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

REVISED

IAJOR	Form Approved.
SUB 01)	OMB No. 2040-0004
- FINAL	Approval Expires 05-31-98
FFLUENT	
** NO DISCHARGE	***
OTE: Read instructions b	efore 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:	SCOTT JEFFERS, WW UTILITIES SUPT

AK00: PERMIT				_	001 A DISCHARGE NUMBER				
		· · · · · · · · · · · · · · · · · · ·	ONITORING PE	ZION					
YR	MO	DAY	JAN ORANG I E	YEAR	MO	DAY			
2003	7	01	то	2003	7	31			

PARAMETER		QUANTITY OR LOADING			QUAL	ITY OR CONCEN	TRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
EMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.1	17.7	(04)	0	5/7	
00010 1 0 0	PERMIT					REPORT	REPORT	DEG.		WEEK	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	****	*****	*****	*****	MO AVG	DAILY MAX	°C		DAYS	
BOD, 5-DAY 20 DEG. C)	SAMPLE MEASUREMENT	3992	6021	(26)	*****	260	384	(19)	0	1/7	
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24
RAW SEW/INFLOENT BOD, 5-DAY 20 DEG. C)	SAMPLE MEASUREMENT	266.5	*****	(26)	*****	17.0	*****	(10)	0	1/7	
20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839 WKLY AVG	****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
BOD, 5-DAY 20 DEG. C)	SAMPLE MEASUREMENT	182.3	266.5	(26)	*****	11.9	17.0	(19)	0	1/7	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		WEEKLY	COMP 24
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	(12)	0	5/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	*****	6.5 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	GRAB
LKALINITY S CaCO3	SAMPLE MEASUREMENT	*****	*****	****	*****	157.0	157.0	(19)	0	1/ month	
0425 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SOLIDS, TOTAL	SAMPLE MEASUREMENT	2812.1	3404.7	(26)	*****	180.4	215.0	(19)	0 .	1/7	
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24
I CERTIFY UNDER PENALTY OF LAW THOO OBTAINING THE INFORMATION. NCLUDING THE POSSIBILITY OF FINE NAME/TITLE PRINCIPAL EXECUTY	I BELIEVE THE SUBMITTE AND IMPRISONMENT, SEE	D INFORMATION IS T	RUE, ACCURATE AND	COMPLETE. I AM AWA	RE THAT THERE ARE	SIGNIFICANT PENALT	E INDIVIDUALS IMMEDIA TIES FOR SUBMITTING es up to \$10,000 and or TELEPHONE	FALSE INFORMATION	Ļ	hs and 5 years.  DATE	10.
COTT JEFFERS		2 /2 m	#154/1P	V-		907	586-	0393	2003	A 7	08.
WW UTILITY SUPERINTENDE				PRINCIPAL EXEC		AREA CODE	PHONE N	JMBER	YEAR	MO	DAY
TYPED OR PRIF COMMENT AND EXPLANATIO CONCERNING VIOLATION- P	N OF ANY VIOLATIO			ALL ATTACHMEN		ODE	FHOREN	OMBEN	, can		<u> </u>

EPA Form 3320-1 (08-95) Previous Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

FROM

00434/981209 1904

PAGE 1 OF 4

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

JUNEAU, CITY AND BOROUGH OF

MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD,

JUNEAU, ALASKA 99801

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

NAME:

ADDRESS:

REVISED

AK0022951

PERMIT NUMBER

MAJOR (SUB 01) F - FINAL

OMB No. 2040-0004

Form Approved

Approval Expires 05-31-98

**EFFLUENT** \*\*\* NO DISCHARGE

MONITORING PERIOD

001 A

DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 DAY 01 YEAR 2003 DAY 31 FACILITY: YR 2003 MO MO FROM LOCATION SCOTT JEFFERS, WW UTILITIES SUPT PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE EX OF ANALYSIS TYPE MAXIMUM MINIMUM AVERAGE MAXIMUM UNITS UNITS **AVERAGE** SOLIDS, TOTAL SAMPLE 12.00 (19) ō 1/7 MEASUREMENT SUSPENDED 00530 W 0 0 1839 45 WEEKLY COMP 24 WKLY AVG 143.9 LBS/DAY WKLY AVG SEE COMMENTS BELOW REQUIREMENT MG/L 12.0 1/7 216.2 9.16 (19) 0 SOLIDS, TOTAL SAMPLE (26)SUSPENDED MEASUREMENT WEEKLY COMP 24 1226 2452 60 30 00530 1 0 0 PERMIT EFFLUENT GROSS VALUE MOAVG DAILY MAX REQUIREMENT MO AVG DAILY MAX LBS/DAY MG/L NITROGEN, AMMONIA 36.0 (19) 1/ month TOTAL (AS N) MEASUREMENT \*\*\*\*\* ONCE/ 00610 1 00 PERMIT 1079 1622 26.4 39.7 COMP 24 DAILY MAX 0.89 EFFLUENT GROSS VALUE SILVER REQUIREMENT MO AVG 0.013 DAILY MAX BS/DAY (26) MO AVG 0.89 MG/L (28) MONTH \*\*\*\*\* TOTAL RECOVERABLE MEASUREMENT 1/ month 0.036 0.072 0.87 1.75 ONCE/ COMP 24 01079 1 0 0 PERMIT EFFLUENT GROSS VALUE AILY MA BS/DAY DAILY MAX 29.0 MONTH REQUIREMENT NO AVG ug/L (28) 0 SAMPLE 0.43 0.43 (26) 29.0 TOTAL RECOVERABLE \*\*\*\*\* 1/ month MEASUREMENT 01094 1 0 0 EFFLUENT GROSS VALUE COMP 24 6.00 71 4 149 0 2 92 MO AVG DAILY MAX LBS/DAY MO AVG DAILY MAX MONTH REQUIREMENT ug/L 1.3 (28) 0 SAMPLE TOTAL RECOVERABLE 01114 1 0 0 MEASUREMENT PERMIT 1/ month 0.225 0.450 5.5 11 0 COMP 24 DAILY MAX MO AVG 0.220 LBS/DAY MO AVG ug/L (28) MONTH. **EFFLUENT GROSS VALUE** REQUIREMENT DAILY MAX 15.00 15.00 COPPER SAMPLE 0.220 (26)MEASUREMENT TOTAL RECOVERABLE 1/ month ONCE/ COMP 24 0.342 0.858 01119100 PERMIT **EFFLUENT GROSS VALUE** REQUIREMENT MO AVG DAILY MAX LBS/DAY MO AVG. DAILY MAX ug/L MONTH 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 INDIMIDUALS 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.G. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of beto DATE SIGNATURE OF PRINCIPAL EXECUTIVE TELEPHONE X St NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 2003 (907) WW UTILITY SUPERINTENDENT AREA OFFIGER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE) CODE PHONE NUMBER YEAR DAY TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS
\*CONCERNING VIOLATION- PLEASE SEE ATTACHED.

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

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

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

# REVISED

FROM

MAJOR Form Approved.
(SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires 05-31-91
EFFLUENT
\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form.

Approval Expires 05-31-98

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

NAME: ADDRESS: JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 SCOTT JEFFERS, WW UTILITIES SUPT

FACILITY: LOCATION: ATT:

AK0022951 PERMIT NUMBER

001 A DISCHARGE NUMBER

MONITORING PERIOD DAY 01 DAY 31 MO 7 MO 7

PARAMETER (32-37)			ANTITY OR LOAI			TY OR CONCEN		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			<u> </u>
COLIFORM, FECAL MF,	SAMPLE			<u> </u>	•	22.7		(13)	0	3/7	
∕I-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****		*****	4		<del> </del>	
1616 W 0 0	PERMIT			1		400				THREE TIMES/	GRAB
EE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	****	#/100ML		WEEK	
OLIFORM, FECAL MF,	SAMPLE	*****	*****	*****	*****	9.4	30.0	(13)	0	3/7	
I-FC BROTH, 44.5C	MEASUREMENT	*****	*****	******	*****			4			
1616 1 0 0	PERMIT		*****	*****	*****	200	400			THREE TIMES/	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	*****			*****	MO GEO	DAILY MAX	#/100ML		WEEK	
LOW, IN CONDUIT OR	SAMPLE	1.8517	2.1600	(03)	*****	*****	*****	*****	0	7/7	
HRU TREATMENT PLANT	MEASUREMENT				*****	*****	******				
50050 P 0 0	PERMIT	REPORT	REPORT					*****		CONTINUOSLY	RECORDED
FFI UENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****			677	00117
CHLORINE TOTAL	SAMPLE		0.3603	(26)	******	*****	0.02	(19)	0	5/7	CONT
RESIDUAL	MEASUREMENT	*****			*****	*****				<u> </u>	
0060 1 0 0	PERMIT		1.635			*****	0.04			WEEK	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	*****	DAILY MAX	LBS/DAY	*****	*****	DAILY MAX	MG/L		DAYS	
FFLUENT DILUTION	SAMPLE		*****	*****	919.8	*****	*****	(23)	0		
ATIO	MEASUREMENT	*****	*****	*****		*****	*****	4		7/7	
8480 1 0 0	PERMIT	*****	*****	*****	10	*****	*****			DAILY	CACTD
FFLUENT GROSS VALUE	REQUIREMENT	******	XXXXX	*****	MINIMUM	*****	*****	PERCENT			
BOD, 5-DAY PERCENT	SAMPLE		*****	*****	95.4	*****	*****	(23)	0	l	
REMOVAL	MEASUREMENT	*****	*****	*****		*****	*****			1/ month	
1010 K 0 0	PERMIT	*****	*****	*****	85	*****	****	DEDOCATE		ONCE/ MONTH	CACTD
ERCENT REMOVAL	REQUIREMENT	******	******	******	MN % RMV			PERCENT	0	WONTH	<del> </del>
OLIDS, SUSPENDED	SAMPLE	*****	*****	*****	94.9	*****	*****	(23)	U	1/ month	
ERCENT REMOVAL	MEASUREMENT	*****		******	85			1 1		ONCE/	CACTD
1011 K 0 0	PERMIT	*****	*****	*****		*****	*****	PERCENT		MONTH	CACID
ERCENT REMOVAL	REQUIREMENT			L	MN % RMV		L			INONIA	L
CERTIFY UNDER PENALTY OF LAW TH											
OR OBTAINING THE INFORMATION.				COMPLETE. I AM AW							
ICLUDING THE POSSIBILITY OF FINE		18 U.S.C. 1001 AND 33			(Penalties under these	statutes may include tin	TELEPHONE	r maximum imprisonment	or netween 6 mont	DATE (	
AME/TITLE PRINCIPAL EXECUTIV	VE OFFICER	KS		ns		(907)		.0393	2003	- DAYE C)	W-
COTT JEFFERS		X J	SIGNATURE OF	DDINGIDAL EVE	CUTIVE	AREA	586-	0393	2003	<del>  /\  /- /-</del>	<del>  /\</del>
W UTILITY SUPERINTENDE						CODE	DUC	ONE NUMBER	YEAR	Mo	DAY
TYPED OR PRI		NO		AUTHORIZED A		CODE	PHO	THE NUMBER	ICAR	INO	DAI
MMENT AND EXPLANATIO			(KEFERENCE A	ALL ATTACHMEN	IIS HERE)						
ONCERNING VIOLATION- P	LEASE SEE ATTACH	IED.									

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# REVISED

MAJOR (SUB 01) F - FINAL EFFLUENT
\*\*\* NO DISCHARGE
NOTE: Read instruction Form Approved. OMB No. 2040-0004 Approval Expires 05-31-98

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

JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, NAME: ADDRESS: JUNEAU, ALASKA 99801 FACILITY: LOCATION:

AK0022951 PERMIT NUMBER

001 A DISCHARGE NUMBER

MONITORING PERIOD MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 SCOTT JEFFERS, WW UTILITIES SUPT YR 2003 DAY 01 MO MO

(32-37)	\	QUALITY ON CONCENTRATION							EX OF ANALYSIS		TYPE
(,		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
TURBIDITY, LAB	SAMPLE					9.2684	11.9	(43)	0	7/7	
NTU	MEASUREMENT	*****	*****	*****	*****						
82079 1 0 0	PERMIT			İ		REPORT	REPORT	1		CONTINUOSLY	RECORDED
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	NTU			
HARDNESS,	SAMPLE					49.00	49.00	(19)	0		
AS CaCO3	MEASUREMENT	*****	*****	*****	*****			]		1/ month	
82394 1 0 0	PERMIT					REPORT	REPORT	ļ	1	ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	****	****	*****	****	MQ AVG	DAILY MAX	MG/L		MONTH	
DISSOLVED OXYGEN	SAMPLE				5.6	7.8	11.8	(19)	0		
	MEASUREMENT	*****	*****	*****				1		1/quarter	
00300	PERMIT				REPORT	REPORT	REPORT			ONCE/	
EFFLUENT GROSS VALUE	REQUIREMENT	****	*****	*****	MINIMUM	MO AVG	DAILY MAX	MG/L		QUARTER	
TOXICITY,	SAMPLE						3.3	(73)	0		
CERIODAPHNIA CHRONIC	MEASUREMENT	*****	*****	*****	*****	*****	L				
61406	PERMIT						10.0		l	TWICE/	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	****	****	*****	*****	MAXIMUM	TUC		YEAR	
	SAMPLE						1				
	MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT										
	REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	SAMPLE										
	MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT							1			
	REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	****	*****
	SAMPLE							İ			
	MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT										
	REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
I CERTIFY UNDER PENALTY OF LAW TH											
FOR OBTAINING THE INFORMATION.				_ //							
INCLUDING THE POSSIBILITY OF FINE		18 U.S.C. 1001 AND 33	10.5.C. & 1319.	1-11-	(Penalties under these	statutes may include fin	es up to \$10,000 and or	meximum Imprisonmen	t of between 6 month		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			D/IDA	2		TELEPHONE			DATE G	×2	
SCOTT JEFFERS		-	( the	V   1 / 1/2		(907)	586-	0393	2003	<b>X</b> /	98.2
WW UTILITY SUPERINTENDE		,		PRINCIPAL EXEC		AREA				''	
TYPED OR PRINTED			OFFICER/OR	ÁUTHOÆIZED AG	SENT	CODE	PHONE NUMBER YEAR MO			DAY	

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS
GONGERNING VIOLATION-PLEASE SEE ATTACHED.

OFFICER/OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)

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