NAME:

ADDRESS:

FACILITY: LOCATION:

ATT:

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

MAJOR (SUB 01) F - FINAL EFFLUENT MO DISCHARGE Form Approved

OMB No. 2040-0004

Approval Expires 05-31-98

EFFLUENT

NO DISCHARGE

NOTE: Read instructions before completing this form.

JUNEAU, CITY AND BOROUGH OF
MENUENHALL I REATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE ARFA
JUNEAU, ALASKA 99801
SCOTT JEFFERS, WW UTILITIES SUPT

AK0022951 PERMIT NUMBER

FROM

001 A DISCHARGE NUMBER

		MC	NITORING PER	RIOD		
YR	MO	DAY		YEAR	MO	DAY
2004	2	01	TO.	2004	2	29

PARAMETER		QL	IANTITY OR LOAI	DING	QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM I	UNITS	EX	0.7.17.2.10.0	
TEMPERATURE, WATER DEG, CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	13.1	(04)	0	5/7	
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	*****	*****	*****	REPORT MO AVC	REPORT DAILY MAX	DEG. °C		WEEK DAYS	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	3505	3846	(26)	*****	184	195	(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
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	194.6	*****	(26)	*****	10.3	*****	(19)	0	1/7	
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	172.1	194.6	(26)	*****	9.1	10.3	(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
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8	(12)	0	5/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6,5 MIN.	******	8.5 MAXIMUM	su		WEEK DAYS	GRAB
ALKALINITY AS CaCO3	SAMPLE MEASUREMENT	*****	*****	*****	*****	128.0	128.0	(19)	0	1/ month	
00425 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SOLIDS, TOTAL BUSPENDED	SAMPLE MEASUREMENT	3888	4462	(26)	*****	208	261	(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

FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRI
INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 ME.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTT JEFFERS
WW UTILITY SUPERINTENDENT
TYPED OR PRINTED

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

IGNATURE OF PRINCIPAL EXECUTIVE OF CER OR AUTHORIZED AGENT REFERENCE ALL ATTACHMENTS HERE)

 (Penaltiks under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.

 TELEPHONE
 DATE

 907
 580-0393
 2004
 3

ECUTIVE AREA AGENT CODE PHONE NUMBER YEAR ENTS HERE)

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

PAGE 1 OF 4

DAY

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MAJOR Form Approved.

(SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires 00-31-98
EFFLUENT *** NO DISCHARGE ***

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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, JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 SCOTT JEFFERS, WW UTILITIES SUPT NAME: ADDRESS: FACILITY: LOCATION: ATT:

AK0022951 PERMIT NUMBER MONITORING PERIOD DAY 01

001 A DISCHARGE NUMBER

PARAMETER	\rightarrow		UANTITY OR LOA		QUA	LITY OR CONCEN	TRATION	NO.	FREQUENCY	SAMPLE	
SOLIDS, TOTAL	SAMPLE	AVERAGE 258.2	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
SUSPENDED 00530 W 0 0	MEASUREMENT PERMIT		*****	(26)	*****	13.4	*****	(19)	0	1/7	
SEE COMMENTS BELOW SOLIDS, TOTAL	REQUIREMENT SAMPLE	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
SUSPENDED 00530 1 0 0	MEASUREMENT PERMIT	216.7	258.2	(26)	*****	11.6	13.4	(19)	0	1/7	
EFFLUENT GROSS VALUE NITROGEN, AMMONIA	REQUIREMENT SAMPLE	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		WEEKLY	COMP 24
TOTAL (AS N) 00610 1 00	MEASUREMENT	291	291	(26)	*****	17.0	17.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE SILVER	PERMIT REQUIREMENT SAMPLE	1079 MO AVG	1622 DAILY MAX	LBS/DAY	*****	25.4 MO AVG	39,7 DAILY MAX	MG/L		ONCE/	COMP 24
TOTAL RECOVERABLE	MEASUREMENT	0.001	0.001	(26)	*****	0.03	0.03	(28)	0	MONTH	
EFFLUENT GROSS VALUE ZINC	PERMIT REQUIREMENT	0,000 MO AVG	0.072 DAILY MAX	LBS/DAY	*****	0,87 MO AVG	1.75 DAILY MAX	uall.		1/ month ONCE/	COMP 24
mom	SAMPLE MEASUREMENT	1.50	1.50	(26)	*****	87.9	87.9	ug/L (28)	1	MONTH	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.92 MO AVG	6:09 DAILY MAX	LBS/DAY	*****	71.4 MO AVG	149.0 DAILY MAX			1/ month ONCE/	COMP 24
TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.051	0.051	(26)	*****	3.0	3.0	ug/L (28)	0	MONTH	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.225 MO AVG	0.450 DAILY MAX	LBS/DAY	*****	5.5 MO AVG.	11.0			1/ month ONCE/	COMP 24
OTAL RECOVERABLE	SAMPLE MEASUREMENT	0.368	0.368	(26)	*****	21.50	DAILY MAX 21.50	ug/L (28)	3	MONTH	
1119 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	0:342 MO AVG	0.858 DAILY MAX	LBS/DAY	*****	8:36	20.1	-		1/ month ONCE/	COMP 24
CERTIFY UNDER PENALTY OF LAW THAT OR OBTAINING THE INFORMATION. NCLUDING THE POSSIBILITY OF FINE A	ATTHAVE PERSONALLY EX TBELIEVE THE SUBMITTE	AMINED AND AM FAM	MII IAR WITH THE INFOR			MO AVG.	DAILY MAX HOSE INDIVIDUALS IMME	ug/L EDIATELY RESPONSI	IBLE	MONTH	- COIVII 24
AME/TITLE PRINCIPAL EXECUTIVE	AND IMPRISONMENT, SEE 1 E OFFICER	- V	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Penalties under these sta	atutes may include fines	up to \$10,000 and or max	NG FALSE INFORMA dimum imprisonment of	TION, between 6 months and	d 5 years.	
OTT JEFFERS V UTILITY SUPERINTENDENT		- IELEP		TELEPHONE	100		DATE				
W UTILITY SUPERINTENDEN TYPED OR PRINT	ED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			UTIVE	AREA	586-0393		2004	3	9
DMMENT AND EXPLANATION OF ONCERNING VIOLATION-PLI	ANY VIOLATIONS		(REFERENCE ALL	ATTACHMENTS	HERE)	CODE	PHON	E NUMBER	YEAR	MO	DAY

FROM

00434/981209 1904

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MAJOR

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31 98

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(SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires 05-31 00
EFFLUENT
*** NO DISCHARGE
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PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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:

. LIMIT	TOMOLIN			L	DISCHARG	E NUMBER
		IVIC	ONLI ORING PER	IOD		
YR	MO	DAY		YEAR	MO	DAY
2004	2	01	то	2004	2	29

PARAMETER (32-37)					QUAL	ITY OR CONCEN	TRATION	NO.	FREQUENCY	SAMPLE	
COLIECDIA FECAL INF		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	*****	(13)	0	3/7	
31616 W 0 0 SEE COMMENTS BELOW COLIFORM, FECAL MF.	PERMIT REQUIREMENT	*****	*****	******	44444	400 WKLY GEO	*****	#/100ML		THREE TIMES/ WEEK	GRAR
M-FC BROTH, 44.5C	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.0	(13)	0	3/7	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEO	400 DAILY MAX	#/100ML		THREE TIMES/ WEEK	GRAB
FIRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.35	2.69	(03)	*****	*****	*****	*****	0	7/7	
=FFLUENT GROSS VALUE FFLUENT DILUTION	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		CUNTINUOSLY	RECORDED
ATIO B480 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	31.9	*****	*****	(23)	0	7/7	
EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT	PERMIT REQUIREMENT	*****	*****	*****	10 MINIMUM	*****	*****	PERCENT	21/10/2017	DAILY	CACTO
REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	95.0	*****	*****	(23)	0		
ERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT	7114 1114	1/ month ONCE/	CACTD
OLIDS, SUSPENDED ERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	94.4	*****	*****	(23)	0	MONTH	
1011 K 0 0 ERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	DEDCENT		1/ month ONCE/	CACTD
CERTIFY UNDER PENALTY OF LAW THE OBTAINING THE INFORMATION. CLUDING THE POSSIBILITY OF FINE ME/TITLE PRINCIPAL EXECUTIV	AND IMPRISONMENT. SEE			ORMATION SUBMITTE ND COMPLETE. I AM		ON MY INQUIRY OF TH RE SIGNIFICANT PEN	HOSE INDIVIDUALS IMP FALTIES FOR SUBMIT	TING FALSE INFORM	ATION.	MONTH	
OTT JEFFERS	E OFFICER	A	SHX 1011	br a			TELEPHONE			DATE	
W UTILITY SUPERINTENDENT		Coll VIDOS				(007) 580-0393		2004	1 3 I	9	
TYPED OR PRINTED OMMENT AND EXPLANATION OF ANY VIOLATION		SIGNATURE OF PRINCIPAL EXECU OFFICER OF AUTHORIZED AGE NS (REFERENCE ALL ATTACHMENTS		CUTIVE	AREA CODE		NE NUMBER	YEAR			

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

FROM

00434/981209 1904

PAGE 3 OF 4

ADDRESS:

FACILITY: LOCATION:

ATT:

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

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

NOTE: Read instructions before completing this form.

JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99001 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 SCOTT JEFFERS, WW UTILITIES SUPT AK0022951 PERMIT NUMBER 001 A DISCHARGE NUMBER MONITORING PERIOD МО 2 FROM то

PARAMETER (32-37)			QUALITY OR CONCENTRATION							FREQUENCY OF ANALYSIS	SAMPLE
URBIDITY, LAB		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
ORBIDITY, LAB NTU 2079 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.8	10.2	(43)	0	7/7	
EFFLUENT GROSS VALUE HARDNESS.	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT MO AVG	REPORT DAILY MAX	NTU		CONTINUOSLY	RECORDE
S CaCO3 2394 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	55.0	55.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE DISSOLVED OXYGEN	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
0300	SAMPLE MEASUREMENT	*****	*****	*****	4.2	8.9	10.8	(19)	0	1/quarter	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*****	KEPORT MINIMUM	REPORT MO AVG	REPORT DAILY MAX	MG/L	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONCE/ QUARTER	NAMES OF STREET
CERIODAPHNIA CHRONIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	n/a	(73)	0	QUARTER.	
FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10.0 MAXIMUM	TUC		TWICE/ YEAR	
	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****		*****	1 EAR	*****
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****		*****	*****	*****
i	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	44****	******	*****	*****	*****	*****		*****	*****	******
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			*****	
CERTIEV LINDER PENALTY OF LAW TH DR OBTAINING THE INFORMATION. CLUDING THE POSSIBILITY OF FINE AME/TITLE PRINCIPAL EXECUTIV	AND IMPRISONMENT, SEE	18 U.S.C. 1981 AND 33	U.S.C. & 1319	COMPLETE. I AM.	AWARE THAT THERE AF	RE SIGNIFICANT PEN	HOSE INDIVIDUALS IMME IALTIES FOR SUBMITTIN up to \$10,000 and or max	G FALSE INFORMA	I SIBLE ATION.	<u> </u>	*****
OTT JEFFERS	E OFFICER	X or	#\#///a-				TELEPHONE			DATE	
W UTILITY SUPERINTENDENT SIGNATURE OF PRINCIPAL EXECU- TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECU-			(907)	586-03	93	2004	3	9			
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)			AREA CODE	PHONE NUMBER		YEAR	MO	DAY

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

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