MENDENHALL WASTEWATER TREATMENT FACILITY

EDA DEDODT luneau Alaska May 2010

| EPA R | A REPORT | | | | | | Juneau, Alaska | | | | | | | | May | 2010 | | | | | | |
|-----------|---|-----------------|----------------|-----------------|--------------------|--------------|----------------|-----------|------|-------|--------|----------|--------|------|-----|----------|----------------|---------|-------|-----------|--------|--------|
| | | | | FLOWS | 3 | | | | | NFLUE | NT | | | | | | | EFFLUE | ENT | | | |
| DAY | DATE | SBR INFLUENT | Mend. River | SBR TTL EFFL | Receiving Water | SBR WASTE | TEMP | рН | D.O. | S.S. | S.S. | B.O.D. | B.O.D. | TEMP | рН | D.O. | TURBID. MAX | S.S. | S.S. | B.O.D. | B.O.D. | FECAL |
| D/ (1 | DATE | MGD | CFS | MGD | Dilution | MGD | °C | рп | mg/L | mg/L | LBS | mg/L | LBS | °C | рп | mg/L | NTU | mg/L | LBS | mg/L | LBS | /100 m |
| SUN | 2 | 1.87 | 445 | 1.73 | 167.2 /1 | 0.1190 | 14.9 | 7.6 | 7.1 | | | | | 17.7 | 7.0 | 7.0 | 7.6 | | | | | |
| MON | 3 | 1.82 | 397 | 1.74 | 148.4 /1 | 0.1790 | 14.4 | 7.6 | 7.3 | | | | | 16.8 | 7.1 | 6.5 | 7.2 | | | | | |
| TUE | 4 | 1.82 | 384 | 1.80 | 138.8 /1 | 0.1142 | 13.3 | 7.4 | 6.6 | | | | | 15.4 | 6.9 | 4.3 | 7.3 | | | | | |
| WED | Ę | 1.89 | 384 | 1.84 | 135.8 /1 | 0.1270 | 13.2 | 7.3 | 6.1 | | | | | 15.5 | 6.9 | 4.3 | 7.9 | | | | | |
| THU | (| 1.87 | 265 | 1.88 | 92.1 /1 | 0.1191 | 18.3 | 7.1 | 5.6 | | | | | 16.9 | 6.9 | 4.6 | 7.7 | | | | | |
| FRI | - | 1.78 | 397 | 1.73 | 149.2 /1 | 0.1058 | 18.2 | 6.1 | 6.1 | | | | | 16.8 | 6.9 | 4.8 | 7.7 | | | | | |
| SAT | 8 | 1.81 | 421 | 1.73 | 158.2 /1 | 0.1294 | 11.6 | 6.2 | 6.2 | | | | | 16.7 | 7.2 | 5.2 | 7.4 | | | | | |
| SUN | ę | 1.85 | 411 | 1.73 | 154.5 /1 | 0.1104 | 14.9 | 5.1 | 5.1 | | | | | 17.2 | 7.0 | 4.4 | 7.3 | | | | | |
| MON | 10 | 1.86 | 460 | 1.74 | 171.8 /1 | 0.0971 | 14.6 | 7.8 | 6.5 | | | | | 15.9 | 6.9 | 5.5 | 8.2 | | | | | |
| TUE | 11 | 1 1.82 | 471 | 1.77 | 172.9 /1 | 0.1159 | 14.6 | 7.5 | 4.7 | | | | | 16.0 | 7.0 | 5.9 | 7.9 | | | | | |
| NED | 12 | 1.87 | 502 | 1.79 | 182.2 /1 | 0.1028 | 12.4 | 7.3 | 6.8 | | | | | 15.4 | 6.9 | 5.2 | 8.0 | | | | | |
| THU | 10 | 1.89 | 586 | 1.81 | 210.1 /1 | 0.1135 | | | | | | | | 15.6 | 6.5 | 4.6 | 7.5 | | | | | |
| FRI | 14 | 1.89 | 622 | 1.64 | 246.0 /1 | 0.1186 | 18.8 | 7.7 | 5.4 | | | | | 12.2 | 6.9 | 4.5 | 7.6 | | | | | |
| SAT | 15 | 1.87 | 592 | 1.84 | 208.8 /1 | 0.1049 | 12.5 | 7.5 | 8.1 | 322 | 4941 | | | 14.0 | 6.9 | 5.5 | 7.7 | 21 | 322 | | | |
| SUN | 16 | 1.79 | 704 | 1.75 | 260.9 /1 | 0.1134 | 18.1 | 7.5 | 7.8 | | | | | 18.8 | 7.1 | 6.2 | 7.6 | | | | | |
| MON | 17 | 7 1.92 | 586 | 1.74 | 218.6 /1 | 0.0971 | 14.7 | 7.4 | 7.7 | 246 | 3570 | | | 19.2 | 6.8 | 4.8 | 15.8 | 27 | 392 | | | |
| TUE | 18 | 1.94 | 616 | 1.71 | 233.7 /1 | 0.1270 | 13.0 | 7.2 | 6.1 | | | | | 13.8 | 6.5 | 2.3 | 8.2 | | | | | |
| WED | 19 | 2.00 | 807 | 1.77 | 295.5 /1 | 0.1170 | 14.8 | 7.1 | 5.9 | 213 | 3144 | | | 15.5 | 6.7 | 4.8 | 4.8 | 23 | 340 | | | |
| THU | 20 | 2.01 | 1015 | 1.70 | 386.7 /1 | 0.9925 | 15.3 | 7.9 | 7.0 | 220 | 3119 | 251 | 3559 | 14.3 | 7.2 | 4.5 | 8.7 | 22 | 312 | 16.0 | 226.8 | , |
| FRI | 2 | 1 1.94 | 1500 | 1.52 | 638.5 /1 | 0.9718 | 13.9 | 7.3 | 6.9 | 182 | 2307 | | | 17.5 | 6.9 | 5.9 | 9.7 | 23 | 292 | | | |
| SAT | 22 | 1.87 | 998 | 1.66 | 389.4 /1 | 0.1219 | 18.4 | 7.3 | 6.1 | 336 | 4652 | | | 15.8 | 6.8 | 4.9 | 11.5 | 26 | 360 | | | |
| SUN | 23 | 2.03 | 998 | 1.77 | 365.2 /1 | 0.1659 | 16.8 | 7.4 | 8.9 | 252 | 3720 | | | 13.3 | 6.7 | 3.9 | 9.5 | 19 | 234 | | | |
| MON | 24 | 1.96 | 1020 | 1.73 | 381.9 /1 | 0.1052 | 15.7 | 7.6 | 6.4 | | | | | 16.4 | 6.8 | 4.3 | 6.8 | | | | | |
| TUE | 25 | 1.99 | 1200 | 1.75 | 444.0 /1 | 0.1275 | 14.2 | 7.2 | 5.6 | 174 | 2540 | 290 | 4233 | 15.3 | 6.8 | 5.6 | 9.8 | 16 | 234 | 14.0 | 204.3 | 3 |
| WED | 26 | 2.00 | 1380 | 1.75 | 510.4 /1 | 0.1327 | 15.5 | 7.2 | 6.8 | | | | | 16.2 | 6.6 | 3.5 | 11.4 | | | | | |
| THU | 27 | 2.04 | 1550 | 1.64 | 611.5 /1 | 0.1265 | 14.8 | 7.3 | 6.2 | 282 | 3857 | 320 | 4377 | 16.4 | 6.7 | 2.9 | 10.6 | 20 | 274 | 17.0 | 232.5 | 5 |
| FRI | 28 | 1.88 | 1430 | 1.69 | 547.6 /1 | 0.1269 | 19.8 | 7.2 | 6.5 | | | | | 16.0 | 6.7 | 4.5 | 12.0 | | | | | |
| SAT | 29 | 1.80 | 1440 | 1.53 | 609.0 /1 | 0.0843 | 18.1 | 7.2 | 5.9 | | | | | 17.8 | 6.8 | 4.5 | 12.0 | | | | | |
| TO | TAL | 53.08 | | 48.48 | | 5.0664 | | | | | | | | | | | | | | | | |
| MAX | IMUM | 2.04 | 1550 | 1.88 | 533.6 /1 | 0.9925 | 19.8 | 7.9 | 8.9 | 336 | 4941 | 320 | 4377 | 19.2 | 7.2 | 7.0 | 15.8 | 27.0 | 391.8 | 17.0 | 232.5 | 5 1 |
| MINI | MUM | 1.78 | 265 | 1.52 | 113.6 /1 | 0.0843 | 11.6 | 5.1 | 4.7 | 174 | 2307 | 251 | 3559 | 12.2 | 6.5 | 2.3 | 4.8 | 16.0 | 233.5 | 14.0 | 204.3 | 3 |
| AVE | RAGE | 1.90 | 770.75 | 1.73 | 288.6 /1 | 0.1809 | 15.4 | 7.2 | 6.5 | 247 | 3539 | 287 | 4056 | 16.0 | 6.9 | 4.8 | 8.8 | 21.9 | 306.4 | 15.7 | 221.2 | |
| quency of | Analysis | 28 | 28 | 28 | 28 | 28 | 27 | 27 | 27 | 9 | 9 | 3 | 3 | 28 | 28 | 28 | 28 | 9 | 9 | 3 | 3 | 8 |
| OMMEN | ITS: | | | | | | | May | 2010 | | | May 2010 | l | | | | WEEKLY | AVERAGE | | WEEKLY | % RE | MOVAL |
| GEOME | GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM (| | LIFORM C | Hrd. mg/I | | | | ug/L | LBS | | WEEK | В | OD | TS | SS | COLIFORM | B.O.D. | 9 | | | | |
| | | | | | | | | Alk. mg/l | N/A | | Copper | | 0.000 | | | mg/l | lbs | mg/l | lbs | Geo. Mean | S.S. | 91 |
| | | | | | | | | D.O.mg/I | 2.3 | | Lead | | 0.000 | | 1 | | | | | 1.0 | | |
| | | | | | | | | T | 45.0 | | G'1 | | 0.000 | i i | _ | | | 04.0 | 000.0 | 4.0 | | |

Turb.NTU 15.8

Tox. TUc NO TEST

0.000 Silver 0.000 Zinc NH3 mg/L 0.00

| | | WEEKLY | | | | | |
|------|------|--------|-------|-------|-----------|--|--|
| WEEK | В | OD | Т | SS | COLIFORM | | |
| | mg/l | lbs | mg/l | lbs | Geo. Mean | | |
| 1 | | | | | 1.0 | | |
| 2 | | | 21.0 | 322.3 | 1.0 | | |
| 3 | 16.0 | 226.8 | 24.2 | 339.0 | 2.9 | | |
| 4 | 15.5 | 218.4 | 18.3 | 246.9 | 10.5 | | |
| AVG | 15.8 | 222.6 | 21.18 | 302.7 | 3.8 | | |
| MAX | 16.0 | 226.8 | 24.2 | 339.0 | 10.5 | | |

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

MAJOR (SUB 01) È - FINAL **EFFLUENT** Form Approved. OMB No. 2040-0004 Approval Expires 05-31-98

MO

DAY

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

AK-002295-1 001 A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

| LOOMITOIN. | JOHLE TO THE TOTAL | ,,,,,, | | | | | | | | | | |
|---|--|-------------------------|------------------------|-------------|--|-----------------|-----------|-------|-----------|--------------------------|----------------|--|
| ATT: | Tom Trego WW Utili | ties Superintendent | | FROM | 2010 | 5 | 1 | TO | 2010 | 5 | 31 | |
| PARAMETER | | QUANTITY OR | LOADING | | QUA | LITY OR CONCENT | RATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | | |
| Turbidity | SAMPLE | | | | | 8.8 | 15.8 | | 0 | 28 | | |
| | MEASUREMENT | ***** | ***** | *** | ***** | | | | | | | |
| 00070 1 0 | PERMIT | | | | | Req. Mon. | Req. Mon. | | | Continuous | RCORDR | |
| Effluent Gross | REQUIREMENT | ***** | ***** | *** | ***** | MO AVG | DAILY MX | NTU | | | | |
| Oxygen, dissolved (DO) | SAMPLE | | | | 2.3 | 4.8 | | | 0 | 28 | | |
| | MEASUREMENT | ***** | ***** | *** | | | **** | | | | | |
| 00300 1 0 | PERMIT | | | | Req. Mon. | Req. Mon. | | | | Once Per | GRAB | |
| Effluent Gross | REQUIREMENT | ***** | ***** | *** | DAILY MN | MO AVG | **** | mg/L | | Month | | |
| BOD, 5-Day, 20 deg. C | SAMPLE | 221.2 | 232.5 | | | 15.7 | 17.0 | | 0 | 3 | | |
| | MEASUREMENT | | | | ***** | | | | | | | |
| 00310 1 0 | PERMIT | 1226 | 2452 | | | 30 | 60 | | | Twice Per | COMP24 | |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | lb/d | ***** | MO AVG | DAILY MX | mg/L | | Month | | |
| BOD, 5-Day, 20 deg. C | SAMPLE | 232.5 | | | | 17.0 | | | 0 | 3 | | |
| | MEASUREMENT | | ***** | | ***** | | **** | | | | | |
| 00310 W 0 | PERMIT | 1829 | | | | 45 | | | | Twice Per | COMP24 | |
| See Comments | REQUIREMENT | WKLY AVG | ***** | lb/d | ***** | WKLY AVG | **** | mg/L | | Month | | |
| рН | SAMPLE | | | | 6.5 | | 7.2 | | 0 | 28 | | |
| | MEASUREMENT | ***** | ***** | *** | | ***** | | | | | | |
| 00400 1 0 | PERMIT | | | | 6.5 | | 9.0 | | | Weekdays | GRAB | |
| Effluent Gross | REQUIREMENT | ***** | ***** | **** | INST MIN | ***** | INST MAX | SU | | | | |
| Alkalinity, total (asCaCo3) | SAMPLE | | | | | N/A | N/A | | 0 | N/A | | |
| | MEASUREMENT | ***** | ***** | **** | ***** | | | | | | | |
| 00410 1 7 | PERMIT | | | | | Req. Mon. | Req. Mon. | | | Quarterly | COMP24 | |
| Effluent Gross | REQUIREMENT | ***** | ***** | **** | ***** | MO AVG | DAILY MX | mg/L | | | | |
| Solids, total suspended | SAMPLE | 306.4 | 391.8 | | | 21.9 | 27.0 | | 0 | 9 | | |
| | MEASUREMENT | | | | ***** | | | | | | | |
| 00530 1 0 | PERMIT | 1226 | 2452 | | | 30 | 60 | | | Twice Per | COMP24 | |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | lb/d | ***** | MO AVG | DAILY MX | mg/L | | Month | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of | | | | | Nathan | A Mal | anda | 007 | TELEPHONE | | |
| Tom Trego | prepared under my directo assure that the qualifie | ed personnel properly g | ather and evaluate the | information | Mathan D. McCombs | | | | | 907 586-0393 AREA | | |
| Tom Trego Wastewater Utilities Superintendent 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 those persons directly responsible for gathering the information the information. | | | | | In Lieu of Tom Trego CODE PHONE NUMBER | | | | | | BER | |

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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 05/01/2010 through 05/31/2010.

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

NH3, Hardness, Ag, Zn, Pb and Cu resample on 5/27/2010 due to contract lab error. Will submit ammended DMR.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED

2010

10

DAY

DATE

MO

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

MAJOR (SUB 01) F - FINAL EFFLUENT

DAY

MO

YR

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

MO

DAY

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

AK-002295-1 001 A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

| ATT: | Tom Trego WW Utilit | ties Superintendent | | FROM | 2010 | 5 | 1 | то | 2010 | 5 | 31 |
|--|---|--------------------------|----------------------|-------------|-------|------------------|----------------|-------|-------------|--------------------------|----------------|
| PARAMETER | | QUANTITY OR | LOADING | | QUA | LITY OR CONCENT | RATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | 01 711 712 1010 | 2 |
| Solids, total suspended | SAMPLE | 339.0 | | | | 24.2 | | | 0 | 9 | |
| | MEASUREMENT | | ***** | | ***** | | ***** | | | | |
| 00530 W 0 | PERMIT | 1829 | | | | 45 | | | | Twice Per | COMP24 |
| See Comments | REQUIREMENT | WKLY AVG | ***** | lb/d | ***** | WKLY AVG | ***** | mg/L | | Month | |
| Nitrogen, ammonia total (as N) | SAMPLE | 0.0 | 0.0 | | | 0.0 | 0.0 | | 0 | | |
| | MEASUREMENT | | | | ***** | | | | | | |
| 00610 1 0 | PERMIT | 1164 | 1963 | | | 28.5 | 48 | | | Once Per | COMP24 |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | lb/d | ***** | MO AVG | DAILY MX | mg/L | | Month | |
| Hardness, total (as CaCO3) | SAMPLE | | | | | 0.0 | 0.0 | | 0 | 1 | |
| | MEASUREMENT | ***** | **** | *** | ***** | | | | | | |
| 00900 1 6 | PERMIT | | | | | Req. Mon. | Req. Mon. | | | Once Per | GRAB |
| Effluent Gross | REQUIREMENT | ***** | ***** | *** | ***** | MO AVG | DAILY MX | mg/L | | Month | |
| Silver, total recoverable | SAMPLE | 0.000 | 0.000 | | | 0.00 | 0.00 | | 0 | 1 | |
| | MEASUREMENT | | | | ***** | | | | | | |
| 01079 1 0 | PERMIT | REPORT | REPORT | | | REPORT | REPORT | | | Three Per | COMP24 |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | lb/d | ***** | MO AVG | DAILY MX | ug/L | | Year | |
| Zinc, total recoverable | SAMPLE | 0.00 | 0.00 | | | 0.0 | 0.0 | | 0 | 1 | |
| | MEASUREMENT | | | | ***** | | | | | | |
| 01094 1 0 | PERMIT | REPORT | REPORT | | | REPORT | REPORT | | | Three Per | COMP24 |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | lb/d | ***** | MO AVG | DAILY MX | ug/L | | Year | |
| Lead, total recoverable | SAMPLE | 0.000 | 0.000 | | | 0.0 | 0.0 | | 0 | 1 | |
| | MEASUREMENT | | | | ***** | | | | | | |
| 01114 1 0 | PERMIT | REPORT | REPORT | | | REPORT | REPORT | | | Three Per | COMP24 |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | lb/d | **** | MO AVG | DAILY MX | ug/L | | Year | |
| Copper, total recoverable | SAMPLE | 0.00 | 0.00 | | | 0.0 | 0.0 | | 0 | 1 | |
| | MEASUREMENT | | | | ***** | | | | | | |
| 01119 1 0 | PERMIT | 3.54 | 7.63 | | | 86.7 | 187 | | | Once Per | COMP24 |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | lb/d | **** | MO AVG | DAILY MX | ug/L | | Month | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of | | | | | Nathan | D. McCo | ambr | 207 | TELEPHONE | |
| Tom Trego | prepared under my direct to assure that the qualifie | | | | | | | | 907 AREA | 586-0393 | |
| Wastewater Utilities Superintendent | submitted. Based on my | inquiry of the person of | r persons who manage | the system, | | In Lie | u of Tom Trego | | CODE | PHONE NUM | BER |
| | or those persons directly submitted is, to the best | | | | | | | | | DATE | |
| | I am aware that there are | | | | SIGNA | ATURE OF PRINCIP | AL EXECUTIVE | | 2010 | 6 | 10 |

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 05/01/2010 through 05/31/2010.

including the possibility of fine and imprisonment for knowing violations.

NH3, Hardness, Ag, Zn, Pb and Cu resample on 5/27/2010 due to contract lab error. Will submit ammended DMR.

OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED

YEAR

МО

DAY

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: Tom Trego WW Utilities Superintendent

MAJOR (SUB 01) F - FINAL EFFLUENT Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

AK-002295-1 OO1 A
PERMIT NUMBER DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | | | | | | |
|-------------------|----|-----|----|------|----|-----|--|--|--|--|--|
| YR | MO | DAY | | YEAR | MO | DAY | | | | | |
| 2010 | 5 | 1 | TO | 2010 | 5 | 31 | | | | | |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--|---|--------------------------|-----------|----------------------------------|----------------|-----------|----------|-------------------|---------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | LA | OI ANALISIS | 11176 |
| Coliform, fecal - % sample exceeds | SAMPLE | | | | | | 0 | | 0 | | - |
| limit | MEASUREMENT | ***** | ***** | **** | ***** | **** | | | | | |
| 30500 O 0 | PERMIT | | | | | | 10 | | | Twice Every | GRAB |
| See Comments | REQUIREMENT | ***** | ***** | **** | ***** | ***** | DAILY MX | % | | Week | |
| Fecal coliform, MPN, EC med, 44.5 C | SAMPLE | | | | | N/A | N/A | | 0 | | |
| | MEASUREMENT | ***** | ***** | *** | ***** | | | | | | |
| 31615 O 0 | PERMIT | | | | | 161 | Req. Mon. | | | Twice Every | GRAB |
| See Comments | REQUIREMENT | ***** | ***** | **** | ***** | MO GEO | DAILY MX | #/100mL | | Week | |
| Fecal coliform, MPN, EC med, 44.5 C | SAMPLE | | | | N/A | N/A | N/A | | 0 | | |
| | MEASUREMENT | ***** | ***** | **** | | | | | | | |
| 31615 P 0 | PERMIT | | | | 400 | 200 | 800 | | | Twice Every | GRAB |
| See Comments | REQUIREMENT | ***** | ***** | **** | WKLY GEO | MO GEO | DAILY MX | #/100mL | | Week | |
| Fecal coliform, MPN, EC med, 44.5 C | SAMPLE | | | | N/A | N/A | N/A | | 0 | | |
| | MEASUREMENT | ***** | ***** | **** | | | | | | | |
| 31615 Q 0 | PERMIT | | | | 400 | 200 | 800 | | | Twice Every | GRAB |
| See Comments | REQUIREMENT | ***** | ***** | **** | WKLY GEO | MO GEO | DAILY MX | #/100mL | | Week | |
| Fecal coliform, MPN, EC med, 44.5 C | SAMPLE | | | | 10.5 | 4.1 | 12.9 | | 0 | 8 | |
| | MEASUREMENT | ***** | ***** | **** | | | | | | | |
| 31615 R 0 | PERMIT | | | | 800 | 400 | 1200 | | | Twice Every | GRAB |
| See Comments | REQUIREMENT | ***** | ***** | **** | WKLY GEO | MO GEO | DAILY MX | #/100mL | | Week | |
| Floating solids or visible foam-visual | SAMPLE | | | | | | 0 | | 0 | 28 | |
| | MEASUREMENT | ***** | ***** | **** | ***** | ***** | | | | | |
| 45613 1 0 | PERMIT | | | | | | Req. Mon. | | | Once Per | VISUAL |
| Effluent Gross | REQUIREMENT | ***** | ***** | **** | ***** | ***** | DAILY MX | Y=1; N=0 | | Month | |
| Flow, in conuit or thru treatment plant | SAMPLE | 1.73 | 1.88 | | | | | | 0 | | |
| | MEASUREMENT | | | | ***** | ***** | **** | **** | | | |
| 50050 1 0 | PERMIT | Req. Mon. | 4.9 | 3 | | | | | | Continuous | RCORDR |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | ***** | ***** | **** | **** | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty | | f law that this document ction or supervision in a | | | | Nathan | D. McCo | ombs | 907 | TELEPHONE 586-0393 | |
| Tom Trego to assure that the qualif | | ed personnel properly g | ather and evaluate the i | nformatio | | T T: | | | AREA | | DED. |
| Wastewater Utilities Superintendent | inquiry of the person or responsible for gatheric | ng the information, the | information | | in Lie | u of Tom Trego | | CODE | PHONE NUMBER DATE | | |
| | of my knowledge and be significant penalties for | | | SIGNA | TURE OF PRINCIP | AL EXECUTIVE | | 2010 | 6 | 10 | |
| TYPED OR PRINTED | including the possibility | | | | OFFICER OR AUTHORIZED AGENT YEAR | | | | MO | DAY | |

FROM

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*)

NH3, Hardness, Ag, Zn, Pb and Cu resample on 5/27/2010 due to contract lab error. Will submit ammended DMR.

^{*} The reporting period was from 05/01/2010 through 05/31/2010.

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

NAME: JUNEAU, CITY AND BOROUGH OF

AME: JUNEAU, CITT AND BOROUGH OF

ADDRESS: MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

FACILITY: MENDENHALL VALLEY SERVICE AREA

LOCATION: JUNEAU, ALASKA 99801

ATT: Tom Trego WW Utilities Superintendent

MAJOR (SUB 01) F - FINAL EFFLUENT Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

| AK-002295-1 | 001 A |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| | |

| | MONITORING PERIOD | | | | | | | | | | | | |
|------|-------------------|-----|----|------|----|-----|--|--|--|--|--|--|--|
| YR | MO | DAY | | YEAR | MO | DAY | | | | | | | |
| 2010 | 5 | 1 | TO | 2010 | 5 | 31 | | | | | | | |

| PARAMETER | | QUANTITY OR | LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|--------------------------|--------------------------|------------|----------------------------------|----------------------------------|-----------|------------|------------------------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | 01 711 712 1010 | 2 |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | (26) | **** | N/A | N/A | | 0 | N/A | |
| 50060 S 0 | PERMIT | 4.09 | 4.09 | | | 100 | 100 | | | QUARTERLY | COMP24 |
| See Comments | REQUIREMENT | MO AVG | DAILY MX | lb/d | ***** | MO AVG | DAILY MX | ug/l | | | |
| Dilution factor | SAMPLE | | | | 113.6 | 288.6 | | ug/L | 0 | 28 | |
| | MEASUREMENT | ***** | ***** | **** | | | **** | | | | |
| 80093 1 0 | PERMIT | | | | Req. Mon. | Req. Mon. | | | | DAILY | MEASRD |
| Effluent Gross | REQUIREMENT | ***** | ***** | **** | DAILY MN | MO AVG | ***** | 1U | | | |
| BOD,5-day, percent removal | SAMPLE | | | | 94.5 | | | | 0 | 1 | |
| | MEASUREMENT | ***** | ***** | **** | | **** | **** | | | | |
| 81010 K 0 | PERMIT | | | | 85 | | | | | Once Per | CALCTD |
| Percent Removal | REQUIREMENT | ***** | ***** | **** | MN % RMV | ***** | ***** | % | | Month | |
| Solids, suspended percent removal | SAMPLE | | | | 91.2 | | | | 0 | 1 | |
| | MEASUREMENT | ***** | ***** | **** | | **** | **** | | | | |
| 81011 K 0 0 | PERMIT | | | | 85 | | | | | Once Per | CALCTD |
| Percent Removal | REQUIREMENT | ***** | ***** | **** | MN % RMV | ***** | ***** | % | | Month | |
| Chlorine usage | SAMPLE | N/A | | | | | | | 0 | N/A | |
| | MEASUREMENT | | ***** | | ***** | ***** | ***** | | | | |
| 81400 X 0 | PERMIT | Req. Mon. | | | | | | | | DAILY | MEASRD |
| End of Chlorine Contact Chamber | REQUIREMENT | MO AVG | ***** | lb/d | ***** | ***** | ***** | | | | |
| Oil and grease visual | SAMPLE | | | | | | 0 | | 0 | 28 | |
| | MEASUREMENT | ***** | ***** | **** | ***** | ***** | | | | | |
| 84066 1 0 | PERMIT | | | | | | Req. Mon. | | | Once Per | VISUAL |
| Effluent Gross | REQUIREMENT | ***** | ***** | **** | ***** | ***** | DAILY MX | occur/mo | | Month | |
| Toxicity, Chronic | SAMPLE | | | | | | N/A | | 0 | N/A | |
| | MEASUREMENT | ***** | ***** | **** | ***** | ***** | | | | | |
| TT000 1 8 | PERMIT | | | | | | Req. Mon. | | | Semiannual | COMP24 |
| Effluent Gross | REQUIREMENT | ***** | ***** | **** | ***** | ***** | DAILY MX | ox chronic | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty o | | | | | Nathan | A McC | am la | 007 | TELEPHONE | |
| Tom Trego prepared under my direction or supervision to assure that the qualified personnel proper | | | ather and evaluate the i | nformatio | | Nathan D. McCombs | | | 907 AREA | 586-0393 | |
| Wastewater Utilities Superintendent | submitted. Based on my | inquiry of the person of | r persons who manage | the system | In Lieu of Tom Trego | | | | CODE PHONE NUMBER DATE | | |
| | 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, | | | | SIGNATURE OF PRINCIPAL EXECUTIVE | | | | 2010 | | 10 |
| TYPED OR PRINTED | I am aware that there are including the possibility | | | | | TURE OF PRINCI FICER OR AUTHO | | | 2010 YEAR | 6 MO | 10 DAY |

FROM

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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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 **MENDENHALL VALLEY SERVICE AREA**

FACILITY: MENDENHALL VALLEY S
LOCATION: JUNEAU, ALASKA 99801

ATT: Tom Trego WW Utilities Superintendent

MAJOR (SUB 01) F - FINAL EFFLUENT

AK-002295-1

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

001 A

*** NO DISCHARGE **

NOTE: Read instructions before completing this form.

| PERMIT | NUMBER | | | | DISCHARGE NUMBER | | | | | | | |
|-------------------|--------|-----|--|------|------------------|-----|--|--|--|--|--|--|
| · | | | | | · | | | | | | | |
| MONITORING PERIOD | | | | | | | | | | | | |
| YR | MO | DAY | | YEAR | MO | DAY | | | | | | |

| AII: | Tom Trego www utilities Superintendent | | | FRUIVI | 2010 | 0 | 10 | | 2010 5 | 5 | 31 |
|---|---|--------------|---------|--------|----------|-----------------|-----------------|-------------|--------------|--------------------------|----------------|
| PARAMETER | | QUANTITY OR | LOADING | | QUAI | LITY OR CONCENT | RATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Fecal coliform, MPN, EC med, 44.5 C | SAMPLE MEASUREMENT | **** | **** | | N/A | N/A | N/A | | 0 | N/A | |
| 31615 S 9 | PERMIT | | | | 400 | 200 | 800 | | | Once Every | GRAB |
| See Comments | REQUIREMENT | ***** | **** | | WKLY GEO | MO GEO | DAILY MX | #/100mL | | Week | |
| Fecal coliform, MPN, EC med, 44.5 C | SAMPLE | | | | N/A | N/A | N/A | | 0 | N/A | |
| | MEASUREMENT | ***** | ***** | **** | | | | | | | |
| 31615 T 9 | PERMIT | | | | 800 | 400 | 1200 | | | Once Every | GRAB |
| See Comments | REQUIREMENT | ***** | **** | **** | WKLY GEO | MO GEO | DAILY MX | #/100mL | | Week | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty o | | | | | | | | | TELEPHONE | |
| | prepared under my direction or supervision in accordance with the system designed | | | | | Nathan | D. Mol | m.k. | 907 | 586-0393 | |
| Tom Trego Wastewater Utilities Superintendent | 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, | | | | | | | | AREA CODE | PHONE NUME | RER |
| wastewater offitties superintendent | or those persons directly | | | | | In Lie | eu of Tom Trego | · | CODE | DATE | /LIX |
| | submitted is, to the best | nd complete. | | | | | 0015 | | | | |
| TYPED OR PRINTED | I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | TURE OF PRINCIF | | | 2010 YEAR | 6 MO | 10 DAY |
| COMMENT AND EVELANATION OF ANY A | | | | | | | | aro pover : | | | DAY |

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