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

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

Form Approved.
OMB No. 2040-0004 (SUB 01) F - FINAL Approval Expires 05-31-98 EFFLUENT
*** NO DISCHARGE NOTE: Read instructions before completing this form. 001 A DISCHARGE 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 NAME: ADDRESS: FACILITY: LOCATION: ATT:

MONITORING PERIOD то

MAJOR

PARAMETER		QU	ANTITY OR LOAD	DING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.0	12.2	(04)	0	5/7	
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. °C		WEEK DAYS	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	4356	5645	(26)	*****	247	282	(19)	0	1/7	
20 DEG. C) 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	191.2	*****	(26)	*****	13.4	*****	(19)	0	1/7	
00310 W 0 0 EEE 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	191.2	233.6	(26)	*****	10.9	13.4	(19)	0	1/7	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	90 MO AVG	00 DAILY MAX	MG/L		WEEKLY	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.9	(12)	1	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	*****	*****	*****	*****	149.0	149.0	(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
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	4326	7266	(26)	*****	242	363	(19)	0	1/7	
0530 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
CERTIFY UNDER PENALTY OF LAW TO OR OBTAINING THE INFORMATION. ICLUDING THE POSSIBILITY OF FINE	I BELIEVE THE SUBMIT	TED INFORMATION IS	TRUE, ACCURATE AN	RMATION SUBMITTE D COMPLETE. I AM	AWARE THAT THERE	ARE SIGNIFICANT PE	NALTIES FOR SUBMITT s up to \$10,000 and or m	ING FALSE INFORM	ATION,		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		0	1 211100				TELEPHONE			DATE	
COTT JEFFERS		A Cart				907	586-0393		2004	4	9
WW UTILITY SUPERINTENDENT TYPED OR PRINTED		/	SIGNATURE OF F	AUTHORIZED AG	GENT	AREA CODE	PHONE NU	PHONE NUMBER		МО	DAY
OMMENT AND EXPLANATION ONCERNING VIOLATION P			(REFERENCE A	LL ATTACHMEN	ITS HERE)						

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)

NAME:

ADDRESS:

FACILITY: LOCATION:

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 AK0022951 PERMIT NUMBER

FROM

(SUB 01) F - FINAL EFFLUENT *** NO DISCHARGE Approval Expires 05-31-98 NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

001 A DISCHARGE NUMBER

MONITORING PERIOD МО 3

MAJOR

PARAMETER		QUANTITY OR LOADING			QUAL	ITY OR CONCEN	TRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	232.1	*****	(26)	*****	14.7	*****	(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 SUSPENDED	SAMPLE MEASUREMENT	232.1	254.2	(26)	*****	13.2	14.7	(19)	0	1/7	
0530 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
IITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	304.7	304.7	(26)	*****	18.0	18.0	(19)	0	1/ month	
00610 1 00 EFFLUENT 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
SILVER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.031	0.031	(26)	*****	1.81	1.81	(28)	2	1/ month	
01079 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 FOTAL RECOVERABLE	SAMPLE MEASUREMENT	1.21	1.21	(26)	*****	71.7	71.7	(28)	1	1/ month	
01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.92 MØ.AVG	6.09 DAILY MAX	LBS/DAY	*****	71.4 MO AVG.	149.0 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
FAD OTAL RECOVERABLE	SAMPLE MEASUREMENT	0.067	0.067	(26)	*****	4.0	4.0	(28)	0	1/ month	
1114 1 0 0 EFFLUENT 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
COPPER FOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.295	0.295	(26)	*****	17.40	17.40	(28)	1	1/ month	
1119 1 0 0 EFFLUENT 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 THOO OBTAINING THE INFORMATION. NOLUDING THE POSSIBILITY OF FINE	I BELIEVE THE SUBMIT	TED INFORMATION IS	TRUE, ACCURATE A	D COMPLETE. I AM A	AWARE THAT THERE	ARE SIGNIFICANT PE	NALTIES FOR SUBMITT s up to \$10,000 and or ma	ING FALSE INFORM	ATION,		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			- 44 20/1	10	TELEPHONE			2004	DATE		
COTT JEFFERS		$\mathcal{O}_{\mathcal{O}}$		Res		(907)	586-0	393	2004	4	9
WW UTILITY SUPERINTENDENT TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTOR OFFICER OF AUTHORIZED AGE			AREA CODE	PHO	PHONE NUMBER		МО	DAY
COMMENT AND EXPLANATION (CONCERNING VIOLATION- P		HED.	(REFERENCE /AL	L ATTACHMENTS	HERE)		00424/094200 1004				PAGE 2 OF

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 2 OF 4

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

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

Form Approved. MAJOR Approval Expires 05-31-98

FROM	YR 2004	22951 NUMBER MO 3 TTY OR CONCENT AVERAGE 8.9	DAY 01	ONITORING PERI	YEAR 2004 NO. EX	DISCHARGE MO 3	
UNITS	YR 2004 QUAL MINIMUM	MO 3 ITY OR CONCENT AVERAGE	DAY 01 TRATION		YEAR 2004 NO.	DISCHARGE MO 3	DAY 31
UNITS	QUAL MINIMUM	3 ITY OR CONCEN AVERAGE	DAY 01 TRATION		YEAR 2004 NO.	3	31
UNITS	QUAL MINIMUM	3 ITY OR CONCEN AVERAGE	DAY 01 TRATION		YEAR 2004 NO.	3	31
UNITS	QUAL MINIMUM	3 ITY OR CONCEN AVERAGE	01 TRATION	ТО	2004 NO.	3	31
UNITS	QUAL MINIMUM	ITY OR CONCEN	TRATION	ТО	NO.	<u> </u>	
*****	MINIMUM	AVERAGE				FREQUENCY	CAMDIE
*****	MINIMUM	AVERAGE				FREQUENCY	CAMBLE
*****	MINIMUM	AVERAGE				FREQUENCY	CAMDIE
*****	*****		MAXIMI IM		EV		
*****	*****		RAD XIRALIRA		EX	OF ANALYSIS	TYPE
*****		8.9	IVIZITATION	UNITS			
*****				(13)	0	3/7	

		400				THREE TIMES/	GRAB
*****		WKLY GEO	*****	#/100ML	·	WEEK	
*****		7.5	70.0	(13)	0	3/7	

1		200	400			THREE TIMES/	GRAB
*****	*****	MO GEO	DAILY MAX	#/100ML		WEEK	
(03)	1				0	7/7	
	*****	*****	*****	*****			
	******	*****	*****	*****		CONTINUOSLY	RECORDED
MGD	28:22:20:20:20:20:20	*****	******				
*****	19.0	*****	*****	(23)	0		
*****		*****	*****			7/7	
*****	10	*****	*****	PERCENT		DAILY	CACTD
	MINIMUM		1,1,7,1		0	1	
*****	95.6	*****	*****	(23)	U	4/	
-	85			}		1/ month ONCE/	CACTD
*****	MN % RMV	*****	*****	PERCENT		MONTH	CACID
100	94.5			(23)	0	IVIÇINTE	
*****	94.3	*****	*****	(23)	U	1/ month	
-	85	S. C. N				ONCE/	CACTD
*****	MN % RMV	*****	*****	PERCENT		MONTH	CASID
						WONTH	
AND COMPLETE. 17						and 5 years	
1.///a	(renalics under these s	tatutes irray morade imes		aximani imprisoraneni oi	Detween o monus		
e I leven	1 Kree				2004		9
E PRINCIPAL EX	(ECUTIVE		300-0	,000	2007	-	
			PHO	NE NUMBER	YEAR	MO I	DAY
		CODE	7110	THE HOWIDER	1 LAIN	IVIO	
1	DE PRINCIPAL EXPRESED	NFORMATION SUBMITTED HEREIN: AND BASED AND COMPLETE. I AM AWARE THAT THERE A (Penalties under these s	NFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF TEAN D COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PER (Penalties under these statutes may include times (907) FOR PRINCIPAL EXECUTIVE AREA SIGNIFICANT CODE OF AUTHORIZED AGENT CODE	NFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMM AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTED (Penalties under these statutes may include these up to \$10,000 and or m TELEPHONE (907) 588-(907) 588-(1007) 588-	NFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMA (Penalties under these statutes may include times up to \$10,000 and or maximum imprisonment of TELEPHONE (907) 586-0393 FAINCIPAL EXECUTIVE AREA SPAUTHORIZED AGENT CODE PHONE NUMBER	NFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months: TELEPHONE (907) 586-0393 2004 FRAUTHORIZED AGENT CODE PHONE NUMBER YEAR	NFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE E AND COMPLETE: I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years. TELEPHONE (907) 586-0393 2004 4 DATE OF PRINCIPAL EXECUTIVE AREA RAPAUTHORIZED AGENT CODE PHONE NUMBER YEAR MO

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

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

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.

| O01 A DISCHARGE NUMBER

NAME: ADDRESS:	JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD.	AK0022951 PERMIT NUMBER						001 A DISCHARGE NUMBER			
FACILITY: LOCATION: ATT:	JUNEAU, ALASKA 99001 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 SCOTT JEFFERS, WW UTILITIES SUPT	FROM	YR 2004	MO 3	DAY 01	TO	YEAR 2004	MO 3	DAY 31		

PARAMETER (32-37)					QUAL	ITY OR CONCEN	TRATION	NO. EX			
(02-01)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		1
TURBIDITY, LAB NTU	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.6	9.8	(43)	0	7/7	
82079 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		A	*****	*****	REPORT MO AVG	REPORT DAILY MAX	NTU		CONTINUOSLY	RECORDED
HARDNESS, AS CaCO3	SAMPLE MEASUREMENT	*****	*****	*****	*****	60.0	60.0	(19)	0	1/ month	
82394 1 0 0 FFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	*****	2.2	7.8	9.9	(19)	0	1/quarter	
00300 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT MO AVG	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		TWICE/ YEAR	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
FOR OBTAINING THE INFORMATION. INCLUDING THE POSSIBILITY OF FINE	BELIEVE THE SUBMITT	TED INFORMATION IS	TRUE, ACCURATE AND	COMPLETE. I A	MAWARE THAT THERE	ARE SIGNIFICANT PE	NALTIES FOR SUBMITTI s up to \$10,000 and or ma	NG FALSE INFORM	IATION,		×15 · • · · · · · · · · · · · · · · · · ·
NAME/TITLE PRINCIPAL EXECUTIV		- 0					TELEPHONE			DATE	
SCOTT JEFFERS		COR.	4 Plen	-		(907)	580-0	393	2004	4	9

INCLUDING THE POSSIBILITY OF FIRE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 131 (V)

(Penallies under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 8 months and 5 years.

TELEPHONE

SCOTT JEFFERS

WW UTILITY SUPERINTENDENT

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

*CONCERNING VIOLATION-PLEASE SEE ATTACHED.

(Penallies under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 8 months and 5 years.

TELEPHONE

(907)

300-0393

2004

4

9

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS 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 4 OF 4