

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

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.

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  
YR MO DAY YEAR MO DAY  
00 02 01 00 02 29

(30-31)

(28-29)

(24-25)

(22-23)

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
TEMPERATURE, WATER 00010 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	MEASUREMENT	PERMIT REQUIREMENT	6276	*****	*****	*****	*****	*****	*****	*****	*****	*****
RAW SEWINFLOW	MEASUREMENT	PERMIT REQUIREMENT	314	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	880	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT	PERMIT REQUIREMENT	880	*****	*****	*****	*****	*****	*****	*****	*****	*****
pH	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	MEASUREMENT	PERMIT REQUIREMENT	6948	*****	*****	*****	*****	*****	*****	*****	*****	*****
RAW SEWINFLOW	MEASUREMENT	PERMIT REQUIREMENT	375	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	880	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT	PERMIT REQUIREMENT	880	*****	*****	*****	*****	*****	*****	*****	*****	*****
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
ANDREW BRONSON  
Wastewater Utility Superintendent  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Andrew W. Bronson*  
TYPED OR PRINTED  
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)  
\*\*\*CONCERNING VIOLATION- PLEASE SEE ATTACHED.

TELEPHONE  
907 789-9919  
AREA CODE  
907  
NUMBER  
789-9919

DATE  
00 02 08  
YEAR  
00  
MO  
02  
DAY  
08

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(2-16)

AK0022951  
PERMIT NUMBER

001 A  
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**MONITORING PERIOD**

YR	MO	DAY	YR	MO	DAY
00	02	01	00	02	29

PARAMETER (32-37)	(3 Card Only) (46-53)		QUANTITY OF LOADING (64-61)		(20-21) (4 Card Only)		QUALITY OR CONCENTRATION (45-53)			(22-23)		(24-25)		(26-27)		(28-29)		(30-31)						
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	NO.	FREQUENCY OF ANALYSIS	NO.	EX	NO.	EX	FREQUENCY OF ANALYSIS	NO.	EX	NO.	EX				
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	2.2464	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
CHLORINE TOTAL RESIDUAL 50060 100 EFFLUENT GROSS VALUE	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....			
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 Wastewater Utility Superintendent															SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Andrew W. Bronson</i>		TELEPHONE (907) 789-9919		DATE 00 02 08					
COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)															AREA CODE (907)		NUMBER 789-9919		YEAR 00		MO 02		DAY 08	

\*THE EFFLUENTS CL<sub>2</sub> RESIDUAL WAS BELOW OUR EFFLUENT ANALYZERS DETECTABLE LEVEL.  
\*THE RECORDED AVERAGE CL<sub>2</sub> RESIDUAL WAS CALCULATED FROM GRAB SAMPLES COLLECTED 2/DAY 5 DAYS/ WEEK. A 0.0400 mg/L CALIBRATION STANDARD WAS USED.  
EPA Form 3320-1 (05-85) Previous editions may be used. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.)