

REVISED

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
2000 03 01 2000 03 31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)	(3 Card Only) (46-53)		QUANTITY OF LOADING (54-61)		QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS	UNITS				
TEMPERATURE, WATER DEG. CENTIGRADE	*****	*****	*****	*****	11.5	12.3	(04)	*****	5/7	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT MO AVG	REPORT WKLY AVG	DEG. C	*****	WEEK - GRAB DAYS	COMP	
BOD, 5-DAY (20 DEG. C)	4994	*****	*****	*****	260	*****	(19)	*****	0	2/7	
00310 G 0 0 RAW SEW/INFLUENT	REPORT 30 DAY AVG	*****	*****	*****	REPORT MO AVG	*****	MG/L	*****	WEEKLY COMP 24	COMP	
BOD, 5-DAY (20 DEG. C)	212	*****	*****	*****	11	15	(19)	*****	2/7	COMP	
00310 G 0 0 EFFLUENT GROSS VALUE	690 30 DAY AVG	1035 WKLY AVG	*****	*****	30 MO AVG	45 WKLY AVG	MG/L	*****	WEEKLY COMP 24	COMP	
pH	*****	*****	6.5	*****	*****	7.0	(12)	*****	0	5/7	
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	6.0 MIN.	*****	*****	9.0 MAXIMUM	SJ	*****	WEEK - GRAB DAYS	GRAB	
SOLIDS, TOTAL SUSPENDED	5378	*****	*****	*****	280	320	(19)	*****	0	1/7	
00530 G 0 0 RAW SEW/INFLUENT	REPORT 30 DAY AVG	*****	*****	*****	REPORT 30 DAY AVG	*****	MG/L	*****	WEEKLY COMP 24	COMP	
SOLIDS, TOTAL SUSPENDED	305	480	*****	*****	16	25	(19)	*****	0	1/7	
00530 1 0 0 EFFLUENT GROSS VALUE	690 30 DAY AVG	1035 WKLY AVG	*****	*****	30 30 DAY AVG	45 WKLY AVG	MG/L	*****	WEEKLY COMP 24	COMP	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	9.6	(19)	*****	1/ month	GRAB	
00610 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	REPORT MO MAX	MG/L	*****	ONCE/GRAB MONTH	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. & 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		TELEPHONE		789-9919		DATE		2000 04 08	
Wastewater Utility Superintendent		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		PHONE NUMBER		YEAR		MO DAY	
TYPED OR PRINTED		907		899		9919		2000		04 08	
COMMENT AND EXPLANATION OF ANY VIOLATIONS *CONCERNING VIOLATION- PLEASE SEE ATTACHED.											

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AK0022951
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MONITORING PERIOD			
YR	MO	DAY	TO
2000	03	01	31
YEAR	MO	DAY	DAY
2000	03	03	31

PARAMETER (32-37)	(3 Card Only) (46-53)		QUANTITY OF LOADING (54-61)		QUALITY OR CONCENTRATION (54-61)			(26-27)		(28-29)		(30-31)
	AVERAGE	MAXIMUM	UNITS	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (68-70)	(69-70)	
COLIFORM, FECAL MF, M-FC BROTH, 44.9C 31616 1 0 0	MEASUREMENT	PERMIT REQUIREMENT				10	49	(13) #	0	2/7		
EFFLUENT GROSS VALUE						200 MO GEO	400 WKLY GEO	100 ML	0	TWICE/GRAB WEEK		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT	PERMIT REQUIREMENT	2.3031	(3)					0	7/7		CONT
50050 1 0 0	MEASUREMENT	PERMIT REQUIREMENT	REPORT MO AVG	MGD						CONTINUOUSLY RECORDED		CONT
CHLORINE TOTAL RESIDUAL	MEASUREMENT	PERMIT REQUIREMENT				0.0000		(19)	0	5/7		CONT
50060 100	MEASUREMENT	PERMIT REQUIREMENT				0.002 MO AVG		MG/L	0	WEEK-GRAB DAYS		COMP
BOD, 5-DAY PERCENT REMOVAL	MEASUREMENT	PERMIT REQUIREMENT			96			(23)	0	1/ month ONCE/CAC/D MONTH		COMP
81010 K 0 0	MEASUREMENT	PERMIT REQUIREMENT			85 MO AVG			PERCENT	0	ONCE/CAC/D MONTH		COMP
PERCENT REMOVAL	MEASUREMENT	PERMIT REQUIREMENT			94			PERCENT	0	1/ month ONCE/CAC/D MONTH		GRAB
SOLIDS, SUSPENDED PERCENT REMOVAL	MEASUREMENT	PERMIT REQUIREMENT			85 MO AVG			PERCENT	0	ONCE/CAC/D MONTH		GRAB
81011 K 0 0	MEASUREMENT	PERMIT REQUIREMENT										
PERCENT REMOVAL	MEASUREMENT	PERMIT REQUIREMENT										

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NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
ANDREW BRONSON
Signature: *Andrew W. Bronson*
TELEPHONE: (907) 789-9919
DATE: 2000 04 08

Wastewater Utility Superintendent
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(REFERENCE ALL ATTACHMENTS HERE)

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS

PHONE NUMBER: 789-9919
YEAR: 2000
MO: 04
DAY: 08

AREA CODE
PHONE NUMBER
YEAR
MO
DAY

***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 DAYS/WEEK. A 0.0400 mg/l CALIBRATION STANDARD WAS USED.

EPA Form 3320-1 (08-95) Pre Previous editions may be used. 00434/681209 1904