MAJOR (SUB 01) F - FINAL

Form Approved OMB No. 2040-0004 Approval Expires 05-31-98

FFILUENT

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 I REA I MENT PLANT 155 SOUTH SEWARD,

FACILITY: LOCATION: ATT:

193 SUUTH SEWARU, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 SCOTT JEFFERS, WW UTILITIES SUPT

AK0022951 PERMIT NUMBER

FROM

001 A DISCHARGE NUMBER MONITORING PERIOD YEAR 2003 то

PARAMETER		QU	ANTITY OR LOAD	DING	QUAL	ITY OR CONCEN	TRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	∃ <b>`^</b>	OF ANALTSIS	ITPE
EMPERATURE, WATER EG, CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.2	13.7	(04)	0	5/7	
0010 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG.		WEEK DAYS	GRAB
OD, 5-DAY 20 DEG. C)	SAMPLE MEASUREMENT	5035	6641	(26)	*****	269	330	(19)	0	1/7	
0310 G 0 0 AW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24
OD, 5-DAY 0 DEG. C)	SAMPLE MEASUREMENT	490.4	*****	(26)	*****	24.0	*****	(19)	0	1/7	
0310 W 0 0 EE COMMENTS BELOW	PERMIT REQUIREMENT	1839 WKLY AVG	******	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
OD, 5-DAY 0 DEG. C)	SAMPLE MEASUREMENT	224.1	490.4	(26)	*****	11.8	24.0	(19)	0	1/7	
0310 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		WEEKLY	COMP 24
1	SAMPLE MEASUREMENT	****	*****	*****	6.6	*****	6.9	(12)	0	5/7	
9400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	GRAB
KALINITY CaCO3	SAMPLE MEASUREMENT	*****	*****	*****	*****	111.0	111.0	(19)	0	1/ month	
425 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
OLIDS, TOTAL JSPENDED	SAMPLE MEASUREMENT	4109	5708	(26)	*****	219	250	(19)	0.	1/7	
530 G 0 0 AW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24
CERTIFY UNDER PENALTY OF LAW THE OBTAINING THE INFORMATION. CLUDING THE POSSIBILITY OF FINE	AND IMPRISONMENT. SEE	TED INFORMATION IS	TRUE, ACCURATE AN	D COMPRETE. IAM	WARE THAT THERE A	ON MY INQUIRY OF T	HOSE INDIVIDUALS IMM	EDIATELY RESPON	ATION,	and 5 years.	······································
ME/TITLE PRINCIPAL EXECUTIV	/E OFFICER	A	M	-/1/01/2	-		TELEPHONE			DATE	
OTT JEFFERS			JM >1	1 peru		907	586-0	393	2004	1 1	08
N UTILITY SUPERINTENDE	NT ITED		SIGNATURE OF F	PRINCIPAL EXEC AUTHORIZED AG	CUTIVE	AREA CODE	PHONE NU		YEAR	MO	DAY

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

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NAME: ADDRESS:	JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD,		PERMIT		]			001 DISCHARG	
FACILITY: LOCATION: ATT:	JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 SCOTT JEFFERS, WW UTILITIES SUPT	FROM	YR 2003	MO 12	DAY 01	ONITORING PER	YEAR 2003	MO 12	DAY 31

PARAMETER		QU	IANTITY OR LOAI	DING	QUAL		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	_^	OF ANALISIS	ITPE
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	394.4	*****	(26)	*****	19.30	*****	(19)	0	1/7	
00530 W 0 0 EE COMMENTS BELOW	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LRS/DAY	*****	45 WKLY AVG	*****	MC/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	293.0	394.4	(26)	*****	15.6	19.3	(19)	0	1/7	
0530 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
ITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	65.4	65.4	(26)	*****	3.2	3.2	(19)	0	1/ month	
0610 1 00 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	1079 MO AVG	1622 DAILY MAX	LBS/DAY	******	26.4 MO AVG	39.7 DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
ILVER OTAL RECOVERABLE	SAMPLE MEASUREMENT	0.011	0.011	(26)	*****	0.55	0.55	(28)	0	1/ month	
1079 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.036 MO AVG	0.072 DAILY MAX	LBS/DAY	*****	0.87 MO AVG.	1.75 DAILY MAX	ua/L		ONCE/ MONTH	COMP 24
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	1.20	1.20	(26)	*****	58.7	58.7	(28)	0	1/ month	
FFLUENT GROSS VALUE	PERMIT REQUIREMENT	z.9z MO AVG	6:09 DAILY MAX	LBS/DAY	*****	71.4 MO AVG.	149.0 DAILY MAX	ua/L		ONCE/ MONTH	COMP 24
EAD OTAL RECOVERABLE	SAMPLE MEASUREMENT	0.047	0.047	(26)	*****	2.3	2.3	(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 MEAGUREMENT	0.264	0.264	(26)	*****	12.90	12.90	(28)	1	1/ month	<del></del>
119 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	ua/l		ONCE/	COMP 24
CERTIFY UNDER PENALTY OF LAW THOOR OBTAINING THE INFORMATION. ICLUDING THE POSSIBILITY OF FINE	HAT I HAVE PERSONALLY E I BELIEVE THE SUBMITT AND IMPRISONMENT. SEE	XAMINED AND AM FA	MILIAR WITH THE INFO	RMATION SUBMITTE	LD HEREIN: AND BASED AWARE THAT THERE A	ARE SIGNIFICANT PE	DAILY MAX HOSE INDIVIDUALS IMM NALTIES FOR SUBMITTI S up to \$10,000 and or ma	NG FALSE INFORMA	ATION,	MONTH	
AME/TITLE PRINCIPAL EXECUTIV	/E OFFICER			1 /21	2		TELEPHONE			DATE	
OTT JEFFERS WUTILITY SUPERINTENDER	}	$-\mathcal{L}$				(907)	586-0	303	2004	1	80
TYPED OR PRIN			SIGNATURE OF	PRINCIPAL EXE AUTHORIZED AC		AREA CODE	PHO:	NE NUMBER	YEAR	MO	DAY

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

MAJOR 

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i	·		MC	JNITORING PER	RIOD		
	YR	MO	DAY		YEAR	MO	DAY
FROM	2003	12	01	TO	2003	12	31

NAME:	JUNEAU, CITY AND	BOROUGH OF			AK00	22951				001	A
ADDRESS: MENDENHALL TR						NUMBER				DISCHARGE	
					1, 42, 11, 11		•				
	JUNEAU, ALASKA 99801						IVI	UNITORING PER	OD		
FACILITY:				YR	MO	DAY		YEAR	MO	DAY	
LOCATION:	JUNEAU, ALASKA	99801		FROM	2003	12	01	то	2003	12	31
ATT:	SCOTT JEFFERS, V	VW UTILITIES S	UPT					•			
PARAMETER					QUALI	TY OR CONCEN	TRATION		NO.	FREQUENCY	SAMPLE
(32-37)		AVERAGE	MAXIMUM 1	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
COLIFORM, FECAL MF,	SAMPLE	AVEIGOL	IND CHILONI	011110	IVIII VIII VIII	3.2	IVE CUIVICITE	(13)	0	3/7	
1-FC BROTH, 44.5C	MEASUREMENT	*****	*****	*****	*****	J.,_	*****	(10)		""	
31616 W 0 0	PERMIT		1000000			400		1		THREE TIMES/	GRAB
EE COMMENTS BELOW	REQUIREMENT	*****	*****	*****	*****	WKLY GEO	*****	#/100ML		WEEK	
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	5.0	(13)	0	3/7	
31616 1 0 0	PERMIT					200	400			THREE TIMES/	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO GEO	DAILY MAX	#/100ML		WEEK	
LOW, IN CONDUIT OR	SAMPLE	2.18	2.84	(03)	*****	*****	*****	*****	0	7/7	
THRU TREATMENT PLANT 50050 P 0 0	MEASUREMENT PERMIT	REPORT	REPORT							CONTINUOSLY	RECORDE
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	MGD	*****	*****	*****	*****	L.	CONTINUOUS	, ALCOHOL.
FELUENT DILUTION	SAMPLE				23.4			(23)	0		
ATIO	MEASUREMENT	*****	*****	*****		*****	*****	,		7/7	İ
8480 1 0 0	PERMIT				10			}		DAILY	CACTD
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	PERCENT	4 - 1	2.1.0	
BOD, 5-DAY PERCENT	SAMPLE				95.6		!	(23)	0		
REMOVAL	MEASUREMENT	*****	*****	*****		******	*****			1/ month	2.075
1010 K 0 0	PERMIT	*****	*****	*****	85	*****	*****	DEDOENT		ONCE/	CACTD
PERCENT REMOVAL	REQUIREMENT	******		*****	MN % RMV			PERCENT		MONTH	ļ
SOLIDS, SUSPENDED	SAMPLE	*****	*****	*****	92.9	*****	*****	(23)	0	1/ month	ł
PERCENT REMOVAL 31011 K 0 0	MEASUREMENT PERMIT				85					ONCE/	CACTD
PERCENT REMOVAL	REQUIREMENT	*****	*****	*****	MN % RMV	*****	*****	PERCENT		MONTH	CACIB
GERTIFY UNDER PENALTY OF LAW		VAMINED AND AM E	MILLAR WITH THE INCO	DMATION CUBMITT		ON MY INQUIRY OF T	THOSE INDIVIDUALS IN		RIBLE	1 10011111	1
OR OBTAINING THE INFORMATION											
CLUDING THE POSSIBILITY OF FIN				// 1	(Penalties under these s					and 5 years.	
AME/TITLE PRINCIPAL EXECUT		_/		11100	, , , , , , , , , , , , , , , , , , , ,		TELEPHONE			DATE	
COTT JEFFERS			THE	lep		(907)	586-	-0393	2004	1	8
W UTILITY SUPERINTENDI			SIGNATURE/OF	PIKINCIPAL EXI		AREA CODE	DU	ONE NUMBER	YEAR	MO	DAY
TYPED OR PRI		NO	OFFICER OF			CODE	ı PHI	JINE NUMBER	I TEAR	NIO	DAY
COMMENT AND EXPLANATION -			(REFERENCE A	IEL ATTACHME	:NIS HERE)						
UNCERNING VIOLATION-	LEWOE OEE WIINC	NED.									

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

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

00434/981209 1904

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NAME:	JUNEAU, CITY AND BOROUGH OF		AK00	22951			L	001	. A
ADDRESS:	MENDENHALL TREATMENT PLANT		PERMIT	NUMBER			L	DISCHARGI	<u> E NUMBER</u>
	155 SOUTH SEWARD, JUNEAU, ALASKA 99801				MC	ONITORING PE	RIOD		
FACILITY:	MENDENHALL VALLEY SERVICE AREA		YR	MO	DAY		YEAR	MO	DAY
LOCATION:	JUNEAU, ALASKA 99801	FROM	2003	12	01	то	2003	12	31
ATT:	SCOTT JEFFERS, WW UTILITIES SUPT					•			

PARAMETER (32-37)					QUAL	TY OR CONCEN	TRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
(52 5.7)	/	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TURBIDITY, LAB NTU	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.7	13.7	(43)	0	7/7	
82079 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	A Age Age A	******	*****		REPORT MO AVG	REPORT DAILY MAX	NTU		CONTINUOSLY	RECORDED
HARDNESS, AS CaCO3	SAMPLE MEASUREMENT	*****	*****	*****	*****	47.40	47.40	(19)	0	1/ month	
82394 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	****	6.3	8.3	9.3	(19)	0	1/quarter	
00300 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	*****	*****	REPORT MINIMUM	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ QUARTER	
TOXICITY, CERIODAPHNIA CHRONIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	n/a	(73)	0		
61406 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10.0 MAXIMUM	TUC		TWIGE/ YEAR	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	. *****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	SAMPLE MEASUREMENT	*****	******	*****	*****	*****	****		*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	******	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	******	*****		*****	*****	*****
FOR OBTAINING THE INFORMATION. INCLUDING THE POSSIBILITY OF FINE	I BELIEVE THE SUBMIT	TED INFORMATION IS	TRUE, ACCURATE AN		AWARE THAT THERE	ARE SIGNIFICANT PE		ING FALSE INFORM	ATION,	and 5 years.	
NAME/TITLE PRINCIPAL EXECUTIV				0.0	, c.auco unos diese s	indicate may mande me	TELEPHONE	- In any more more of		DATE	
SCOTT JEFFERS	VE OFFICER	يمريخ سي	A LACTOR	gra-		(907)	580-0	393	2004	1	08
WW UTILITY SUPERINTENDE	NT ITED	7	SIGNATION OF			AREA CODE	DUO	NE NUMBER	YEAR	МО	DAY

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