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

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.

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

	The south of the state of the s				,	TOTE. Read II	istructions belon	e completing this i	OHI.
NAME: ADDRESS:	JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD.			22951 NUMBER	]		[	001 DISCHARGI	
FACILITY: LOCATION:	JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU. ALASKA 99801	FROM	YR 2003	MO	DAY 01	NITORING PE	RIOD YEAR 2003	МО	DAY
ATT:	SCOTT JEFFERS, WW UTILITIES SUPT		2000	<u> </u>		10	2003	9	30

UNITS	MINIMUM	AVERAGE		QUALITY OR CONCENTRATION					
			MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE		
*****	*****	16.0	17.2	(04)	0	5/7			
	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. °C		WEEK DAYS	GRAB		
(26)	*****	210	260	(19)	0	1/7			
LBS/DAY	******	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24		
(26)	*****	5.5	*****	(19)	0	1/7			
LBS/DAY	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24		
(26)	*****	5.3	5.5	(19)	0	1/7			
LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L	<del>a Marka ya Ka</del> nana. Marka marka a marka m	WEEKLY	COMP 24		
*****	6.5	*****	6.9	(12)	0	5/7			
*****	0.5 MIN.	*****	8.5 MAXIMUM	su		WEEK DAYS	GRAB		
*****	*****	129.0	129.0	(19)	0	1/ month			
*****	******	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24		
(26)	*****	210.3	261.0	(19)	0	1/7			
LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24		
COMPLETE. I AM A	AWARE THAT THERE A	RE SIGNIFICANT PER	HOSE INDIVIDUALS IMM NALTIES FOR SUBMITTI Up to \$10,000 and or ma	ING FALSE INFORM	ATION,	and 5 years			
E 18 U.S.C. 1001 (190 33 U.S.C. 1319) (Penalties under th				TELEPHONE					
		907		393	2003	10	08		
JTHORIZED AG	SENT	AREA CODE	PHONE NU	MBER	YEAR	МО	DAY		
Л	HORIZED AC	NCIPAL EXECUTIVE HORIZED AGENT ATTACHMENTS HERE)	NCIPAL EXECUTIVE AREA CODE	907 586-03  NCIPAL EXECUTIVE AREA  CHORIZED AGENT CODE PHONE NUI	907 586-0393  NCIPAL EXECUTIVE AREA  HORIZED AGENT CODE PHONE NUMBER	907 586-0393 2003  NCIPAL EXECUTIVE AREA  HORIZED AGENT CODE PHONE NUMBER YEAR	907 586-0393 2003 10  NCIPAL EXECUTIVE AREA HORIZED AGENT CODE PHONE NUMBER YEAR MO		

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

MAJOR

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Approval Expires 05-31-98

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 NAME: ADDRESS: FACILITY: LOCATION: ATT:

001 A DISCHARGE NUMBER AK0022951 PERMIT NUMBER MONITORING PERIOD

PARAMETER		QU	IANTITY OR LOAD	DING	QUAL	ITY OR CONCEN	ITRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1 -^	OI AIIALISIS	11172
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	237.7	*****	(26)	*****	12.50	*****	(19)	0	1/7	
00530 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	175.7	237.7	(26)	*****	9.20	12.5	(19)	0	1/7	**************************************
0530 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MØ AVG	2452 DAILY MAX	LB\$/DAY	*****	30 MO AVC	60 DAILY MAX	MG/L	110000000000000000000000000000000000000	WEEKLY	COMP 24
ITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	361.3	361.3	(26)	*****	19.0	19.0	(19)	0	1/ month	
0610 1 00 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	1079 M© AVG	1622 DAILY MAX	LBS/DAY	*****	26.4 MO AVG	39.7 DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SILVER OTAL RECOVERABLE	SAMPLE MEASUREMENT	0.010	0.010	(26)	*****	0.53	0.53	(28)	0	1/ month	
1079 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0:036 MO:AVG	0.072 DAILY MAX	LBS/DAY	******	0.87 MO AVG.	1.75 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
ZINC OTAL RECOVERABLE	SAMPLE MEASUREMENT	0.46	0.46	(26)	*****	24.4	24.4	(28)	0	1/ month	
1091 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.02 MO AVG	6,00 DAILY MAX	LBS/DAY	******	71. <del>4</del> MO AVG.	149.0 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
EAD OTAL RECOVERABLE	SAMPLE MEASUREMENT	0.011	0.011	(26)	*****	0.6	0.6	(28)	0	1/ month	
1114 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.225 MO AVG	0.450 DAILY MAX	LBS/DAY	*****	5.5 MO AVG.	11.0 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
OPPER OTAL RECOVERABLE	SAMPLE MEASUREMENT	0.221	0.221	(26)	*****	11.60	11.60	(28)	1	1/ month	
1119 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	0:342 MO AVG	0.858 DAILY MAX	LBS/DAY	*****	8,36 MO AVG.	20.1 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
CERTIFY UNDER PENALTY OF LAW TH OR ODTAINING THE INFORMATION. ICLUDING THE POSSIBILITY OF FINE	I DELIEVE THE SUBMIT	TED INFORMATION IS	TRUE, ACCUPANE AN		AWARE THAT THERE A	ARE SIGNIFICANT PE		NG FALSE INFORM	ATION,	and 5 years	
ME/TITLE PRINCIPAL EXECUTIV		X	17.77		(i chanco araci picac o	totales may modele times	TELEPHONE	kanom saprisonnerit u	between o monus a	DATE	
OTT JEFFERS		A the leve				(907) 586-039		393	2003	10	08
VW UTILITY SUPERINTENDENT TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA		IE NUMBER	YEAR	мо	DAY

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FROM

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

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

MAJOR

Form Approved.

Approval Expires 05-31-98

(SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires 05-31-96
EFFLUENT
\*\*\* NO DISCHARGE \*\*\*
NOTE: Read instructions before completing this form.

NAME:			AKOO	22051	]			001	A		
ADDRESS:	MENDENHALL TRE	г ,		PERMIT	NUMBER	]			DISCHARGE	NUMBER	
	155 SOUTH SEWA										
	JUNEAU, ALASKA							ONITORING PER			
FACILITY:	MENDENHALL VAI		AREA		YR	MO	DAY		YEAR	MO	DAY
LOCATION:	JUNEAU, ALASKA			FROM	2003	9	01	то	2003	9	30
ATT:	SCOTT JEFFERS,	WW UTILITIES S	SUPT								
PARAMETER					I QUAL	TY OR CONCEN	TRATION		NO.	FREQUENCY	SAMPLE
(32-37)					WOAL.	TI OK COMOLIN	INATION		EX.	OF ANALYSIS	TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	^	OF ANALISIS	IIFE
COLIFORM, FECAL MF.	SAMPLE	AVENAGE	IVIAXIIVIOIVI	UNITS	IVIIIVIIVIOIVI	10.1	IVIANIVIOIVI	(13)	<del>                                     </del>	3/7	
M-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****	10.1	*****	(10)	"	0//	
31616 W 0 0	PERMIT	H. J. Jan 1999 V 1989	2011 PART   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 (1979)	400				THREE TIMES/	GRAB
SEE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****	#/100ML		WEEK	GRAD
COLIFORM, FECAL MF.	SAMPLE	<u> </u>			B1 A, 10 879 (Cd William)	5.0	30.0	(13)	0	3/7	<del> </del>
M-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****	0.0	30.0	(10)		3/1	
31616 1 0 0	PERMIT		F 100 - 120 35 150		Sec. 10 (1987) (1987)	200	400		25 26 11 11 1	THREE TIMES/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	#/100ML			GRAD
FLOW, IN CONDUIT OR	SAMPLE	2.3549	3.0263	(03)		IVIO GEO	DAILT WAX	#/ TOUVIL	0	WEEK 7/7	
THRU TREATMENT PLANT	MEASUREMENT	2.3340	3.0203	(03)	*****	*****	*****	*****		""	
50050 P 0 0	PERMIT	REPORT	REPORT		arran de paren de la compansión		er i germagyes i ngasa			CONTINUOSLY	RECORDED
EFFLUENT GROSS VALUE	REQUIREMENT	MOAVG	DAILY MAX	MGD	*****	*****	*****	*****		CONTINUOSET	RECORDEL
CHLORINE TOTAL	SAMPLE	MOAVE	0.5050	(26)			0.02	(19)	0	5/7	CONT
RESIDUAL	MEASUREMENT	*****	0.5050	(20)	*****	*****	0.02	(19)	"	311	CONT
50060 1 0 0	PERMIT	Charles and the second	1,635			gradian mesan	0.04			WEEK	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT	*****	DAILY MAX	LBS/DAY		444444	DAILY MAX	MG/L		DAYS	GRAD
EFFLUENT DILUTION	SAMPLE		Distance in the control	LDOIDAI	287.2	<u> </u>	DAME COREVA	(23)	0	DATO	
RATIO	MEASUREMENT	*****	*****	*****	1 20.2	*****	*****	(20)		7/7	
78480 1 0 0	PERMIT	Victoria de la Constantina	CAN SERVICE STREET		10	pro 1901 . 10 . 10 . 10 . 10 . 10 . 10 . 10	ECHINOLOGIC STORY		Company of the Company	DAILY	CACTD
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	PERCENT		DAILT	CACID
BOD, 5-DAY PERCENT	SAMPLE			<u>~</u>	97.5			(23)	0		
REMOVAL	MEASUREMENT	*****	*****	*****		*****	*****	(==)		1/ month	
81010 K 0 0	PERMIT	7.0	7.0		85				7 N. T. S. A. L. S. C. C. C.	ONCE/	CACTO
PERCENT REMOVAL	REQUIREMENT	*****	*****	*****	MN % RMV	*****	******	PERCENT		MONTH	
SOLIDS, SUSPENDED	SAMPLE				95.6			(23)	0		
PERCENT REMOVAL	MEASUREMENT	*****	*****	*****		*****	*****	(==)		1/ month	
31011 K 0 0	PERMIT	produce and a state of the stat	1985, 1985,		65					ONCE/	CACTD
PERCENT REMOVAL	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTH	The second
I CERTIFY UNDER PENALTY OF LAW T		XAMINED AND AM FA	MILIAR WITH THE INFO	RMATION SUBMITTE		ON MY INQUIRY OF T	HOSE INDIVIDUALS IM		SIBI F		
FOR OBTAINING THE INFORMATION.											
NCLUDING THE POSSIBILITY OF FINE	AND IMPRISONMENT, SEE	18 U.S.C. 1001 AND	d u.s.c. \$ 1319.	11/1			s up to \$10,000 and or m			and 5 years.	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		T A 44 V //		11010 -	,	TELEPHONE			DATE		
COTT JEFFERS		6 8 00 X 14		14/10	# 1/ <del>0</del>		7) 586-0393		2003	10	8
VW LITH ITY SUPERINTENDE	NT T		SIGNATURE OF F	RINCIPAL EXE	CUTIVE	AREA					
TYPED OR PRIN		•		THORIZED A		CODE	PHC	NE NUMBER	YEAR	MO	DAY
OMMENT AND EXPLANATIO		NS	(REFERÊNCE A						•		
CONCERNING VIOLATION- P			,		··						
PA Form 3320-1 (08-95) Previous			(REPLACES EPA FO				00434/981209 1904				PAGE 3 OF 4

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MAJOR (SUB 01) F - FINAL EFFLUENT \*\*\* NO DISCHARGE

YEAR

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PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) NOTE: Read instructions before completing this form. NAME JUNEAU, CITY AND BOROUGH OF AK0022951 PERMIT NUMBER 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 001 A DISCHARGE NUMBER ADDRESS: MONITORING PERIOD FACILITY. LOCATION: YR 2003 FROM ATT: PARAMETER QUALITY OR CONCENTRATION FREQUENCY

(32-37)		QUALITY OR CONCENTRATION							NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	<b>→</b> ~	OI ANALISIS	ITPE
FURBIDITY, LAB NTU	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.087	10.35	(43)	0	7/7	
32079 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	NTU		CONTINUOSLY	RECORDED
HARDNESS, AS CaCO3	SAMPLE MEASUREMENT	****	*****	*****	*****	48.00	48.00	(19)	0	1/ month	
2394 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	*****	7.4	8.6	9.8	(19)	0	1/quarter	
0300 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ QUARTER	
TOXICITY, CERIODAPHNIA CHRONIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.3	(73)	0		
1406 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	rete:	*****	*****	*****	ekana Salah	10.0 MAXIMUM	TUC		TWICE/ YEAR	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	*****	******	*****	*****	****	*****		*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	******	*****

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE (ALL ATTACHMENTS HERE) SCOTT JEFFERS (907) AREA 586-0393

WW UTILITY SUPERINTENDENT
TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS \*CONCERNING VIOLATION- PLEASE SEE ATTACHED.

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PHONE NUMBER

CODE

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DAY