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

NAME:

ADDRESS:

FACILITY: LOCATION: JUNEAU, CITY AND BOROUGH OF
MENDENHALL TREATMENT PLANT
135 SOUI H SEWARD,
JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA
JUNEAU, AI ASKA 99801
SCOTT JEFFERS, WW UTILITIES SUPT

NO DISCHARGE | ***

*** Out A | DISCHARGE NUMBER | ***

*** MONITORING PERIOD | ***

*** MONITORING PERIOD | ***

*** MO DAY | YEAR | MO DAY | YEAR | MO DAY | ***

*** Out | YEAR | MO DAY | YEAR | MO DAY | YEAR | MO DAY | ***

*** Out | YEAR | YEA

Form Approved.

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

MAJOR (SUB 01) F - FINAL

FARAMETER			JANTITY OR LOA		QUAL	ITY OR CONCEN	ITRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	7 -~	OI AMALION	11175
TEMPERATURE, WATER DEG, CENTIGRADE	SAMPLE	*****				17.5	18.8	(04)	0	5/7	
00010 1 0 0	MEASUREMENT	*****	*****	*****	*****			` '		1	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****			REPORT	REPORT	DEG.		WEEK	GRAB
BOD, 5-DAY	SAMPLE	Secretary of the second of the	a pirte reliant to the same	*****	*****	MOAVG	DAILY MAX	°C		DAYS	
20 DEG. C)	MEASUREMENT	3583	4526	(26)		212	238	(19)	0	1/7	
10310 G 0 0	PERMIT	REPORT	REPORT		*****				L		
NAW SEW/INFLUENT	REQUIREMENT	MO AVG	DAILY MAX	1 Defend	A 17 17 17 17 17 17 17 17 17 17 17 17 17	REPORT	REPORT			WEEKLY	COMP 24
BOD, 5-DAY	SAMPLE	250.4	DAIL! BUA	LBS/DAY		MO AVG	DAILY MAX	MG/L			
20 DEG. C)	MEASUREMENT	200.4	*****	(26)	*****	17.0	*****	(19)	0	1/7	
0310 W 0 0	PERMIT	1839	22.0		025 C C C C C C C C C C C C C C C C C C C	16	*****				
EE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****			WEEKLY	COMP 24
OD, 5-DAY	SAMPLE	250.4	300,4	(26)	4-0905 000005 01000	14.5	EP CONTRACTOR	MG/L		ALCOY NO.	1 m. 1
20 DEG. C)	MEASUREMENT			(20)	*****	14.5	17.0	(19)	0	1/7	
0310 1 0 0	PERMIT	1226	2452		C 28	30	60				
FFLUENT GROSS VALUE	REQUIREMENT	MOAVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		WEEKLY	COMP 24
Н	SAMPLE				6.5	HOAVO	6.9	(12)	0	5/7	100
	MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(12)	J 0	5//	
0400 1 0 0	PERMIT	Para Sur			6.5		8.5		and the second	WEEK	GRAB
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MIN.	*****	MAXIMUM	su		DAYS	GRAB
KALINITY	SAMPLE					125.0	125.0	(19)	0	DAIG	Control of the Control
G CaCO3	MEASUREMENT	*****	*****	*****	*****			(,	"	1/ month	
425 1 0 0	PERMIT					REPORT	REPORT			ONCE/	COMP 24
FFLUENT GROSS VALUE	REQUIREMENT	rises ******* material	*****	*****	*****	MO AVG	DAILY MAX	MG/L		MONTH	
OLIDS, TOTAL USPENDED	SAMPI F	2921.0	3265.0	(26)		173.0	186.0	(19)	0	1//	111.03
0530 G 0 0	MEASUREMENT	SERALU			*****						
AW SEW/INFLUENT	PERMIT	REPORT	REPORT			REPORT	REPORT		22000	WEEKLY	COMP 24
	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			11
DERTIFY UNDER PENALTY OF LAW TH	1 PELIEVE THE CURNIT	ECAMINED AND AM FA	WILLIAR WITH THE INFOR	RMATION SUBMITTED	HEREIN: AND BASED	ON MY INQUIRY OF T	HOSE INDIVIDUALS IMME	EDIATELY RESPON	SIBLE		
OR OBTAINING THE INFORMATION. CLUDING THE POSSIBILITY OF FINE	AND IMPRISONMENT SEE	TEU INFORMATION IS	TRUE, ACCURATE AND	COMPLETE. I AM A	AWARE THAT THERE A	RE SIGNIFICANT PE	NALTIES FOR SUBMITTI	NG FALSE INFORM	IATION,		
ME/TITLE PRINCIPAL EXECUTIV		. 10 0.3.C. 1001 AND 3	- 1919		(Penalties under these st	atutes may include fines	up to \$10,000 and or max	dmum imprisonment	of between 6 months		
OTT JEFFERS		_ XeX	X/1612		ŀ	907	TELEPHONE 586-03	100	0004	DATE	
W UTILITY SUPERINTENDEN	ır İ	- Com	SIGNATURE OF P	RINCIPAL EYEC	CUTIVE	AREA	566-03	193	2004	10	08
TYPED OR PRIN			OFFICER OR A			CODE	PHONE NU	ADED	VEAD		
MMENT AND EXPLANATION		NS	(REFERENCE AL	L ATTACUMEN	70 UEDE:	CODE	PRONE NU	MDCK_	YEAR	MO	DAY

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

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PAGE 1 OF 4

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

MAJOR (SUB 01) F - FINAL EFFLUEN Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

EFFLUENT *** NO DISCHARGE

NOTE: Read instructions before completing this form.

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801

FACILITY: MENDENHALL VALLEY SERVICE ARFA
LOCATION: JUNEAU, ALASKA 99801

ATT: SCOTT JEFFERS, WW UTILITIES SUPT

PARAMETER		QUANTITY OR LOADING				ITY OR CONCEN	TRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
OLIDO TOTAL		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL	SAMPLE	208.2	*****	(26)	ĺ	15.8		(19)	0	1//	
SUSPENDED	MEASUREMENT	0.0000000000000000000000000000000000000	*****		*****		*****				ľ
00530 W 0 0	PERMIT	1839	- 10 miles			45				WEEKLY	COMP 2
EE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L	LANGE OF		9.20
SOLIDS, TOTAL SUSPENDED	SAMPLE	208.2	255.9	(26)	1	11.0	15.8	(19)	0	1/7	
00520 1 0 0	MEASUREMENT				*****						
FFLUENT GROSS VALUE	PERMIT	1226	2452			30	60		4.1	WEEKLY	COMP 2
IITROGEN, AMMONIA	REQUIREMENT	MOAVO	DAILY MAX	LB6/DAY	******	MO AVG	DAILY MAX	MG/L	相響調。	41741	September 1981
	SAMPLE	266.2	266.2	(26)		16.8	16.8	(19)	0	1/ month	
OTAL (AS N)	MEASUREMENT			· i	*****						
0610 1 00 FFLUENT GROSS VALUE	PERMIT	1079	1622		******	26.4	39.7			ONCE	COMP 2
ILVER	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	THEFT	MO AVG	DAILY MAX	MG/L	Witness and	MONTH	
OTAL RECOVERABLE	SAMPLE	0.002	0.002	(26)		0.10	0.10	(28)	0		
01AL RECOVERABLE	MEASUREMENT	0.030			*****					1/ month	
FFLUENT GROSS VALUE	PERMIT		0.072		*****	0.87	1.75		Maria Series	ONGE/	COMP 2
INC	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY		MO AVG.	DAILY MAX	ug/L	SHIP RETURN	MONTH	
OTAL RECOVERABLE	SAMPLE	0.56	0.56	(26)		35.2	35.2	(28)	0		
094 1 0 0	MEASUREMENT PERMIT	2.92			*****					1/ month	
FFLUENT GROSS VALUE		MO AVG	6.09	100/04/	*****	71.4	149,0		100	ONCE/	COMP 2
EAD	REQUIREMENT		DAILY MAX	LBS/DAY	******	MO AVG.	DAILY MAX	ug/L		MONTH	
OTAL RECOVERABLE	SAMPLE	0.005	0.005	(26)		0.335	0.335	(28)	0		
114 1 0 0	MEASUREMENT PERMIT	0.225	0.450							1/ month	
FFLUENT GROSS VALUE		Carry Colonia Carry Carr	EES MINISSESSESSESSESSESSESSES		76	5.5	- 11:0			ONCE/	COMP 24
	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG.	DAILY MAX	ug/L		MONTH	
OPPER OTAL RECOVERABLE	SAMPLE	0.241	0.241	(26)	*****	15.20	15.20	(28)	1		
119 1 0 0	MEASUREMENT				*****	5-100				1/ month	
FFLUENT GROSS VALUE	PERMIT	0.342	0.858			8.36	20.1			ONCE/	COMP 24
	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG.	DAILY MAX	ug/L	100000	MONTH	
CERTIFY UNDER PENALTY OF LAW TH											
OR OBTAINING THE INFORMATION.	I BELIEVE THE SUBMITT	ED INFORMATION IS	TRUE, ACCURATE AND								
CLUDING THE POSSIBILITY OF FINE					(Penalties under these st	atutes may include fines	up to \$10,000 and or ma.	ximum imprisonment	of between 6 months		
ME/TITLE PRINCIPAL EXECUTIV OTT JEFFERS	E OFFICER		V/OU		ŀ	(007)	TELEPHONE		0004	DATE	
W UTILITY SUPERINTENDEN	. . -			DINOIDAL EVEO	VIII 07	(907)	586-03	393	2004	10	08
TYPED OR PRIN		/	SIGNATURE OF P			AREA			[ļ	
I TPED OR PRIN	IEU		OFHICER OR A	UTHORIZED AG	iEN I	CODE	PHON	E NUMBER	YEAR	MO I	DAY

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

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

FROM

00131/081200 1004

PAGE 2 OF 4

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

NAME: ADDRESS:

EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form. JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, AK0022951 PERMIT NUMBER 001 A DISCHARGE NUMBER JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 SCOTT JEFFERS, WW UTILITIES SUPT MONITORING PERIOD MO 9 DAY 01 FROM то

1	JUNEAU, ALASKA 99801				MONITORING PERIOD							
FACILITY:	MENDENHALL VA		AREA		YR	MO	DAY		YEAR	MO	DAY	
LOCATION:	JUNEAU, ALASKA			FROM	2004	9	01	то	2004	9	30	
ATT:	SCOTT JEFFERS,	WW UTILITIES S	SUPT								•	
		γ										
PARAMETER		1			QUAL	ITY OR CONCEN	ITRATION		NO.	FREQUENCY	SAMPLE	
(32-37)									EX	OF ANALYSIS	TYPE	
001150514 55041 455		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			İ	
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	SAMPLE	*****	******	*****	*****	44.6		(13)	0	3/7		
31616 W 0 0	MEASUREMENT	ESECTION OF THE SALES	77777	*****	******		*****					
SEE COMMENTS BELOW	PERMIT	*****	*****	*****	*****	400	1.0			THREE TIMES/	GRAB	
	REQUIREMENT	5,000		*****	Co. 100	WKLY GEO	*****	#/100ML	with the last	WEEK		
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	SAMPLE	*****		*****	*****	88.2	900.0	(13)	2	3/7		
31616 1 0 0	MEASUREMENT		******		*****							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	*****	*****	*****	200	400			THREE TIMES/	GRAB	
FLOW, IN CONDUIT OR	SAMPLE	2.10	2.53		53 15 15 15 15 15 15 15 15 15 15 15 15 15	MO GEO	DAILY MAX	#/100ML	A A A A A SECTION	WEEK	2010	
THRU TREATMENT PLANT	MEASUREMENT	2.10	2.53	(03)	*****	*****	*****	*****	0	7/7		
50050 P 0 0	PERMIT	REPORT	REPORT		and the second second	947-19-1		******	SECTION AND ASSESSMENT OF THE PARTY OF			
EFFLUENT GROSS VALUE	REQUIREMENT	MU AVG	- DAILY MAX	MGD	*****	*****	*****	*****		CONTINUOSLY	RECORDED	
EFFLUENT DILUTION	SAMPLE		DATE THE ST	MOD	289.2			(23)	0	0.00	No. of Contract of	
RATIO	MEASUREMENT	*****	*****	****	200.2	*****	*****	(23)	"	7/7		
78480 1 0 0	PERMIT	Galler and	234 00		10	DEC.	9 9 9 9 9 9			DAILY	CACTD	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	PERCENT		2/11/2		
BOD, 5-DAY PERCENT	SAMPLE				93,1			(23)	0		100	
REMOVAL	MEASUREMENT	*****	*****	*****		*****	*****	(/		1/ month		
81010 K 0 0	PERMIT				85		and the second		100	ONCE/	CACTD	
PERCENT REMOVAL	REQUIREMENT	*****	*****	*****	MN % RMV	******	*****	PERCENT		MONTH		
SOLIDS, SUSPENDED	SAMPLE				93.7			(23)	0			
PERCENT REMOVAL	MEASUREMENT	*****	*****	*****		*****	*****	, ,		1/ month		
81011 K 0 0	PERMIT		Lan de la companya de la companya de la companya de la companya de la companya de la companya de la companya d		85					ONCE/	CACTD	
PERCENT REMOVAL	REQUIREMENT	****	****	*****	MN % RMV	****	*****	PERCENT		MONTH		
I CERTIFY UNDER PENALTY OF LAW TO												
FOR OBTAINING THE INFORMATION.												
INCLUDING THE POSSIBILITY OF FINE		18 U.S.C. 1001 AND 3	3 U.S.C. & 1319.		(Penalties under these s	tatutes may include fine		naximum imprisonment c	of between 6 months a	and 5 years.		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE					DATE				
SCOTT JEFFERS	ALT				31 1700 re	(907)	586-0	0393	2004	10	8	
W UTILITY SUPERINTENDENT SIGNATURE OF P		KINCIPAL EXE	JUNVE	AREA	l							
COMMENT AND EXPLANATION		NC		UTHORIZED AC		CODE	PHO	NE NUMBER	YEAR	MO	DAY	
*CONCERNING VIOLATION- P			(REFERENCË AL	LL ATTACHMEN	IIS 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

MAJOR (GUD 01) F - FINAL

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

PAGE 3 OF 4

PERMITTEE NAME/A	DDRESS(Include Facility name/Location if different)					*** NO DISCH. NOTE: Read in		completing this f] *** orm.
NAME: ADDRESS:	JUNEAU, CITY AND BOROUGH OF MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD,		AK002 PERMIT	22951 NUMBER]		<u> </u>	001 DISCHARGE	
	JUNEAU, ALASKA 99801				M	ONITORING PE	RIOD		
FACILITY:	MENDENHALL VALLEY SERVICE AREA		YR	MO	DAY		YEAR	MO	DAY
LOCATION.	JUNEAU, ALASKA 99801	FROM	2004	9	01	то	2004	9	30
ATT:	SCOTT JEFFERS, WW UTILITIES SUPT					-			

PARAMETER (32-37)					QUAL	ITY OR CONCEN	TRATION	NO. FREQUENCY EX OF ANALYSIS		SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1		
TURBIDITY, LAB NTU	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.4	12.3	(43)	0	7/7	
82079 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	NTU		CONTINUOSLY	RECORDED
HARDNESS, AS CaCO3	SAMPLE MEASUREMENT	*****	*****	*****	*****	52.0	52.0	(19)	0	1/ month	
82394 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	erene	****	****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	*****	1.5	5.5	7.9	(19)	0	1/quarter	
00300 EFFLUENT GROSS VALUE	PERMIT			*****	REPORT	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ QUARTER	11 May 1
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	*****	*****	*****	******	1,444	*****		*****	*****	*****
	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	*****		****	*****	*****
	PERMIT REQUIREMENT		*******	*****	******	RANGE OF	*****		*****	******	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****		*****	*****	****
	PERMIT REQUIREMENT	**************************************	*****	****	*****				******		*****
I CERTIFY UNDER PENALTY OF LAW TO		EXAMINED AND AM FAI	MILIAR WITH THE INFO	RMATION SUBMITTE	D HEREIN: AND BASED	ON MY INQUIRY OF T	HOSE INDIVIDUALS IM	MEDIATELY RESPON	ISIBLE	* H	
FOR OBTAINING THE INFORMATION.	I BELIEVE THE SUBMIT	TED INFORMATION IS	TRUE, ACCURATE AN	D COMPLETE. IAM.	AWARE THAT THERE	ARE SIGNIFICANT PE	NALTIES FOR SUBMIT	TING FALSE INFORM	MATION,		
INCLUDING THE POSSIBILITY OF FINE	AND IMPRISONMENT. SEE	E 18 U.S.C. 1001.AND 3	3 U.S.Q . & 1319. 🔨		(Penalties under these s	tatutes may include fine	up to \$10,000 and or n	naximum imprisonment	of between 6 months a	and 5 years.	
NAME OF THE PRINCIPAL EVECUTE	VE OFFICER		_ \ \	·			TELEDUONE			DATE	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS
WW UTILITY SUPERINTENDENT SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICE OR AUTHORIZED AGENT
(REFERENCE ALL ATTACHMENTS HERE) TELEPHONE 586-0393 2004 08 (907) AREA CODE

TYPED OR PRINTED

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

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00434/981209 1904

PHONE NUMBER

YEAR

MAJOR

(SUR 01) F - FINAL

EFFLUENT

Form Approved.

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

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DAY