

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

MAJOR (SUB 01) Form Approved.
OMB No. 2040-0004
F - FINAL Approval Expires 05-31-98
EFFLUENT *** 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.

(2-19)

AK0022951
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD
YR DAY MO YEAR MO DAY
99 01 08 99 08 31

PARAMETER (32-37)	(3 Card Only) (48-53)		QUANTITY OF LOADING (64-61)		QUALITY OR CONCENTRATION (22-23)		NO. EX. (28-27)		FREQUENCY OF ANALYSIS (28-29)		SAMPLE TYPE (30-31)
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM	AVERAGE	MAXIMUM	EX	NO.	(64-63)	(64-68)	
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	26	49	*****	0	2/7	TWICE/GRAB WEEK	(88-70)
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	2.6176	*****	*****	*****	200 MO GEO	400 WKLY GEO	*****	0	7/7	CONTINUOUSLY RECORDED	CONT
CHLORINE TOTAL RESIDUAL 50080 100 EFFLUENT GROSS VALUE	REPORT MO AVG	*****	*****	*****	*****	*****	*****	0	5/7	WEEK-GRAB DAYS	CONT
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	*****	*****	85 MO AVG	*****	0.002 MO AVG	*****	*****	0	1/ month	ONCE/CACTD MONTH	COMP
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	*****	*****	85 MO AVG	*****	*****	*****	*****	0	1/ month	ONCE/CACTD MONTH	GRAB
MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
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
SIGNATURE: *Andrew W. Bronson*
TELEPHONE: (907) 789-9919
AREA CODE: 99
OFFICER OR AUTHORIZED AGENT
(REFERENCE ALL ATTACHMENTS HERE)

Wastewater Utility Superintendent
TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS

* 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 3520-1 (08-95) Pre-Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 004341981209 1904