

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
ATT: Joe Myers WW Utility Superintendent

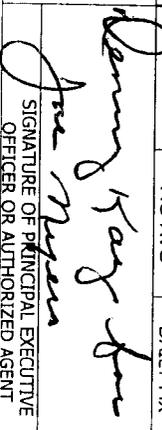
AK-002295-1
PERMIT NUMBER

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	29	2009

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	*****	*****	****	*****	9.2	11.9	(43)	0		
00070 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	6.4	6.4	*****	(19)	0		
00300 1 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	*****	19	Once Per Month	GRAB
Effluent Gross	SAMPLE MEASUREMENT	142.8	360.8	(26)	*****	17.0	21.0	(19)	0		
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	60	19		Twice Per Month	COMP24
00310 1 0	PERMIT REQUIREMENT	MO AVG	DAILY MX	(26)	*****	MO AVG	DAILY MX	mg/L	0		
Effluent Gross	SAMPLE MEASUREMENT	360.8	*****	****	*****	21.0	*****	(19)			
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	1829	*****	lb/d	*****	45	*****	19		Twice Per Month	COMP24
00310 W 0	PERMIT REQUIREMENT	WKLY AVG	*****	lb/d	*****	WKLY AVG	*****	mg/L			
See Comments	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	7.1	(12)	0		
pH	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	12		Weekdays	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.5	*****	9.0	12			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	INST MIN	130.0	130.0	(19)	0		
Alkalinity, total (asCaCO3)	PERMIT REQUIREMENT	*****	*****	****	*****	130.0	130.0	19		Quarterly	COMP24
00410 1 7	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L			
Effluent Gross	SAMPLE MEASUREMENT	150.4	326.4	(26)	*****	18.0	19.0	(19)	0		
Solids, total suspended	PERMIT REQUIREMENT	1226	2452	lb/d	*****	30	60	19		Twice Per Month	COMP24
00530 1 0	PERMIT REQUIREMENT	MO AVG	DAILY MX	(26)	*****	MO AVG	DAILY MX	mg/L			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	18.0	19.0	(19)			
00530 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	18.0	19.0	(19)			
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											
WW Utility Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
	907	586-0393									
	2010	1									
		8									

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*)

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JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Joe Myers WW Utility Superintendent

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EFFLUENT
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MONITORING PERIOD			
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2009	11	29	2009

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	275.1	*****	(26)	*****	19.0	*****	(19)	0		
	MEASUREMENT	*****	*****		*****	*****	*****				
00530 W 0	PERMIT	1829	*****	lb/d	*****	45	*****	19		Twice Per Month	COMP24
	REQUIREMENT	WPLY AVG	*****		*****	WPLY AVG	*****				
Nitrogen, ammonia total (as N)	SAMPLE	16.0	*****	(26)	*****	0.3	*****	(19)	0		
	MEASUREMENT	*****	*****		*****	0.3	*****				
00610 1 0	PERMIT	1164	*****	lb/d	*****	28.5	*****	19		Once Per Month	COMP24
	REQUIREMENT	MO AVG	*****		*****	MO AVG	*****				
Hardness, total (as CaCO3)	SAMPLE	*****	*****	****	*****	80.0	*****	(19)	0		
	MEASUREMENT	*****	*****		*****	80.0	*****				
00900 1 6	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	*****	19		Once Per Month	GRAB
	REQUIREMENT	*****	*****		*****	MO AVG	*****				
Silver, total recoverable	SAMPLE	no test	*****	(26)	*****	no test	*****	(28)	0		
	MEASUREMENT	*****	*****		*****	no test	*****				
01079 1 0	PERMIT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	28		Three Per Year	COMP24
	REQUIREMENT	MO AVG	*****		*****	MO AVG	*****				
Effluent Gross	SAMPLE	no test	*****	(26)	*****	no test	*****	(28)	0		
	MEASUREMENT	*****	*****		*****	no test	*****				
01094 1 0	PERMIT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	28		Three Per Year	COMP24
	REQUIREMENT	MO AVG	*****		*****	MO AVG	*****				
Lead, total recoverable	SAMPLE	no test	*****	(26)	*****	no test	*****	(28)	0		
	MEASUREMENT	*****	*****		*****	no test	*****				
01114 1 0	PERMIT	Req. Mon. MO AVG	*****	lb/d	*****	Req. Mon. MO AVG	*****	28		Three Per Year	COMP24
	REQUIREMENT	MO AVG	*****		*****	MO AVG	*****				
Effluent Gross	SAMPLE	0.284	*****	(26)	*****	16.90	*****	(28)	0		
	MEASUREMENT	*****	*****		*****	16.90	*****				
Copper, total recoverable	PERMIT	3.54	*****	lb/d	*****	86.7	*****	28		Once Per Month	COMP24
	REQUIREMENT	MO AVG	*****		*****	MO AVG	*****				
01119 1 0	SAMPLE	0.284	*****	(26)	*****	16.9	*****	(28)	0		
	MEASUREMENT	*****	*****		*****	16.9	*****				
Effluent Gross	PERMIT	7.63	*****	lb/d	*****	187	*****	28		Once Per Month	COMP24
	REQUIREMENT	DAILY MX	*****		*****	DAILY MX	*****				

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Joe Myers
Joe Myers
Principal Executive Officer

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
907
AREA CODE
586-0393
PHONE NUMBER
2010
DATE
1
MO
8
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 11/29/2009 through 12/26/2009.
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 5

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155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Joe Myers WW Utility Superintendent

AK-002295-1
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001 A
DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
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OMB No. 2040-0004
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MONITORING PERIOD			
YR	MO	DAY	TO
2009	11	29	2009 12 26

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	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	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	PERMIT REQUIREMENT	*****	*****	****	161	MO GEO	800	Req. Mon. DAILY MX	#/100ml	13	Twice Every Week	GRAB
31615 O 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	400	WPLY GEO	800	DAILY MX	#/100ml	(13)	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 P 0	PERMIT REQUIREMENT	*****	*****	****	400	WPLY GEO	800	DAILY MX	#/100ml	(13)	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	3.5	MO GEO	4.3	DAILY MX	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	PERMIT REQUIREMENT	*****	*****	****	800	WPLY GEO	1200	DAILY MX	#/100ml	0	Twice Every Week	GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0		0	Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0		0	Twice Every Week	GRAB
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0		0	Twice Every Week	GRAB
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0		0	Twice Every Week	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	0		0	Twice Every Week	GRAB
Flow, in conduit or thru treatment plan	PERMIT REQUIREMENT	2.0	2.4	(03)	*****	*****	*****	0		0	Twice Every Week	GRAB
50050 1 0	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3	*****	*****	*****	0		0	Twice Every Week	GRAB
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3	*****	*****	*****	0		0	Twice Every Week	GRAB

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Joe Myers
Joe Myers
Signature of Principal Executive Officer or Authorized Agent

907
586-0393
Telephone Number
907
586-0393
Area Code
1
8
Date
Year
MO
DAY

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FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTY: Joe Myers WW Utility Superintendent

MAJOR (SUB 01)
F - FINAL EFFLUENT
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2009	11	29	2009 12 26

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		VALUE	VALUE		VALUE	VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0			
	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100				QUARTERLY	COMP24
50060 S 0	PERMIT REQUIREMENT	MO AVG	DAILY MX		*****	MO AVG	DAILY MX	ug/l	0			
See Comments	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****					
Dilution factor	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	ug/L	0			
80093 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				DAILY	MEASRD
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	1U	1			
BOD,5-day, percent removal	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	(23)				
81010 K 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	23 %			Once Per Month	CALCTD
Percent Removal	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	23 %	1			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(23)				
81011 K 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	23 %			Once Per Month	CALCTD
Percent Removal	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****					
Chlorine usage	PERMIT REQUIREMENT	N/A	N/A	(26)	*****	*****	*****		0			
81400 X 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				DAILY	MEASRD
End of Chlorine Contact Chamber	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****					
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(93)	0			
84066 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				Once Per Month	VISUAL
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	occur/mo	0			
Toxicity, Chronic	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	(26)				
TT000 1 8	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				Semiannual	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****					

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Joe Myers
Joe Myers
Principal Executive Officer

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2010 1 8

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*)

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2009	11	29		2009	12	26

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 (SAMPLE MEASUREMENT	*****	*****		N/A	N/A	N/A	0		
	PERMIT REQUIREMENT	*****	*****							
31615 S 9	PERMIT REQUIREMENT	*****	*****		400	200	800		Once Every Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		WPLY GEO	MO GEO	DAILY MX	#/100ml		
Fecal coliform, MPN, EC med, 44.5 (PERMIT REQUIREMENT	*****	*****		N/A	N/A	N/A	0		
	SAMPLE MEASUREMENT	*****	*****		800	400	1200		Once Every Week	GRAB
31615 T 9	PERMIT REQUIREMENT	*****	*****		WPLY GEO	MO GEO	DAILY MX	#/100ml		
	SAMPLE MEASUREMENT	*****	*****							
See Comments	PERMIT REQUIREMENT	*****	*****							
	SAMPLE MEASUREMENT	*****	*****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joe Myers
Wastewater Utilities Superintendent

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EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

December 2009

DAY	DATE	WEATHER		FLOWS						INFLUENT				EFFLUENT				MISC									
		TEMP °F	RAIN INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TTF 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	B.O.D. LBS	FECAL COLIFORM /100 ml	POWER METER READING	
SUN	29			2.52	224	2.26	65.0 /1	0.1697																			
MON	30			2.52	205	2.26	59.6 /1	0.1150																			
TUE	1			2.13	277	2.01	90.0 /1	0.0849																			
WED	2			2.51	388	2.39	105.9 /1	0.1047																			
THU	3			2.57	295	2.37	81.4 /1	0.1180																			
FRI	4			2.22	255	2.15	77.6 /1	0.0810																			
SAT	5			2.22	221	2.10	89.0 /1	0.0811																			
SUN	6			2.32	190	2.10	59.4 /1	0.0854																			
MON	7			2.32	176	2.00	57.8 /1	0.0990																			
TUE	8			2.17	193	2.06	61.5 /1	0.0967																			
WED	9			2.09	167	1.98	55.5 /1	0.0818																			
THU	10			2.12	167	2.02	54.4 /1	0.0975																			
FRI	11			2.02	162	1.90	56.1 /1	0.0931																			
SAT	12			2.07	136	1.92	48.8 /1	0.1054																			
SUN	13			2.12	127	1.92	43.3 /1	0.1105																			
MON	14			2.04	127	1.92	43.7 /1	0.0835																			
TUE	15			2.04	136	1.94	46.3 /1	0.0975																			
WED	16			2.00	129	1.87	45.6 /1	0.0856																			
THU	17			2.07	97	1.88	34.3 /1	0.1157																			
FRI	18			2.14	114	1.99	38.0 /1	0.1254																			
SAT	19			2.05	114	1.91	39.6 /1	0.1238																			
SUN	20			2.04	114	1.89	40.0 /1	0.1043																			
MON	21			2.00	114	1.88	40.2 /1	0.0995																			
TUE	22			2.06	114	1.94	39.0 /1	0.0926																			
WED	23			2.03	120	1.90	41.8 /1	0.1074																			
THU	24			2.03	129	1.92	44.4 /1	0.0722																			
FRI	25			2.46	397	2.31	112.0 /1	0.0715																			
SAT	26			2.56	411	2.43	110.3 /1	0.1681																			
TOTAL				61.44	5299	57.24		2.8289																			
MAXIMUM				0	0.00	2.57	411	2.43	110.3 /1	0.1697	11.8	8.3	6.5	304	5223	332	5704	12.5	7.1	6.4	11.9	19.0	326.4	21.0	360.8		
MINIMUM				0	0.00	2.00	97	1.87	34.5 /1	0.0635	8.4	6.8	6.5	208	0	282	0	10.6	6.7	6.4	7.4	17.0	0.0	13.0	0.0	48	
AVERAGE				0.0	0.0	2.19	189.25	2.0443	60.8 /1	0.1	10.4	7.2	6.5	256.0	2147.0	307.0	2566.6	11.4	6.8	6.4	9.2	18.0	150.4	17.0	142.8	53.8	

COMMENTS:
* GEOMETRIC MEAN WAS USED TO CALCULATE AVERAGE FECAL COLIFORM COLONIES
* SEE ENCLOSED LETTER REGARDING VIOLATION 12-31-08

December 2009	
Hrd. mg/l	80.0
Alk. mg/l	130.0
D.O. mg/l	6.4
Turb NTU	11.9

December 2009	
Copper ug/L	16.90
Lead	no test
Silver	no test
Zinc	no test
NH3 mg/L	16.00

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM
	BOD mg/l	TSS mg/l	lbs	Geo. Mean	
1	0.0	0.0	0.0	0.0	2.5
2	21.0	180.4	19.0	163.2	3.5
3	13.0	210.3	17.0	275.1	
4					
AVG	17.0	130.2	18.00	146.1	2.932
MAX	21.0	210.3	19.0	275.1	3.5

% REMOVAL	
B.O.D.	94
S.S.	93

POWER USAGE IN KILOWATT-HOURS	
TOTAL	240960