

**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
LOCATION: JUNEAU, ALASKA 99801
ATT: ANDREW BRONSON, WWTP SUPT.

(2-16)
AK0022961
PERMIT NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
99	05	01	99

(17-19)
001 A
DISCHARGE 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.

PARAMETER (32-37)	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OF LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (3 Card Only) (46-53)	MAXIMUM (54-61)		AVERAGE (46-53)	MAXIMUM (54-61)				
TEMPERATURE WATER DEG. CENTIGRADE	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT REQUIREMENT	6000	*****	(26)	*****	*****	*****	0	2/7	COMP
RAW SEW/INFLUENT	PERMIT	*****	*****	*****	*****	*****	*****	0	2/7	COMP
BOD 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT REQUIREMENT	263	1035 WKLY AVG	(26)	*****	*****	*****	0	2/7	COMP
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
PH	MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	5/7	GRAB
00400 1 0 0	PERMIT	*****	*****	*****	*****	*****	*****	0	1/7	COMP
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	*****	*****	0	1/7	COMP
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT REQUIREMENT	8628	*****	(26)	*****	*****	*****	0	1/7	COMP
RAW SEW/INFLUENT	PERMIT	*****	*****	*****	*****	*****	*****	0	1/7	COMP
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT REQUIREMENT	300	*****	(26)	*****	*****	*****	0	1/7	COMP
00630 1 0 0	PERMIT	*****	*****	*****	*****	*****	*****	0	1/7	COMP
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	*****	*****	0	1/7	COMP
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/7	COMP
00610 1 0 0	PERMIT	*****	*****	*****	*****	*****	*****	0	1/7	COMP
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	*****	*****	0	1/7	COMP

PERSONALITY OF LAW THAT HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED THE REIN 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
Wastewater Utility Superintendent
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)
Andrew W. Bronson
TELEPHONE 789-9919
DATE 99 06 08

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YR	MO	DAY
99	05	01
TO	YEAR	MO
	99	05
DAY	MO	DAY
		31

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PARAMETER (32-37)	MEASUREMENT REQUIREMENT	QUANTITY OF LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX (82-83)	FREQUENCY OF ANALYSIS (84-88)	SAMPLE TYPE (89-90)
		AVERAGE (46-53)	MAXIMUM (64-61)		AVERAGE (46-53)	MAXIMUM (64-61)				
COLIFORM FECAL MF, MFC BROTH, 445C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	72	207	(13) #/100 ML	0	2/7	TWICE/GRAB WEEK
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2.6967	*****	(3)	MO GEO	WKLY GEO	ML	0	7/7	CONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	MGD	0.0000	*****	*****	0	5/7	CONT
50060 1.0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	0.002 MO AVG.	*****	*****	0	1/month	ONCE/CACTD MONTH
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	85	97	MG/L	0	1/month	ONCE/CACTD MONTH
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	85	97	PERCENT	0	1/month	ONCE/CACTD MONTH
81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	85	97	PERCENT	0	1/month	ONCE/CACTD MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	85	97	PERCENT	0	1/month	ONCE/CACTD MONTH
81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	85	97	PERCENT	0	1/month	ONCE/CACTD MONTH

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 W. Bronson

Wastewater Utility Superintendent

TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REPLACES EPA FORM 740 WHICH MAY NOT BE USED)

AREA CODE: (907) 789-9919

NUMBER: 789-9919

YEAR: 99

MO: 06

DAY: 08

* THE EFFLUENTS CL2 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 & DAILY/SWEEK. A 0.0400 MG/L CALIBRATION STANDARD WAS USED.
EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM 740 WHICH MAY NOT BE USED) 00434981209 1804 PAGE 2 OF 2