MAJOR (SUB 01) F - FINAL

Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98

N.

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

Scott Jeffers Wastewater Utilities Superintendent COMMENT AND EXPLANATION OF ANY VIOLATIONS as CaCO3 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RAW SEW/INFLUENT 00530 G 0 0 SUSPENDED SOLIDS, TOTAL **EFFLUENT GROSS VALUE** 00425 1 0 0 ALKALINITY **EFFLUENT GROSS VALUE** SEE COMMENTS BELOW 모 EFFLUENT GROSS VALUE 00310 W 0 0 00400 1 0 BOD, 5-DAY 00310 1 0 BOD, 5-DAY RAW SEW/INFLUENT 00310 G BOD, 5-DAY **EFFLUENT GROSS VALUE** 00010 1 0 0 DEG, CENTIGRADE TEMPERATURE, WATER FACILITY: LOCATION: ATT: NAME: ADDRESS: (20 DEG, C) 0 (20 DEG. C) (20 DEG. C) PARAMETER 0 prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. certify under penalty of law that this document and all attachments were Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT REQUIREMENT 155 SOUTH SEWARD JUNEAU, CITY AND BOROUGH OF REQUIREMENT PERMIT MEASUREMENT MEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT PERMIT MEASUREMENT MEASUREMENT PERMIT PERMIT PERMIT SAMPLE SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE MO AVG REPORT 3611.0 WKLY AVG 1226 545.0 5022.9 376.9 \*\*\*\*\* MO AVG REPORT MO AVG \*\*\*\*\* \*\*\*\*\* AVERAGE \*\*\*\*\* \*\*\*\*\* QUANTITY OR LOADING 1839 =\*\*\*\*\* - Daily Max -(Reference all attachments here) DAILY MAX DAILY MAX REPORT 4557.7 545,0 5847,9 REPORT \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* MAXIMUM \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2452 \*\*\*\*\* \*\*\*\*\* LBS/DAY LBS/DAY LBS/DAY LBS/DAY \*\*\* \*\*\* \*\*\* \*\*\* (26)\*\*\* SLIND \*\*\* (26) (26) (26) FROM 6.5 6.5 MINIMUM \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* MIN \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* 2005 ¥ AK-002295-1 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT PERMIT NUMBER QUALITY OR CONCENTRATION REPORT MO AVG REPORT REPORT MO AVG WKLY AVG | MO AVG 164.2 MO AVG -REPORT 123.0 229.0 \*\*\*\* 16.8 21.2 \*\*\*\*\* 12.6 AVERAGE 45 <u>а</u> 8 1 REPORT DAILY MAX REPORT DAILY MAX DAILY MAX DAILY MAX REPORT EFFLUENT
\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form. DAILY MAX \*\*\*\*\* REPORT MAXIMUM 211.0 123,0 266.0 8.5 6,6 21.2 MAXIMUM 15.0 \*\*\*\*\* 60 DAY MONITORING PERIOD MG/L MG/L MG/L DEG. C MG/L MG/L (19) SLINO (19) S (12) (19)(19)(P) (19)ಠ AREA CODE 2005 0 0 0 0 0 0 ΠŞ YEAR 0 ONCE/ FREQUENCY OF ANALYSIS 586-0393 WEEKLY WEEKLY MONTH WEEK DAYS ELEPHON WEEKLY WEEKLY WEEK PHONE NUMBER DAYS 1/30 1/7 5/7 1/7 1/7 1/7 5/7 드 ₹ DISCHARGE NUMBER 001 A COMP 24 COMP 24 COMP 24 COMP 24 GRAB COMP 24 GRAB : SAMPLE TYPE DAY 8

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

FACILITY: LOCATION: ADDRESS: NAME: JUNEAU, ALASKA 99801 MENDENHALL VALLEY SERVICE AREA JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF ⋨ AK-002295-1 PERMIT NUMBER

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. 001 A
DISCHARGE NUMBER

22.	170		-				monfe horo)	(Reference all attachments here)		VIOLATIONS	COMMENT AND EXPLANATION OF ANY VIOLATIONS
2	MS I	YFAR	<del></del>	ZED AGENT	OFFICER OF PRINCIPAL EXECUTIVE	OFFICE	3.	t for knowing violation	f fine and imprisonmen	including the possibility of fine and imprisonment for knowing violations.	TYPED OR PRINTED
		7005		TVECTION IN		CTCNATO	complete.	tiet, true, accurate, and	I my knowledge and be	submitted is, to the best of my knowledge and belief, true, accurate, and complete.  I am aware that there are significant penalties for submitting take information	
	DATE			9	7	()	uformation	g the information, the i	esponsible for gatherin,	or those persons directly responsible for gathering the information, the information	
TR.	PHONE NI IMRER	CODE		1	# 2007	A V	e system,	persons who manage th	rquiry of the person or	submitted. Based on my inquiry of the person or persons who manage the system,	Utilities Superintendent
	586-0393	907	1 1		つ ミ	Ø	an designed	cordance with the systemer and evaluate the in-	ion or supervision in ac	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information	Scott Jeffers
	TEI EBUONE		1/60	TA ALTERNATION	)		re .	and all attachments we	law that this document	I certify under penalty of law that this document and all attachments were	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
60 - KI	MONTH			DATI Y MAX	MO AVG	*****	LBS/DAY	DATLY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMD DA	ONGE/		napi.	20.1	8.36		gggar <b>i</b>	0.858	0.342	PERMIT	01119 1 0 0
	1/30	1			:	****				MEASUREMENT	TOTAL RECOVERABLE
		1	(28)	15.8	15.80		(26)	0.309	0.309	SAMPLE	COPPER
	MONTH		HO/L	DAILY MAX	MO AVG	* * * * * * *	LBS/DAY	DAILY MAX	MOAVG	REQUIREMENT	EFFLUENT GROSS VALUE
FOMP:24	ONCE/			0.11	5.5			0.450	0.225	PERMIT	01114 1 0 0
	1/30				:	****	,			MEASUREMENT	TOTAL RECOVERABLE
		0	(28)	0.4			(26)	800.0	0.008	SAMPLE	LEAD
TZ ZIVIGO	MONTH		ua/L	DAILY MAX		****	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMPONE	DNIGE/			749 0	77.4			6.09	2.92	PERMIT	01094 1 0 0
	1/30	d	(20)	1	ì	****	1	1	1	MEASUREMENT	TOTAL RECOVERABLE
	Š	n	(80)	21.1	<b>71 1</b>	-	(26)	0.41	0,41	SAMPLE	ZINC
	MON II		ua/l	DAILY MAX	MO AVG	* * * *	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMPON	UNCE/			175	.87			0:072	0.036	PERMIT	01079 1 0 0
	1/30	,	1	,	,	****				MEASUREMENT	TOTAL RECOVERABLE
		-	(28)	1.34	1.34		(26)	0.026	0.026	SAMPLE	SILVER
60m ka	HILNOM		MG/L	DAILY MAX	MO AVG	** * * *	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMD 94	ÖNGE/			39.7	26.4			1622	1079	PERMIT	00610 1 0 0
	1/30			!	1	****	,		:	MEASUREMENT	TOTAL (as N)
		0	(19)	15.0	15.0		(26)	292.7	292.7	SAMPLE	NITROGEN AMMONIA
0 - - -			MG/L	DAILY MAX	MO AVG	*** *** *	LBS/DAY	DAILY MAX	MO AVG	REQUIREMENT	EFFLUENT GROSS VALUE
COMPON	///EEKI-V			60	30			2452	1226	PERMIT	00530 G 0 0
	1/7	(	(1)		;	*****	,			MEASUREMENT	SUSPENDED
		0	(19)	19.2	14.5		(26)	505.2	329,4	SAMPLE	SOLIDS, TOTAL
1100	N C C NC		MG/I	***	WKLY AVG	****	LBS/DAY	*****	WKLY'AVG	REQUIREMENT	SEE COMMENTS BELOW
COMPOZ	///==///				45				1839	PERMIT "	00530 G 0 0
	1/7		(	****	] ;	****		****		MEASUREMENT	SUSPENDED
		n	(19)		19.2		(26)		505.2	SAMPLE	SOLIDS, TOTAL
ואטר	OF ANALYSIS	5	STIND	MAXIMUM	AVERAGE	MINIMUM	STINU	MAXIMUM	AVERAGE		
SAMPLE	FREQUENCY	NO.		RATION	ITY OR CONCENTRATION	QUALITY		LOADING	QUANTITY OR LOADING		PARAMETER
30	11	2005	ð	j-t	11	2005	FROM	ant	tilities Superintende	Scott Jeffers WW Utilities Superintendent	ATT:
DAY	МО	YEAR		DAY	MO	Ϋ́R			99801	JUNEAU, ALASKA 99801	LOCALION:
		MONITORING PERIOD	RINGP	MONITO			•	REA	LLEY SERVICE A	MENDENHALL VALLEY SERVICE AREA	FACILITY:

EPA Form 3320-1 (03-99) Previous editions may be used.

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

Scott Jeffers Wastewater Utilities Superintendent L COMMENT AND EXPLANATION OF ANY VIOLATIONS PERCENT REMOVAL PERCENT REMOVAL SOLIDS, SUSPENDED PERCENT REMOVAL NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **EFFLUENT GROSS VALUE** 82079 1 0 0 TURBIDITY, LAB 81011 K 0 0 REMOVAL EFFLUENT DILUTION FLOW IN CONDUIT OR 81010 K 0 0 **EFFLUENT GROSS VALUE** RATIO SEE COMMENTS BELOW M-FC BROTH 44.5C SEE COMMENTS BELOW **BOD, 5-DAY PERCENT** 78480 1 0 0 **EFFLUENT GROSS VALUE** 50050 P 0 0 FECAL COLIFORM MF 31616 W 0 0 FECAL COLIFORM MF, 31616 1 0 0 M-FC BROTH 44.50 PERMITTEE NAME/ADDRESS(Include Facility name/Location if different) THROUGH TREATMENT PLANT NAME: LOCATION: FACILITY: ADDRESS: PARAMETER prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I certify under penalty of law that this document and all attachments were REQUIREMENT MENDENHALL VALLEY SERVICE AREA Scott Jeffers WW Utilities Superintendent JUNEAU, ALASKA 99801 MENDENHALL TREATMENT PLANT JUNEAU, ALASKA 99801 155 SOUTH SEWARD, JUNEAU, CITY AND BOROUGH OF REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT PERMIT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT PERMIT PERMIT PERMIT SAMPLE SAMPLE SAMPLE PERMIT PERMIT SAMPLE SAMPLE SAMPLE REPORT 2,6849 MO AVG \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* AVERAGE \*\*\*\*\* QUANTITY OR LOADING \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\* \*\*\* \*\*\*\*\* \*\*\*\*\* REPORT DAILY MAX (Reference all attachments here) \*\*\*\* \*\*\*\* 4.7700 \*\*\*\*\* \*\*\*\* \*\*\*\*\* MAXIMUM \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\* SLIND \*\*\* \*\*\* \*\*\* \*\*\* \*\*\*\* MGD (03) \*\*\* \*\*\*\* \*\*\*\* \*\*\* FROM \*\*\* \*\*\* MIN % REMOVAL MIN % REMOVAL MINUMUM 549.2 91.2 92.7 \*\*\*\*\* MINIMUM 85 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2005 85 10 ¥ AK-002295-1 PERMIT NUMBER SIGNATURE OF PŘÍNCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT QUALITY OR CONCENTRATION MO AVG WKLY GEO MO GEO \*\*\*\*\* REPORT 67.8 AVERAGE 9,8 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 400 9.5 \*\*\*\*\* \*\*\*\*\* 200 \*\*\*\* \*\*\*\*\* ₹ DAILY GEO MAJOR (SUB 01) F - FINAL REPORT DAILY MAX EFFLUENT
\*\*\* NO DISCHARGE \*\*\*\*\* : \*\*\*\*\* NOTE: Read instructions before completing this form. \*\*\*\*\* \*\*\*\*\* 810.0 MAXIMUM 400 14.8 \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* DΑY MONITORING PERIOD PERCENT PERCENT PERCENT #/100ML #/100ML S SLING \*\*\* (<del>4</del>3) \*\*\* (23)(23)(23)(13) (13)ቨ Form Approved.

OMB No. 2040-0004

Approval Expires 05-31-98 ODE AREA 2005 YEAR ΩŞ 0 0 0 0 0 0 ) DAYS THREE TIMES/ THREE TIMES/ MONTH CONTINUOSLY WEEK FREQUENCY OF ANALYSIS WEEK ONCE/ TELEPHONE 586-0393 \*\*\* ONCE/ HINOM WEEK DAILY == 1/30 1/30 PHONE NUMBER 5/7 3/7 7/7 3/7 8 DISCHARGE NUMBER 001 A GRAB GRAB RECORDED GRAB CALCULATED CALCULATED CALCULATED SAMPLE TYPE DAY 8

00434/981209 1904

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

ATT: FACIL LOCA: NAME: ADDRESS: MENDENHALL TREATMENT PLANT JUNEAU, CITY AND BOROUGH OF

MAJOR
(SUB 01)
F - FINAL
FF-LUENT
\*\*\*\* NO DISCHARGE
NOTE: Read instructions before completing this form.

AUUKESS:	MENDENHALL TREATMENT PLANT	ATMENT PLANT			***	1					7.14.1.
	155 SOUTH SEWARD,	Ď,			PERMIT	PERMIT NUMBER				001 A	Α
FACILITY:	MENDENHALL VALLEY	MENDENHALL VALLEY SERVICE ADEA								DESCRIPTION IN THE PROPERTY OF	NOPIDER
LOCATION:	JUNEAU, ALASKA	99801	i i	٠	¥	MO.	MONITORING PERIOD	RING P	ERIOD		
ATT:	Scott Jeffers WW Utilities Superintendent	tilities Superintende	nt	FROM	2005	11		To O	2005	1 70	JAY
PARAMETER		QUANTITY OR LOADING	LOADING		QUALITY	윘		_   ā	NO.	FREQUENCY	SAMBIE
	/-	AVERAGE	MAXIMUM	STINU	MINIMIM	AVEDAGE	MAYTMIN		ΕX	OF ANALYSIS	TYPE
HARDNESS	SAMPLE			0.00	Liotaratu	AVERAGE	MOMINAMIN	STINO			
as CaCO3	MEASUREMENT	****	****	***	****	TOS.O	0.80T	(19)	0		
82394 1 0 0	PERMIT					DEDODT	2022			1/30	
EFFLUENT GROSS VALUE	REQUIREMENT:	****	*****	* * *	*****	MO AVA	REPOR	2		ONCE/	GRAB
DISSOLVED OXYGEN	SAMPLE				1 2	2 7		MG/L		HINOM	
	MEASUREMENT	****	****	* * *	<u> </u>	٠./	7.2	(ET)	. 0	i 5	
FEET LIEUT GROSS VALUE	PERMIT				REPORT	REPORT	REPORT			1/90	
TOXICITY.	CAMBIE			****	MINIMUM	MO AVG	DAILY MAX	MG/L		QUARTER	
CERIODAPHNIA CHRONIC	MEASUREMENT	****	** ** ** **	* *	++++		N/A	(73)	0		
61406	PERMIT	1035								1/182	
EFFLUENT GROSS VALUE	REQUIREMENT	WKLY AVG	****	* * *	* * * *	****	MATMIN 0.01				
	SAMPLE		j		3210			20		YEAK	
	MEASUREMENT	****	****	***	****	****	***				
	PERMIT	*****	****	* * *	*****	****					
	SAMPLE										
	MEASUREMENT	****	****	***	****	****	****				
	REOUIREMENT	******	* * * * * *	* * * *							
	SAMPLE										
	MEASUREMENT	****	*****	***	****	* * * *	****				
	PERMIT REQUIREMENT: "	*****	*****	* * * *	* * * * * *	X X X X X X X X X X X X X X X X X X X		Districts			
	SAMPLE		The state of the s								
	MEASUREMENT	****	****	***	****	***	****			<del></del>	
	PERMIT	*****	*****	* * * *	****	***************************************					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were	aw that this document a	nd all attachments were	See	***************************************	)			111111	TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent	prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly eather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information the information.	on or supervision in accu personnel properly gath quiry of the person or po sponsible for gathering	ordance with the system er and evaluate the info ersons who manage the the information the inf	designed mation system,	D				907 AREA CODE	586-0393 PHONE NUMBER	
TYPED OR PRINTED	including the possibility of	my knowledge and belic gnificant penalties for st	et true, accurate, and continued the continued of the con	omplete.	SIGNATURE	URE OF PRINCIPA	EXECUTIVE		2005	12	χ
COMMENT AND EXPLANATION OF ANY VIOLATIONS	VIOLATIONS	J)	(Reference all attachments here)	nents here)	OFFICER	CER OR AUTHORIZED AGENT	ZED AGENT		YEAR	MO	DAY
* Concerning violations-please see attached. The reporting period was from 10/30/2005 through 12/03/2005	e attached. The rep	orting period w	as from 10/30/2	005 throu	iah 12/03/2001	<b>.</b> 71					
FPA Form 3320-1 (03-99) Previous editions may be used	be lised	(2)	Follows and the second	200	311 00/						