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

MAJOR (SUB 01) F - FINAL Form Approved.

OMB No. 2040-0004 Approval Expires 05-31-98 *** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

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:

AKO	22951
PERMIT	NUMBER

FROM

001 A DISCHARGE NUMBER

		M	ONITORING PER	IOD		
YR	MO	DAY		YEAR	MO	DAY
2003	8	01	то	2003	8	31

PARAMETER	×/	QUANTITY OR LOADING QUALITY OR CONCENTRATION							NO. EX	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
EMPERATURE, WATER	SAMPLE				\ <u></u>	17.4	18.2	(04)	0	5/7	
EG, CENTIGRADE	MEASUREMENT	*****	*****	*****	*****						
0010 1 0 0	PERMIT					REPORT	REPORT	DEG.		WEEK	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	****	*****	*****	****	MO AVG	DAILY MAX	°C	l	DAYS	
OD, 5-DAY	SAMPLE	3802	4772	(26)		253	311	(19)	0	1/7	
0 DEG. C)	MEASUREMENT				*****						
0310 G 0 0	PERMIT	REPORT	REPORT		· ·	REPORT	REPORT		ŀ	WEEKLY	COMP 24
AW SEW/INFLUENT	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	****	MO AVG	DAILY MAX	MG/L			
OD, 5-DAY	BAMPLE	166.0		(26)		11.0		(19)	0	1/7	
0 DEG. C)	MEASUREMENT		*****		*****		*****		<u> </u>		
310 W 0 0	PERMIT	1839				45				WEEKLY	COMP 24
E COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	****	WKLY AVG	*****	MG/L			
OD, 5-DAY	SAMPLE	120.3	166.0	(26)		8.0	11.0	(19)	0	1/7	
0 DEG. C)	MEASUREMENT				*****						
0310 1 0 0	PERMIT	1226	2452			30	60			WEEKLY	COMP 24
FLUENT GROSS VALUE	REQUIREMENT	MO AVC	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
1	SAMPLE				6.5		7.0	(12)	0	5/7	
	MEASUREMENT	*****	*****	*****		*****					
0400 1 0 0	PERMIT				6.5		8.5			WEEK	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	*****	****	*****	MIN.	*****	MAXIMUM	SU		DAYS	
KALINITY	SAMPLE					144.0	144.0	(19)	0		
CaCO3	MEASUREMENT	*****	****	*****	*****					1/ month	
425 1 0 0	PERMIT					REPORT	REPORT			ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	****	MO AVG	DAILY MAX	MG/L		MONTH	
OLIDS, TOTAL	SAMPLE	3581.6	4256.9	(26)		238.3	282.0	(19)	0	1/7	
USPENDED	MEASUREMENT				*****						
0530 G 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT		1	WEEKLY	COMP 24
AW SEW/INFLUENT	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	<u> </u>	<u> </u>	
CERTIFY UNDER PENALTY OF LAW TH	AT I HAVE PERSONALLY E	XAMINED AND AM FAMI	LIAR WITH THE INFORM	MATION SUBMITTED HE	REIN: AND BASED ON	MY INQUIRY OF THOS	E INDIVIDUALS IMMEDIA	TELY RESPONSIBLE			
R OBTAINING THE INFORMATION.											
CLUDING THE POSSIBILITY OF FINE	AND IMPRISONMENT. SEE	18 U.S.C. 1001 AND 33	U.S.C. & (319.	1	(Penalties under these	statutes may include fin	es up to \$10,000 and or i	naximum imprisonmer	t of between 6 month		
ME/TITLE PRINCIPAL EXECUTIVE	/E OFFICER	·	$\sim 10^{-3}$	11/11/			TELEPHONE			DATE	
OTT JEFFERS		-	200	1700		907	586-0	393	2003	9	9
W UTILITY SUPERINTENDE			SIGNATURE OF			AREA					
TYPED OR PRI				AUTHORIZED AG		CODE	PHONE NU	IMBER	YEAR	MO	DAY
MMENT AND EXPLANATIO	N OF ANY VIOLATIC	NS	(REFERENCE A	LL ATTACHMEN	TS HERE)						
ONCERNING VIOLATION- P	LEASE SEE ATTACI	HED.									

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

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

MAJOR Form Approved.
OMB No. 2040-0004 MAJOR Form Approved.

(SUB 01) OMB No. 2040-0004

F - FINAL Approval Expires 05-31-98

EFFLUENT

*** NO DISCHARGE

NOTE: Read instructions before completing this form. Approval Expires 05-31-98

NAME: ADDRESS:	155 SOUTH SEWARD,					22951 NUMBER]			DISCHARGE	
	JUNEAU, ALASKA	•					M	ONITORING PER	RIOD		
FACILITY:	MENDENHALL VAI		REA		YR	MO	DAY		YEAR	MO	DAY
LOCATION:	JUNEAU, ALASKA			FROM	2003	8	01	то	2003	8	31
ATT:	SCOTT JEFFERS,	WW UTILITIES S	UPT								
PARAMETER		QU	ANTITY OR LOAI	DING	QUAL	ITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
SOLIDS, TOTAL	SAMPLE	166.0		(26)		m =9.30		(19)	0	1/7	

PARAMETER		QUANTITY OR LOADING			QUAL	ITY OR CONCEN	TRATION	NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL	SAMPLE	166.0		(26)		D) 11.0		(19)	0	1/7	
USPENDED	MEASUREMENT		*****		*****		*****				
0530 W 0 0	PERMIT	1839				45				WEEKLY	COMP 24
EE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L			
SOLIDS, TOTAL	SAMPLE	139.8	166.0	(26)		9.30	11.0	(19)	0	1/7	
USPENDED	MEASUREMENT				*****						
0530 1 0 0	PERMIT	1226	2452			30	60			WEEKLY	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	· · · · · · · · · · · · · · · · · · ·		
ITROGEN, AMMONIA	SAMPLE	483.5	483.5	(26)		31.0	31.0	(10)	1	1/ month	
OTAL (AS N)	MEASUREMENT				*****						
0610 1 00	PERMIT	1079	1622			26.4	39.7			ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	****	MO AVG	DAILY MAX	MG/L		MONTH	
ILVER	SAMPLE	0.017	0.017	(26)		1.08	1.08	(28)	1		
OTAL RECOVERABLE	MEASUREMENT				*****					1/ month	
1079 1 0 0	PERMIT	0.036	0.072			0.87	1.75			ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	******	MO AVG.	DAILY MAX	ug/L		MONTH	
INC	SAMPLE	0.56	0.56	(26)		36.0	36.0	(28)	0		
OTAL RECOVERABLE	MEASUREMENT				*****					1/ month	
1094 1 0 0	PERMIT	2.92	6.09			71.4	149.0			ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG.	DAILY MAX	ug/L		MONTH	
EAD	SAMPLE	0.014	0.014	(26)		0.9	0.9	(28)	0	1	
OTAL RECOVERABLE	MEASUREMENT			, ,	*****					1/ month	
1114 1 0 0	PERMIT	0.225	0.450	1		5.5	11,0			ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG.	DAILY MAX	ug/L		MONTH	
OPPER	SAMPLE	0.187	0.187	(26)		12.00	12.00	(28)	1		
OTAL RECOVERABLE	MEASUREMENT			, ,	*****					1/ month	
1119 1 0 0	PERMIT	0.342	0.858			8.36	20.1			ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG.	DAILY MAX	ug/L		MONTH	
CERTIFY UNDER PENALTY OF LAW THOR OBTAINING THE INFORMATION.	I BELIEVE THE SUBMITTE	D INFORMATION IS T	RUE, ACCURATE AND	COMPLETE. I AM AWA	ARE THAT THERE ARE	NMY INQUIRY OF THOS SIGNIFICANT PENALT statutes may include fin	TES FOR SUBMITTING as up to \$10,000 and or	FALSE INFORMATION,	of between 6 month		
IAME/TITLE PRINCIPAL EXECUTIV	VE OFFICER	0	No // L	20 1			TELEPHONE			DATE	
COTT JEFFERS		100	30	/ Y/F		(907)	586-0	0393	2003	9	9
W UTILITY SUPERINTENDE				PRINCIPAL EXEC		AREA					5
TYPED OR PRI				AUTHORIZED AC		CODE	PHO	NE NUMBER	YEAR	MO	DAY
OMMENT AND EXPLANATION CONCERNING VIOLATION- P			(REFERENCE A	LL ATTACHMENT	S HERE)						
PA Form 3320-1 (08-95) Previous		Laad	(REPLACES EPA F	ODM T 40 MUNCU N	ANN NOT BE LICED		00434/981209 1904	1			PAGE 2 OF 4

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

MAJOR (SUB 01) Form Approved. OMB No. 2040-0004 Approval Expires 05-31-98

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 MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, ADDRESS: 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 MO 8 TΟ

PARAMETER (32-37)					QUAL	TY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF,	SAMPLE					6.1		(13)	0	3/7	
M-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****		*****			1	
31616 W 0 0	PERMIT			1		400				THREE TIMES/	GRAB
SEE COMMENTS BELOW	REQUIREMENT	*****	****	*****	*****	WKLY GEO	*****	#/100ML		WEEK	
COLIFORM, FECAL MF.	SAMPLE					4.5	23.0	(13)	0	3/7	
M-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****						
31616 1 0 0	PERMIT					200	400	1		THREE TIMES/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	#/100ML		WEEK	
FLOW, IN CONDUIT OR	SAMPLE	1.8879	2.0500	(03)					0	7/7	
THRU TREATMENT PLANT	MEASUREMENT				*****	*****	*****	*****			
50050 P 0 0	PERMIT	REPORT	REPORT		l					CONTINUOSLY	RECORDED
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	****	*****	*****	*****			
CHLORINE TOTAL	SAMPLE		0.3419	(26)	l		0.02	(19)	0	5/7	CONT
RESIDUAL	MEASUREMENT	*****			*****	*****		<u> </u>			
50060 1 0 0	PERMIT		1.635				0.04			WEEK	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	DAILY MAX	LBS/DAY	******	*****	DAILY MAX	MG/L		DAYS	
EFFLUENT DILUTION	SAMPLE				704.2			(23)	0		
RATIO	MEASUREMENT	*****	*****	*****		*****	*****	1		7/7	
78480 1 0 0	PERMIT				10					DAILY	CACTD
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MINIMUM	*****	****	PERCENT			
BOD, 5-DAY PERCENT	SAMPLE				96.8			(23)	0	İ	
REMOVAL	MEASUREMENT	*****	*****	*****		*****	*****			1/ month	
81010 K 0 0	PERMIT				85			1		ONGE/	CACTO
PERCENT REMOVAL	REQUIREMENT	*****	****	*****	MN % RMV_	*****	*****	PERCENT		MONTH	
SOLIDS, SUSPENDED	SAMPLE				96.1			(23)	0		
PERCENT REMOVAL	MEAGUREMENT	*****	*****	*****		*****	*****	1		1/ month	
81011 K 0 0	PERMIT				85					ONCE/	CACTD
PERCENT REMOVAL	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTH	L
I CERTIFY UNDER PENALTY OF LAW TO	HAT I HAVE PERSONALLY E	XAMINED AND AM FAM	ILIAR WITH THE INFOR	MATION SUBMITTED H	EREIN: AND BASED ON	MY INQUIRY OF THOS	E INDIVIDUALS IMMED	IATELY RESPONSIBLE			
FOR OBTAINING THE INFORMATION.	I BELIEVE THE SUBMITT	ED INFORMATION IS T	RUE, ACCURATE AND	COMPLETE. I AM AW							
INCLUDING THE POSSIBILITY OF FINE	AND IMPRISONMENT, SEE	18 U.S.C. 1001 AND 33	U.S.C. & 1316.	_/\1	(Penalties under these	statutes may include fin		r maximum imprisonmen	t of between 6 mon		
NAME/TITLE PRINCIPAL EXECUTI	VE OFFICER			سده دا ۱/د			TELEPHONE			DATE	
SCOTT JEFFERS		ZXZ	1041	11000		(907)	586-	0393	2003	9	9
WW UTILITY SUPERINTENDE	NT		SIGNATIONE OF	PRINCIPAL EXE	CUTIVE	AREA					I

PHONE NUMBER YEAR CODE

WW UTILITY SUPERINTENDENT
TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
*CONCERNING VIOLATION- PLEASE SEE ATTACHED. OFFICER OF MUTHORIZED AGENT
(REFERENCE ALL'ATTACHMENTS HERE)

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

FROM

00434/981209 1904

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

MAJOR

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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

 AK0022951	
PERMIT NUMBER	
PERMIT NUMBER	

001 A DISCHARGE NUMBER

	M	ONITORING PER			
YR MO	DAY		YEAR	MO	DAY
2003 8	01	TO	2003	8	31

	JUNEAU, ALASKA	99801		i	MONITORING PERIOD							
FACILITY:	MENDENHALL VA	LLEY SERVICE A	REA		YR	MO	DAY		YEAR	MO	DAY	
LOCATION:	JUNEAU, ALASKA	99801		FROM	2003	8	01] то	2003	8	31	
ATT:	SCOTT JEFFERS,	WW UTILITIES S	UPŢ					_				
PARAMETER					QUAL	ITY OR CONCEN	TRATION		NO.	FREQUENCY	SAMPLE	
(32-37)	\rightarrow								EX	OF ANALYSIS	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1			
URBIDITY, LAB	SAMPLE				1	10.66380952	21.37	(43)	0	7/7		
NTU	MEASUREMENT	*****	*****	*****	*****							
2079 1 0 0	PERMIT					REPORT	REPORT	1	i .	CONTINUOSLY	RECORDE	
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	NTU				
ARDNESS,	SAMPLE			1		55.00	55.00	(19)	0			
S CaCO3	MEASUREMENT	*****	*****	*****	*****					1/ month		
2394 1 0 0	PERMIT					REPORT	REPORT			ONCE/	COMP 24	
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	****	MO AVG	DAILY MAX	MG/L		MONTH		
ISSOLVED OXYGEN	\$AMPLE			1	5.8	8.0	10.0	(19)	0			
	MEASUREMENT	*****	*****	*****						1/quarter		
300	PERMIT				REPORT	REPORT	REPORT			ONCE/		
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MINIMUM	MO AVG	DAILY MAX	MG/L		QUARTER		
OXICITY,	SAMPLE						3.3	(73)	0			
ERIODAPHNIA CHRONIC	MEASUREMENT	*****	*****	*****	*****	*****						
406	PERMIT		·				10.0			TWICE/		
FFLUENT GROSS VALUE	REQUIREMENT	****	*****	*****	*****	*****	MAXIMUM	TUC		YEAR		
	SAMPLE											
	MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****	
	PERMIT											
	REQUIREMENT	*****	*****	*****	*****	*****	****		*****	*****	****	
	SAMPLE	-								l		
	MEASUREMENT	*****	*****	*****	*****	*****	*****	i l	*****	*****	*****	
	PERMIT											
	REQUIREMENT	****	*****	*****	*****	****	*****		****	*****	*****	
	SAMPLE											
	MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****	
	PERMIT											
	REQUIREMENT	****	*****	*****	*****	*****	****		*****	*****	*****	
ERTIFY UNDER PENALTY OF LAW T												
R OBIAINING THE INFORMATION.				PONTLETE. I AM ANY								
CLUDING THE POSSIBILITY OF FINE	AND IMPRISONMENT, SEE	18 U.S.C. 1001 AND 33	U.S.C. & 1 19.	<i>//</i>	(Penalties under these	statutes may include fine		maximum imprisonmen	t of between 6 month			
AME/TITLE PRINCIPAL EXECUT	VE OFFICER		We We	1000			TELEPHONE			DATE		
OTT JEFFERS		1	8 4/	KVO		(907)	586-	0393	2003	9	9	
W UTILITY SUPERINTENDE		,,,,,	SIGNATUREOUP	PRINCIPAL EXEC		AREA			1			
TYPED OR PRI				AUTHORIZED AC		CODE	PHC	NE NUMBER	YEAR	MO	DAY	
OMMENT AND EXPLANATION	N OF ANY VIOLATIC	INS	(REFERENCE)	ALL ATTACHMEN	TS HERE)							
ONCERNING VIOLATION- F	LEASE SEE ATTACI	HED.										

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

00434/981209 1904

PAGE 4 OF 4

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