

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

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
ATTN: Roger Hulse Mendenhall WWTP Supervisor

(2-16)

AK0022951
PERMIT NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

(17-19)

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
FROM	TO	YEAR	MO
2001	2001	2001	06
2001	2001	2001	06

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT REQUIREMENT	3616	*****	(26)	*****	*****	*****	*****	*****	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT REQUIREMENT	128.9	*****	(26)	*****	*****	*****	*****	*****	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
pH	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	6.5 MIN.	*****	*****	*****	*****	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	WEEK
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	WEEK
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	SAMPLE MEASUREMENT REQUIREMENT	3656	*****	(26)	*****	*****	*****	*****	*****	COMP 24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT REQUIREMENT	121.9	*****	(26)	*****	*****	*****	*****	*****	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT REQUIREMENT	1079 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1822 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
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 40 C.F.R. 194 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.)	PERMIT REQUIREMENT	1839 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	1839 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
Ernie Mueller	PERMIT REQUIREMENT	1839 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
Public Works Director	PERMIT REQUIREMENT	1839 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
TYPED OR PRINTED	PERMIT REQUIREMENT	1839 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT REQUIREMENT	1839 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
*CONCERNING VIOLATION- PLEASE SEE ATTACHED.	PERMIT REQUIREMENT	1839 NO.AVG	*****	LBS/DAY	*****	*****	*****	*****	*****	WEEKLY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)		AREA CODE	PHONE NUMBER	YEAR	MO	DATE	DAY			
		907	789-9919	2001	07	08				

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

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

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDEENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
LOCATION: MENDEENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTN: Roger Hulse WWTP Supervisor

(2-16)
AK0022951
PERMIT NUMBER

MONITORING PERIOD
FROM: 2001
TO: 2001

MONITORING PERIOD
YEAR: 2001
MO: 06
DAY: 01

Form Approved.
OMB No. 2040-0004
Approval Expires 05-31-98
001 A
DISCHARGE NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING (54-61)		QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (46-53)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (24-25)			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1.0.0	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	0	3/7	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	*****	0	7/7	CONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1.0.0	SAMPLE MEASUREMENT REQUIREMENT	1.8854	*****	*****	*****	*****	0	*****	CONT
EFFLUENT GROSS VALUE	REQUIREMENT	REPORT MO AVG	*****	*****	*****	*****	0	*****	CONT
CHLORINE TOTAL RESIDUAL 50060 100	SAMPLE MEASUREMENT REQUIREMENT	*****	0.082 DAILY MAX	*****	*****	*****	0	5/7	CONT
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	*****	0	*****	CONT
BOD, 5-DAY PERCENT REMOVAL 81010 K 0.0	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	0	1/month	COMP
PERCENT REMOVAL	REQUIREMENT	*****	*****	*****	*****	*****	0	1/month	COMP
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0.0	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	0	1/month	COMP
PERCENT REMOVAL	REQUIREMENT	*****	*****	*****	*****	*****	0	1/month	COMP
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	1	1/month	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	*****	1	1/month	COMP
LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	0	1/month	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	*****	0	1/month	COMP
SILVER TOTAL RECOVERABLE	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	0	1/month	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	*****	0	1/month	COMP
EFFLUENT GROSS VALUE REQUIREMENT ***** T.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 39 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 Ernie Mueller SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE) PUBLIC WORKS DIRECTOR TYPED OR PRINTED NAME OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE) OFFICER OR AUTHORIZED AGENT AREA CODE PHONE NUMBER YEAR MO DAY									

* THE EFFLUENTS C12 RESIDUAL WAS BELOW OUR EFFLUENT ANALYZERS DETECTABLE LEVEL.
* THE RECORDED AVERAGE C12 RESIDUAL WAS CALCULATED FROM GRAB SAMPLES COLLECTED 2/DAY 5 DAYS/WEEK. A 0.0400 mg/L CALIBRATION STANDARD WAS USED.

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PERMITTEE NAME/ADDRESS(Include Facility name/location if different)

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTHSEWARD,
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MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATT: Roger Hulse WWTP Supervisor

(2-16)
AK0022951
PERMIT NUMBER

MONITORING PERIOD			TO		
YR	MO	DAY	YR	MO	DAY
2001	06	01	2001	06	30

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)
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PARAMETER (32-37)	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING (54-61)		QUALITY OR CONCENTRATION (24-25)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	MINIMUM (38-45)	AVERAGE (46-53)			
ZINC	PERMIT	*****	*****	*****	*****	1	1/ month	COMP 24
TOTAL RECOVERABLE	PERMIT	*****	*****	*****	*****	0	1/ month	COMP 24
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/ month	COMP 24
HARDNESS, AS CaCO3	PERMIT	*****	*****	*****	*****	0	1/ month	COMP 24
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/ month	COMP 24
ALKALINITY AS CaCO3	PERMIT	*****	*****	*****	*****	0	1/ month	COMP 24
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	7/7	CONT
TURBIDITY	PERMIT	*****	*****	*****	*****	0	CONTINUOUSLY RECORDED	GRAB
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/quarter	COMP 24
DISSOLVED OXYGEN	PERMIT	*****	*****	*****	*****	0	1/quarter	COMP 24
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/quarter	COMP 24
TOXICITY, CERIODAPHNIA CHRONIC	PERMIT	*****	*****	*****	*****	0	1/quarter	COMP 24
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/quarter	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. (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: Ernie Mueller, Public Works Director

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 789-9919
AREA CODE: (907)
PHONE NUMBER: 789-9919
YEAR: 2001
MO: 07
DAY: 08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)
* 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.

