

REVISED

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

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

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

NAME: JUNEAU, CITY AND BOURGHOUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATT: ANDREW BRONSON, WWTP SUPT.

(2-19)
AK0022951
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
99	02	01	02
		YEAR	MO DAY
		99	02 28

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	MEASUREMENT PERMIT REQUIREMENT	4613	*****	(26)	*****	*****	*****	*****	*****	*****
RAW SEMI-INFLUENT	MEASUREMENT PERMIT REQUIREMENT	REPORT 30 DAY AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	*****
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	MEASUREMENT PERMIT REQUIREMENT	176	*****	(26)	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
pH	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED	MEASUREMENT PERMIT REQUIREMENT	4819	*****	(26)	*****	*****	*****	*****	*****	*****
00630 G 0 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
RAW SEMI-INFLUENT	MEASUREMENT PERMIT REQUIREMENT	REPORT 30 DAY AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED	MEASUREMENT PERMIT REQUIREMENT	162	*****	(26)	*****	*****	*****	*****	*****	*****
00630 1 0 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
NITROGEN, AMMONIA TOTAL (AS N)	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00610 1 0 0	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ANDREW BRONSON
Andrew W. Bronson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(REFERENCE ALL ATTACHMENTS HERE)

Wastewater Utility Superintendent
AREA CODE
907
TELEPHONE NUMBER
789-9919
YEAR
99
DATE
03 08
MONTH DAY

REVISED

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 ADDRESS: MENDENHALL TREATMENT PLANT
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 ATT: ANDREW BRONSON, WWTP SUPT.

(2-16)

AK0022951
 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
99	02	01	99

PARAMETER (32-27)	MEASUREMENT PERMIT REQUIREMENT	QUANTITY OF LOADING (3 Card Only)		UNITS	QUALITY OR CONCENTRATION (4 Card Only)		MONITORING PERIOD (24-25)		NO. EX (26-27)	FREQUENCY OF ANALYSIS (28-29)	SAMPLE TYPE (30-31)
		AVERAGE (46-53)	MAXIMUM (54-61)		MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	YEAR			
COLIFORM, FECAL MF, M-FC BROTH, 44 3C 31616 1 0 0	SAMPLE PERMIT REQUIREMENT	*****	*****	*****	27	400	WPLY GEO	130	0	2/7	CONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE PERMIT REQUIREMENT	2.2811	*****	(3)	0.0000	0.0000	*****	*****	0	5/7	CONT
CHLORINE TOTAL RESIDUAL 50060 100	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	0.002 MO AVG.	*****	*****	*****	0	1/1 month	COMP
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	96	*****	*****	*****	0	1/1 month	COMP
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	97	*****	*****	*****	0	1/1 month	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Andrew W. Bronson
 ANDREW BRONSON

Wastewater Utility Superintendent
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Andrew W. Bronson
 OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED):
 *THE EFFLUENTS CL1 RESIDUAL WAS BELOW OUR EFFLUENT ANALYZERS DETECTABLE LEVEL. MONITORING PERIOD WAS FROM 01/03/99 THROUGH 01/30/99.
 *THE RECORDED AVERAGE CL2 RESIDUAL WAS CALCULATED FROM GRAB SAMPLES COLLECTED 2/DAY 5 DAYS/WEEK. A 0.0400 mg/L CALIBRATION STANDARD WAS USED.
 EPA Form 3320-1 (08-95) Pre-Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).
 00434/981209 1904
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