

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
2009 RADCLIFFE ROAD
JUNEAU ALASKA 99801
FACILITY: MENDENHALL WWTF
LOCATION: JUNEAU, ALASKA 99801
ATT: Denny Kay / Mendenhall 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	YEAR	MO	DAY
2009	11	1		2009	11	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS				
Turbidity	MEASUREMENT	*****	*****	****	*****	9.0	11.2	(43)	0			
Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU	0		Continuous	
Oxygen, dissolved (DO)	SAMPLE	*****	*****	****	3.1	3.1	*****	(19)	0		RCORDR	
00300 1 0	MEASUREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19	0		Once Per Month	
Effluent Gross	PERMIT	*****	*****	****	*****	16.5	19.0	(19)	0		GRAB	
BOD, 5-Day, 20 deg. C	SAMPLE	307	353	(26)	*****	30	60	19	0		Twice Per Month	
00310 1 0	MEASUREMENT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L	0		COMP24	
Effluent Gross	PERMIT	*****	*****	(26)	*****	19.0	*****	(19)	0		Twice Per Month	
BOD, 5-Day, 20 deg. C	SAMPLE	307	*****	*****	*****	45	*****	19	0		Twice Per Month	
00310 W 0	PERMIT	1829	*****	lb/d	*****	WKL Y AVG	*****	mg/L	0		Weekdays	
See Comments	MEASUREMENT	*****	*****	****	6.6	*****	6.9	(12)	0		GRAB	
pH	SAMPLE	*****	*****	****	6.5	*****	9.0	12	0		Weekdays	
00400 1 0	MEASUREMENT	*****	*****	****	MIN	*****	MAX	SU	0		GRAB	
Effluent Gross	PERMIT	*****	*****	****	*****	no test	no test	(19)	0		Weekdays	
Alkalinity, total (asCaCo3)	SAMPLE	*****	*****	****	*****	no test	no test	(19)	0		GRAB	
00410 1 7	MEASUREMENT	*****	*****	****	*****	no test	no test	(19)	0		GRAB	
Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	0		Quarterly	
Solids, total suspended	SAMPLE	298	335	(26)	*****	16.0	18.0	(19)	0		Quarterly	
00530 1 0	MEASUREMENT	1226	2452	lb/d	*****	30	60	19	0		Twice Per Month	
Effluent Gross	PERMIT	*****	*****	****	*****	MO AVG	DAILY MX	mg/L	0		COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joe Myers Utilities Superintendent

Wastewater

TYPED OR PRINTED

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*)

Signature: Joe Myers

907 AREA CODE, 586-0393 TELEPHONE

3007 YEAR, 13 MO, 9 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: MENDENHALL TREATMENT PLANT
2009 RADCLIFFE ROAD
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL WWTF
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	11	1	2009
YEAR	MO	DAY	YEAR
2009	11	30	2009

PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE			
Solids, total suspended	SAMPLE	298	*****	(26)	16.0	*****	(19)	0		
	MEASUREMENT	1829	*****	lb/d	45	*****	19		Twice Per Month	COMP24
00530 W 0	PERMIT	465	*****	(26)	25.0	*****	(19)	0		
	REQUIREMENT	1164	*****	lb/d	28.5	*****	19		Once Per Month	COMP24
See Comments	SAMPLE	465	*****	(26)	74	*****	(19)	0		
	MEASUREMENT	1164	*****	lb/d	28.5	*****	19		Once Per Month	COMP24
00610 1 0	PERMIT	*****	*****	(26)	no test	*****	(28)	0		
	REQUIREMENT	*****	*****	mg/L	19	*****	19		Once Per Month	GRAB
Effluent Gross	SAMPLE	no test	*****	(26)	no test	*****	(28)	0		
	MEASUREMENT	no test	*****	lb/d	no test	*****	28		Three Per Year	COMP24
01079 1 0	PERMIT	no test	*****	(26)	no test	*****	(28)	0		
	REQUIREMENT	no test	*****	lb/d	no test	*****	28		Three Per Year	COMP24
Zinc, total recoverable	SAMPLE	no test	*****	(26)	no test	*****	(28)	0		
	MEASUREMENT	no test	*****	lb/d	no test	*****	28		Three Per Year	COMP24
01094 1 0	PERMIT	no test	*****	(26)	no test	*****	(28)	0		
	REQUIREMENT	no test	*****	lb/d	no test	*****	28		Three Per Year	COMP24
Effluent Gross	SAMPLE	0.33	*****	(26)	17.7	*****	(28)	0		
	MEASUREMENT	0.33	*****	lb/d	17.7	*****	28		Three Per Year	COMP24
01114 1 0	PERMIT	0.33	*****	(26)	17.7	*****	(28)	0		
	REQUIREMENT	0.33	*****	lb/d	17.7	*****	28		Three Per Year	COMP24
Effluent Gross	SAMPLE	3.54	*****	(26)	86.7	*****	28		Once Per Month	COMP24
	MEASUREMENT	3.54	*****	lb/d	86.7	*****	28		Once Per Month	COMP24
01119 1 0	PERMIT	7.63	*****	(26)	187	*****	28		Once Per Month	COMP24
	REQUIREMENT	7.63	*****	lb/d	187	*****	28		Once Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

907
AREA CODE
586-0393
TELEPHONE
PHONE NUMBER
DATE
12 01
YEAR MO 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*)

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
2009 RADCLIFFE ROAD
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL WWTF
LOCATION: JUNEAU, ALASKA 99801
ATT: Denny Kay / Mendenhall 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	11	1	2009 11 30

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	*****	*****	****	*****	*****	0	(23)	0	Twice Every Week	GRAB
30500 O 0	PERMIT	*****	*****	****	*****	*****	10	%	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	Req. Mon.	(13)	0	Twice Every Week	GRAB
31615 O 0	PERMIT	*****	*****	****	*****	*****	161	#/100ml	13	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	****	N/A	N/A	Req. Mon.	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	DAILY MX	#/100ml	0	Twice Every Week	GRAB
31615 P 0	PERMIT	*****	*****	****	400	200	800	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	****	WPLY GEO	MO GEO	DAILY MX	#/100ml	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	DAILY MX	(13)	0	Twice Every Week	GRAB
31615 Q 0	PERMIT	*****	*****	****	400	200	800	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	****	WPLY GEO	MO GEO	DAILY MX	#/100ml	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	4.9	2.7	5.7	(13)	0	Twice Every Week	GRAB
31615 R 0	PERMIT	*****	*****	****	800	400	1200	#/100ml	0	Twice Every Week	GRAB
See Comments	PERMIT	*****	*****	****	WPLY GEO	MO GEO	DAILY MX	#/100ml	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0	Twice Every Week	GRAB
45613 1 0	PERMIT	*****	*****	****	*****	*****	Req. Mon.		0	Once Per Month	VISUAL
Effluent Gross	PERMIT	*****	*****	****	*****	*****	DAILY MX		0	Once Per Month	VISUAL
Flow, in conduit or thru treatment plan	SAMPLE MEASUREMENT	2.22	3.15	(03)	*****	*****	Req. Mon.		0	Once Per Month	VISUAL
50050 1 0	PERMIT	*****	*****	****	*****	*****	DAILY MX		0	Once Per Month	VISUAL
Effluent Gross	PERMIT	*****	*****	****	*****	*****	DAILY MX		0	Once Per Month	VISUAL
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	*****	*****	****	*****	*****	DAILY MX		0	Once Per Month	VISUAL
Joe Myers Wastewater Utilities Superintendent	PERMIT	*****	*****	****	*****	*****	DAILY MX		0	Once Per Month	VISUAL
TYPED OR PRINTED	PERMIT	*****	*****	****	*****	*****	DAILY MX		0	Once Per Month	VISUAL
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT	*****	*****	****	*****	*****	DAILY MX		0	Once Per Month	VISUAL
* Concerning violations-please see attached. The reporting period was from 11/01/2009 through 11/28/2009.											

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 Joe Myers
OFFICER OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE NUMBER
2009 YEAR
11 MO
28 DATE
1 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: MENDENHALL TREATMENT PLANT
2009 RADCLIFFE ROAD
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL WWTF
LOCATION: JUNEAU, ALASKA 99801
ATT: Denny Kay / Mendenhall WWTF 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

MONITORING PERIOD			
YR	MO	DAY	TO
2009	12	1	2009

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE	VALUE			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	(26)	*****	N/A	N/A	0		
	PERMIT REQUIREMENT	4.09 MO AVG		*****	100 MO AVG	100 DAILY MX		QUARTERLY	COMP24
50060 S 0 See Comments	SAMPLE MEASUREMENT	4.09	lb/d	*****	62	158	0		
	PERMIT REQUIREMENT	DAILY MX		*****	Req. Mon. DAILY MN	Req. Mon. MO AVG			MEASRD
80093 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	****	*****	91	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****			CALCTD
BOD-5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	90	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****			CALCTD
81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	*****	*****			CALCTD
81011 K 0 0 Percent Removal	SAMPLE MEASUREMENT	N/A	(26)	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	*****	*****			CALCTD
81400 X 0 End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	*****	*****			MEASRD
Oil and grease visual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	*****	*****			VISUAL
84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	*****	*****			VISUAL
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	*****	*****			COMP24
TT000 1 8 Effluent Gross	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	*****	*****			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.

Joe Myers
Joe Myers
PRINCIPAL EXECUTIVE OFFICER

Denny Kay
Denny Kay
SUPERVISOR

907 AREA CODE
586-0393 TELEPHONE
13 YEAR
13 MO
07 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 11/01/2009 through 11/28/2009.
EPA Form 3320-1 (05-99) Previous editions may be used.
REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.
10/434/9812/09 19/04
MADE IN U.S.

EPA REPORT

Juneau, Alaska

November 2009

DAY	DATE	WEATHER			FLOWS			INFLUENT			EFFLUENT			MISC										
		TEMP °F	RAIN FALL INCHES	SBR INFLUENT 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	B.O.D. LBS	FECAL COLIFORM /100 ml	POWER METER READING
SUN	1	38	0.26	2.21	397	2.19	118.1 /1	0.0733																57
MON	2	40	0.25	2.29	411	2.17	123.4 /1	0.0749																49
TUE	3	38	0.11	2.33	436	2.23	127.3 /1	0.0943																54
WED	4	40	0.01	2.26	384	2.13	117.5 /1	0.1197																51
THU	5	45	0.59	2.29	379	2.24	110.3 /1	0.1318																57
FRI	6	41	0.51	2.39	393	2.36	108.6 /1	0.1051																49
SAT	7	40	0.49	2.53	407	2.47	107.4 /1	0.0860																50
SUN	8	38	0.04	2.30	384	2.32	107.9 /1	0.0771																50
MON	9	34	0.14	2.20	361	2.10	112.1 /1	0.1055																51
TUE	10	37	0.17	2.10	357	2.11	110.3 /1	0.0990																53
WED	11	38	0.12	2.16	353	2.08	110.6 /1	0.0940																53
THU	12	36	0.88	2.68	460	2.50	119.9 /1	0.1422																54
FRI	13	33	0.30	2.33	497	2.26	143.1 /1	0.0797																50
SAT	14	34	1.26	3.25	4190	3.15	860.3 /1	0.1230																49
SUN	15	31	0.00	2.68	445	2.51	115.5 /1	0.1194																53
MON	16	32	0.20	2.42	2410	2.51	621.3 /1	0.1190																55
TUE	17	33	0.08	2.31	311	2.28	89.1 /1	0.1067																58
WED	18	27	0.20	2.36	288	2.23	84.4 /1	0.0932																55
THU	19	25	0.00	2.22	262	2.16	79.4 /1	0.1022																51
FRI	20	26	0.04	2.17	237	2.11	73.6 /1	0.1136																51
SAT	21	29	0.19	2.15	221	1.90	76.1 /1	0.1176																52
SUN	22	30	0.00	2.17	208	2.14	63.8 /1	0.0985																48
MON	23	33	0.08	2.05	193	1.95	64.9 /1	0.0735																54
TUE	24	36	0.05	2.07	269	2.03	86.6 /1	0.0597																55
WED	25	37	0.34	2.09	178	2.09	56.0 /1	0.0626																53
THU	26	40	0.11	2.58	223	2.02	72.3 /1	0.1167																59
FRI	27	38	0.17	2.35	244	2.03	78.6 /1	0.1368																53
SAT	28	37	0.19	2.31	231	1.95	77.5 /1	0.1571																53
TOTAL			6.78	65.25	15129	62.22		3.7222																1477
MAXIMUM		45	1.26	3.25	4190	3.15	860.3 /1	0.0990																59
MINIMUM		25	0.00	2.05	178	1.90	61.5 /1	0.0597																48
AVERAGE		35	0.24	2.33	540	2.22	158.1 /1	0.1329																53

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

November 2009	
Hid. mg/l	74
Alk. mg/l	no test
D.O. mg/l	3.1
Turb. NTU	11.2
Tox. TUc	3.0

November 2009	
Copper ug/L	17.7
Lead	no test
Silver	no test
Zinc	no test
NH3 mg/L	25.00
	465.0

WEEK	WEEKLY AVERAGE				WEEKLY	
	BOD mg/l	TSS mg/l	COLIFORM Geo. Mean	BOD lbs	TSS lbs	COLIFORM
1	16.5	307	16.0	298	2.5	
2					1.4	
3					4.9	
4					2.9	
AVG	16.5	307	16.0	298	2.7	
MAX	16.5	307	16.0	298	4.9	

% REMOVAL	
B.O.D.	91
S.S.	90

POWER USAGE IN KILOWATT-HOURS	
TOTAL	236320