

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
 ATT: Roger Hulse Plant Supervisor

(2-19)
 AK0022951
 PERMIT NUMBER

(17-19)
 001 A
 DISCHARGE NUMBER

MONITORING PERIOD			
FROM	TO	YEAR	DAY
2001	2001	2001	30

PARAMETER (62-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (64-81)			QUALITY OR CONCENTRATION (64-81)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (65-70)
		AVERAGE (66-63)	MAXIMUM	UNITS	MINIMUM (68-45)	AVERAGE (46-43)	MAXIMUM				UNITS
TEMPERATURE, WATER DEG. CENTIGRADE	PERMIT	.....	.....	.....	.....	.....	.....	.....	.....	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	4176	.....	(26)	.....	.....	(19)	0	WEEKLY DAYS	COMP 24
BOD, 5-DAY (20 DEG. C) RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	.....	LBS/DAY	.....	.....	MGL	0	WEEKLY	COMP 24
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	1228 MO AVG	1839 WTKLY AVG	LBS/DAY	.....	.....	MGL	0	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3248	.....	(26)	.....	.....	SU	0	WEEKLY DAYS	COMP 24
SOLIDS, TOTAL SUSPENDED RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	.....	LBS/DAY	.....	.....	MGL	0	WEEKLY	COMP 24
NITROGEN, AMMONIA	SAMPLE MEASUREMENT PERMIT REQUIREMENT	163.2	226.9	(26)	.....	.....	MGL	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	1839 WTKLY AVG	LBS/DAY	.....	.....	MGL	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1079 MO AVG	1622 DAILY MAX	LBS/DAY	.....	.....	MGL	0	ONCE/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. (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: [Signature]

TELEPHONE: 789-9919

DATE: 2001 12 08

AREA CODE: 907

PHONE NUMBER: 789-9919

YEAR: 2001

MO: 12

DAY: 08

COMMENTS: TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS CONCERNING VIOLATION - PLEASE SEE ATTACHED.

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.

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ATT: Roger Hulse Plant Supervisor

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PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)				MAXIMUM (54-61)
COLIFORM, FECAL MF. M-F-C BROTH, 445C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	.....	.....	0	3/7	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1.00 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2.0771	.....	(3)	.....	0	THREE TIMES WEEK	CONT
CHLORINE TOTAL 50090 100 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	0.03	.....	.....	0	5/7	CONT
BOD, 5-DAY PERCENT REMOVAL 81010 K 0.0 PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	0.082	.....	.....	0	CONTINUOUSLY RECORDED	COMP
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0.0 PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	.....	.....	0	1/ month	CACTD
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	.....	.....	1	1/ month	COMP 24
EFFLUENT GROSS VALUE LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	.....	.....	.....	.....	0	1/ month	COMP 24
EFFLUENT GROSS VALUE SILVER TOTAL RECOVERABLE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0	1/ month	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0	1/ month	COMP 24

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Ernie Mueller
Public Works Director
SIGNATURE OF PRINCIPAL EXECUTIVE: _____
OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE): _____
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS: _____

AREA CODE: (907)
PHONE NUMBER: 789-9919
YEAR: 2001
MO: 12
DAY: 08

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ATT: Roger Hulse Plant Supervisor

(2-18)
AK0022951
PERMIT NUMBER

MONITORING PERIOD	FROM	TO
YR	2001	2001
MO	11	01
DAY		

MONITORING PERIOD	YEAR	MO	DAY
	2001	11	30

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OMB No. 2040-0004
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PARAMETER (32-37)	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING (4-61)		QUALITY OR CONCENTRATION (5-51)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (47-50)	MINIMUM (38-45)	AVERAGE (46-53)				MAXIMUM (47-50)	UNITS (64-61)
ZINC	PERMIT	*****	*****	*****	*****	0	1/month	COMP 24
TOTAL RECOVERABLE	PERMIT	*****	*****	*****	*****	0	1/month	COMP 24
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	*****	*****	0	1/month	COMP 24
HARDNESS, AS CaCO ₃	PERMIT	*****	*****	*****	*****	0	1/month	COMP 24
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/month	COMP 24
ALKALINITY AS CaCO ₃	PERMIT	*****	*****	*****	*****	0	1/month	COMP 24
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/month	COMP 24
TURBIDITY	SAMPLE	*****	*****	*****	*****	0	1/month	CONT
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/month	CONT
DISSOLVED OXYGEN	SAMPLE	*****	*****	*****	*****	0	1/quarter	GRAB
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/quarter	GRAB
TOXICITY, CERADOPHNA CHRONIC	PERMIT	*****	*****	*****	*****	0	1/quarter	GRAB
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/quarter	GRAB
RECEIVING WATERS	PERMIT	*****	*****	*****	*****	0	1/quarter	GRAB
DILUTION	PERMIT	*****	*****	*****	*****	0	1/quarter	GRAB
EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	0	1/quarter	GRAB

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Ernie Mueller
Public Works Director
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
AREA CODE (907) 789-9919
PHONE NUMBER 789-9919
YEAR 2001
MO 12
DATE 08

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