

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska
May-2014

FLOWS										INFLUENT										EFFLUENT									
DAY	DATE	SBR INFLUENT MG/D	TEMP F	precip	Mend. River CFS	SBR Ttl Effl. MG/D	Receiving Water Dilution	SBR WASTE MG/D	TEMP C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	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					
SUN	4	1.70	49	0.00		1.48	1.00	0.0902	12.0	8.1	3.7	200.0	2969.0	350.0	5195.8	12.9	6.9	3.8	8.1	27.0	364.8	20.0	270.2	32.0					
MON	5	1.78	48	0.00		1.62	1.00	0.0783	11.2	7.6	2.8	208.0	3070.5	350.0	5166.6	13.1	6.9	3.2	13.8	17.0	221.2	20.0	260.2	25.0					
TUE	6	1.77	48	0.00		1.56	351.33	0.0927	11.8	7.6	4.1	252.0	3909.1	450.0	6890.6	13.7	6.9	3.4	14.8	15.0	203.9	22.0	289.1						
WED	7	1.86	50	0.00		1.63	320.83	0.0983	11.8	7.3	4.4	204.0	3113.5	430.0	6662.7	13.2	6.9	3.7	15.7	22.0	291.7	22.0	291.7						
THU	8	1.83	51	0.00		1.59	1.00	0.1176	11.9	7.3	5.6	252.0	3782.0	520.0	7762.9	13.5	6.7	3.5	13.7	25.0	350.3	27.0	378.3						
FRI	9	1.79	56	0.00		1.68	328.61	0.1006																					
SAT	10	1.72	54	0.14		1.50	460.52	0.0932																					
SUN	11	1.75	52	0.34		1.48	1.00	0.1057																					
MON	12	1.89	55	0.00		1.66	474.99	0.0877	12.1	7.4	3.6	208.0	3278.6	270.0	4255.9	13.8	6.9	3.1	9.3	21.0	280.7	16.0	221.5	35.0					
TUE	13	1.80	55	0.08		1.56	510.35	0.0888	12.3	7.2	4.3	172.0	2882.1	340.0	5104.1	13.7	6.8	3.0	11.3	21.0	273.2	15.0	195.2	120.0					
WED	14	1.80	55	0.02		1.57	552.77	0.1060	12.9	7.4	3.3	268.0	4023.2	530.0	7956.4	13.9	6.8	3.2	12.3	21.0	275.0	21.0	275.0						
THU	15	1.78	57	0.00		1.53	557.49	0.1169	13.1	7.1	2.6	316.0	4691.1	760.0	11282.4	14.2	6.8	3.2	13.2	1.0	12.8	20.0	255.2	460.0					
FRI	16	1.72	59	0.00		1.485	624.08	0.1143	12.4	7.4	3.7	212.0	3041.1	600.0	8606.9	14.5	6.9	3.1	11.7	26.0	336.1	23.0	297.3						
SAT	17	1.69	58	0.00		1.45	707.14	0.1088																					
SUN	18	1.66	55	0.00		1.46	1.00	0.0762																					
MON	19	1.82	50	0.45		1.63	666.23	0.1104	12.5	8.5	3.8	212.0	3217.9	270.0	4098.3	13.9	6.9	3.5	8.0	18.0	241.7	20.0	268.5	12.0					
TUE	20	1.89	49	0.09		1.68	688.91	0.1128	12.3	7.3	3.7	192.0	3026.4	310.0	4886.4	14.4	6.9	3.7	8.8	21.0	294.2	14.0	196.2	22.0					
WED	21	1.85	51	0.00		1.53	647.42	0.1357	12.7	7.0	2.7	208.0	3209.2	380.0	5863.0	14.3	6.9	3.3	13.2	14.0	178.6	17.0	216.9						
THU	22	1.80	50	0.08		1.58	590.58	0.1029	12.5	7.2	4.0	228.0	3422.7	400.0	6004.8	14.2	6.9	3.3	9.7	19.0	250.4	18.0	237.2						
FRI	23	1.66	50	0.00		1.59	529.18	0.1131	12.0	7.5	3.9	240.0	3322.7	550.0	7814.4	14.6	6.9	3.1	9.9	17.0	225.4	20.0	265.2						
SAT	24	1.72	51	0.00		1.56	514.90	0.0898																					
SUN	25	1.56	52	0.00		1.43	1.00	0.0634																					
MON	26	1.76	52	0.00		1.83	1.57	0.0883	12.2	7.3	3.7	188.0	2759.5	320.0	4897.1	14.2	7.0	3.2	8.1	12.0	157.1	14.0	183.3						
TUE	27	1.70	50	0.00		1.59	479.20	0.0969	13.5	7.6	2.7	192.0	2722.2	360.0	5104.1	14.6	7.0	3.3	10.5	16.0	212.2	15.0	198.9	18.0					
WED	28	1.72	51	0.01		1.50	463.11	0.1090	13.1	7.4	3.3														44.0				
THU	29	1.71	52	0.00		1.53	1.00	0.1114	13.4	7.2	3.2	308.0	4392.5	520.0	7416.9	14.7	6.9	3.4	9.7	23.0	293.5	16.0	204.2						
FRI	30	1.73	52	0.27		1.46	1.56	0.1235	13.2	7.1	3.6	368.0	5309.6	770.0	11109.7	15.3	6.9	3.1	12.1	23.0	299.2	23.0	299.2						
SAT	31	1.74	51	0.20		1.62	509.82	0.0982																					
TOTAL		49.20		1.68		43.67		2.8202																					
MAXIMUM		1.89	59	0.45		1.815	1.68	0.1357	13.5	8.5	5.6	368.0	5309.6	770.0	11282.4	15.3	7.0	4.8	15.7	27.0	365	27.0	378.3	460.0					
MINIMUM		1.56	48	0.00		0	1.43	0.0634	11.2	7.0	2.6	172.0	2582.1	270.0	4098.3	12.9	6.7	3.0	7.3	1.0	13	1.0	13.5	12.0					
AVERAGE *		1.76	52	0.06		1.194	1.56	0.1007	12.4	7.4	3.6	233.1	3464.4	446.3	6614.1	14.1		3.4	11.0	18.9	251	18.2	241.3	40.9					
Number of Analyses		28				22	28	28	20	20	20	19	19	19	19	19	20	20	28	19	19	20	20	9					

Comments: *Geometric mean is used to calculate the average fecal coliform colonies. NH3 sample is a composite. No Comp. sxs on 5/28. Clogged Inf. Comp.

2013		5/19/2014		2013 Effluent		WEEK		WEEKLY AVERAGE		WEEKLY		% Removal	
Hhd. mg/L	Alk. mg/L	Hhd. mg/L	Alk. mg/L	ug/L (ppm)	LBS	BOD lbs.	TSS mg/L	BOD lbs.	TSS mg/L	Coliform	Geo. Mean	Coliform	Geo. Mean
85		85		19.0	0.25	22.2	299.9	21.2	286.4	28.3	28.3	95.9	91.9
	3.4		3.4	ND	ND	19.0	248.8	18.0	237.6	124.5	124.5		
	15.7		15.7	ND	ND	17.8	236.8	17.8	238.1	16.2	16.2		
				38.0	0.50	13.8	179.8	18.5	240.5	28.1	28.1		
				17.0	223	22.2	299.9	21.2	286.4	124.5	124.5		

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: Grieko Tempel, Wastewater Utilities Sr. Operator

AK-002295-1
PERMIT NUMBER

MONITORING PERIOD
YR MO DAY TO

2014 5 4 2014 5 31
NO. EX FREQUENCY OF ANALYSIS SAMPLE TYPE

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

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE			
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	(43)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****				
00070 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NTU	0	Continuous	RCORDR
	PERMIT REQUIREMENT	*****	*****	*****	*****				
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	19 mg/L	0	Once Per Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****				
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	241.3	378.3	(26)	18.2	27.0	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	30 MO AVG	60 DAILY MX	19 mg/L	0	Twice Per Month
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	299.9	*****	(26)	22.2	*****	0		
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	45 WKLY AVG	*****	19 mg/L	0	Twice Per Month
00310 W 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	12 SU	0	Weekdays	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****				
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	19 mg/L	0	Quarterly	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****				
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****				
00410 1 7 Effluent Gross	SAMPLE MEASUREMENT	251.2	364.8	(26)	18.9	27.0	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	30 MO AVG	60 DAILY MX	19 mg/L	0	Twice Per Month
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	19 mg/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****				

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2014 YEAR
6 MO
10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 05/04/2014-05/31/2014. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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

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: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

MENDENHALL VALLEY SERVICE AREA

FACILITY: JUNEAU, ALASKA 99801
LOCATION: Grieko Tempel, Wastewater Utilities Sr. Operator
ATTN:

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	TO
2014	5	4	2014
2014	5	31	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	286.4	*****	(26)	21.2	*****	19	0	Twice Per Month	COMP24	
00530 W 0	PERMIT REQUIREMENT	1829	*****	lb/d	45	*****	19	0	Twice Per Month	COMP24	
See Comments	REQUIREMENT	WKLY AVG	*****		WKLY AVG	*****	mg/L				
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	222.6	222.6	(26)	17.0	17.0	(19)	0			
00610 1 0	PERMIT REQUIREMENT	1164	1963	lb/d	28.5	48	19	0	Once Per Month	COMP24	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	mg/L				
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	****	85.0	85.0	(19)	0	Once Per Month	GRAB	
00900 1 6	PERMIT REQUIREMENT	*****	*****	****	MO AVG	DAILY MX	mg/L		Once Per Month	GRAB	
Effluent Gross	REQUIREMENT	*****	*****		MO AVG	DAILY MX	mg/L				
Silver, total recoverable	SAMPLE MEASUREMENT	NA	NA	(26)	NA	NA	(28)	0			
01079 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Three Per Year	COMP24	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	ug/L				
Zinc, total recoverable	SAMPLE MEASUREMENT	0.498	0.498	(26)	38.0	38.0	(28)	0			
01094 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Three Per Year	COMP24	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	ug/L				
Lead, total recoverable	SAMPLE MEASUREMENT	NA	NA	(26)	NA	NA	(28)	0			
01114 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Three Per Year	COMP24	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	ug/L				
Copper, total recoverable	SAMPLE MEASUREMENT	0.25	0.25	(26)	19.0	19.0	(28)	0			
01119 1 0	PERMIT REQUIREMENT	3.54	7.63	lb/d	86.7	187	28	0	Once Per Month	COMP24	
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	ug/L				

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2014 6 10

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

907 586-0393

Grieko Tempel
Wastewater Utilities Sr. Operator

* The reporting period was from 05/04/2014-05/31/2014.

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

00434/981209 1904

PAGE 2 OF 4

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: MENDEHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Grieko Tempel, Wastewater Utilities Sr. Operator

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

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2014	5	4	2014
			2014
			5
			31

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	PERMIT REQUIREMENT	*****	*****		*****	*****	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	Req. Mon. DAILY MX	13	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	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200	MO GEO	0	Twice Every Week	GRAB
31615 P 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	800	DAILY MX	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	400	MO GEO	0	Twice Every Week	GRAB
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800	DAILY MX	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	124.5	Wkly GEO	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	40.9	MO GEO	0	Twice Every Week	GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800	Wkly GEO	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	DAILY MX	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	DAILY MX	0	Twice Every Week	GRAB
45613 1 0	PERMIT REQUIREMENT	*****	*****	(03)	*****	*****	Req. Mon. DAILY MX	Y=1; N=0	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT	1.56	1.68	3	*****	*****	*****	*****	0	Continuous	RCORDR
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	Mgal/d	*****	*****	*****	*****	0	Continuous	RCORDR
Effluent Gross	PERMIT REQUIREMENT	*****	*****	3	*****	*****	*****	*****	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.										
Grieko Tempel Wastewater Utilities Sr. Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
	907 AREA CODE 586-0393 TELEPHONE 2014 YEAR 6 MO 10 DAY										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 05/04/2014-05/31/2014.

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 4

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: Grieko Tempel, Wastewater Utilities Sr. Operator

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2014	5	4	2014
			2014
			2014

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l	0		
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	ug/l	0		
Dilution factor	PERMIT REQUIREMENT	*****	*****	*****	*****	386.6	*****	ug/l	0		
80093 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY MN	*****	1U	0	DAILY	MEASRD
BOD-5-day, percent removal	PERMIT REQUIREMENT	*****	*****	*****	*****	95.9	*****	(23)	0		
81010 K 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****	23 %	0	Once Per Month	CALCTD
Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	*****	91.9	*****	(23)	0	Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****	23 %	0	Once Per Month	CALCTD
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MN % RMV	*****	%	0	Once Per Month	CALCTD
Chlorine usage	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****	0	0	DAILY	MEASRD
81400 X 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****	(93)	0	Once Per Month	VISUAL
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
84066 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
TT000 1 8	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	0	Once Per Month	VISUAL
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.										
Grieko Tempel Wastewater Utilities Sr. Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TELEPHONE											
907 586-0393											
AREA CODE											
PHONE NUMBER											
DATE											
2014 6 10											
YEAR MO DAY											