

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

APRIL 2012

DAY	DATE	FLOWS										INFLUENT						EFFLUENT											
		SER	TEMP	precip	Mend. River	SRR	Receiving	SRR	TEMP	pH	D.O.	S.S.	S.S.	B.O.D.	B.O.D.	FOG	TEMP	pH	D.O.	TURBID.	S.S.	S.S.	B.O.D.	B.O.D.	FOG	FECAL			
MGD	F ²		CFS	MGD	Dilution	MGD	°C	mol/L	mol/L	mol/L	LBS	LBS	LBS	LBS	mol/L	°C	mol/L	MAX NTU	LBS	LBS	MGD	LBS	MGD	LBS	MGD	COLIFORM			
SUN	1	1.82	48	0.00	22	1.59	10.34	/1	0.1058	10.3	7.7	5.8				12.3	7.1	5.4	19.5							16			
MON	2	1.85	47	0.02	23	1.59	12.10	/1	0.1279	9.8	7.7	6.2	276	4443	331	5328	3153	12.4	7.0	5.3	24.1	41	557	30	408	92	4		
TUE	3	1.93	46	0.00	24	1.54	10.45	/1	0.1723	11.1	7.5	7.1				40	11.7	6.9	4.1	33.1						13			
WED	4	1.93	48	0.00	24	1.62	11.37	/1	0.1248	10.1	7.5	6.1	280	4272		35	11.8	6.9	4.1	28.2	39	527				118			
THU	5	1.97	47	0.00	26	1.62	12.17	/1	0.1118	10.9	7.3	6.4	289	4509		142	13.4	6.9	4.2	23.7	37	500				87			
FRI	6	2.01	48	0.00	28	1.63	10.91	/1	0.1961										79.5										
SAT	7	2.02	50	0.00	25	1.60	15.54	/1	0.1208										46.8										
SUN	8	1.87	49	0.00	36	1.58	14.49	/1	0.1825	11.0	7.5	6.0				12.9	7.0	5.2	24.0										
MON	9	1.95	51	0.00	33	1.68	17.92	/1	0.1321	10.7	7.5	6.5				12.2	7.0	3.5	17.4								12		
TUE	10	1.99	52	0.00	44	1.56	9.70	/1	0.1087	11.4	7.4	6.4				13.0	6.9	3.8	20.4								40		
WED	11	1.89	54	0.00	21	1.66	9.17	/1	0.1078	12.0	7.1	6.3				58	11.7	6.7	3.1	24.5									
THU	12	1.86	62	0.00	21	1.57	35.56	/1	0.2191	11.9	7.4	6.7				47	11.7	7.2	5.2	22.6							32		
FRI	13	1.87	57	0.00	84	1.59	35.78	/1	0.0641										19.8										
SAT	14	1.91	50	0.00	91	1.54	37.91	/1	0.0303										46.4										
SUN	15	1.75	56	0.00	88	1.62	35.29	/1	0.0629	11.7	7.1	6.6				13.3	6.8	4.0	18.4								20		
MON	16	1.83	57	0.02	86	1.96	7.85	/1	0.0658	10.8	7.7	6.6	189	2790	282	4163		12.8	7.0	4.0	31.7	39	644	27	446		14		
TUE	17	1.77	54	0.00	21	1.87	8.25	/1	0.0916	12.5	7.6	6.9	385	6368		52	12.2	7.0	2.8	33.9	49	764							
WED	18	1.98	59	0.00	21	1.67	53.61	/1	0.2200	11.8	7.1	7.9	620	11014		86	13.0	6.7	2.6	89.0	72	1003					17		
THU	19	2.13	54	0.00	136	1.76	45.05	/1	0.1598	11.2	7.6	7.4						12.2	7.1	2.5	39.0	61	895						
FRI	20	2.23	53	0.20	120	1.63	48.56	/1	0.0843										30.1										
SAT	21	1.86	49	0.04	120	1.53	49.13	/1	0.0521										24.6										
SUN	22	1.82	52	0.00	114	1.96	45.82	/1	0.0539	12.0	7.9	6.5				14.0	7.2	6.0	24.3								94		
MON	23	1.36	48	0.21	136	1.62	48.85	/1	0.0576	12.1	8.0	5.0	319	5215	521	8516		12.6	7.2	3.6	27.5	41	554	36	466		42		
TUE	24	1.96	50	0.00	120	1.60	44.61	/1	0.0822	12.6	7.9	5.4	229	3762		45	12.8	7.0	2.4	31.1	46	614					12		
WED	25	1.98	58	0.00	108	1.58	54.97	/1	0.0901	11.3	8.0	3.6	196	3220		158	13.8	7.3	4.0	30.5	50	689					50		
THU	26	1.97	51	0.07	132	1.39	9.53	/1	0.1210	12.4	8.1	6.8						28.5									12		
FRI	27	2.05	46	0.14	21	1.62	10.17	/1	0.0892										28.5										
SAT	28	2.06	51	0.11	23	46.28	3.0771																						
TOTAL		53.62		0.81																									
MAXIMUM		2.23	62.00	0.21	136	1.98	55.0	/1	0.2200	12.6	8.1	7.9	620	11014	521	8516		14.0	7.3	6.0	89.0	72	1003	36	466		118	94	
MINIMUM		1.36	46.00	0.00	21	1.53	7.9	/1	0.0303	9.8	7.1	3.6	189	2790	282	4163		11.7	6.7	2.4	17.4	37	500	27	408		12	4	
AVERAGE		1.92	51.68	0.03	63	1.65	25.5	/1	0.1059	11.4	7.6	6.3	305	5097	378	6002	364	12.6	7.0	4.0	31.5	48	672	31	447		54	30	
Number of Analyses		28	28	28	28	28	28	28	28	20	20	20	9	9	3	3	3	11	20	20	20	28	10	10	10	3	3	3	8

COMMENTS: Up River Feal 2 Down River Feal 2 on 4/11/2012
* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

2012		2012	
Hrd. mg/l	214	UGL	LBS
Alk. mg/l	N/A	Copper	32.0
D.O. mg/l	4.0	Lead	N/A
Turbidity	89.0	Silver	N/A
		Zinc	N/A
Tox. Tit.	N/A	4/11/2012 NH3 mg/L	16.8

WEEK	WEEKLY AVERAGE			WEEKLY COLIFORM	WEEKLY % REMOVAL
	BOD mg/l	TSS mg/l	Coliform Geo. Mean		
1	30	408	39	528	8
2	27	446	55	827	17
3	36	486	46	609	63
4	31	447	48	672	30
5	36	486	72	1003	94
AVG	31	447	48	672	30
MAX	36	486	72	1003	94



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):	
Owner or Operator: CBJ	Facility Name: Mendenhall WWTP	Facility Location: 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: 4/20/2012 1300	Date/Time Reported: 4/20/2012 1400	Name of DEC Staff Contacted: Chris Foley	
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)			
Period of Noncompliance	Start Date/Time (exact): 4/16/2012 1300	End Date/Time (exact): 4/20/2012 1300	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue:			
Estimated Quantity involved (volume or weight):			
Description of the noncompliance and its cause (be specific): Influent grease and COD loading cased a filamentous bloom. The solids haven't been settling and increases the effluent TSS.			
Actions taken to reduce, eliminate, and prevent reoccurrence 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) Working the basins to remove excessive foam and pressing out foam and solids.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Effluent TSS	45 mg/L/week 60 mg/L/day	55 mg/L 72 mg/l, 61 mg/l	4/16-4/20 2012 4/19, 4/20 2012
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Working the basins to remove excessive foam and pressing out foam and soli			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.			
Name: Nathan McCombs		Title: WWTP Supervisor	Signature: <i>Nathan D. McCombs</i> Date: 4/23/2012
FORMS MUST BE SENT TO ADEC WITHIN FIVE DAYS OF BECOMING AWARE OF THE EVENT.			



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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):	
Owner or Operator: CBJ		Facility Name: Mendenhall WWTP	
Person Reporting: Nathan McCombs		Facility Location: Radcliffe Rd	
Date/Time Event was Noticed: 5/1/2012 1600		Phone Numbers of Person Reporting: 907-586-0393	
Date/Time Reported: 5/1/2012 1600		Reported How? (e.g. by phone): phone	
		Name of DEC Staff Contacted: Chris Foley	
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)			
Period of Noncompliance	Start Date/Time (exact): 4/1/2012 0000	End Date/Time (exact): 4/28/2012 2400	
If noncompliance has not been corrected, provide a statement regarding the anticipated time the noncompliance is expected to continue: The plant is settling down and the NTU's are reducing.			
Estimated Quantity involved (volume or weight):			
Description of the noncompliance and its cause (be specific): The WWTP has experienced an upset condition due to influent grease and COD loading. This causes a filamentous bloom. The filaments remain as a thick layer of foam, when, under aeration increases the effluent TSS.			
Actions taken to reduce, eliminate, and prevent reoccurrence 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) Working the basins to remove excessive foam and pressing out foam and solids. We have hired a consultant to study the scope of the FOG problem and put together a Source Control program.			
Permit Condition Deviation (Identify each permit condition exceeded during the event.)			
Parameter (e.g. BOD pH)	Permit Limit	Exceedance (sample result)	Sample Date
Effluent TSS	45 mg/L/week 30 mg/L/month	46 mg/L 48 mg/l	4/23-4/27 2012 4/1 - 4/28 2012
Effluent BOD	30 mg/L/month	31 mg/L	4/1 - 4/28 2012
TSS % Removal	85%	84%	4/1 - 4/28 2012
Corrective Actions (Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of recurrence.) Working the basins to remove excessive foam and pressing out foam and solids.			
Environmental Damage: (if yes, provide details below) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
Actual /Potential Impact on Environment/Public Health (describe in detail)			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.			
Name: Nathan McCombs		Title: WWTP Supervisor	
		Signature: <i>Nathan A. McCombs</i>	Date: 5/1/2012

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

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

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

001A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	4	1	2012
			YEAR
			MO
			DAY

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS	YEAR	MO				DAY
Turbidity	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	(43)	0			
00070 1 0	PERMIT	*****	*****	****	*****	*****	*****	*****	*****	NTU	0		Continuous	RCORDR
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****					
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	(19)	0			
00300 1 0	PERMIT	*****	*****	****	*****	*****	*****	*****	*****	19			Once Per Month	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	mg/L	1			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	447	486	(26)	*****	*****	*****	*****	*****	(19)	0		Twice Per Month	COMP24
00310 1 0	PERMIT	1226	2452	lb/d	*****	*****	*****	*****	*****	19			Twice Per Month	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	(26)	*****	*****	*****	*****	*****	mg/L	0			
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	447	*****	*****	*****	*****	*****	*****	*****	19			Twice Per Month	COMP24
00310 W 0	PERMIT	1829	*****	lb/d	*****	*****	*****	*****	*****	mg/L	0		Twice Per Month	COMP24
See Comments	REQUIREMENT	WKLY AVG	*****	*****	*****	*****	*****	*****	*****					
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	(12)	0			
00400 1 0	PERMIT	*****	*****	****	*****	*****	*****	*****	*****	12			Weekdays	GRAB
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	SU	0			
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	(19)	0			
00410 1 7	PERMIT	*****	*****	****	*****	*****	*****	*****	*****	19			Quarterly	COMP24
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	mg/L	2			
Solids, total suspended	SAMPLE MEASUREMENT	672	1003	(26)	*****	*****	*****	*****	*****	(19)	2		Twice Per Month	COMP24
00630 1 0	PERMIT	1226	2452	lb/d	*****	*****	*****	*****	*****	19			Twice Per Month	COMP24
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	(26)	*****	*****	*****	*****	*****	mg/L				
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.													
Tom Trego Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT													
COMMENT AND EXPLANATION OF ANY VIOLATIONS	* The reporting period was from 04/01/2012 through 04/28/2012. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).													
907	586-0393	2012	5	10										
AREA CODE	PHONE NUMBER	YEAR	MO	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
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

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

MONITORING PERIOD			
YR	MO	DAY	TO
2012	4	1	2012
			YEAR
			MO
			DAY

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	1003	*****	(26)	55	*****	(19)	1	Once Per Month	COMP24	
	REQUIREMENT	1829	*****		45	*****	19		Twice Per Month	COMP24	
00530 W 0	PERMIT	228	*****	(26)	16.8	*****	(19)	0	Once Per Month	COMP24	
	REQUIREMENT	WPLY AVG			WPLY AVG		mg/L				
Nitrogen, ammonia total (as N)	PERMIT	1164	*****	(26)	28.5	*****	19	0	Once Per Month	COMP24	
	REQUIREMENT	MO AVG			MO AVG		mg/L				
00610 1 0	PERMIT	*****	*****	*****	214	*****	(19)	0	Once Per Month	GRAB	
	REQUIREMENT	*****	*****	*****	*****	*****	19		Once Per Month	GRAB	
Effluent Gross	PERMIT	N/A	N/A	(26)	N/A	N/A	(28)	0	Three Per Year	COMP24	
	REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Three Per Year	COMP24	
01079 1 0	PERMIT	N/A	N/A	(26)	N/A	N/A	(28)	0	Three Per Year	COMP24	
	REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Three Per Year	COMP24	
Zinc, total recoverable	PERMIT	N/A	N/A	(26)	N/A	N/A	(28)	0	Three Per Year	COMP24	
	REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Three Per Year	COMP24	
01094 1 0	PERMIT	0.435	0.435	(26)	32.0	*****	(28)	0	Once Per Month	COMP24	
	REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Once Per Month	COMP24	
Effluent Gross	PERMIT	3.54	7.63	(26)	86.7	*****	28	0	Once Per Month	COMP24	
	REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	ug/L		Once Per Month	COMP24	
01119 1 0	PERMIT	0.435	0.435	(26)	32.0	*****	(28)	0	Once Per Month	COMP24	
	REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Once Per Month	COMP24	
Effluent Gross	PERMIT	3.54	7.63	(26)	86.7	*****	28	0	Once Per Month	COMP24	
	REQUIREMENT	MO AVG	DAILY MX		MO AVG	DAILY MX	ug/L		Once Per Month	COMP24	
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Tom Trego 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.</p>											
<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>Tom Trego</i></p>											
<p>907 TELEPHONE 586-0393 AREA CODE PHONE NUMBER DATE DATE 2012 YEAR 5 MO 10 DAY</p>											

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/01/2012 through 04/29/2012.

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

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

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
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATT: Tom Trego WW Utilities Superintendent

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.

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	4	1	2012
			4
			28

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		
30500 O 0	PERMIT REQUIREMENT	*****	*****		*****	*****	10	%		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 MO GEO	Reg. Mon. DAILY MX	13 #/100mL		Twice Every Week	GRAB
31615 O 0	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MX	#/100mL		Twice Every Week	GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	MO GEO	DAILY MX	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MX	#/100mL		Twice Every Week	GRAB
31615 R 0	SAMPLE MEASUREMENT	*****	*****	****	*****	MO GEO	DAILY MX	(13)	0	Twice Every Week	GRAB
See Comments	PERMIT REQUIREMENT	*****	*****	****	*****	MO GEO	DAILY MX	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****		*****	*****	1		1	Once Per Month	VISUAL
45613 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon. DAILY MX	f=1, N=0	0	Continuous	RECORDR
Effluent Gross	SAMPLE MEASUREMENT	1.65	1.98	(03)	*****	*****	*****	*****			
Flow, in conduit or thru treatment plan	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	*****	*****	3	*****	*****	*****	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	3	*****	*****	*****	*****			
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.										
Tom Trego Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
907	TELEPHONE	586-0393									
2012	AREA CODE										
5	PHONE NUMBER										
10	DATE										
	YEAR										
	MO										
	DAY										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/01/2012 through 04/28/2012.
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 3 OF 4

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 Treago WW Utilities Superintendent

AK-002295-1
 PERMIT 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.

001 A
 DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2012	4	1	2012
			YEAR
			MO
			DAY

PARAMETER	SAMPLE	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0	QUARTERLY	COMP24
	PERMIT	4.09	4.09	lb/d	*****	100	100	ug/l	0		
50060 S 0	REQUIREMENT	MO AVG	DAILY MX		*****	MO AVG	*****	ug/l	0		
	SAMPLE	*****	*****		*****	25.5	*****	ug/l	0		
Dilution factor	MEASUREMENT	*****	*****	****	*****	*****	*****	ug/l	0	DAILY	MEASRD
	PERMIT	*****	*****	****	*****	*****	*****	ug/l	0		
80093 1 0	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
BOD,5-day, percent removal	MEASUREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	PERMIT	*****	*****	****	*****	*****	*****	ug/l	0		
81010 K 0	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
Solids, suspended percent removal	MEASUREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	PERMIT	*****	*****	****	*****	*****	*****	ug/l	0		
81011 K 0 0	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	N/A	*****	(26)	*****	*****	*****	ug/l	0		
Chlorine usage	MEASUREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	PERMIT	*****	*****	****	*****	*****	*****	ug/l	0		
81400 X 0	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
End of Chlorine Contact Chamber	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
Oil and grease visual	MEASUREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	PERMIT	*****	*****	****	*****	*****	*****	ug/l	0		
84066 1 0	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
Effluent Gross	MEASUREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	PERMIT	*****	*****	****	*****	*****	*****	ug/l	0		
Toxicity, Chronic	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
TT000 1 8	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
Effluent Gross	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	REQUIREMENT	*****	*****	****	*****	*****	*****	ug/l	0		
	SAMPLE	*****	*****	****	*****	*****	*****	ug/l	0		

COMMITMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 04/01/2012 through 04/28/2012.

Tom Treago
 Wastewater Utilities Superintendent

Tom Treago
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
 AREA CODE
 586-0393
 TELEPHONE
 DATE
 2012
 YEAR
 5
 MO
 10
 DAY