

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

July 2014

DAY	FLOWS											INFLUENT											EFFLUENT										
	SBR MGD	SBR INFLUENT MGD	TEMP °F	precip MGD	Wind CFS	River CFS	SBR TTL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	SBR	0.0	S.S.	B.O.D.	FOG	NH3 Grab	PH	TEMP °C	D.O.	Turbid MAX NTU	S.S.	B.O.D.	FOG	FOG COLIFORM 100 ml	NH3 Grab mg/L									
SUN	29	1.94	660	0.01		1.83	1.0	/	0.0845										6.2														
MON	30	2.06	560	0.01		1.95	1.0	/	0.1027										6.4														
TUE	1	2.06	560	0.01		1.84	674.7	/	0.1203										6.4														
WED	2	2.21	570	0.28		1.96	637.4	/	0.1246										7.7														
THU	3	2.19	560	0.54		1.99	673.9	/	0.1182										7.7														
FRI	4	2.00	560	0.37		2.468	1.85	862.8	/	0.0835									7.5														
SAT	5	2.16	570	0.14		2.210	1.96	729.4	/	0.0891									6.8														
SUN	6	1.91	630	0.01		1.75	1.0	/	0.0965										6.4														
MON	7	2.15	560	0.30		2.085	1.96	688.2	/	0.0795									6.5														
TUE	8	2.72	540	0.99		2.61	1.0	1121	/	0.1121									6.5														
WED	9	2.73	570	0.04		3.191	2.38	867.1	/	0.1256									7.4														
THU	10	2.42	560	0.00		3.278	2.28	938.0	/	0.1312									7.4														
FRI	11	2.63	550	1.25		2.629	2.33	2116.2	/	0.1413									9.5														
SAT	12	3.66	590	0.55		6.635	3.31	1295.9	/	0.1348									8.1														
SUN	13	3.34	580	0.68		3.10	1.0	/	0.0740										8.1														
MON	14	3.38	590	0.59		6.437	3.19	1304.5	/	0.1209									8.1														
TUE	15	3.15	600	0.01		4.784	2.80	1066.7	/	0.1135									8.3														
WED	16	3.02	600	0.00		3.180	2.75	748.0	/	0.1354									13.0														
THU	17	2.74	560	0.01		2.490	2.35	685.5	/	0.1321									11.6														
FRI	18	2.54	600	0.14		2.26	1.0	/	0.1146										8.8														
SAT	19	2.45	590	0.22		2.23	1.0	/	0.0962										8.1														
SUN	20	2.34	550	0.20		2.07	1.0	/	0.0736										8.1														
MON	21	2.42	600	0.01		2.07	1.0	/	0.0931										8.1														
TUE	22	2.37	600	0.00		2.092	2.07	653.9	/	0.0762									7.6														
WED	23	2.23	600	0.01		2.154	2.03	666.5	/	0.0920									7.6														
THU	24	2.23	570	0.28		2.195	1.93	715.6	/	0.0628									7.6														
FRI	25	2.25	550	0.27		2.036	1.98	665.3	/	0.0916									7.3														
SAT	26	2.23	570	0.10		2.535	1.95	840.8	/	0.1246									8.8														
SUN	27	2.13	560	0.15		1.81	1.0	/	0.0960										8.8														
MON	28	2.34	550	0.47		2.21	1.0	/	0.0799										8.5														
TUE	29	2.42	550	0.63		2.657	2.11	814.5	/	0.0105									14.3														
WED	30	2.67	560	0.07		2.876	2.41	771.9	/	0.0907									14.3														
THU	31	2.48	560	0.00		2.297	2.21	672.4	/	0.1159									9.5														
FRI	1	2.26	600	0.00		2.06	1.0	/	0.1623										8.5														
SAT	2	2.16	610	0.00		1.89	1.0	/	0.0962										8.5														
TOTAL		65.99		8.33		77.56	3.6178												9.9														
MAXIMUM		3.66	630	1.25	7629	3.31	2116.2	/	0.1623										9.9														
MINIMUM		1.91	530	0.00	1919	1.75	1.0	/	0.0105										8.8														
AVERAGE *		2.46	57.8	0.24	3141	2.22	546.4	/	0.1034										9.5														
Number of Analyses		35	35	35	22	35	0	28											16														

Comments: Contract lab results for 7/10/11 did not meet Laboratory standards and on the BOD and TSS and thus destroyed. Therefore no results reported. No SX on 7/16/14. Clogged Comp. No Comp SXs on 7/30/14. Inf. Comp. valent reset. OP error.

WEEK	WEEKLY AVERAGE			WEEKLY REMOVAL		
	BOD mg/L	TSS mg/L	S.S. mg/L	BOD %	TSS %	S.S. %
1	11.0	177.5	13.0	210.0	6.8	83.4
2	15.0	291.6	14.3	275.3	11.6	8.9
3	15.8	360.6	21.3	507.8	8.9	
4	14.2	238.5	12.4	209.0	11.1	
5	15.8	288.2	11.3	205.9	41.5	
MAX	15.8	360.6	21.3	507.8	41.5	

---NH3---mg/L 15 0.302 7/30/2014

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)

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 Sr. Operator


AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

MONITORING PERIOD

YR	MO	DAY	TO	YEAR	MO	DAY
2014	6	29		2014	8	2

PARAMETER	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE		VALUE	VALUE	UNITS			
Turbidity	*****	*****	*****	****	*****	98.0	(43)	0		
00070 1 0 Effluent Gross	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0	Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	*****	****	*****	*****	(19)	0		
00300 1 0 Effluent Gross	*****	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L	19	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	*****	*****	*****	(26)	*****	*****	(19)	0		
00310 1 0 Effluent Gross	*****	*****	*****	****	*****	*****	(19)	0		
BOD, 5-Day, 20 deg. C	*****	*****	*****	(26)	*****	*****	(19)	0		
00310 W 0 See Comments	*****	*****	*****	****	*****	*****	(12)	0		
pH	*****	*****	*****	****	*****	*****	(19)	0		
00400 1 0 Effluent Gross	*****	*****	*****	****	*****	*****	(19)	0		
Alkalinity, total (asCaCo3)	*****	*****	*****	****	*****	*****	(19)	0		
00410 1 7 Effluent Gross	*****	*****	*****	****	*****	*****	(19)	0		
Solids, total suspended	*****	*****	*****	(26)	*****	*****	(19)	0		
00530 1 0 Effluent Gross	*****	*****	*****	****	*****	*****	(19)	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.									
Grieko Tempel Wastewater Utilities Sr. Operator	 TELEPHONE AREA CODE 907 PHONE NUMBER 586-0393 DATE YEAR 2014 MO 8 DAY 13									
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENT AND EXPLANATION OF ANY VIOLATIONS										
* The reporting period was from 06/29/2014-08/02/2014.										

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)

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

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

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2014	6	29	2014	8	2

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	507.8	*****	*****	*****	(19)	0			
	PERMIT REQUIREMENT	1829	*****	*****	*****	19				
00530 W 0 See Comments	SAMPLE MEASUREMENT	0.3	*****	*****	*****	mg/L	0		Twice Per Month	COMP24
	PERMIT REQUIREMENT	1164	1963	DAILY MX	*****	19			Once Per Month	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.3	*****	*****	*****	mg/L	0			
	PERMIT REQUIREMENT	1164	1963	DAILY MX	*****	19			Once Per Month	COMP24
Effluent Gross	SAMPLE MEASUREMENT	0.3	*****	*****	*****	mg/L	0			
	PERMIT REQUIREMENT	1164	1963	DAILY MX	*****	19			Once Per Month	COMP24
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	0.3	*****	*****	*****	mg/L	0			
	PERMIT REQUIREMENT	1164	1963	DAILY MX	*****	19			Once Per Month	COMP24
00900 1 6 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	*****	*****	mg/L	0			
	PERMIT REQUIREMENT	NA	*****	*****	*****	19			Once Per Month	GRAB
Silver, total recoverable	SAMPLE MEASUREMENT	NA	*****	*****	*****	mg/L	0			
	PERMIT REQUIREMENT	NA	*****	*****	*****	28			Three Per Year	COMP24
01079 1 0 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	*****	*****	ug/L	0			
	PERMIT REQUIREMENT	NA	*****	*****	*****	28			Three Per Year	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	NA	*****	*****	*****	ug/L	0			
	PERMIT REQUIREMENT	NA	*****	*****	*****	28			Three Per Year	COMP24
01094 1 0 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	*****	*****	ug/L	0			
	PERMIT REQUIREMENT	NA	*****	*****	*****	28			Three Per Year	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	NA	*****	*****	*****	ug/L	0			
	PERMIT REQUIREMENT	NA	*****	*****	*****	28			Three Per Year	COMP24
01114 1 0 Effluent Gross	SAMPLE MEASUREMENT	NA	*****	*****	*****	ug/L	0			
	PERMIT REQUIREMENT	NA	*****	*****	*****	28			Three Per Year	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	0.245	*****	*****	*****	ug/L	0			
	PERMIT REQUIREMENT	3.54	7.63	DAILY MX	*****	28			Once Per Month	COMP24
01119 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.245	*****	*****	*****	ug/L	0			
	PERMIT REQUIREMENT	3.54	7.63	DAILY MX	*****	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.										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel Wastewater Utilities Sr. Operator										
TELEPHONE AREA CODE 907 586-0393 PHONE NUMBER DATE										
TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
YEAR 2014 MO 8 DAY 13										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 06/29/2014-08/02/2014.

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 2 OF 4

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

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

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
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

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

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2014	6	29	2014	8	2

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	*****	*****	*****	*****	10	DAILY MX			Twice Every Week	GRAB
See Comments	*****	*****	*****	*****	N/A	N/A	%	0		
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	161	Req. Mon. DAILY MX	13		Twice Every Week	GRAB
31615 O 0	*****	*****	*****	*****	N/A	N/A	#/100mL	0		
See Comments	*****	*****	*****	*****	N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	400	800			Twice Every Week	GRAB
31615 P 0	*****	*****	*****	*****	WPLY GEO	DAILY MX	#/100mL	0		
See Comments	*****	*****	*****	*****	N/A	N/A	(13)	0		
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	400	800			Twice Every Week	GRAB
31615 Q 0	*****	*****	*****	*****	WPLY GEO	DAILY MX	#/100mL	0		
See Comments	*****	*****	*****	*****	41	140	(13)	0		
Fecal coliform, MPN, EC med, 44.5	*****	*****	*****	*****	800	1200			Twice Every Week	GRAB
31615 R 0	*****	*****	*****	*****	WPLY GEO	DAILY MX	#/100mL	0		
See Comments	*****	*****	*****	*****	*****	*****		0		
Floating solids or visible foam-visual	*****	*****	*****	*****	*****	*****		0		
45613 1 0	*****	*****	*****	*****	Req. Mon. DAILY MX		Y=1 ; N=0		Once Per Month	VISUAL
Effluent Gross	*****	*****	*****	*****	*****	*****		0		
Flow, in conduit or thru treatment plan	*****	*****	*****	*****	*****	*****		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.									
Grieko Tempel Wastewater Utilities Sr. Operator	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED	TELEPHONE AREA CODE 907 PHONE NUMBER 586-0393 DATE YEAR 2014 MO 8 DAY 13									

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 06/29/2014-08/02/2014.

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

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

Form Approved.
Approval Expires 05-31-98

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

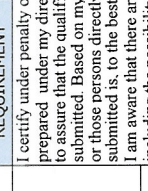
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: Mendenhall Valley Service Area
LOCATION: JUNEAU, ALASKA 99801
ATT: Grieko Tempel, Wastewater Utilities Sr. Operator

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2014	6	29	
YR	MO	DAY	TO
2014	8		

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	(26)	*****	N/A	(28)	0			
50060 S 0	4.09	4.09	lb/d	*****	100	ug/l	0	QUARTERLY	COMP24	
See Comments	MO AVG	DAILY MX		*****	MO AVG					
Dilution factor	*****	*****	****	*****	*****	ug/L	0			
80093 1 0	*****	*****	****	*****	*****	1U		DAILY	MEASRD	
Effluent Gross	*****	*****	****	*****	*****	(23)	0			
BOD ₅ -day, percent removal	*****	*****	****	*****	*****	23		Once Per Month	CALCTD	
81010 K 0	*****	*****	****	*****	*****	%	0			
Percent Removal	*****	*****	****	*****	*****	(23)				
Solids, suspended percent removal	*****	*****	****	*****	*****	23		Once Per Month	CALCTD	
81011 K 0 0	*****	*****	****	*****	*****	%	0			
Percent Removal	*****	*****	****	*****	*****	(23)				
Chlorine usage	N/A	*****	(26)	*****	*****	23		Once Per Month	CALCTD	
81400 X 0	*****	*****	****	*****	*****	%	0			
End of Chlorine Contact Chamber	*****	*****	****	*****	*****	(93)		DAILY	MEASRD	
Oil and grease visual	*****	*****	****	*****	*****	occur/mo	0			
84066 1 0	*****	*****	****	*****	*****	(26)				
Effluent Gross	*****	*****	****	*****	*****	Req. Mon.		Once Per Month	VISUAL	
Toxicity, Chronic	*****	*****	****	*****	*****	DAILY MX				
TT000 1 8	*****	*****	****	*****	*****	0				
Effluent Gross	*****	*****	****	*****	*****	Req. Mon.		Semiannual	COMP24	
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									
TYPED OR PRINTED	TELEPHONE AREA CODE 907 PHONE NUMBER 586-0393 DATE YEAR 2014 MO 8 DAY 13									

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 06/29/2014-08/02/2014.

EPA Form 3320-1 (03-99) Previous editions may be used.

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

00434/981209 1904

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