

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: Tom Trego WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

001A
DISCHARGE NUMBER

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
NOTE: Read instructions before completing this form.

MONITORING PERIOD		YEAR	MO	DAY	TO	YEAR	MO	DAY
YR	MO	2012	2	26	TO	2012	3	31

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	*****	*****	****	*****	26.6	97.1	(43)	0		
00070 1 0	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RECORDR
Effluent Gross	SAMPLE	*****	*****	****	*****	4.3	*****	(19)	0		
Oxygen, dissolved (DO)	PERMIT	*****	*****	****	*****	Req. Mon. DAILY MIN	Req. Mon. MO AVG	mg/L		Once Per Month	GRAB
00300 1 0	MEASUREMENT	*****	*****	****	*****	29	29	(19)	0		
Effluent Gross	PERMIT	*****	*****	****	*****	30	60	19		Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE	401	2452	lb/d (26)	*****	MO AVG	DAILY MX	mg/L	0		
00310 1 0	MEASUREMENT	1226	2452	lb/d (26)	*****	29	*****	(19)	0		
Effluent Gross	PERMIT	*****	*****	****	*****	45	*****	19		Twice Per Month	COMP24
See Comments	SAMPLE	1829	*****	lb/d	*****	WPLY AVG	*****	mg/L			
PH	MEASUREMENT	*****	*****	****	6.7	*****	7.3	(12)	0		
00400 1 0	PERMIT	*****	*****	****	6.5	*****	*****	12		Weekdays	GRAB
Effluent Gross	SAMPLE	*****	*****	****	INST MIN	*****	9.0	SU			
Alkalinity, total (asCaCO3)	PERMIT	*****	*****	****	*****	121	121	(19)	0		
00410 1 7	MEASUREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Effluent Gross	SAMPLE	519	645	****	*****	37	46	(19)	0		
Solids, total suspended	PERMIT	*****	*****	****	*****	30	60	19		Twice Per Month	COMP24
00630 1 0	MEASUREMENT	1226	2452	lb/d	*****	MO AVG	DAILY MX	mg/L			
Effluent Gross	PERMIT	*****	*****	****	*****	30	60	19		Twice Per Month	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.

Tom Trego
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 907 586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393
DATE: 2012 4 10
MO: 4 DAY: 10

* The reporting period was from 2/26/2012 through 3/31/2012.

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

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

00434981209 1904

PAGE 1 OF 5

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LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

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MONITORING PERIOD			
YR	MO	DAY	TO
2012	2	26	
YEAR	MO	NO	DAY
2012	3		31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	PERMIT MEASUREMENT	645	*****	(26)	46	*****	(19)	0			
00530 W 0	PERMIT REQUIREMENT	1829	*****		45	*****	19		Twice Per Month	COMP24	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	216	*****	(26)	16	*****	16	0			
00610 1 0	PERMIT MEASUREMENT	1164	*****	lb/d	28.5	*****	48	19	Once Per Month	COMP24	
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	*****		110	*****	110	(19)	0		
00900 1 6	PERMIT REQUIREMENT	*****	*****	****	NA	*****	19		Once Per Month	GRAB	
Effluent Gross	SAMPLE MEASUREMENT	NA	*****	(26)	NA	*****	NA	(28)	0		
Silver, total recoverable	PERMIT MEASUREMENT	NA	*****		NA	*****	NA				
01079 1 0	PERMIT REQUIREMENT	NA	*****	lb/d	NA	*****	NA	28	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	NA	*****	(26)	NA	*****	NA	(28)	0		
Zinc, total recoverable	PERMIT MEASUREMENT	NA	*****		NA	*****	NA				
01094 1 0	PERMIT REQUIREMENT	NA	*****	lb/d	NA	*****	NA	28	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	NA	*****	(26)	NA	*****	NA	(28)	0		
Lead, total recoverable	PERMIT MEASUREMENT	NA	*****		NA	*****	NA				
01114 1 0	PERMIT REQUIREMENT	NA	*****	lb/d	NA	*****	NA	28	Three Per Year	COMP24	
Effluent Gross	SAMPLE MEASUREMENT	0.346	*****	lb/d	25.0	*****	25.0	(28)	0		
Copper, total recoverable	PERMIT MEASUREMENT	0.346	*****	(26)	25.0	*****	25.0	(28)	0		
01119 1 0	PERMIT MEASUREMENT	3.54	*****	lb/d	86.7	*****	187	28	Once Per Month	COMP24	
Effluent Gross	PERMIT REQUIREMENT	7.63	*****		86.7	*****	187	28	Once Per Month	COMP24	

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John D. Ambrose
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE
PHONE NUMBER
2012
YEAR
4
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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: Tom Treaga WW Utilities Superintendent

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MAJOR (SUB 01)
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EFFLUENT
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YR	MO	DAY	TO
2012	2	26	2012
			YEAR
			MO
			DAY

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE		VALUE	VALUE	VALUE	VALUE			
Coliform, fecal - % sample exceeds limit		MEASUREMENT	*****	*****		*****	*****	0	(23)	0		
30500 O 0		PERMIT	*****	*****		*****	*****	10				
See Comments		REQUIREMENT	*****	*****		*****	*****	DAILY MX	%			Twice Every Week
Fecal coliform, MPN, EC med, 44.5 C		SAMPLE	*****	*****	****	*****	*****	N/A	(13)	0		
See Comments		PERMIT	*****	*****	****	*****	*****	N/A				
Fecal coliform, MPN, EC med, 44.5 C		REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	#/100mL			Twice Every Week
31615 P 0		MEASUREMENT	*****	*****	****	*****	*****	N/A	(13)	0		
See Comments		PERMIT	*****	*****	****	*****	*****	N/A				
Fecal coliform, MPN, EC med, 44.5 C		SAMPLE	*****	*****	****	*****	*****	Wkly GEO	#/100mL			Twice Every Week
See Comments		REQUIREMENT	*****	*****	****	*****	*****	N/A	(13)	0		
31615 Q 0		MEASUREMENT	*****	*****	****	*****	*****	Wkly GEO	#/100mL			Twice Every Week
See Comments		PERMIT	*****	*****	****	*****	*****	N/A				
Fecal coliform, MPN, EC med, 44.5 C		SAMPLE	*****	*****	****	*****	*****	MO GEO	#/100mL			Twice Every Week
See Comments		REQUIREMENT	*****	*****	****	*****	*****	MO GEO	#/100mL			Twice Every Week
31615 R 0		MEASUREMENT	*****	*****	****	*****	*****	DAILY MX	#/100mL			Twice Every Week
See Comments		PERMIT	*****	*****	****	*****	*****	DAILY MX	#/100mL			Twice Every Week
Floating solids or visible foam-visual		SAMPLE	*****	*****	****	*****	*****	Req. Mon. DAILY MX	#/100mL			Once Per Month
45613 1 0		MEASUREMENT	*****	*****	****	*****	*****	DAILY MX	#/100mL			Visual
Effluent Gross		PERMIT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	#/100mL			Visual
Flow, in consult or thru treatment plant		SAMPLE	*****	*****	(03)	*****	*****	DAILY MX	#/100mL			Visual
50050 1 0		MEASUREMENT	*****	*****	(03)	*****	*****	DAILY MX	#/100mL			Visual
Effluent Gross		PERMIT	*****	*****	(03)	*****	*****	DAILY MX	#/100mL			Visual
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		REQUIREMENT	*****	*****	(03)	*****	*****	DAILY MX	#/100mL			Visual
Tom Treaga		PERMIT	*****	*****	(03)	*****	*****	DAILY MX	#/100mL			Visual
Wastewater Utilities Superintendent		SAMPLE	*****	*****	(03)	*****	*****	DAILY MX	#/100mL			Visual
Typed or Printed		MEASUREMENT	*****	*****	(03)	*****	*****	DAILY MX	#/100mL			Visual
COMMENT AND EXPLANATION OF ANY VIOLATIONS		PERMIT	*****	*****	(03)	*****	*****	DAILY MX	#/100mL			Visual
<p>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 ensure 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.</p>												

Tom Treaga
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
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LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego Vwv Utilities Superintendent

MAJOR (SUB 01) F - FINAL
EFFLUENT
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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE																
		VALUE	VALUE		VALUE	VALUE	VALUE																			
Chlorine, total residual	N/A	N/A	N/A	(26)	*****	N/A	N/A	0																		
50060 S 0	4.09	4.09	DAILY MX	lb/d	*****	100	100	0	QUARTERLY	COMP24																
See Comments	MO AVG					MO AVG	DAILY MX																			
Dilution factor	*****	*****	*****	*****	*****	*****	*****	0																		
80093 1 0	*****	*****	*****	*****	*****	*****	*****	0																		
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0																		
BOD 5-day, percent removal	*****	*****	*****	*****	*****	*****	*****	0																		
81010 K 0	*****	*****	*****	*****	*****	*****	*****	0																		
Percent Removal	*****	*****	*****	*****	*****	*****	*****	0																		
Solids, suspended percent removal	*****	*****	*****	*****	*****	*****	*****	0																		
81011 K 0 0	*****	*****	*****	*****	*****	*****	*****	0																		
Percent Removal	*****	*****	*****	*****	*****	*****	*****	0																		
Chlorine usage	N/A	N/A	N/A	(26)	*****	*****	*****	0																		
81400 X 0	*****	*****	*****	*****	*****	*****	*****	0																		
End of Chlorine Contact Chamber	*****	*****	*****	*****	*****	*****	*****	0																		
Oil and grease visual	*****	*****	*****	*****	*****	*****	*****	0																		
84068 1 0	*****	*****	*****	*****	*****	*****	*****	0																		
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0																		
Toxicity, Chronic	*****	*****	*****	*****	*****	*****	*****	0																		
TT000 1 8	*****	*****	*****	*****	*****	*****	*****	0																		
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0																		
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.																									
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COMMENT AND EXPLANATION OF ANY VIOLATIONS	* The reporting period was from 2/26/2012 through 3/31/2012.																									

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Tom Trego

VERBAL NOTIFICATION MUST BE MADE TO ADEC WITHIN 24 HOURS OF DISCOVERY OF NONCOMPLIANCE

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

Owner or Operator: CBJ	Facility Name: Mendenhall WWTP	Facility Location: 2009 Radcliffe Rd	
Person Reporting: Nathan McCombs	Phone Numbers of Person Reporting: 907-586-0393	Reported How? (e.g. by phone): phone	
Date/Time Event was Noticed: 4/2/2012 0800	Date/Time Reported: 4/2/2012 1530	Name of DEC Staff Contacted: Chris Foley	

PERMIT# (if any):

Period of Noncompliance	Start Date/Time (exact): 3/6/2012	End Date/Time (exact): 3/31/2012
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If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:
Influent grease impacts the treatment and slow filamentous organisms to flourish causing an increase in TSS and reduce BOD removal. Wasting heavily to reduce the Filaments. The TSS is trending down.

Estimated Quantity Involved (volume or weight): 37 mg/L = 519 lbs

Description of the noncompliance and its cause (be specific):
Monthly avg. for Effluent TSS was 37 mg/L, weekly avg. for Effluent TSS 46 mg/L, and the TSS removal 84%. Filamentous bloom caused by F.O.G. in the influent.

Actions taken to reduce, eliminate, and prevent recurrence of noncompliance and 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)
We are working with a consultant to perform a F.O.G. study. We have increased waste rates to get the filaments out of the reactors.

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

Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Weekly TSS	45 mg/L	46 mg/L	3/6/2012 to 3/31/2012
Monthly Avg. TSS	30 mg/L	37 mg/L	
% Removal TSS	85%	84%	

Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.)
We are working with a consultant to perform a F.O.G. study. We have increased waste rates to get the filaments out of the reactors.

Environmental Damage: (if yes, provide details below)
 Yes No Unknown
 Actual /Potential Impact on Environment/Public Health (describe in detail)

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Name: Nathan McCombs
Title: WWTP Supervisor
Signature: *[Signature]*
Date: 4/5/2012

FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.

NONCOMPLIANCE NOTIFICATION

Alaska Department of Environmental Conservation
 Division of Water, Compliance and Enforcement Program
 555 Cordova Street
 Anchorage, Alaska 99501
 Nationwide Toll Free: (877) 569-4114 Anchorage/International: (907) 269-4114
 Fax: (907) 269-4604 E-mail address: dec-wqreporting@alaska.gov

