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

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.

PERMITTEE NAME/ADDRESS(Include Facility name/I ocation if different)

NAME ADDRESS:

FACILITY: LOCATION: ATT:

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

001 A

PERMIT	PERMIT NUMBER DISCHARGE NO												
	MONITORING PERIOD												
YR	MO	DAY		YEAR	MO	DAY							
2004	6	01	TO	2004	6	30							

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER	SAMPLE					16.5	17.9	(04)	0	5/7	
DEG, CENTIGRADE	MEASUREMENT	*****		*****	*****						
00010 1 0 0	PERMIT					REPORT	REPORT	DEG.		WEEK	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	°C	k	DAYS	
BOD, 5-DAY	SAMPLE	4232	5745	(26)		245	316	(19)	0	1/7	
20 DEG. C)	MEASUREMENT				*****						
00310 G 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT			WEEKLY	COMP 24
RAW SEW/INFLUENT	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
BOD, 5-DAY	SAMPLE	331.0		(26)		18.9	1	(10)	0	1/7	
20 DEG. C)	MEASUREMENT		*****		*****		*****				
0310 W 0 0	PERMIT	1839				45				WEEKLY	COMP 24
EE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L -			
BOD, 5-DAY	SAMPLE	262.3	331.0	(26)		15.2	18.9	(19)	0	1/7	
20 DEG. C)	MEASUREMENT				*****						
0310 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			
ρΗ	SAMPLE				6.5		7.1	(12)	0	5/7	
	MEASUREMENT	*****	*****	*****		*****					
00400 1 0 0	PERMIT				6.5		8.5			WEEK	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MIN.	*****	MAXIMUM	5U	lan .	DAYS	
LKALINITY	SAMPLE					171.0	171.0	(19)	0	1	
S CaCO3	MEASUREMENT	*****	*****	*****	*****					1/ month	
0425 1 0 0	PERMIT					REPORT	REPORT			ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	MG/L	han	MONTH	
SOLIDS, TOTAL	SAMPLE	3604	4345	(26)		209.0	239.0	(19)	0	1/7	
USPENDED	MEASUREMENT				*****						
0530 C 0 0	PERMIT	REPORT	REPORT			REPORT	REPORT		F	WEFKIY	COMP 24
RAW SEW/INFLUENT	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	1		

NAME/THE PRINCIPAL BACCHING OFFICER
SCOTT JEFFERS
WW LITH ITY SUPPRINTENDENT
TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS

*CONCERNING VIOLATION- PLEASE SEE ATTACHED.

RAW SEW/INFLUENT REQUIREMENT MO AVG DAILY MAX LBS/DAY MO AVG DAILY MAX MG/L

ICERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREN: AND BASED ON MY INDIVITY OF THOSE MEDITATELY RESPONSIBLE

FOR GETAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION.

INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND U.S.C. & \$450.000 and or maximum imprisonment of between the principal accurate and complete in the property of the AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND U.S.C. & \$450.000 and or maximum imprisonment of between the principal accurate and complete in the principal accurate accurate and complete in the principal accurate accurate and complete in the principal accurate accurate and complete in the principal accurate accurate and complete in t

2004 08 YEAR

en 6 months and 5 years

DATE

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(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 (SUB 01) F - FINAL

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

001 A DISCHARGE NUMBER

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

YR MO DAY YEAR MO	MONITORING PERIOD											
	DAY	MO	YEAR		DAY	MO	YR					
2004 6 01 TO 2004 6	30	6	2004	TO	01	6	2004					

	JUNEAU, ALASKA	99801			MONITORING PERIOD							
FACILITY:	MENDENHALL VA		AREA		YR	MO	DAY		YEAR	MO	DAY	
LOCATION:	JUNEAU, ALASKA			FROM	2004	6	01	TO	2004	6	30	
ATT:	SCOTT JEFFERS,		SUPT	_								
PARAMETER		QL	JANTITY OR LOA	DING	QUAL	ITY OR CONCEN	ITRATION		NO.	FREQUENCY	SAMPLE	
		AVERAGE	1 144 144 144	1 10000					EX	OF ANALYSIS	TYPE	
SOLIDS, TOTAL	00000	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SUSPENDED	SAMPLE MEASUREMENT	352.7	*****	(26)	*****	19.40	*****	(19)	0	1/7		
00530 W 0 0	PERMIT	1839		1		45						
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L		WEEKLY	COMP 24	
SOLIDS, TOTAL	SAMPLE	291.2	352.7	(26)		16.88	19.4	(19)	0	1/7		
SUSPENDED	MEASUREMENT	231.2	302.1	(20)	*****	10.00	19.4	(19)	0	1 1//		
00530 1 0 0	PERMIT	1226	2452		N. C.	30	60		7.00	WEEKLY	COMP 24	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MOAVG	DAILY MAX	MG/L		WEEKLY	COMP 24	
NITROCEN, AMMONIA	SAMPLE	412.4	412.4	(20)		24.6	24.6	(19)	0	1/ month		
TOTAL (AS N)	MEASUREMENT		1	()	*****	1 24.0	14.0	(10)	"	17 monus		
00610 1 00	PERMIT	1079	1622	1	Process 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26.4	39.7		8277.77	ONCE/	COMP 24	
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		MONTH	CONP 24	
SILVER	SAMPLE	0.014	0.014	(26)		0.81	0.81	(28)	0	IVICZINETET.	·	
OTAL RECOVERABLE	MEASUREMENT			()	*****	""	""	(20)	"	1/ month		
1079 1 0 0	PERMIT	0.036	0.072			0.87	1.75		(K.)	ONCE/	COMP 24	
FFLUENT GROSS VALUE	RECHIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L		MONTH	COIVIF 24	
INC	SAMPLE	1.90	1.90	(26)		113.0	113.0	(28)	1	7,074,030,030		
OTAL RECOVERABLE	MEASUREMENT			` ′	*****			()		1/ month		
1094 1 0 0	PERMIT	2.92	6.09			71.4	149.0		2007 C	ONCE/	COMP 24	
FFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG.	DAILY MAX	ug/L	Sales of the sales	MUNIH		
EAD	SAMPLE	0.137	0.137	(26)		8.2	8.2	(28)	1			
OTAL RECOVERABLE	MEASUREMENT				*****			` ′		1/ month		
1114 1 0 0	PERMIT	0.225	0.450			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	1.015	1.015	(26)		60.50	60.50	(28)	4			
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	f	MONTH		
CERTIFY UNDER PENALTY OF LAW T												
OR OBTAINING THE INFORMATION.	I BELIEVE THE SUBMITT	TED INFORMATION IS	TRUE, ACCURATE AN	ID COMPLETE. I AM								
CLUDING THE POSSIBILITY OF FINE		18 U.S.C. 1001 AND 3		-	(Penalties under these s	tatutes may include fines	up to \$10,000 and or ma	ximum imprisonment	of between 6 months a	and 5 years.		
AME/TITLE PRINCIPAL EXECUTI	VE OFFICER	1.3	H X/1/20	4	į		TELEPHONE			DATE		
COTT JEFFERS	↓		T Alpr			(907)	586-0	393	2004	7	08	
W UTILITY SUPERINTENDE TYPED OR PRIN		, ,	SIGNATURE OF	PRINCIPAL EXE	CLITIVE	ARFA			1			
	NIED		OF MICENIOR A	AUTHORIZED A	GENT	CODE	PHON	NE NUMBER	YEAR	мо	DAY	

AK0022951 PERMIT NUMBER

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00434/981209 1904

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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.

OMB No. 2040-0004

Approval Expires 05-31-98

JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801 NAME: ADDRESS: MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99001 SCOTT JEFFERS, WW UTILITIES SUPT FACILITY: LOCATION. ATT:

AK00	22951			Γ	001	Α						
PERMIT	NUMBER				DISCHARG	E NUMBER						
		*										
	MONITORING PERIOD											
YR	MO	DAY		YEAR	MO	DAY						
2004	6	01	то	2004	6	30						

PARAMETER (32-37)					QUAL	ITY OR CONCEN	TRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(-2)	(828)	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
COLIFORM, FECAL MF, M-FC BROTH, 44,5C	SAMPLE MEASUREMENT	*****	*****	*****	*****	71.1	*****	(13)	0	3/7	
31616 W 0 0 SEE COMMENTS BELOW	PÉRMIT REQUIREMENT	*****	*****	*****	*****	400 WKLY GEO	*****	#/100ML		THREE TIMES/ WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	SAMPLE MEASUREMENT	*****	*****	*****	*****	144.8	1600	(13)	5	3/7	
31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEO	400 DAILY MAX	#/100ML		THREE TIMES/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPI F MEASUREMENT	2.10	2.49	(03)	*****	*****	*****	*****	0	7/7	
50050 P 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		CONTINUOSLY	RECORDED
EFFLUENT DILUTION RATIO	SAMPLE MEASUREMENT	*****	****	*****	475.6	*****	*****	(23)	0	7/7	
78480 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	10 MINIMUM	*****	*****	PERCENT		DAILY	CACTD
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	(23)	0	1/ month	
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT		ONCE/ MONTH	CACTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	(23)	0	1/ month	
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****		PERCENT		ONCE/ MONTH	CACTO
I CERTIFY UNDER PENALTY OF LAW TI FOR OBTAINING THE INFORMATION. INCLUDING THE POSSIBILITY OF FINE	HAT I HAVE PERSONALLY I I BELIEVE THE SUBMIT	TED INFORMATION IS	TRUE, ACCURATE ANI		AWARE THAT THERE		NALTIES FOR SUBMIT	TING FALSE INFORM	ATION,	and 5 years.	
NAME/TITLE PRINCIPAL EXECUTIV		E 10 U.S.C. 100 AND 3			(r crianica unuel triese a	I I I I I I I I I I I I I I I I I I I	TELEPHONE	nammon onpresentation C		DATE	
SCOTT JEFFERS	VE 0.1.10C.	A STATE OF THE STA	TSKIIKA	9		(907)	586-	0393	2004	7	8

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICIAL OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)

FROM

AREA YEAR MQ PHONE NUMBER DAY CODE

WW UTILITY SUPERINTENDENT
TYPED OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS
*CONCERNING VIOLATION-PLEASE SEE ATTACHED. EPA Form 3320-1 (08-95) Previous Previous editions may be used.

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

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

MAJOR (SUB 01) F - FINAL

DAY 01

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NO DISCHARGE ***
NOTE: Read instructions before completing this form.

001 A DISCHARGE NUMBER

JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, NAME: ADDRESS JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
SCOTT JEFFERS, WW UTILITIES SUPT FACILITY LOCATION: ATT:

AK0022951 PERMIT NUMBER

МО

YR 2004

FROM

MONITORING PERIOD

PARAMETER (32-37)		QUALITY OR CONCENTRATION							NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(02 01)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
TURBIDITY, LAB	SAMPLE					15.4	61.4	(43)	0	7/7	
NTU	MEASUREMENT	*****	*****	*****	*****		1				
82079 1 0 0	PERMIT					REPORT	REPORT			CONTINUOSLY	RECORDED
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	NTU			
HARDNESS.	SAMPLE				T	55.00	55.00	(19)	0		
AS CaCO3	MEASUREMENT	*****	*****	*****	*****				1	1/ month	
82394 1 0 0	PERMIT					REPORT	REPORT			ONCE/	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MAX	MG/L		MONTH	
DISSOLVED OXYGEN	SAMPLE				2.2	7.0	8.9	(19)	0		
	MEASUREMENT	*****	*****	*****			1			1/quarter	
00300	PERMIT				REPORT	REPORT	REPORT			ONCE/	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MINIMUM	MO AVG	DAILY MAX	MG/L		QUARTER	i.
TOXICITY.	SAMPLE						n/a	(73)	0		
CERIODAPHNIA CHRONIC	MEASUREMENT	*****	*****	*****	*****	*****					
31406	PERMIT	1					10.0			TWICE/	
FFFI UENT GROSS VALUE	REQUIREMENT	*****	*****	*****	******	*****	MAXIMUM	TUC	1	YEAR	
	SAMPLE										
•	MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT										ľ
	REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	SAMPLE		-								
	MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT										
	REQUIREMENT	*****	*****	*****	*****	*****	*****			*****	*****
	SAMPLE										
	MEASUREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****
	PERMIT										
	REQUIREMENT	*****	*****	*****	*****	*****	*****		*****	*****	*****

LCERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED MEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION SITRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND INFORMATION SITRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. (Penalties under these absolutes may invoke fines up to \$10,000 and or manifum imprisonment of below manifum interpression of the complete interval of the complete in

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DAY

DATE

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2004 YEAR