

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

MAJOR
(SUB 01)
F - FINAL
EFFLUENT

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

AK-002295-1 PERMIT NUMBER	001 A DISCHARGE NUMBER
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MONITORING PERIOD			
YR	MO	DAY	TO
2014	2	2	
YEAR	MO	DAY	DAY
2014	3		1

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, Wastewater Utilities Sr. Operator

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Turbidity	*****	*****	*****	*****	0		
00070 1 0 Effluent Gross	*****	*****	*****	*****	0		
Oxygen, dissolved (DO)	*****	*****	*****	*****	0	Continuous	RCORDR
00300 1 0 Effluent Gross	*****	*****	*****	*****	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	446.6	637.0	28.3	38.0	0		
00310 1 0 Effluent Gross	1226	2452	30	60	19	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	462.5	*****	30.8	*****	0		
00310 W 0 See Comments	1829	*****	45	*****	19	Twice Per Month	COMP24
pH	*****	*****	6.6	6.9	0		
00400 1 0 Effluent Gross	*****	*****	6.5	9.0	12	Weekdays	GRAB
Alkalinity, total (asCaCo3)	*****	*****	*****	*****	0		
00410 1 7 Effluent Gross	*****	*****	*****	*****	0		
Solids, total suspended	451.8	662.0	28.6	42.0	19	Quarterly	COMP24
00530 1 0 Effluent Gross	1226	2452	30	60	19	Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
Wastewater Utilities Sr. Operator

I certify under penalty of law that this document and all attachments were 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907
AREA CODE
586-0393
TELEPHONE NUMBER

2014
YEAR
3
MO
10
DAY

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 02/02/2014 - 03/01/2014.

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

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

00434/981209 1904

PAGE 1 OF 5

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

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 JUNEAU, ALASKA 99801
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YR	MO	DAY	TO
2014	2	2	
YR	MO	DAY	TO
2014	3		

PARAMETER	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	(26)	*****	32	(19)	0		
00530 W 0	PERMIT REQUIREMENT		*****	45	19		Twice Per Month	COMP24
See Comments	WKLY AVG	lb/d	*****	WKLY AVG	mg/L			
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	(26)	*****	13.0	(19)	0		
00610 1 0	PERMIT REQUIREMENT		*****	28.5	19		Once Per Month	COMP24
Effluent Gross	MO AVG	lb/d	*****	MO AVG	mg/L			
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	****	*****	65.0	(19)	0		
00900 1 6	PERMIT REQUIREMENT		*****	Req. Mon. DAILY MX	19		Once Per Month	GRAB
Effluent Gross	WKLY AVG	****	*****	NA	(28)	0		
Silver, total recoverable	SAMPLE MEASUREMENT	(26)	*****	NA	(28)			
01079 1 0	PERMIT REQUIREMENT		*****	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Effluent Gross	MO AVG	lb/d	*****	NA	(28)	0		
Zinc, total recoverable	SAMPLE MEASUREMENT	(26)	*****	NA	(28)			
01094 1 0	PERMIT REQUIREMENT		*****	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Effluent Gross	MO AVG	lb/d	*****	NA	(28)	0		
Lead, total recoverable	SAMPLE MEASUREMENT	(26)	*****	NA	(28)			
01114 1 0	PERMIT REQUIREMENT		*****	Req. Mon. DAILY MX	28		Three Per Year	COMP24
Effluent Gross	MO AVG	lb/d	*****	NA	(28)	0		
Copper, total recoverable	SAMPLE MEASUREMENT	(26)	*****	Req. Mon. DAILY MX	28		Three Per Year	COMP24
01119 1 0	PERMIT REQUIREMENT		*****	MO AVG	22.0	0		
Effluent Gross	MO AVG	lb/d	*****	86.7	187		Once Per Month	COMP24
01119 1 0	PERMIT REQUIREMENT		*****	MO AVG	22.0	0		
Effluent Gross	MO AVG	lb/d	*****	7.63	DAILY MX			

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jim Westcott
Wastewater Utilities Sr. Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED	YEAR	MO	DAY
	2014	3	10
COMMENT AND EXPLANATION OF ANY VIOLATIONS	AREA CODE	PHONE NUMBER	DATE
* The reporting period was from 02/02/2014 - 03/01/2014.	907	586-0393	
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NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Jim Westcott, Wastewater Utilities Sr. Operator

AK-002295-1
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DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	YEAR
2014	2	2	2014
FROM	TO	MO	DAY
		3	1

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
30500 O 0	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
See Comments	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
31615 O 0	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
See Comments	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
31615 P 0	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
See Comments	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
31615 Q 0	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
See Comments	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 (C)	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
31615 R 0	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
See Comments	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
Floating solids or visible foam-visual	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
45613 1 0	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
Effluent Gross	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
Flow, in conduit thru treatment plan	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
50050 1 0	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
Effluent Gross	*****	*****	*****	*****	*****	0	Twice Every Week	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were 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.								
Jim Westcott Wastewater Utilities Sr. Operator	TELEPHONE 907 586-0393 AREA CODE PHONE NUMBER DATE 2014 3 10 YEAR MO DAY								
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								

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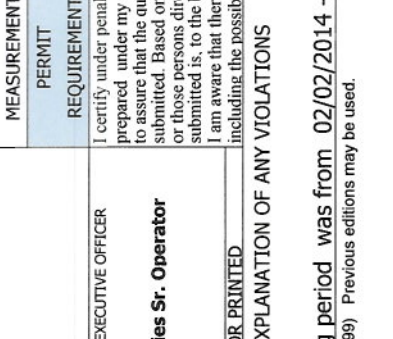
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PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	VALUE	VALUE	UNITS	UNITS				
Chlorine, total residual	N/A	N/A				(26)				
50060 S 0	4.09	4.09				lb/d				
See Comments	MO AVG	DAILY MX								
Dilution factor	*****	*****				*****				
80093 1 0	*****	*****				*****				
Effluent Gross	*****	*****				*****				
BOD,5-day, percent removal	*****	*****				*****				
81010 K 0	*****	*****				*****				
Percent Removal	*****	*****				*****				
Solids, suspended percent removal	*****	*****				*****				
81011 K 0 0	*****	*****				*****				
Percent Removal	*****	*****				*****				
Chlorine usage	N/A	N/A				(26)				
81400 X 0	Req. Mon.	Req. Mon.				lb/d				
End of Chlorine Contact Chamber	MO AVG	MO AVG								
Oil and grease visual	*****	*****				*****				
84066 1 0	*****	*****				*****				
Effluent Gross	*****	*****				*****				
Toxicity, Chronic	*****	*****				*****				
TT000 1 8	*****	*****				*****				
Effluent Gross	*****	*****				*****				
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 Jim Westcott Wastewater Utilities Sr. Operator										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907 AREA CODE
586-0393 TELEPHONE
2014 YEAR
3 MO
10 DAY

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