## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

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

(2-16)(SUB 01) F - FINAL MAJOR \*\*\* NO DISCHARGE EFFLUENT NOTE: Read instructions before completing this form. OMB No. 2040-0004 Approval Expires 05-31-98 Form Approved. (17-19)\*\*

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

FROM YR 2001 MONITORING PERIOD 7 2001 

PERMIT NUMBER AK0022951

DISCHARGE NUMBER 001 A

	months and 5 years.	onment of between t	or maximum imprisc	reliailles unuel tiese statutes may include lines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.	statutes may include t	(renames under mese	1010	0500000 81000		ITIVE OFFICER	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
	JN,	ALSE INFORMATIC	FOR SUBMITTING F	ACCORATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,	HAT THERE ARE SIGN	I THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INCOME THAT THERE ARE SIGNATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNATED THAT THE SIGNATURE ARE SIGNATURED THAT THE SIGNATURED THAT THE SIGNATURE ARE SIGNATURED THAT THE SIGN	CORATE AND COMP	RMATION IS TRUE, ACC	AND IMPRISONMENT SEE 18 II SC 1001 AND 33 II SC	_ ∑	FOR OBTAINING THE INFORMATION.  INCLUDING THE POSSIBILITY OF FINE
	ONCE/ MONTH		MG/L	DAILY MAX	MO AVG	***	LBS/DAY	100000	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	1/ month	0	(19)	18.0	18.0	****		mg/L		ENT	NITROGEN, AMMONIA TOTAL (AS N)
	WEEKLY		MG/L	WKLY AVG	MO AVG	****	LBS/DAY	WKLY AVG	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMP 24	1/7	0	(19)	10.0	7.5	* * * *	(26)	170.4	126.9	SAMPLE MEASUREMENT	SOLIDS, TOTAL SUSPENDED
	WEEKLY		MG/L	****	MO AVG	*****	LBS/DAY	****	MO AVG	REQUIREMENT	RAW SEW/INFLUENT
COMP 24	1/7	0	(19)	****	220	****	(26)	* * * *	3748	SAMPLE MEASUREMENT	SOLIDS, TOTAL SUSPENDED
	WEEK DAYS		SU	8.5 MAXIMUM	*****	MIN.	****	* * * * *	****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	5/7	0	(12)	7.2	****	6.5	** ** **	* * * *	** ** *	SAMPLE MEASUREMENT	pH
	WEEKLY Y		MG/L	WKLY AVG	30 MO AVG	*****	LBS/DAY	WKLY AVG	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMP 24	1/7	0	(19)	10.0	9.1	****	(26)	170.4	154.2	SAMPLE MEASUREMENT	BOD, 5-DAY (20 DEG. C)
	WEEKLY		MG/L	****	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	REQUIREMENT	RAW SEW/INFLUENT
COMP 24	2/7	0	(19)	* * * * *	210	****	(26)	** ** *	3578	SAMPLE MEASUREMENT	BOD, 5-DAY (20 DEG. C)
	WEEK DAYS		DEG.	REPORT WKLY AVG	REPORT MO AVG	*****	****	*****	****	REQUIREMENT	EFFLUENT GROSS VALUE
GRAB	5/7	0	(04)	17.3	16.2	** ** **	** ** **	****	** ** **	SAMPLE MEASUREMENT	TEMPERATURE, WATER DEG, CENTIGRADE
(69-70)	(64-68)	(62-63)	UNITS	MAXIMUM	AVERAGE	MINIMUM	UNITS	MAXIMUM	AVERAGE		
SAMPLE	FREQUENCY	No.	ATION	LITY OR CONCENTRATION	QUAL:	(4 Card Only))	OR LOADING	QUANTITY OR LOADING	(3 Card Only)) (46-53)		PARAMETER (32-37)
(30-31)	(28-29)	(26-27)		(24-25)	(22-23)	(20-21)					

TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS

\*CONCERNING VIOLATION- PLEASE SEE ATTACHED.

Ernie Mueller

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Public Works Director

OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)

IGNATURE OF PRINCIPAL EXECUTIVE

907 AREA

TELEPHONE

789 -9919

2001 YEAR

DATE

증 8

DAY 8

PHONE NUMBER

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

\*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. TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS Public Works Director Ernie Mueller EFFLUENT GROSS VALUE

REQUIRIMENT

\*\*\*\*\*\*

\*\*\*\*\*\*

\*\*\*\*\*\*

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PRESONALLY EXAMINATO AND AM FAMILIAR WITH

FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATIONLY STRUE ACCURATION OF FINE AND IMPRISONMENT. SEE-46 TO-SC-4001 AND 33 U.S.C-4-01 AND 34 U.S.C-4-01 AND 35 EFFLUENT GROSS VALUE
SILVER
TOTAL RECOVERABLE EFFLUENT GROSS VALUE TOTAL RECOVERABLE COPPER TOTAL RECOVERABLE PERCENT REMOVAL SOLIDS, SUSPENDED PERCENT REMOVAL PERCENT REMOVAL BOD, 5-DAY PERCENT REMOVAL 50060 100 EFFLUENT GROSS VALUE CHLORINE TOTAL RESIDUAL FLOW, IN CONDUIT OR THRU TREATMENT PLANT COLIFORM, FECAL MF, M-FC BROTH, 44.5C PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NAME: EFFLUENT GROSS VALUE FFLUENT GROSS VALUE LOCATION FACILITY: **ADDRESS** PARAMETER (32-37)JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA REQUIREMENT SAMPLE MEASUREMENT JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT PERMIT REQUIREMENT SAMPLE PERMIT REQUIREMENT SAMPLE SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT Roger Hulse Mendenhall WWTP Supervisor 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT MEASUREMENT MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT (46-53) AVERAGE (3 Card Only)) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* REPORT MO AVG \*\*\*\*\* 2.0429 OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE) 0.082 DAILY MAX SIGNATURE OF PRINCIPAL EXECUTIVE \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* MAXIMUM \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* QUANTITY OR LOADING 0.03 (54-61)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* FROM SLINO ΜGD <u>ධ</u> (4 Card Only)) \*\*\*\*\* MO AVG. (38-45) MINIMUM \*\*\*\*\* 85 Mo avg. \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ΥR 2001 (20-21)PERMIT NUMBER AK0022951 96 5.5 MO AVG. 0.790 8.36 MO AVG. 0.720 0.04 MO AVG. \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 200 MO GEO \*\*\*\* 8.900 (907) (22-23) AREA CODE 의종 0,0110 QUALITY OR CONCENTRATION 11 DAILY MAX 0.790 20.1 DAILY MAX 0.720 400 WKLY GEO \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* MAXIMUM 8.900 요 PHONE NUMBER 789 -9919 0 MONITORING PERIOD (54-61)EFFLUENT MAJOR NOTE: Read instructions before completing this form. \*\*\* NO DISCHARGE F - FINAL (SUB 01) PERCENT \*\*\*\* \*\*\*\* PERCENT #/100MLug/L ug/ MG/L (23)(19) 7 (23)(13)ment of between 6 months and 5 y 2001 YEAR 2001 No. YEAR 0 0 0 0 c Form Approved. OMB No. 2040-0004 Approval Expires 05-31-98 CONTINUOSLY CONTINUOSLY RECORDED THREE TIMES/ WEEK OF ANALYSIS FREQUENCY 1/ month GNCE/ MONTH 1/ month ONCE/ MONTH 1/ month ONCE/ MONTH 1/ month ONCE/ MONTH 1/ month QNCE/ MONTH (28-29)증 5/7 7/7 3/7 8 98 DISCHARGE NUMBER 001 A \*\* CACTO (30-31) SAMPLE COMP 24 COMP 24 COMP 24 CACID GRAB COMP (69-70) TYPE GRAB DAY 8 CONT 8 綗퇗

EPA Form 3320-1 (08-95) Previ Previous editions may be used

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

00434/981209 1904

PAGE 2 OF 3

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

TYPED OR PRINTED

OFFICER OR AUTHORIZED AGENT

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. Ernie Mueller DISSOLVED OXIGEN Public Works Director NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TURBIDITY GROSS VALUE AS CaCO<sub>3</sub> ALKALINITY FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SET IS U EFFLUENT GROSS VALUE CERIODAPHNIA CHRONIC EFFLUENT GROSS VALUE TOXICITY, AS CaCO<sub>3</sub> EFFLUENT GROSS VALUE HARDNESS, EFFLUENT GROSS VALUE TOTAL RECOVERABLE NAME: PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED LOCATION FACILITY: ADDRESS: PARAMETER MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MEASUREMENT PERMIT MEASUREMENT PERMIT Roger Hulse Mendenhall WWTP Supervisor JUNEAU, ALASKA 99801 155 SOUTH SEWARD, MENDENHALL TREATMENT PLANT REQUIREMENT SAMPLE REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE JUNEAU, CITY AND BOROUGH OF REQUIREMENT SAMPLE REQUIREMENT MEASUREMENT REQUIREMENT SAMPLE REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT PERMIT SAMPLE PERMIT PERMIT SAMPLE PERMIT PERMIT SAMPLE (3 Card Only)) (46-53) AVERAGE \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* AND AM FAMILIAR WIT ORMATION STRUE, 1001 AND SIGNATURE OF PRINCIPAL EXECUTIVE \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MAXIMUM QUANTITY OR LOADING THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, 8 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 m \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* FROM SLIND (4 Card Only)) (38-45) MINIMUM \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* 2001 (20-21) ⋨ AK0022951
PERMIT NUMBER \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MO AVG. (46-53) AVERAGE (907) AREA CODE \*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\* 23.000 71.4 (22-23) 9|3 (24-25)
QUALITY OR CONCENTRATION MAXMUM 0.01 TELEPHONE QUARTERLY DAILY MAX 96,00 MONTHLY 7.073 REPORT MAX MONTHLY ATHINOW MAXIMUM REPORT 149.000 REPORT REPORT 23,000 잂 DAY 140.00 789 -9919 7.8 MONITORING PERIOD **EFFLUENT** F - FINAL (SUB 01) NOTE: Read instructions before completing this form. \*\*\* NO DISCHARGE MAJOR SLINO MG/I 겆 MG/L MG/I OLN ug/l 5 nment of between 6 mor 2001 (62-63) 0 2001 ΥEAR No. (26-27 Æ 0 OMB No. 2040-0004 Form Approved. Approval Expires 05-31-98 (28-29)
FREQUENCY
OF ANALYSIS CONTINUOSL RECORDED QUARTER 1/quarter ONCE/ 1/ month GNCE/ TWICE/ MONTH 7/7 1/ month ONCE/ MONTH 1/ month HONTH YEAR (64-68) DATE ₹ 8 07 **001 A**DISCHARGE NUMBER \*\* (69-70) COMP 24 (30-31) SAMPLE TYPE COMP 24 COMP 24 COMP 24 DAY CONT GRAB 8 DΑΥ 21

ZINC

Ä