

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

AK-002295-1
PERMIT NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2009	9	1	2009
YEAR	MO	DAY	YEAR
2009	9	30	2009

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS	UNITS			
Turbidity		MEASUREMENT	*****	*****	*****	7.2	9.3	(43)	0			
		PERMIT	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU			Continuous	RCORDR
00070 1 0		REQUIREMENT	*****	*****	*****	4.5	*****	(19)	0			
Effluent Gross		SAMPLE	*****	*****	*****	3.7	*****					
Oxygen, dissolved (DO)		MEASUREMENT	*****	*****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L	5		Once Per Month	GRAB
00300 1 0		PERMIT	*****	*****	*****	65.3	92.5	(19)				
Effluent Gross		REQUIREMENT	*****	*****	*****	*****	*****					
BOD, 5-Day, 20 deg. C		SAMPLE	1199	1911	(26)	*****	*****					
00310 1 0		PERMIT	1226	2452	lb/d	30	60	19	4		Twice Per Month	COMP24
Effluent Gross		REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	mg/L				
BOD, 5-Day, 20 deg. C		SAMPLE	1565	*****	(26)	75.2	*****					
00310 1 0		MEASUREMENT	*****	*****	*****	*****	*****					
See Comments		PERMIT	1829	*****	lb/d	45	*****	19			Twice Per Month	COMP24
pH		REQUIREMENT	WPLY AVG	*****		WPLY AVG	*****	mg/L				
00400 1 0		SAMPLE	*****	*****	*****	6.8	7.0	(12)	0			
Effluent Gross		MEASUREMENT	*****	*****	*****	*****	*****					
Alkalinity, total (asCaCo3)		PERMIT	*****	*****	*****	6.3	9.0	12			Weekdays	GRAB
00410 1 7		REQUIREMENT	*****	*****	*****	INST MIN	INST MAX	SU				
Effluent Gross		SAMPLE	*****	*****	*****	42	42	(19)	0			
Solids, total suspended		MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0		PERMIT	204	268	(26)	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L			Quarterly	COMP24
Effluent Gross		REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	mg/L			Twice Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		REQUIREMENT	1226	2452	lb/d	30	60	19				
Joe Myers Wastewater Utilities Superintendent		PERMIT	*****	*****	*****	*****	*****					
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.												
TYPED OR PRINTED												
COMMENT AND EXPLANATION OF ANY VIOLATIONS												
* The reporting period was from 08/30/2009 through 09/26/2009.												
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*)												
907 AREA CODE 586-0393 TELEPHONE												
2009 YEAR 19 DATE												
7 DAY												

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: MENDEHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDEHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTN: Denny Kay / Mendehall WWTF Supervisor

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
2009	9	1	2009
			YEAR
			MO
			DAY
			YEAR
			MO
			DAY

PARAMETER	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	232	*****	(26)	14.0	*****	*****	*****	0		
	MEASUREMENT	1829	*****		45	*****	*****	*****		Twice Per Month	COMP24
00530 W 0	PERMIT	303	*****	(26)	17.0	*****	*****	*****	0		
	REQUIREMENT	Wkly Avg	*****		Wkly Avg	*****	*****	*****		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)	SAMPLE	303	*****	(26)	17.0	*****	*****	*****	0		
	MEASUREMENT	1164	*****		28.5	*****	*****	*****		Once Per Month	COMP24
00610 1 0	PERMIT	0.004	*****	(26)	0.3	*****	*****	*****	0		
	REQUIREMENT	MO Avg	*****		MO Avg	*****	*****	*****		Twice Per Month	GRAB
Effluent Gross	SAMPLE	0.006	*****	(26)	0.36	*****	*****	*****	0		
	MEASUREMENT	Req. Mon.	*****		Req. Mon.	*****	*****	*****		Three Per Year	COMP24
01079 1 0	PERMIT	0.492	*****	(26)	29.9	*****	*****	*****	0		
	REQUIREMENT	MO Avg	*****		MO Avg	*****	*****	*****		Three Per Year	COMP24
Effluent Gross	SAMPLE	0.30	*****	(26)	15.7	*****	*****	*****	0		
	MEASUREMENT	Req. Mon.	*****		Req. Mon.	*****	*****	*****		Three Per Year	COMP24
01114 1 0	PERMIT	1.82	*****	(26)	44.5	*****	*****	*****	0		
	REQUIREMENT	MO Avg	*****		MO Avg	*****	*****	*****		Twice Per Month	COMP24
Effluent Gross	SAMPLE	0.006	*****	(26)	0.36	*****	*****	*****	0		
	MEASUREMENT	Req. Mon.	*****		Req. Mon.	*****	*****	*****		Three Per Year	COMP24
01094 1 0	PERMIT	0.006	*****	(26)	0.36	*****	*****	*****	0		
	REQUIREMENT	MO Avg	*****		MO Avg	*****	*****	*****		Three Per Year	COMP24
Effluent Gross	SAMPLE	0.006	*****	(26)	0.36	*****	*****	*****	0		
	MEASUREMENT	Req. Mon.	*****		Req. Mon.	*****	*****	*****		Three Per Year	COMP24
Lead, total recoverable	PERMIT	0.006	*****	(26)	0.36	*****	*****	*****	0		
	REQUIREMENT	MO Avg	*****		MO Avg	*****	*****	*****		Three Per Year	COMP24
01114 1 0	PERMIT	0.006	*****	(26)	0.36	*****	*****	*****	0		
	REQUIREMENT	MO Avg	*****		MO Avg	*****	*****	*****		Three Per Year	COMP24
Effluent Gross	SAMPLE	0.28	*****	(26)	15.7	*****	*****	*****	0		
	MEASUREMENT	Req. Mon.	*****		Req. Mon.	*****	*****	*****		Three Per Year	COMP24
01119 1 0	PERMIT	0.30	*****	(26)	15.7	*****	*****	*****	0		
	REQUIREMENT	MO Avg	*****		MO Avg	*****	*****	*****		Three Per Year	COMP24
Effluent Gross	SAMPLE	0.30	*****	(26)	17.1	*****	*****	*****	0		
	MEASUREMENT	Req. Mon.	*****		Req. Mon.	*****	*****	*****		Three Per Year	COMP24
01119 1 0	PERMIT	0.30	*****	(26)	17.1	*****	*****	*****	0		
	REQUIREMENT	MO Avg	*****		MO Avg	*****	*****	*****		Three Per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Joe Myers, Wastewater Utilities Superintendent

Joe Myers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 ARDA CODE
586-0393 TELEPHONE
2009 YEAR
10 DATE
9 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*)

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.

REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.

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

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.

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.

REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.

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

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.

**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

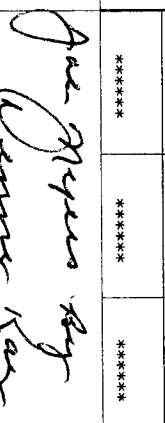
AK-002295-1
 PERMIT NUMBER

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.

MONITORING PERIOD			
YR	MO	DAY	TO
2009	9	1	2009
YEAR	MO	DAY	YEAR
2009	9	30	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS	REQ. MON.			
Coliform, fecal - % sample exceeds limit	MEASUREMENT	*****	*****	****	*****	*****	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	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	#/100ml	0	Twice Every Week	GRAB	
See Comments	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200	DAILY MX	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****	****	*****	*****	800	#/100ml	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	*****	*****	****	*****	*****	400	DAILY MX	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200	DAILY MX	0	Twice Every Week	GRAB	
31615 Q 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	800	#/100ml	0	Twice Every Week	GRAB	
See Comments	PERMIT REQUIREMENT	*****	*****	****	*****	*****	400	DAILY MX	0	Twice Every Week	GRAB	
Floating solids or visible foam-visual	MEASUREMENT	*****	*****	****	*****	*****	800	#/100ml	0	Twice Every Week	GRAB	
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	400	DAILY MX	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	1200	#/100ml	0	Twice Every Week	GRAB	
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800	#/100ml	0	Twice Every Week	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	400	DAILY MX	0	Twice Every Week	GRAB	
Flow, in conuit or thru treatment plan	PERMIT REQUIREMENT	2.19	2.90	(03)	*****	*****	400	DAILY MX	0	Twice Every Week	GRAB	
50050 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	400	DAILY MX	0	Twice Every Week	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	400	DAILY MX	0	Twice Every Week	GRAB	
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.											
Joe Myers Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
TELEPHONE	907 586-0393											
AREA CODE	907											
PHONE NUMBER	586-0393											
DATE	2009 10 9											
MO	10											
DAY	9											

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*)

* The reporting period was from 08/30/2009 through 09/26/2009.

EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

00434/08/2/09 1 9/04 24/04 1/07-5

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

AK-002295-1
PERMIT NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2009	9	1	2009
YEAR	MO	DAY	YEAR
2009	9	30	2009

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	PERMIT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0	PERMIT	4.09	4.09	lb/d	*****	100	100	ug/l	0	QUARTERLY	COMP24
See Comments	REQUIREMENT	MO AVG	DAILY MX			MO AVG	DAILY MX				
Dilution factor	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	ug/L	0		
80093 1 0	PERMIT	*****	*****	*****		*****	*****	1U	1	DAILY	MEASRD
Effluent Gross	REQUIREMENT	*****	*****	*****		MO AVG	*****				
BOD-5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)	0		
81010 K 0	PERMIT	*****	*****	*****		*****	*****	23 %	1	Once Per Month	CALCTD
Percent Removal	REQUIREMENT	*****	*****	*****		*****	*****	23 %	0	Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)	0		
81011 K 0 0	PERMIT	*****	*****	*****		*****	*****	23 %	0	Once Per Month	CALCTD
Percent Removal	REQUIREMENT	*****	*****	*****		*****	*****	23 %	0	Once Per Month	CALCTD
Chlorine usage	SAMPLE MEASUREMENT	N/A	N/A	(26)		*****	*****	*****	0		
81400 X 0	PERMIT	*****	*****	*****		*****	*****	*****	0	DAILY	MEASRD
End of Chlorine Contact Chamber	REQUIREMENT	Req. Mon. MO AVG	*****	lb/d		*****	*****	(93)	0		
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	*****	0		
84066 1 0	PERMIT	*****	*****	*****		*****	*****	*****	0	Once Per Month	VISUAL
Effluent Gross	REQUIREMENT	*****	*****	*****		*****	*****	occur/mo	0		
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(26)	0		
TT000 1 8	PERMIT	*****	*****	*****		*****	*****	*****	0	Semiannual	COMP24
Effluent Gross	REQUIREMENT	*****	*****	*****		*****	*****	*****	0		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the information submitted to assure that the qualified person properly gather and evaluate the information. 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
Denny Kay
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE
PHONE NUMBER
2009
YEAR
18
MO
9
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*)
* The reporting period was from 08/30/2009 through 09/26/2009.
FPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) 00474981209 1904 PAGE 4 OF 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: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Denny Kay / Mendenhall WWTF Supervisor

AK-002295-1
PERMIT NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2009	9	1	2009
YEAR	MO	DAY	YEAR
2009	9	9	2009

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	N/A	N/A	N/A	(13)	0	Once Every Week	GRAB
		*****	*****		*****	*****	*****	*****	*****	*****	*****
31615 S 9	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	2.9	2.0	2.9	(13)	0	Once Every Week	GRAB
		*****	*****		*****	*****	*****	*****	*****	*****	*****
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	800	400	1200	#/100ml		Once Every Week	GRAB
		*****	*****		*****	*****	*****	*****	*****	*****	*****
31615 T 9	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	WPLY GEO	MO GEO	DAILY MX	#/100ml		Once Every Week	GRAB
		*****	*****		*****	*****	*****	*****	*****	*****	*****
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	WPLY GEO	MO GEO	DAILY MX	#/100ml		Once Every Week	GRAB
		*****	*****		*****	*****	*****	*****	*****	*****	*****
See Comments	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	WPLY GEO	MO GEO	DAILY MX	#/100ml		Once Every Week	GRAB
		*****	*****		*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
Wastewater Utilities Superintendent

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.

Joe Myers
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
PHONE NUMBER
2009
YEAR
10
MO
9
DAY

TELEPHONE
DATE

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*)

* The reporting period was from 08/30/2009 through 09/26/2009.

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

(REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED)

00424/981209 1304

04/05/07



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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-002295-1
Applicant Company: City and Borough of Juneau	Facility Name: Mendenhall WWTF	Facility Location: 2009 Radcliffe Rd
Person Reporting: Denny Kay	Phone Numbers of Person Reporting: 907 586 0393	Reported How? (e.g. by phone) Contract lab/ Analytica Labs
Date/Time Event was Noticed: October 9, 2009/0600	Date/Time Reported: October 9, 2009/ 0700	Name of DEC Staff Contacted: Chris Foley

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)

Estimated Quantity involved (volume or weight)

Cause of the event (be specific)

Exceeded Maximum daily MG/L BOD.

Permit Condition Deviation (Identify each permit condition exceeded during the event)

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
<u>Maximum Daily MG/L BOD</u>	<u>60 MG/L</u>	<u>92.5 MG/L</u>	September 8, 2009
		<u>69.8 MG/L</u>	September 15, 2009
		<u>73.4 MG/L</u>	September 17, 2009
		<u>85.5 MG/L</u>	September 22, 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.)

Plant running very well. Questionable BOD test results from contract laboratory. We are splitting samples with a second contract laboratory. Preliminary results confirm high sample bias from first customary contract laboratory.

Environmental Damage: (if yes, provide details below) Yes No 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

No increased loading was observed

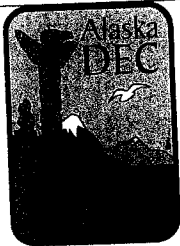
Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and completed

Name: Denny Kay

Signature: *Denny Kay*

Date: 10/9/09

FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.



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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-002295-1	
Applicant Company: City and Borough of Juneau	Facility Name: Mendenhall WWTF	Facility Location: 2009 Radcliffe Rd	
Person Reporting: Denny Kay	Phone Numbers of Person Reporting: 907 586 0393	Reported How? (e.g. by phone) Contract lab/ Analytica Labs	
Date/Time Event was Noticed: October 9, 2009/0600	Date/Time Reported: October 9, 2009/ 0700	Name of DEC Staff Contacted: Chris Foley	

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)

Estimated Quantity involved (volume or weight)

Cause of the event (be specific)

Exceeded Minimum BOD percent Removal

Permit Condition Deviation (Identify each permit condition exceeded during the event)

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
<u>BOD</u>	<u>Minimum 85.0 %</u>	<u>81.1%</u>	October 9, 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.)

Plant running very well. Questionable BOD laboratory test results from contract laboratory

Environmental Damage: (if yes, provide details below) Yes No 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

No increased loading was observed.

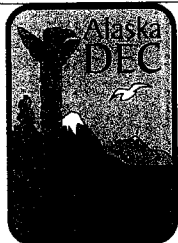
Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached in this document are true, accurate, and complete.

Name: Denny Kay

Signature: *Denny Kay*

Date: October 9, 2009

FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.



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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION	PERMIT# (if any): AK-002295-1	
Applicant Company: City and Borough of Juneau	Facility Name Mendenhall WWTF	Facility Location: 2009 Radcliffe Rd
Person Reporting: Denny Kay	Phone Numbers of Person Reporting 907 586 0393	Reported How? (e.g. by phone) Contract lab/ Analytica Labs
Date/Time Event was Noticed October 9, 2009/0600	Date/Time Reported October 9, 2009/ 0700	Name of DEC Staff Contacted Chris Foley

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)

Estimated Quantity involved (volume or weight)

Cause of the event (be specific)

Exceeded Monthly MG/L BOD.

Permit Condition Deviation (Identify each permit condition exceeded during the event)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
<u>Monthly BOD MG/L</u>	<u>30 MG/L</u>	<u>65.3 MG/L</u>	October 8, 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.)

Plant running very well. Questionable BOD laboratory test results from contract laboratory.

Environmental Damage: (if yes, provide details below)

Yes

No

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

No increased loading was observed.

Based on information and belief formed after reasonable inquire, I certify that the statements and information in and attached in this document are true, accurate, and complete.

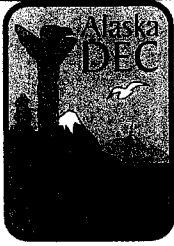
Name: Denny Kay

Signature: *Denny Kay*

Date:

October 9, 2009

FORMS MUST BE SENT TO DEC WITHIN 5 DAYS OF THE EVENT.



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

NONCOMPLIANCE NOTIFICATION

GENERAL INFORMATION		PERMIT# (if any): AK-002295-1	
Applicant Company: City and Borough of Juneau	Facility Name Mendenhall WWTF	Facility Location: 2009 Radcliffe Rd	
Person Reporting: Denny Kay	Phone Numbers of Person Reporting 907 586 0393	Reported How? (e.g. by phone) Contract lab/ Analytica Labs	
Date/Time Event was Noticed October 9, 2009/0600	Date/Time Reported October 9, 2009/ 0700	Name of DEC Staff Contacted Chris Foley	

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY (notification by email is acceptable)

INCIDENT DETAILS (attach additional sheets, lab reports and photos as necessary)

Estimated Quantity involved (volume or weight)

Cause of the event (be specific)

Exceeded Weekly Average MG/L BOD.

Permit Condition Deviation (Identify each permit condition exceeded during the event)

<u>Parameter (e.g. BOD pH)</u>	<u>Permit Limit</u>	<u>Exceedance (sample result)</u>	<u>Sample Date</u>
<u>Weekly Average BOD MG/L</u>	<u>45 MG/L</u>	<u>45.9 MG/L</u> <u>75.2 MG/L</u> <u>71.6 MG/L</u> <u>68.5 MG/L</u>	October 9, 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.)

Plant running very well. Questionable BOD laboratory test results from contract laboratory.

Environmental Damage: (if yes, provide details below) Yes No 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

No increased loading was observed.

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: 

Date: October 9, 2009

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

DAY	DATE	WEATHER		FLOWS				INFLUENT				EFFLUENT											
		TEMP °F	RAIN INCHES	SBR INFILTRANT MGD	Mend. River CFS	SBR TITL 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	Cu ug/L	Cu LBS	HARD mg/L	TEMP °C	pH	D.O. mg/L	TURBID. MAX NTU	S.S. mg/L
SUN	30	53	0.00	2.57	6330	2.57	1592.1 /1	0.0841	15.0	7.5									15.0	7.0		5.8	
MON	31	52	0.00	2.00	3790	2.36	1038.4 /1	0.0880	14.0	7.3	134	2392	323	5765	14.2	0.25	76.0	15.0	6.9	3.7	7.4	7.4	11.0
TUE	1	51	0.00	2.05	2570	2.14	778.8 /1	0.0716	14.0	7.2								15.0	6.9			8.4	
WED	2	50	0.00	2.03	2060	1.96	680.0 /1	0.0841	14.0	7.2	210	3310	363	5722				15.0	6.8			9.3	17.0
THU	3	54	0.11	1.97	1840	1.89	629.9 /1	0.1060	14.0	7.0								16.0	6.8			8.9	
FRI	4	52	0.08	1.94	1870	1.97	614.2 /1	0.1070	14.0	7.0								16.0	6.9				
SAT	5	58	0.00	1.88	1840	1.87	636.6 /1	0.1030															
SUN	6	55	0.00	1.89	2350	1.81	839.7 /1	0.0773															
MON	7	54	0.00	1.96	2340	1.88	805.1 /1	0.1050	15.0	7.1								16.0	6.9			7.8	
TUE	8	53	0.01	1.87	1890	1.83	668.2 /1	0.1120	16.0	7.3	178	2717	386	5891				16.0	6.9			7.4	12.0
WED	9	51	0.30	1.91	1670	1.90	568.8 /1	0.1136	14.0	7.3								16.0	6.9			8.1	
THU	10	54	0.88	2.05	2630	2.08	817.8 /1	0.0706	14.0	7.2	204	3539	334	5794	17.1	0.30	64.0	16.0	7.0	5.3	8.4	12.0	
FRI	11	50	0.02	2.55	1700	2.02	544.7 /1	0.0986	15.0	7.2								16.0	6.9			7.5	
SAT	12	46	1.03	2.03	3430	1.93	1149.1 /1	0.0344															
SUN	13	48	0.07	2.39	4010	2.38	1089.4 /1	0.0907															
MON	14	50	0.00	2.07	3560	2.00	1150.9 /1	0.0553	14.0	7.5								16.0	7.0			7.0	
TUE	15	46	0.01	2.17	3450	2.01	1109.8 /1	0.0904	15.0	7.3	183	3068	273	4576				15.0	6.9			7.7	11.0
WED	16	53	0.39	2.14	2110	2.04	689.2 /1	0.0788	15.0	7.2								15.0	6.9			7.2	
THU	17	52	0.28	2.11	3020	2.18	895.9 /1	0.1135	14.0	7.1	175	3182	452	8218				15.0	6.9			7.4	10.0
FRI	18	53	0.10	2.19	3050	2.12	930.4 /1	0.0763	14.0	7.0								16.0	6.9			7.3	
SAT	19	50	0.15	2.19	2460	2.13	747.1 /1	0.1184															
SUN	20	50	0.61	2.21	2220	2.12	677.5 /1	0.0858															
MON	21	50	0.61	2.24	3180	2.24	918.1 /1	0.1870	14.0	7.2								16.0	7.0			6.8	
TUE	22	48	0.70	2.20	3570	2.68	861.5 /1	0.1259	14.0	7.4	137	3062	344	7889				15.0	6.9			6.1	11.0
WED	23	49	1.06	2.88	3280	2.84	747.1 /1	0.1066	13.0	7.1								15.0	6.8			5.6	
THU	24	49	0.56	2.82	3470	2.84	790.3 /1	0.1240	14.0	7.3	147	3482	292	6916				15.0	7.0			5.2	7.0
FRI	25	50	0.73	2.88	3870	2.90	863.1 /1	0.0945	13.0	7.1								14.0	6.9			5.2	
SAT	26	47	0.48	2.73	3680	2.76	882.3 /1	0.0976															
TOTAL			8.18	62.02		61.45		2.7001															
MAXIMUM		58	1.06	2.88	6330	2.90	1411.1 /1	0.1870	16.0	7.5	210	3539	452	8218	17.1	0.30	76.0	16.0	7.0	5.3	9.3	17.0	
MINIMUM		46	0.00	1.87	1670	1.81	597.0 /1	0.0344	13.0	7.0	134	2392	273	4576	14.2	0.25	64.0	14.0	6.8	3.7	5.2	7.0	
AVERAGE		51.0	0.29	2.22	2901.4	2.19	855.0 /1	0.0964	14.3	7.2	171	3094	346	6321	15.7	0.28	70.0	15.5	6.9	4.5	7.2	11.4	

COMMENTS:

* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
 * DURING THIS MONTH, DUPLICATE EFF. SAMPLES WERE TAKEN.
 FOR REPORTING PURPOSE, THE HIGHEST RESULTS WERE USED.

Sept. 2009	
Hd. mg/l	70.0
Alk. mg/l	42.4
D.O. mg/l	3.7
Turb. NTU	9.3

Sept. 2009	
Copper ug/L	15.7
Lead ug/L	0.361
Silver ug/L	0.3
Zinc ug/L	29.9
NH3 mg/L	17.0

Sept. 2009	
Copper LBS	0.275
Lead LBS	0.006
Silver LBS	0.004
Zinc LBS	0.482
NH3 LBS	303.4

WEEK	WEEKLY AVERAGE	
	BOD mg/l	TSS mg/l
1	45.9	772
2	75.2	1208
3	71.6	1292
4	68.5	1565
AVG	65.3	1199
MAX	75.2	1565