

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUB 01)
OMB No. 2040-0004
Approval Expires 05-31-98

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

001 A
DISCHARGE NUMBER

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD

YR	MO	DAY	YEAR	MO	DAY
2012	7	29	2012	8	25

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Turbidity	*****	*****	*****	****	*****	100	0		
00070 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. DAILY MX			Continuous	RCORDR
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****		0		
00300 1 0 Effluent Gross	*****	*****	*****	*****	Req. Mon. MO AVG			Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	327	514	(26)	*****	18	29	0		
00310 1 0 Effluent Gross	1226	2452	lb/d	*****	30	60	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	406	DAILY MX	(26)	*****	22		0		
00310 W 0 See Comments	1829	*****	lb/d	*****	45	*****	0	Twice Per Month	COMP24
pH	*****	*****	*****	*****	*****	7.1	0		
00400 1 0 Effluent Gross	*****	*****	*****	*****	6.5	9.0		Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	*****	*****	*****	INST MIN	INST MAX	0		
00410 1 7 Effluent Gross	*****	*****	*****	*****	135	135	0		
Solids, total suspended	*****	*****	*****	*****	Req. Mon. DAILY MX			Quarterly	COMP24
00530 1 0 Effluent Gross	1226	2452	lb/d	*****	28	42	0		
00530 1 0 Effluent Gross	1226	DAILY MX	lb/d	*****	30	60		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.

Stephen D. McComb
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 07/29/2012 through 08/25/2012.

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

00434/981209 1904

PAGE 1 OF 4

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	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	607	(26)	*****	(19)	0		
00530 W 0	1829	lb/d	*****	19		Twice Per Month	COMP24
See Comments	166	(26)	*****	(19)	0		
Nitrogen, ammonia total (as N)	1164	lb/d	*****	19		Once Per Month	COMP24
00610 1 0	1963	lb/d	*****	(19)	0		
Effluent Gross	*****	*****	*****	19		Once Per Month	COMP24
Hardness, total (as CaCO3)	*****	*****	*****	(19)	0		
00900 1 6	*****	*****	*****	19		Once Per Month	GRAB
Effluent Gross	*****	*****	*****	(28)	0		
Silver, total recoverable	NA	(26)	NA	(28)	0		
01079 1 0	NA	lb/d	NA	28		Three Per Year	COMP24
Effluent Gross	NA	(26)	NA	(28)	0		
Zinc, total recoverable	NA	lb/d	NA	28		Three Per Year	COMP24
01094 1 0	NA	lb/d	NA	(28)	0		
Effluent Gross	NA	(26)	NA	28		Three Per Year	COMP24
Lead, total recoverable	NA	lb/d	NA	(28)	0		
01114 1 0	NA	lb/d	NA	28		Three Per Year	COMP24
Effluent Gross	NA	(26)	NA	(28)	0		
Copper, total recoverable	0.315	(26)	0.369	28		Three Per Year	COMP24
01119 1 0	3.54	lb/d	7.63	28		Once Per Month	COMP24
Effluent Gross	3.54	lb/d	7.63	28		Once Per Month	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Tom Trego Wastewater Utilities Superintendent							
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 							
TELEPHONE 907 AREA CODE 586-0393							
PHONE NUMBER DATE							
TYPED OR PRINTED 2012 YEAR 9 MO 10 DAY							
COMMENT AND EXPLANATION OF ANY VIOLATIONS							

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

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MAJOR (SUB 01)
F - FINAL
EFFLUENT
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PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	*****	*****	*****	(23)	0		
30500 O 0	*****	*****	*****				
See Comments	*****	*****	*****				
Fecal coliform, MPN, EC med, 44.5	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
31615 O 0	*****	*****	161 MO GEO	13			
See Comments	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	*****	*****	400 WKLY GEO	#/100mL	0		
31615 P 0	*****	*****	200 MO GEO	13			
See Comments	*****	*****	N/A	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	*****	*****	400 WKLY GEO	#/100mL	0		
31615 Q 0	*****	*****	200 MO GEO	13			
See Comments	*****	*****	61	(13)	0	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5	*****	*****	800 WKLY GEO	#/100mL	0		
31615 R 0	*****	*****	400 MO GEO	13			
See Comments	*****	*****	800 WKLY GEO	#/100mL	0	Twice Every Week	GRAB
Floating solids or visible foam-visual	*****	*****	*****		0		
45613 1 0	*****	*****	*****				
Effluent Gross	*****	*****	*****				
Flow, in conduit or thru treatment plan	2.15	(03)	*****		0	Once Per Month	VISUAL
50050 1 0	Req. Mon.	3	*****	****			
Effluent Gross	MO AVG	MGD	*****	****			
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Tom Trego Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						
TYPED OR PRINTED	TELEPHONE AREA CODE PHONE NUMBER DATE						
COMMENT AND EXPLANATION OF ANY VIOLATIONS	907 586-0393 2012 9 10 DAY						

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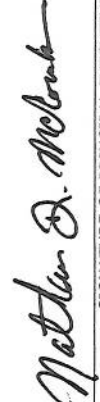
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PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Chlorine, total residual	N/A	(26)	N/A	(28)		0		
50060 S 0	4.09	lb/d	100	100	ug/l	0	QUARTERLY	COMP24
See Comments	MO AVG		MO AVG	DAILY MX				
Dilution factor	*****	****	745	*****	ug/L	0		
80093 1 0	*****	****	Req. Mon. DAILY MN	*****		0	DAILY	MEASRD
Effluent Gross	*****	****	MO AVG	*****	1U	0		
BOD, 5-day, percent removal	*****	****	94	*****	(23)	0		
81010 K 0	*****	****	85	*****	23 %	0	Once Per Month	CALCTD
Percent Removal	*****	****	MIN % RMV	*****		0		
Solids, suspended percent removal	*****	****	89	*****	(23)	0		
81011 K 0 0	*****	****	85	*****	23 %	0	Once Per Month	CALCTD
Percent Removal	*****	****	MIN % RMV	*****		0		
Chlorine usage	N/A	(26)	*****	*****		0		
81400 X 0	Req. Mon. MO AVG	lb/d	*****	*****		0	DAILY	MEASRD
End of Chlorine Contact Chamber	*****	****	*****	*****		0		
Oil and grease visual	*****	****	*****	*****		0		
84066 1 0	*****	****	*****	*****		0		
Effluent Gross	*****	****	*****	*****		0		
Toxicity, Chronic	*****	****	*****	*****		0		
TT000 1 8	*****	****	*****	*****		0		
Effluent Gross	*****	****	*****	*****		0		
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TYPED OR PRINTED						TELEPHONE 907 AREA CODE 586-0393		
COMMENT AND EXPLANATION OF ANY VIOLATIONS						PHONE NUMBER DATE		
* The reporting period was from 07/29/2012 through 08/25/2012.						YEAR 2011		
MO 10						DAY 10		