

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:** MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATTN:** Denny Kay / Mendenhall WWTE Supervisor

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

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

MONITORING PERIOD			
YR	MO	DAY	TO
2009	4	1	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	VALUE	UNITS	MO			
Turbidity	PERMIT	*****	*****	****	*****	10.6	*****	12.8	(43)	0	Continuous	RECORDR	
	REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	*****	NTU	0			
Effluent Gross	PERMIT	*****	*****	****	*****	4.1	*****	*****	(19)	0	Once Per Month	GRAB	
	REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MN	*****	mg/L	0			
Oxygen, dissolved (DO)	PERMIT	*****	*****	****	*****	25	*****	*****	(19)	0	Twice Per Month	COMP24	
	REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	*****	mg/L	0			
BOD, 5-Day, 20 deg. C	PERMIT	1226	2452	lb/d	*****	27	*****	*****	(19)	0	Twice Per Month	COMP24	
	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	Req. Mon. DAILY MX	*****	mg/L	0			
Effluent Gross	PERMIT	1829	*****	lb/d	*****	45	*****	*****	19	0	Twice Per Month	COMP24	
	REQUIREMENT	WPLY AVG	*****	lb/d	*****	WPLY AVG	*****	*****	mg/L	0			
pH	PERMIT	*****	*****	****	*****	6.5	*****	*****	(12)	0	Weekdays	GRAB	
	REQUIREMENT	*****	*****	****	*****	INST MIN	*****	*****	12	0			
Alkalinity, total (asCaCO3)	PERMIT	*****	*****	****	*****	N/A	*****	*****	(19)	0	Quarterly	COMP24	
	REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	*****	mg/L	0			
Solids, total suspended	PERMIT	*****	*****	****	*****	25	*****	*****	(19)	0	Twice Per Month	COMP24	
	REQUIREMENT	*****	*****	****	*****	MO AVG	Req. Mon. DAILY MX	*****	mg/L	0			
Effluent Gross	PERMIT	1226	2452	lb/d	*****	30	*****	*****	19	0	Twice Per Month	COMP24	
	REQUIREMENT	MO AVG	DAILY MX	lb/d	*****	MO AVG	Req. Mon. DAILY MX	*****	mg/L	0			

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.

*Denny Kay for*  
*Denny Kay*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907  
586-0393  
2009  
5  
06

COMMENT AND EXPLANATION OF ANY VIOLATIONS O= $<15:1$ , P= $>15:1$  and  $<30:1$ , R= $>30:1$  (O,P and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used \*no chlorine\*)

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: MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Denny Kay / Mendenhall WWTF Supervisor

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.

PERMIT NUMBER: **AK-002295-1**

DISCHARGE NUMBER: **001 A**

MONITORING PERIOD			
YR	MO	DAY	TO
2009	4	1	2009
YEAR	MO	NO	DAY
2009	4	4	30

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. MO AVG	VALUE	UNITS	REQ. MON. MO AVG			
Solids, total suspended	SAMPLE MEASUREMENT	421	(26)	*****	27	(19)	*****	0	Twice Per Month	COMP24
	PERMIT REQUIREMENT	1829 Wkly Avg		*****	45 Wkly Avg	19 mg/L	*****			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	213	(26)	*****	15.0	(19)	*****	0	Once Per Month	COMP24
	PERMIT REQUIREMENT	1164 MO Avg		*****	28.5 MO Avg	19 mg/L	*****			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****	*****	56	(19)	*****	0	Once Per Month	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO Avg	19 mg/L	*****			
Silver, total recoverable	SAMPLE MEASUREMENT	N/A	(26)	*****	N/A	(28)	*****	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	N/A		*****	Req. Mon. MO Avg	28 ug/L	*****			
Zinc, total recoverable	SAMPLE MEASUREMENT	N/A	(26)	*****	N/A	(28)	*****	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	N/A		*****	Req. Mon. MO Avg	28 ug/L	*****			
Copper, total recoverable	SAMPLE MEASUREMENT	0.35	(26)	*****	24.5	(28)	*****	0	Three Per Year	COMP24
	PERMIT REQUIREMENT	0.35 MO Avg		*****	Req. Mon. MO Avg	28 ug/L	*****			
Effluent Gross	SAMPLE MEASUREMENT	3.54	lb/d	7.63 DAILY MX	86.7 MO AVG	187 ug/L	*****		Once Per Month	COMP24
	PERMIT REQUIREMENT	3.54 MO Avg		7.63 DAILY MX	86.7 MO Avg	187 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: *Denny Kay*  
Denny Kay  
Principal Executive Officer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE  
586-0393 TELEPHONE  
2009 YEAR  
5 MO  
06 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: O= $<15.1$ , P= $>15.1$  and  $<30.1$ , R= $>30.1$  (O,P and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used \*no chlorine\*)

Concerning violations please see attached. The reporting period was from 03/29/09 through 05/02/09.





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:** MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
**FACILITY:** MENDENHALL VALLEY SERVICE AREA  
**LOCATION:** JUNEAU, ALASKA 99801  
**ATTI:** Denny Kay / Mendenhall WWTF Supervisor

**AK-002295-1**  
PERMIT NUMBER

**MONITORING PERIOD**  
YR: 2009 MO: 4 DAY: 1 TO: YEAR: 2009 MO: 4 DAY: 30  
**001 A**  
DISCHARGE NUMBER

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	VALUE			
ecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****		N/A	N/A	N/A	0		
	PERMIT REQUIREMENT	*****	*****		400 WKLY GEO	200 MO GEO	800 DAILY MX		Once Every Week	GRAB
	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	0		
ecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL	Once Every Week	GRAB
	SAMPLE MEASUREMENT	*****	*****							
	SAMPLE MEASUREMENT	*****	*****							

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.

*Denny Kay for*  
*for Denny Kay*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 TELEPHONE 586-0393  
AREA CODE  
2009 YEAR  
5 MO  
04 DAY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Denny Kay  
Title Utilities Superintendent  
TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
Concentrating violations-please see attached. The reporting period was from 03/29/09 through 05/02/09.  
O=<15.1, P=>15.1 and <30.1, R=>30.1 (O,P and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used \*no chlorine\*)  
EPA Form 3320-1 (03-00) (Rev. 05/01/09) (Instructions and forms may be used)



# Alaska Department of Environmental Conservation

Division of Water, Compliance and Enforcement Program

555 Cordova Street

Anchorage, Alaska 99501

Nationwide Toll Free: 1(877) 569-4114 Anchorage/International: (907)269-4114

Fax: (907)269-4604

E-mail address: [dec-wqreporting@alaska.gov](mailto:dec-wqreporting@alaska.gov)

## NONCOMPLIANCE NOTIFICATION

<b>GENERAL INFORMATION</b>		<b>PERMIT# (if any):</b>	
<b>Applicant Company:</b> City and Borough of Juneau		<b>Facility Name:</b> Mendenhall WWTF	
<b>Person Reporting:</b> Denny Kay		<b>Facility Location:</b> 2009 Radcliffe Rd	
<b>Date/Time Event was Noticed:</b> May 05 2009/ 1130 hrs		<b>Phone Numbers of Person Reporting:</b> 907 586 0393	
<b>Date/Time Reported:</b> May 05 2009/ 1200 hrs		<b>Reported How? (e.g. by phone):</b> Contract Lab/ Analytica Labs	
<b>Name of DEC Staff Contacted:</b> Chris Foley			
<b>VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)</b>			
<b>INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)</b>			
Estimated Quantity involved (volume or weight) Unknown			
Cause of the event (be specific) Low DO profile			
Permit Condition Deviation (Identify each permit condition exceeded during the event)			
<b>Parameter (e.g. BOD pH)</b> % Removal TSS	<b>Permit Limit</b> Min 85%	<b>Exceedance (sample result)</b> TSS 82%	<b>Sample Date</b> May 05 2009
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Started annual cleaning and maintenance of SBR's found air header manifold on SBR 2 severely restricted with rag balls, removed restriction.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail)			
Actions taken to reduce or eliminate Actual/Potential Impact on Environmental Health (describe in detail) (e.g. Supplied drinking water to nearby well owners and informed well owners not to drink from wells until further notice)			
COMMENTS			
Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.			
Name: Denny Kay		Signature: <i>Denny Kay</i>	
		Date: May 06 2009	
<b>FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.</b>			

DAY	DATE	WEATHER			FLOWS				INFLUENT				EFFLUENT											
		TEMP °F	RAIN INCHES	SBR INFILLMENT MGD	Mend. River CFS	SBR TTL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	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		
SUN	29	32	0.33	1.86	97	1.59	40.4 /1	0.0390	7.0	6.9					9.0	6.6			10.3					
MON	30	36	0.09	2.28	91	2.02	30.1 /1	0.0599	8.0	7.1					9.0	7.0			10.4					
TUE	31	34	0.16	1.96	94	1.70	36.7 /1	0.0510	8.0	7.1					9.0	6.6			10.0					
WED	1	33	0.05	1.90	80	1.70	31.4 /1	0.0509	9.0	7.1					11.0	6.7			10.6					
THU	2	31	0.00	1.92	80	1.69	31.6 /1	0.0507	9.0	7.2					11.0	6.7			11.2					
FRI	3	29	0.00	1.80	88	1.65	35.5 /1	0.0461	9.0	7.0						6.7								
SAT	4	35	0.22	1.78	109	1.59	45.3 /1	0.0388																
SUN	5	37	0.34	2.16	116	1.87	41.1 /1	0.0316	7.0	7.1					10.0	6.6			12.5					
MON	6	38	0.12	2.05	134	1.91	46.3 /1	0.0359	7.0	7.1					10.0	6.6			12.5					
TUE	7	36	0.24	1.98	141	1.77	52.5 /1	0.0352	7.0	7.1					10.0	6.6			12.0					
WED	8	38	0.09	2.13	144	1.98	48.0 /1	0.0363	8.0	7.1	8.4	120	1982	134	2213	9.0	6.9	4.1	12.0	22.0	363	23.4		
THU	9	38	0.04	1.99	132	1.85	47.1 /1	0.0377	8.0	6.9					10.0	6.6			12.3					
FRI	10	37	0.11	2.13	103	1.94	35.3 /1	0.0543	9.0	7.0					10.0	6.5			12.8					
SAT	11	38	0.41	2.36	109	2.12	34.2 /1	0.0277																
SUN	12	39	0.02	2.28	167	2.12	51.9 /1	0.0388	7.0	7.0					9.0	6.7			10.8					
MON	13	38	0.00	2.15	162	2.05	52.0 /1	0.0528	7.0	7.0					9.0	6.7			10.3					
TUE	14	38	0.00	2.04	159	1.93	54.2 /1	0.0421	7.0	7.1					10.0	6.6			10.7					
WED	15	40	0.00	2.03	144	1.87	50.7 /1	0.0427	9.0	6.8	150	2339	237	3696	10.0	6.6			11.4					
THU	16	41	0.00	2.00	159	1.77	58.0 /1	0.0485	9.0	6.9					10.0	6.6			11.8					
FRI	17	42	0.05	2.05	224	1.97	74.5 /1	0.0519	8.0	7.0					10.0	6.5								
SAT	18	42	0.15	2.21	202	2.09	63.4 /1	0.0634																
SUN	19	42	0.00	2.30	203	2.08	64.0 /1	0.0583																
MON	20	40	0.11	2.11	196	1.97	65.3 /1	0.0503	8.0	7.4					10.0	6.7			9.5					
TUE	21	37	0.20	2.18	165	2.07	52.5 /1	0.0440	9.0	7.1					9.0	6.9			9.4					
WED	22	40	0.00	2.06	139	2.00	45.9 /1	0.0160	9.0	7.4					10.0	6.7			9.2					
THU	23	39	0.00	2.04	134	1.70	51.9 /1	0.0391	9.0	7.0					10.0	6.6			9.6					
FRI	24	43	0.01	1.97	144	1.65	57.4 /1	0.0468	9.0	7.4					10.0	6.5			11.0					
SAT	25	42	0.01	2.14	93	1.69	36.5 /1	0.0591																
SUN	26	41	0.00	2.04	103	1.67	40.8 /1	0.0552																
MON	27	43	0.00	2.21	99	1.66	39.1 /1	0.1273	8.0	7.3					10.0	6.9			8.6					
TUE	28	47	0.00	2.06	139	1.62	56.4 /1	0.0451	8.0	7.3					11.0	7.0			8.4					
WED	29	48	0.00	2.08	290	1.58	115.5 /1	0.0454	8.0	7.1					10.0	6.6			8.6					
THU	30	47	0.00	2.03	357	1.62	143.4 /1	0.0531	8.0	7.0					10.0	6.6			10.4					
FRI	1	50	0.00	2.03	280	1.62	112.7 /1	0.1850	8.0	7.0					10.0	6.7			10.6					
SAT	2	54	0.00	2.04	610	1.61	245.8 /1	0.1723																
TOTAL			2.75	72.35		63.74		1.9323																
MAXIMUM		54	0.41	2.36	610	2.12	186.9 /1	0.1850	9.0	7.4	8.4	150	2339	237	3696	11.0	7.0	4.1	12.8	27	421	2	2	
MINIMUM		29	0.00	1.78	80	1.56	33.7 /1	0.0160	7.0	6.8	8.4	120	1982	134	2213	9.0	6.5	4.1	8.4	22	363	2	2	
AVERAGE		39	0.08	2.07	162	1.82	58.5 /1	0.0552	8.2	7.1	8.4	135	2160	186	2954	9.8	6.7	4.1	10.6	25	392	2	2	

COMMENTS:  
\* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

April 2009	
Hrd. mg/l	56
Alk. mg/l	N/A
D.O. mg/l	4.1
Turb. NTU	12.8
Tox. TUc	N/A

April 2009	
Copper	24.5 ug/L
Lead	N/A
Silver	N/A
Zinc	N/A
NH3 mg/L	15.00
	213

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geo. Mean
	BOD mg/l	TSS mg/l	BOD lbs	TSS lbs	
1	23	22	386	363	6
2	27	27	424	421	4
3					4
4					1
5					2
AVG	25	25	405	392	4
MAX	27	27	424	421	15