

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT

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

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

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: ANDREW BRONSON, WWTP SUPT.

(2-16)

AK0022951
PERMIT NUMBER

(17-19)

001 A
DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY TO YEAR MO DAY
99 07 01 TO 99 07 31

(22-23)

(26-27)

(30-31)

PARAMETER (32-37)	(3 Card City) (46-53) AVERAGE	QUANTITY OF LOADING (54-61)		UNITS	(4 Card City) (38-4) MINIMUM	QUALITY OR CONCENTRATION (54-61)		UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM			AVERAGE	MAXIMUM					
TEMPERATURE, WATER DEG, CENTIGRADE	17.0	17.8	(04)		5/7	GRAB	
EFFLUENT GROSS VALUE	REPORT MO AVG	REPORT WKLY AVG	DEG. C		WEEK - GRAB DAYS		
BOD, 5-DAY (20 DEG. C)	4961	.....	(26)	.....	258	.....	(19)	0	2/7	COMP	
PERMIT REQUIREMENT	0	WEEKLY COMP 24		
RAW SEW/INFLOW	193	.....	(26)	.....	8	.....	(19)		WEEKLY COMP 24		
BOD, 5-DAY (20 DEG. C)	193	.....	(26)	.....	.....	.....	(19)		WEEKLY COMP 24		
PERMIT REQUIREMENT		WEEKLY COMP 24		
RAW SEW/INFLOW	1035	.....	(26)	.....	30	45	MG/L		WEEKLY COMP 24		
BOD, 5-DAY (20 DEG. C)	680	.....	(26)	.....	30	.....	MG/L		WEEKLY COMP 24		
PERMIT REQUIREMENT		WEEKLY COMP 24		
EFFLUENT GROSS VALUE	680	.....	(26)	.....	6.1	7.2	(12)	0	5/7	GRAB	
pH	(19)		WEEK - GRAB DAYS		
MEASUREMENT PERMIT REQUIREMENT		WEEKLY COMP 24		
MEASUREMENT PERMIT REQUIREMENT		WEEKLY COMP 24		
EFFLUENT GROSS VALUE	6984	.....	(26)	.....	363	450	SU	0	1/7	COMP	
SOLIDS, TOTAL SUSPENDED	6984	.....	(26)	.....	.....	.....	(19)		WEEKLY COMP 24		
PERMIT REQUIREMENT		WEEKLY COMP 24		
RAW SEW/INFLOW	212	.....	(26)	.....	9	11	MG/L	0	1/7	COMP	
SOLIDS, TOTAL SUSPENDED	212	.....	(26)	.....	.....	.....	(19)		WEEKLY COMP 24		
PERMIT REQUIREMENT		WEEKLY COMP 24		
EFFLUENT GROSS VALUE	680	.....	(26)	.....	30	45	MG/L		1/ month	GRAB	
NITROGEN, AMMONIA	680	.....	(26)	.....	.....	.....	(19)		ONCE/GRAB MONTH		
SAMPLE PERMIT REQUIREMENT		ONCE/GRAB MONTH		
EFFLUENT GROSS VALUE		ONCE/GRAB MONTH		
TOTAL (AS N)		ONCE/GRAB MONTH		
SAMPLE PERMIT REQUIREMENT		ONCE/GRAB MONTH		
EFFLUENT GROSS VALUE		ONCE/GRAB MONTH		
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: Andrew W. Bronson, PRINCIPAL EXECUTIVE OFFICER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Wastewater Utility Superintendent

TELEPHONE: 907 789-9919
AREA CODE: 907
NUMBER: 789-9919
DATE: 99 08 08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)
TYPED OR PRINTED
***CONCERNING VIOLATION- PLEASE SEE ATTACHED.

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FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: ANDREW BRONSON, VVWTP SUPT.

(9) AKC PERMI
NUMBER

(17-19)
001 A
DISCHARGE NUMBER

MONITORING PERIOD
YR MO DAY TO YR MO DAY
99 07 01 TO 99 07 31

PARAMETER (32-37)	(3 Card Only) (46-53)		(24-25) (54-61)		UNITS	FREQ. OF ANALYSIS (64-68)	NO. EX (62-63)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	AVERAGE	MAXIMUM				
COLIFORM, FECAL MF, M-F C BROTH, 44.5C 31618 1 0 0	MEASUREMENT PERMIT REQUIREMENT	2.3100	212	400	(13) #/ WEEKLY GEO ML	2/7	0	TWICE/GRAB WEEK
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT PERMIT REQUIREMENT	(3)					0	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT PERMIT REQUIREMENT	MGD					0	CONTINUOUSLY RECORDED
CHLORINE TOTAL RESIDUAL	MEASUREMENT PERMIT REQUIREMENT		0.0000		(19)		0	CONT
50060 100 EFFLUENT GROSS VALUE	MEASUREMENT PERMIT REQUIREMENT		0.002		MO AVG, MG/L		0	WEEK-GRAB DAYS
BOD, 5-DAY PERCENT REMOVAL	MEASUREMENT PERMIT REQUIREMENT				(23)		0	COMP
81010 K 0 0 PERCENT REMOVAL	MEASUREMENT PERMIT REQUIREMENT				PERCENT		0	ONCE/CACTD MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL	MEASUREMENT PERMIT REQUIREMENT				(23)		0	GRAB
81011 K 0 0 PERCENT REMOVAL	MEASUREMENT PERMIT REQUIREMENT				PERCENT		0	ONCE/CACTD MONTH

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

TELEPHONE: (907) 789-9919
AREA CODE: 789-9919
NUMBER: 789-9919
DATE: 99 08 08
YEAR: 99
MO: 08
DAY: 08

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

*** THE EFFLUENTS CL2 RESIDUAL WAS BELOW OUR EFFLUENT ANALYZERS DETECTABLE LEVEL. THE RECORDED AVERAGE CL2 RESIDUAL WAS CALCULATED FROM GRAB SAMPLES COLLECTED 2/DAY 5 DA/S/WEEK. A 0.0400 mg/L CALIBRATION STANDARD WAS USED. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.)

EPA Form 3320-1 (08-95) Previous editions may be used.