	2.7	150	2715	240	4343					18.5																								
SAT	28	2.07	47	0.08	966	2.05	305.4	1.0790																																				
SAT	29	2.07	47	0.08	966	2.05	305.4	1.0790																																				
TOTAL		75.46		7.52		74.78																																						
MAXIMUM		2.91	60	1.30	6200	2.95	1671.9	1.08930	17.1	7.5	3.4	1000	17431	950	16559		30	20.8	7.3	6.0	44.8	37	668	54	961			8000	19															
MINIMUM		1.32	43	0.00	552	1.74	1.0	1.0	14.5	6.1	1.2	120	2252	180	3453		15	15.9	6.3	1.9	15.2	14	256	15	292			5	12															
AVERAGE*		2.16	53	0.25	2871	2.14	646.1	1.0966	15.8		2.9	250	4503	353	6532		23	17.3		3.0	27.4	24	431	33	588			122	16															
Number of Analyses		35	35	35	27	35	0	28	20	20	20	20	18	18	18					20	20	20	18	18	18	18	0	0	19															

WEEKLY AVERAGE										WEEKLY REMOVAL										
WEEK	BOO mg/L	TSS mg/L	FOG LBS	FOCAL COLIFORM	TEMP °C	pH	D.O. mg/L	S.S. mg/L	B.O.D. mg/L	WEEK	BOO mg/L	TSS mg/L	FOG LBS	FOCAL COLIFORM	TEMP °C	pH	D.O. mg/L	S.S. mg/L	B.O.D. mg/L	
1	48	723	28	416	17.94					9/19/2013	27	0.382								91
2	39	726	19	358	11.5					9/19/2013	20	0.320								90
3	33	580	24	435	7.1					9/19/2013	ND	ND								
4	34	632	24	435	13					9/19/2013	29.0	0.465								
5	21	371	26	441	13					9/19/2013	15	240								
MAX	48	726	28	441	17.94					9/25/2013	ND	ND								

Comments: \*Geometric mean is used to calculate the average fecal coliform colonies. \*\* FOG samples highlighted in yellow are composite samples. \*\*\*N=3 sample is a composite

9/19/2013  
TKN mg/L 20.0

**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  
**ATT:** Jim Westcott WW Utilities Supervisor

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**NOTE: Read instructions before completing this form.**

**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
2013	8	25	2013	9	28

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE				
Turbidity	SAMPLE MEASUREMENT	*****	*****	27	45	(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	*****	*****	3.0	*****	(19)	0	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	*****	mg/L	0	Once Per Month
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	588	961	33	54	(19)	0	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	30	60	mg/L	0	Twice Per Month
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	726	*****	48	*****	(19)	0	
00310 W 0 See Comments	PERMIT REQUIREMENT	1829	*****	45	*****	mg/L	0	Twice Per Month
pH	SAMPLE MEASUREMENT	*****	*****	6.3	7.3	(12)	0	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	INST MIN	9.0	SU	0	Weekdays
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	150	150	(19)	0	
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0	Quarterly
Solids, total suspended	SAMPLE MEASUREMENT	431	668	24	37	(19)	0	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1226	2452	30	60	mg/L	0	Twice Per Month

*Jim Westcott*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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  
**Jim Westcott**  
Wastewater Utilities Supervisor

TYPED OR PRINTED	2013	10	15
COMMENT AND EXPLANATION OF ANY VIOLATIONS	YEAR	MO	DAY

\* The reporting period was from 8/25/2013 through 9/28/2013.

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

MAJOR (SUB 01)  
OMB No. 2040-0004  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

Form Approved  
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:** Jim Westcott WW Utilities Supervisor

**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**NOTE: Read instructions before completing this form.**

**MONITORING PERIOD**

YR	MO	DAY	YEAR	MO	DAY
2013	8	25	2013	9	28

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	441	(26)	*****	(19)	0		
00530 W 0	1829	lb/d	*****	19		Twice Per Month	COMP24
See Comments	240	(26)	*****	(19)	0		
Nitrogen, ammonia total (as N)	1164	lb/d	*****	19		Once Per Month	COMP24
00610 1 0	1963	lb/d	*****	19		Once Per Month	COMP24
Effluent Gross	MO AVG	*****	*****	19		Once Per Month	COMP24
Hardness, total (as CaCO3)	*****	*****	*****	(19)	0		
00900 1 6	*****	*****	*****	19		Once Per Month	GRAB
Effluent Gross	*****	*****	*****	19		Once Per Month	GRAB
Silver, total recoverable	ND	(26)	*****	(28)	0		
01079 1 0	Req. Mon. DAILY MX	*****	*****	28		Three Per Year	COMP24
Effluent Gross	MO AVG	*****	*****	28		Three Per Year	COMP24
Zinc, total recoverable	0.465	(26)	*****	(28)	0		
01094 1 0	Req. Mon. DAILY MX	*****	*****	28		Three Per Year	COMP24
Effluent Gross	MO AVG	*****	*****	28		Three Per Year	COMP24
Lead, total recoverable	ND	(26)	*****	(28)	0		
01114 1 0	Req. Mon. DAILY MX	*****	*****	28		Three Per Year	COMP24
Effluent Gross	MO AVG	*****	*****	28		Three Per Year	COMP24
Copper, total recoverable	0.356	(26)	*****	(28)	0		
01119 1 0	Req. Mon. DAILY MX	*****	*****	28		Once Per Month	COMP24
Effluent Gross	MO AVG	*****	*****	28		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

907  
AREA CODE  
586-0393  
TELEPHONE

2013  
YEAR  
10  
MO  
15  
DAY

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 8/25/2013 through 9/28/2013.

**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  
**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

**MONITORING PERIOD**  
YR 2013 MO 8 DAY 25 TO 2013 MO 9 DAY 28

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		Twice Every Week	GRAB
31615 O 0	*****	*****	*****	*****	MO GEO	#/100mL	0		
See Comments	*****	*****	*****	*****	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	400	WKLY GEO		Twice Every Week	GRAB
31615 P 0	*****	*****	*****	*****	200	MO GEO		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	400	WKLY GEO		Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	*****	200	MO GEO		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	1794	DAILY MX	0		
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	*****	8000	(13)			
31615 R 0	*****	*****	*****	*****	400	WKLY GEO		Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	800	MO GEO		Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	*****	*****	1	#/100mL	0		
45613 1 0	*****	*****	*****	*****	Req. Mon. DAILY MX	Y=1; N=0		Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	*****	*****	*****		Continuous	RCORDR
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****			
50050 1 0	*****	*****	*****	*****	*****	*****			
Effluent Gross	*****	*****	*****	*****	*****	*****			

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  
**Jim Westcott**  
Wastewater Utilities Supervisor

TELEPHONE  
**586-0393**  
AREA CODE  
PHONE NUMBER  
DATE  
YEAR 2013 MO 10 DAY 15

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 8/25/2013 through 9/28/2013.

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 5

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

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

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

**NOTE: Read instructions before completing this form.**

AK-002295-1  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

**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

MONITORING PERIOD			
YR	MO	DAY	TO
2013	8	25	
YR	MO	DAY	TO
2013	9	9	29

PARAMETER	QUANTITY OR LOADING		QUANTITY 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	*****	*****	646.1	*****	****	0		
80093 1 0	*****	*****	Req. Mon.	*****	****	0	DAILY	MEASRD
Effluent Gross	*****	*****	MO AVG	*****	****	0		
BOD.5-day, percent removal	*****	*****	*****	*****	****	0		
81010 K 0	*****	*****	*****	*****	****	0		
Percent Removal	*****	*****	85	*****	****	0	Once Per Month	CALCTD
Solids, suspended percent removal	*****	*****	MN % RMV	*****	****	0		
81011 K 0 0	*****	*****	*****	*****	****	0		
Percent Removal	*****	*****	85	*****	****	0	Once Per Month	CALCTD
Chlorine usage	N/A	*****	*****	*****	(26)	0		
81400 X 0	Req. Mon.	*****	*****	*****	****	0	DAILY	MEASRD
End of Chlorine Contact Chamber	MO AVG	*****	*****	*****	****	0		
Oil and grease visual	*****	*****	*****	1	****	0		
84066 1 0	*****	*****	*****	Req. Mon.	****	0	Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	DAILY MX	****	0		
Toxicity, Chronic	*****	*****	*****	N/A	****	0		
TT000 1 8	*****	*****	*****	Req. Mon.	****	0	Semiannual	COMP24
Effluent Gross	*****	*****	*****	DAILY MX	****	0		

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907  
AREA CODE  
TELEPHONE  
586-0393

PHONE NUMBER  
DATE  
2013  
YEAR  
10  
MO  
15  
DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

\* The reporting period was from 8/25/2013 through 9/28/2013.