

# 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 BOROUGH OF  
ADDRESS: MENDELHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
MENDENHALL VALLEY SERVICE AREA/  
JUNEAU, ALASKA 99801  
ATTN: ANDREW BRONSON, WWTP SUPT.

(2-16)

AK0022951  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MONITORING PERIOD		YEAR		MO		DAY	
Y1	MO	Y2	MO	DAY	DAY	DAY	DAY
01	01	01	01	01	01	01	31

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	AVERAGE (46-53)	QUANTITY OF LOADING MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	QUALITY OR CONCENTRATION		UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (68-70)
						AVERAGE (46-53)	MAXIMUM (54-61)				
TEMPERATURE, WATER DEG. CENTIGRADE	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	6694	.....	(26)	.....	.....	.....	.....	.....	.....	.....
RAW SEWINFLOW	SAMPLE MEASUREMENT PERMIT REQUIREMENT	308	.....	(26)	.....	.....	.....	.....	.....	.....	.....
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	890	.....	LBS/DAY	.....	.....	.....	.....	.....	.....	.....
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT PERMIT REQUIREMENT	8729	.....	(26)	.....	.....	.....	.....	.....	.....	.....
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT PERMIT REQUIREMENT	386	.....	(26)	.....	.....	.....	.....	.....	.....	.....
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
ANDREW BRONSON  
Wastewater Utility Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT  
*Andrew Bronson*

TELEPHONE NUMBER  
907 789-9919

DATE  
00 02 02

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

(2-16) **AK0022951**  
 PERMIT NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
00	01	01	31

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.  
 (17-19) **001 A**  
 DISCHARGE NUMBER

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OF LOADING		QUALITY OR CONCENTRATION		MONITORING PERIOD		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		(3 Card Only) AVERAGE (46-53)	(64-61) MAXIMUM	(4 Card Only) MINIMUM (38-45)	(46-53) AVERAGE	(64-61) MAXIMUM	YEAR			
COLIFORM, FECAL MF, MFC BROTH, 44.5C 31616 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	2/7	CONT
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.56886	*****	*****	*****	*****	*****	0	7/7	CONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	PERMIT REQUIREMENT	REPORT NO AVG	*****	*****	*****	*****	*****	0	5/7	CONT
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/month	COMP
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/month	GRAB
50060 100 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/month	ONCE/CACTD MONTH
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	85 MO AVG.	*****	*****	*****	0	1/month	ONCE/CACTD MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	96 MO AVG.	*****	*****	*****	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. SE 18 U.S.C. 1001 AND 33 U.S.C. 8 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  
 ANDREW BRONSON  
 Wastewater Utility Superintendent  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: \_\_\_\_\_  
 TYPED OR PRINTED NAME: Andrew W. Bronson  
 OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS: \_\_\_\_\_  
 AREA CODE: (907) 789-9919  
 TELEPHONE NUMBER: 789-9919  
 YEAR: 00 MO: 02 DAY: 02  
 \*THE RECORDED AVERAGE CL2 RESIDUAL WAS CALCULATED FROM GRAB SAMPLES COLLECTED 2-DAY 6 DAYS/WEEK. A 0.0400 mg/L CALIBRATION STANDARD WAS USED.  
 EPA Form 3320-1 (08-95) (Replaces EPA Form 140 WHI 11 MAY NOT BE USED.)  
 PAGE 2 OF 2