

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

Form Approved
OMB No. 2040-0004
Approval Expires 09-08-99

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

NAME: JUNEAU CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD, JUNEAU
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL TREATMENT FACILITY
LOCATION: JUNEAU, ALASKA
ATTN: D. PALMER, CITY & BOROUGH MANAGER

AK0022961
PERMIT NUMBER

001 A
DISCHARGE NUMBER

(2-19)

MONITORING PERIOD

| YR | MO | DAY | TO | YEAR | MO | DAY |
|----|----|-----|----|------|----|-----|
| 99 | 12 | 01 | | 99 | 12 | 31 |

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

| PARAMETER (32-37) | SAMPLE MEASUREMENT | QUANTITY OF LOADING (3 Card Only) (48-53) | | UNITS | QUALITY OR CONCENTRATION (4 Card Only) (38-43) | | | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-69) | SAMPLE TYPE (69-70) |
|------------------------------------|--------------------|---|---------|-------|--|---------|---------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | | MINIMUM | AVERAGE | MAXIMUM | | | | |
| TEMPERATURE, WATER DEG. CENTIGRADE | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00010 1.0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | | | | | | | | |
| BOD 5-DAY (20 DEG C) | SAMPLE MEASUREMENT | 6301 | | | | | | | 0 | WEEK/DAYS | GRAB |
| 00310 G.0.0 RAW SEMI-EFFLUENT | PERMIT REQUIREMENT | | | | | | | | | | |
| BOD 5-DAY (20 DEG C) | SAMPLE MEASUREMENT | 206 | | | | | | | 0 | WEEKLY | COMP 24 |
| 00310 1.0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | | | | | | | | |
| pH | SAMPLE MEASUREMENT | | | | | | | | 0 | WEEKLY | GRAB |
| 00400 1.0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | | | | | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 9061 | | | | | | | 0 | WEEK/DAYS | GRAB |
| 00630 G.0.0 RAW SEMI-EFFLUENT | PERMIT REQUIREMENT | | | | | | | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 365 | | | | | | | 0 | WEEKLY | COMP 24 |
| 00630 1.0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | | | | | | | | |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1.00 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | | | | | | | | |
| ARSENIC, TOTAL RECOVERABLE | SAMPLE MEASUREMENT | | | | | | | | | | |
| 009790 G.01 RAW SEMI-EFFLUENT | PERMIT REQUIREMENT | | | | | | | | | | |
| ARSENIC, TOTAL RECOVERABLE | SAMPLE MEASUREMENT | | | | | | | | | | |
| 009780 1.01 EFFLUENT GROSS VALUE | 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 AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319/penalties under these statutes may include fines and imprisonment of between 6 months and 5 years.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Andrew Bronson
Signature: *Andrew Bronson*

WASTEWATER UTILITIES SUPERINTENDENT: _____
TYPED OR PRINTED: _____

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: _____
(REFERENCE ALL ATTACHMENTS HERE)

AREA CODE: (907) NUMBER: 789-9919 TELEPHONE: _____

YEAR: 00 MO: 01 DATE: 08

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

PERMITTEE NAME/ADDRESS/Include Facility Name & Location if different
JUNEAU, CITY AND BOROUGH OF
MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD, JUNEAU
JUNEAU, ALASKA 99801
MENDENHALL TREATMENT FACILITY
JUNEAU, ALASKA
D. PALMER CITY & BOROUGH MANAGER

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD, JUNEAU
JUNEAU, ALASKA 99801
MENDENHALL TREATMENT FACILITY
JUNEAU, ALASKA
ATT: D. PALMER CITY & BOROUGH MANAGER

(2-19)
AK0022951
PERMIT NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|----|
| YR | MO | DAY | TO |
| 99 | 12 | 01 | |

(17-19)
001 A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval Expires 09-08-99
Form Approved.
OMB No. 2040-0004
Approval Expires 09-08-99
Major (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | QUANTITY OF LOADING | | UNITS | QUALITY OR CONCENTRATION | | UNITS | MONITORING PERIOD | | NO. EX (62-69) | FREQUENCY OF ANALYSIS (64-69) | SAMPLE TYPE (69-70) |
|-------------------------------------|---------------------------------------|---------------------|-----------------|-------|--------------------------|-----------------|-------|-------------------|------|----------------|-------------------------------|---------------------|
| | | AVERAGE (46-53) | MAXIMUM (54-61) | | MINIMUM (36-45) | AVERAGE (46-53) | | MAXIMUM (54-61) | YEAR | | | |
| NICKEL TOTAL RECOVERABLE 01074 G01 | PERMIT | ***** | ***** | ***** | U OF 0.00500 | ***** | (19) | | | | 2YR | COMP 24 |
| NICKEL RAW SEW/INFLUENT | PERMIT | ***** | ***** | ***** | U OF 0.00500 | ***** | (19) | | | | 2YR | COMP 24 |
| NICKEL TOTAL RECOVERABLE 01074 101 | PERMIT | ***** | ***** | ***** | U OF 0.00500 | ***** | (19) | | | | 2YR | COMP 24 |
| NICKEL EFFLUENT GROSS VALUE | PERMIT | ***** | ***** | ***** | U OF 0.00500 | ***** | (19) | | | | 2YR | COMP 24 |
| SILVER TOTAL RECOVERABLE 01079 G01 | PERMIT | ***** | ***** | ***** | U OF 0.00800 | ***** | (19) | | | | 2YR | COMP 24 |
| SILVER RAW SEW/INFLUENT | PERMIT | ***** | ***** | ***** | U OF 0.00800 | ***** | (19) | | | | 2YR | COMP 24 |
| SILVER TOTAL RECOVERABLE 01079 101 | PERMIT | ***** | ***** | ***** | U OF 0.00800 | ***** | (19) | | | | 2YR | COMP 24 |
| SILVER EFFLUENT GROSS VALUE | PERMIT | ***** | ***** | ***** | U OF 0.00800 | ***** | (19) | | | | 2YR | COMP 24 |
| ZINC TOTAL RECOVERABLE 01094 G01 | PERMIT | ***** | ***** | ***** | U OF 0.00800 | ***** | (19) | | | | 2YR | COMP 24 |
| ZINC RAW SEW/INFLUENT | PERMIT | ***** | ***** | ***** | U OF 0.00800 | ***** | (19) | | | | 2YR | COMP 24 |
| ZINC TOTAL RECOVERABLE 01094 101 | PERMIT | ***** | ***** | ***** | U OF 0.00800 | ***** | (19) | | | | 2YR | COMP 24 |
| ZINC EFFLUENT GROSS VALUE | PERMIT | ***** | ***** | ***** | U OF 0.00800 | ***** | (19) | | | | 2YR | COMP 24 |
| CADMIUM TOTAL RECOVERABLE 01113 G01 | PERMIT | ***** | ***** | ***** | U OF 0.00050 | ***** | (19) | | | | 2YR | COMP 24 |
| CADMIUM RAW SEW/INFLUENT | PERMIT | ***** | ***** | ***** | U OF 0.00050 | ***** | (19) | | | | 2YR | COMP 24 |
| CADMIUM TOTAL RECOVERABLE 01113 101 | PERMIT | ***** | ***** | ***** | U OF 0.00050 | ***** | (19) | | | | 2YR | COMP 24 |
| CADMIUM EFFLUENT GROSS VALUE | PERMIT | ***** | ***** | ***** | U OF 0.00050 | ***** | (19) | | | | 2YR | COMP 24 |
| LEAD TOTAL RECOVERABLE 01114 G01 | PERMIT | ***** | ***** | ***** | U OF 0.00478 | ***** | (19) | | | | 2YR | COMP 24 |
| LEAD RAW SEW/INFLUENT | PERMIT | ***** | ***** | ***** | U OF 0.00478 | ***** | (19) | | | | 2YR | COMP 24 |

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 53 U.S.C. & 1 (Penalties under these statutes may include fines and imprisonment of between 6 months and 5 years.)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ANDREW BRONSON
Signature: Andrew W. Bronson
TELEPHONE: 789-9919

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)
TYPED OR PRINTED
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

THE MONITORING PERIOD WAS FROM 11/29/98 through 01/02/99.

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

PERMITTEE NAME/ADDRESS (include Facility Name/LC location if different)
 NAME: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: MENDENHALL TREATMENT PLANT
 155 SOUTH SEWARD, JUNEAU
 JUNEAU, ALASKA 99801
 MENDENHALL TREATMENT FACILITY
 JUNEAU, ALASKA
 ATT: D. PALMER, CITY & BOROUGH MANAGER

(2-19)
 AK0022961
 PERMIT NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|------|
| YR | MO | DAY | TO |
| 99 | 12 | 01 | |
| YEAR | MO | DAY | YEAR |
| 99 | 12 | 31 | 99 |

Form Approved
 OMB No. 20-40-0004
 Approval Expires 09-08-99
 MAJOR (SUB 01)
 F - FINAL
 EFFLUENT
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.
 (17-19)
 001 A
 DISCHARGE NUMBER

| PARAMETER (32-37) | MEASUREMENT REQUIREMENT | QUANTITY OF LOADING (3 Card Only) (46-53) | | UNITS | QUALITY OR CONCENTRATION (4 Card Only) (38-45) | | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-69) | SAMPLE TYPE (69-70) | |
|---|--|---|---------|-----------|--|---------|-------|-------------------|----------------------------------|------------------------|--|
| | | AVERAGE | MAXIMUM | | MINIMUM | MAXIMUM | | | | | |
| LEAD TOTAL RECOVERABLE 01114 101 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | 2YR | COMP 24 | |
| CHROMIUM TOTAL RECOVERABLE 01118 G01 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | 2YR | COMP 24 | |
| CHROMIUM RAW SEMI/INFLEUNT 01118 G01 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | 2YR | COMP 24 | |
| COPPER TOTAL RECOVERABLE 01119 G01 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | 2YR | COMP 24 | |
| COPPER RAW SEMI/INFLEUNT 01119 G01 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | 2YR | COMP 24 | |
| COPPER TOTAL RECOVERABLE 01119 101 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | 2YR | COMP 24 | |
| COPPER RAW SEMI/INFLEUNT 01119 101 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | 2YR | COMP 24 | |
| COULIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1.0 0 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | 2YR | COMP 24 | |
| EFFLUENT GROSS VALUE THRU TREATMENT PLANT 50050 1.0 0 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | (03) | ***** | ***** | ***** | | CONT. | STRIP CHART | |
| EFFLUENT GROSS VALUE CHLORINE TOTAL 50060 100 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | MGD | ***** | ***** | ***** | | CONTINUOUSLY RECORDED | GRAB | |
| EFFLUENT GROSS VALUE TOXICITY, CERIODAPPHNIA ACUTE 614523 101 | SAMPLE PERMIT MEASUREMENT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | | WEEK DAYS | GRAB | |
| 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. & 13/Penalties under these statutes may include fines and imprisonment of between 6 months and 5 years. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ANDREW BRONSON WASTEWATER UTILITIES SUPERINTENDENT TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT REFERENCE ALL ATTACHMENTS HERE) | | | | | | | | | | | |
| (907) AREA CODE | | NUMBER | | TELEPHONE | | YEAR | | MO | | DAY | |
| 799-9919 | | 799-9919 | | 799-9919 | | 00 | | 01 | | 08 | |

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

Form Approved
OMB No. 2040-0004
Approval Expires 09-08-99

PERMITTEE NAME/ADDRESS(Include Facility Name/location if different)
 NAME: JUNEAU, CITY AND BOROUGH OF
 ADDRESS: MENDELHALL TREATMENT PLANT
 155 SOUTH SEWARD, JUNEAU
 JUNEAU, ALASKA 99801
 FACILITY: MENDELHALL TREATMENT FACILITY
 LOCATION: JUNEAU, ALASKA
 ATT: D. PALMER, CITY & BOROUGH MANAGER

(2-19)
 AK0022961
 PERMIT NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|--------|
| YR | MO | DAY | TO |
| 99 | 12 | 01 | |
| YEAR | MO | DAY | NO. EX |
| 99 | 12 | 31 | 0 |

(17-19)
 001 A
 DISCHARGE NUMBER

| PARAMETER <small>(32-37)</small> | MEASUREMENT | QUANTITY OF LOADING <small>(3 Card Only)</small> | | QUALITY OR CONCENTRATION <small>(4 Card Only)</small> | | UNITS | PERCENT | NO. EX <small>(26-27)</small> | FREQUENCY OF ANALYSIS <small>(28-29)</small> | SAMPLE TYPE <small>(30-31)</small> |
|---|--------------------|---|-----------------------------------|--|-----------------------------------|-------|---------|----------------------------------|---|---------------------------------------|
| | | AVERAGE <small>(46-53)</small> | MAXIMUM <small>(54-61)</small> | MINIMUM <small>(38-45)</small> | AVERAGE <small>(46-53)</small> | | | | | |
| TOXICITY CERIODAPHPHIA CHRONIC EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| TOXICITY PIMEPHALES ACUTE EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| TOXICITY PIMEPHALES CHRONIC EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| MERCURY TOTAL RECOVERABLE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| MERCURY RAW SEMI/INFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| MERCURY TOTAL RECOVERABLE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| MERCURY RAW SEMI/INFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| CYANIDE, TOTAL RECOVERABLE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| CYANIDE, TOTAL RAW SEMI/INFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| BOD, 5-DAY PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| SOLIDS, SUSPENDED PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | |
| PERCENT REMOVAL | PERCENT | ***** | ***** | ***** | ***** | | | | | |

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 and imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 ANDREW BRONSON
 WASTEWATER UTILITIES SUPERINTENDENT
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 (907) AREA CODE
 TELEPHONE NUMBER
 789-9919

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)
 THE EFFLUENT'S CL2 RESIDUAL WAS BELOW OUR EFFLUENT ANALYZERS DETECTABLE LEVEL. THE RECORDED AVERAGE CL2 RESIDUAL WAS CALCULATED FROM ACTUAL GRAB SAMPLES ANALYZED ONCE/DAY FIVE DAYS /WEEK - A CALIBRATION STANDARD OF 0.0400 MG/L WAS USED.
 EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)
 PAGE 4 OF 4