

MENDENHALL WASTEWATER TREATMENT FACILITY  
Juneau, Alaska  
APRIL 2014

DAY	DATE	INFILTRANT										EFFLUENT														
		Flow MGD	Temp F	precip	Men's CFS	SBR TLEFFL MGD	Receiving Water Dilution	SR WASTE MGD	D.O. mg/L	S.S. LBS	B.O.D. mg/L	FOG* LBS	FOG mg/L	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	FECAL COLIFORM /100 ml	NH3 Grab mg/L	
SUN	30	1.77	36	0.00		1.49	1.0	/1	0.0588																	
MON	31	1.91	38	0.00		1.68	1.0	/1	0.0718																	
TUE	1	1.72	42	0.00		1.50	1.0	/1	0.0870																	
WED	2	1.87	46	0.00		1.63	1.0	/1	0.1088																	
THU	3	1.86	37	0.00		1.58	1.0	/1	0.1088																	
FRI	4	1.76	35	0.06	120	1.53	517	/1	0.1004																	
SAT	5	1.86	37	0.33	98	1.57	413	/1	0.0910																	
SUN	6	1.91	41	0.17		1.61	1.0	/1	0.1592																	
MON	7	2.70	42	0.80	267	1.88	927	/1	0.5893																	
TUE	8	2.10	41	0.10	409	1.82	146.2	/1	0.0948																	
WED	9	2.05	36	0.29	307	1.80	111.2	/1	0.1063																	
THU	10	2.07	37	0.16		1.75	1.0	/1	0.0980																	
FRI	11	1.87	37	0.00	322	1.69	124.1	/1	0.0850																	
SAT	12	1.92	36	0.00	236	1.69	92.0	/1	0.0912																	
SUN	13	1.79	39	0.00	136	1.50	60.4	/1	0.1253																	
MON	14	1.98	41	0.00		1.79	1.0	/1	0.0811																	
TUE	15	1.84	44	0.00	143	1.63	57.6	/1	0.0860																	
WED	16	1.68	45	0.00	134	1.48	59.4	/1	0.0638																	
THU	17	1.88	44	0.16	190	1.69	73.6	/1	0.0943																	
FRI	18	1.94	38	0.10	398	1.72	146.7	/1	0.0972																	
SAT	19	1.84	42	0.00	398	1.67	151.1	/1	0.0930																	
SUN	20	1.80	47	0.08		1.63	1.0	/1	0.0920																	
MON	21	1.93	45	0.00	373	1.72	140.9	/1	0.0546																	
TUE	22	1.80	43	0.00	362	1.65	142.8	/1	0.0771																	
WED	23	1.81	44	0.13		1.55	1.0	/1	0.1453																	
THU	24	1.74	44	0.00	398	1.56	165.8	/1	0.1384																	
FRI	25	1.81	43	0.00	383	1.63	152.8	/1	0.1450																	
SAT	26	1.76	43	0.00	403	1.52	172.3	/1	0.1154																	
SUN	27	1.71	44	0.06	398	1.47	175.9	/1	0.0642																	
MON	28	1.76	47	0.08	626	1.63	249.1	/1	0.0801																	
TUE	29	1.74	46	0.15	545	1.63	217.0	/1	0.0628																	
WED	30	1.72	47	0.00	518	1.53	219.7	/1	0.1087																	
THU	1	1.78	52	0.00	492	1.62	197.2	/1	0.1242																	
FRI	2	1.81	60	0.00		1.62	1.0	/1	0.1071																	
SAT	3	1.78	52	0.00		1.54	1.0	/1	0.1007																	
TOTAL		65.27		2.67		57.00			3.9167																	
MAXIMUM		2.70	60	0.80	626	1.88	249.1	/1	0.5893																	
MINIMUM		1.68	35	0.00	98	1.47	1.0	/1	0.0546																	
AVERAGE *		1.86	43	0.08	332	1.63	87.2	/1	0.1119																	
Number of Analyses		35	35	35	23	35	0	28																		

Comments: \*Geometric mean is used to calculate the average fecal coliform colonies. \*\* FOG samples highlighted in yellow are composite samples. \*\*\*NH3 sample is a composite

WEEK	WEEKLY AVERAGE			WEEKLY REMOVAL		
	Temp °C	pH	D.O. mg/L	B.O.D. mg/L	Coliform /100 ml	S.S. mg/L
1	20.6	7.27	14.8	20.6	184.9	14.7
2	21.6	7.27	14.8	21.6	194.9	17.5
3	18.2	7.27	14.8	18.2	213.9	2.6
4	22.4	7.27	14.8	22.4	248.1	4.5
5	23.2	7.27	14.8	23.2	277.8	11.4
MAX	23.2	7.27	14.8	23.2	277.8	17.5

\*\*\*NH3 mg/L 20 272.080 4/15/2014

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:** 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Cort Franklin, Wastewater Utilities Sr. Operator

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

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

NOTE: Read instructions before completing this form.

AK-002295-1  
PERMIT NUMBER


001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2014	3	30	
YEAR	MO	DAY	TO
2014	5	3	

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	UNITS			
Turbidity	MEASUREMENT	*****	*****	****	*****	17.7	(43)	0		
00070 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	****	2.7	3.7	(19)	0		
00300 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	19 mg/L		Once Per Month	GRAB
Effluent Gross	MEASUREMENT	*****	*****	****	*****	21.2	(19)	0		
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	(26)	*****	30.0	(19)			
00310 1 0	MEASUREMENT	1226	2452	lb/d	*****	30	19 mg/L		Twice Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	(26)	*****	23.2	(19)	0		
BOD, 5-Day, 20 deg. C	MEASUREMENT	*****	*****	****	*****	45	19 mg/L		Twice Per Month	COMP24
00310 W 0	PERMIT REQUIREMENT	1829	*****	lb/d	*****	6.6	(12)	0		
See Comments	MEASUREMENT	*****	*****	****	*****	*****	*****			
pH	PERMIT REQUIREMENT	*****	*****	****	*****	7.1	12 SU		Weekdays	GRAB
00400 1 0	MEASUREMENT	*****	*****	****	*****	9.0	INST MAX			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			
Alkalinity, total (asCaCo3)	MEASUREMENT	*****	*****	****	*****	NA	(19)	0		
00410 1 7	PERMIT REQUIREMENT	*****	*****	****	*****	NA	19 mg/L		Quarterly	COMP24
Effluent Gross	MEASUREMENT	*****	*****	****	*****	Req. Mon. DAILY MX	(19)	0		
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	(26)	*****	16.5	(19)			
00530 1 0	MEASUREMENT	1226	2452	lb/d	*****	30	19 mg/L		Twice Per Month	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	60	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  
**Cort Franklin**  
Wastewater Utilities Sr. Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


907 AREA CODE  
586-0393 TELEPHONE  
2014 YEAR  
5 MO  
9 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* The reporting period was from 03/30/2014 - 05/03/2014

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

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT

Form Approved.  
OMB No. 2040-0004  
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

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801  
FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Cort Franklin, Wastewater Utilities Sr. Operator

MONITORING PERIOD  
YEAR: 2014  
MO: 3  
DAY: 30  
TO: 2014  
MO: 5  
DAY: 3

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Solids, total suspended	277.8	(26)	20.8	(19)	*****	0		
00530 W 0	1829	lb/d	45	19	*****		Twice Per Month	COMP24
See Comments	WKLY AVG		WKLY AVG	mg/L	*****			
Nitrogen, ammonia total (as N)	272.1	(26)	20.0	(19)	*****	0		
00610 1 0	1164	lb/d	28.5	19	*****		Once Per Month	COMP24
Effluent Gross	MO AVG		MO AVG	mg/L	*****			
Hardness, total (as CaCO3)	*****	****	67.0	(19)	*****	0		
00900 1 6	*****	****	Req. Mon. MO AVG	19	*****		Once Per Month	GRAB
Effluent Gross	*****	****	*****	mg/L	*****			
Silver, total recoverable	NA	(26)	NA	(28)	*****	0		
01079 1 0	Req. Mon. MO AVG		Req. Mon. MO AVG	28	*****		Three Per Year	COMP24
Effluent Gross	*****	lb/d	*****	ug/L	*****			
Zinc, total recoverable	NA	(26)	NA	(28)	*****	0		
01094 1 0	Req. Mon. MO AVG		Req. Mon. MO AVG	28	*****		Three Per Year	COMP24
Effluent Gross	*****	lb/d	*****	ug/L	*****			
Lead, total recoverable	NA	(26)	NA	(28)	*****	0		
01114 1 0	Req. Mon. MO AVG		Req. Mon. MO AVG	28	*****		Three Per Year	COMP24
Effluent Gross	*****	lb/d	*****	ug/L	*****			
Copper, total recoverable	0.136	(26)	20.0	(28)	*****	0		
01119 1 0	3.54	lb/d	86.7	28	*****		Once Per Month	COMP24
Effluent Gross	MO AVG		MO AVG	ug/L	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Cort Franklin**  
Wastewater Utilities Sr. Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE: 586-0393  
AREA CODE: 907  
PHONE NUMBER: 586-0393  
DATE: 2014  
YEAR: 2014  
MO: 5  
DAY: 9

TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* The reporting period was from 03/30/2014 - 05/03/2014

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

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT

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

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

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Cort Franklin, Wastewater Utilities Sr. Operator

AK-002295-1  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD  
YR 2014 MO 3 DAY 30 TO 2014 YEAR 5 MO 3 DAY 3

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	VALUE	VALUE	VALUE	UNITS					
Coliform, fecal - % sample exceeds limit	*****	*****	*****	*****	0	(23)		0			
30500 O 0 See Comments	*****	*****	*****	*****	10	DAILY MX	%		Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	N/A	N/A	(13)	0			
31615 O 0 See Comments	*****	*****	*****	*****	161	MO GEO	13		Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	N/A	N/A	(13)	0			
31615 P 0 See Comments	*****	*****	*****	*****	400	WKLY GEO	#/100mL		Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	N/A	N/A	(13)	0			
31615 Q 0 See Comments	*****	*****	*****	*****	400	MO GEO	800		Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	N/A	N/A	(13)	0			
31615 R 0 See Comments	*****	*****	*****	*****	400	MO GEO	800		Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	17.5	WKLY GEO	#/100mL	0			
31615 R 0 See Comments	*****	*****	*****	*****	400	MO GEO	1200		Twice Every Week	GRAB	
Floating solids or visible foam-visual	*****	*****	*****	*****	0	DAILY MX	#/100mL	0			
45613 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			Once Per Month	VISUAL	
Flow, in conduit or thru treatment plan	*****	*****	*****	*****	1.629	1.880	(03)	0			
50050 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon.	DAILY MX	*****		Continuous	RCORDR	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										TELEPHONE	
Cort Franklin Wastewater Utilities Sr. Operator										586-0393	
TYPED OR PRINTED										AREA CODE	
COMMENT AND EXPLANATION OF ANY VIOLATIONS										DATE	
* The reporting period was from 03/30/2014 - 05/03/2014										2014	
EPA Form 3320-1 (03-99) Previous editions may be used.										MO	
										DAY	
										9	

*Cort Franklin*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT

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

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

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.

**NAME:** JUNEALU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD,  
JUNEALU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEALU, ALASKA 99801  
**ATT:** Cort Franklin, Wastewater Utilities Sr. Operator

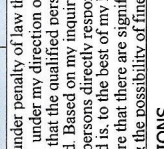
**AK-002295-1**  
PERMIT NUMBER

**001 A**  
DISCHARGE NUMBER

**MONITORING PERIOD**  
YEAR: 2014  
MO: 3  
DAY: 30  
TO: 2014  
MO: 5  
DAY: 29

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Cort Franklin**  
Wastewater Utilities Sr. Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


907 AREA CODE  
586-0393 TELEPHONE  
PHONE NUMBER  
DATE

2014 YEAR  
5 MO  
9 DAY

TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* The reporting period was from 03/30/2014 - 05/03/2014

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

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

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

<b>AK-002295-1</b> PERMIT NUMBER		<b>001 A</b> DISCHARGE NUMBER	
YR 2014	MO 3	DAY 30	TO
YR 2014		MO 5	DAY 3

**NAME:** JUNEAU, CITY AND BOROUGH OF  
**ADDRESS:** 155 SOUTH SEWARD, JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATT:** Cort Franklin, Wastewater Utilities Sr. Operator.

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

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

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	17.5	8.1	(13)	0		
31615 S 9 See Comments	*****	*****	*****	400	200	800		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	*****	*****	*****	17.5	8.1	(13)	0		
31615 T 9 See Comments	*****	*****	*****	800	400	1200		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</p> <p><b>Cort Franklin</b> Wastewater Utilities Sr. Operator</p> <p>TYPED OR PRINTED</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p>TELEPHONE  <b>907 586-0393</b></p> <p>AREA CODE  <b>907</b></p> <p>PHONE NUMBER  <b>586-0393</b></p> <p>DATE  <b>2014 5 9</b></p>									
<p>COMMENT AND EXPLANATION OF ANY VIOLATIONS</p> <p>EPA Form 3320-1 (03-99) Previous editions may be used.</p>									