



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

MAJOR (SUB 01)  
OMB No. 2040-0004  
F - FINAL  
Approval Expires 05-31-98

Form Approved.

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

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

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

AK-002295-1  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	NO. EX
2014	6	1	0
FROM	TO	YEAR	MO
2014	6	2014	6
DAY	TO	DAY	SAMPLE TYPE
1		28	

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE																
	VALUE	VALUE	VALUE	UNITS																				
Turbidity	*****	*****	*****	*****	****	0																		
00070 1 0 Effluent Gross Oxygen, dissolved (DO)	*****	*****	*****	*****	****	0	Continuous	RCORDR																
00300 1 0 Effluent Gross BOD, 5-Day, 20 deg. C	*****	*****	*****	*****	****	0	Once Per Month	GRAB																
00310 1 0 Effluent Gross BOD, 5-Day, 20 deg. C	276.4	470.4	18.2	30.0	(26)	0	Twice Per Month	COMP24																
00310 W 0 See Comments	1226	2452	30	60	lb/d	0	Twice Per Month																	
pH	323.4	*****	22.0	*****	(26)	0																		
00400 1 0 Effluent Gross Alkalinity, total (asCaCo3)	1829	*****	45	*****	lb/d	0	Twice Per Month	COMP24																
00410 1 7 Effluent Gross Solids, total suspended	*****	*****	*****	7.0	****	0	Weekdays	GRAB																
00530 1 0 Effluent Gross	*****	*****	*****	9.0	****	0	Quarterly	COMP24																
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	*****	*****	*****	INST MIN	****	0	Twice Per Month																	
Grieko Tempel Wastewater Utilities Sr. Operator	272.6	419.1	17.8	32.0	(26)	0	Quarterly	COMP24																
TYPED OR PRINTED	*****	*****	*****	*****	****	0	Twice Per Month																	
COMMENT AND EXPLANATION OF ANY VIOLATIONS	*****	*****	*****	*****	****	0	Twice Per Month																	
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																								
<table border="0"> <tr> <td>907</td> <td>TELEPHONE</td> </tr> <tr> <td>AREA CODE</td> <td>586-0393</td> </tr> <tr> <td>PHONE NUMBER</td> <td></td> </tr> <tr> <td>DATE</td> <td></td> </tr> <tr> <td>2014</td> <td>7</td> </tr> <tr> <td>YEAR</td> <td>MO</td> </tr> <tr> <td></td> <td>8</td> </tr> <tr> <td></td> <td>DAY</td> </tr> </table>									907	TELEPHONE	AREA CODE	586-0393	PHONE NUMBER		DATE		2014	7	YEAR	MO		8		DAY
907	TELEPHONE																							
AREA CODE	586-0393																							
PHONE NUMBER																								
DATE																								
2014	7																							
YEAR	MO																							
	8																							
	DAY																							

\* The reporting period was from 06/01/2014-06/28/2014.

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 4

**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

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

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

**AK-002295-1**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	NO. EX
2014	6	1	0
FROM	TO	YEAR	FREQUENCY OF ANALYSIS
2014	6	2014	6
DAY	MO	DAY	SAMPLE TYPE
1	6	28	COMP24

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Solids, total suspended	296.9	(26)	23	(19)	*****	0		
00530 W 0	1829	lb/d	45	mg/L	*****	0	Twice Per Month	COMP24
See Comments	272	(26)	18	(19)	*****	0		
Nitrogen, ammonia total (as N)	1164	lb/d	28.5	mg/L	*****	0	Once Per Month	COMP24
00610 1 0	1963	*****	68	(19)	*****	0		
Effluent Gross	DAILY MX	*****	Req. Mon. DAILY MX	19	*****	0	Once Per Month	GRAB
Hardness, total (as CaCO3)	*****	*****	Req. Mon. MO AVG	mg/L	*****	0		
00900 1 6	*****	*****	NA	(28)	*****	0		
Effluent Gross	NA	(26)	Req. Mon. DAILY MX	28	*****	0	Three Per Year	COMP24
Silver, total recoverable	NA	(26)	NA	(28)	*****	0		
01079 1 0	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	ug/L	*****	0		
Effluent Gross	NA	(26)	NA	(28)	*****	0		
Zinc, total recoverable	NA	(26)	Req. Mon. DAILY MX	28	*****	0	Three Per Year	COMP24
01094 1 0	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	ug/L	*****	0		
Effluent Gross	NA	(26)	NA	(28)	*****	0		
Lead, total recoverable	NA	(26)	Req. Mon. DAILY MX	28	*****	0	Three Per Year	COMP24
01114 1 0	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	ug/L	*****	0		
Effluent Gross	0.121	(26)	16.0	(28)	*****	0		
Copper, total recoverable	0.242	(26)	16.0	(28)	*****	0		
01119 1 0	3.54	lb/d	86.7	ug/L	*****	0	Once Per Month	COMP24
Effluent Gross	7.63	lb/d	MO AVG DAILY MX	28	*****	0	Once Per Month	COMP24

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.

**Grieko Tempel**  
**Wastewater Utilities Sr. Operator**

TELEPHONE: 907 586-0393  
 AREA CODE: 907  
 PHONE NUMBER: 586-0393  
 DATE: 2014 7 8  
 YEAR: 2014  
 MO: 7  
 DAY: 8

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* The reporting period was from 06/01/2014-06/28/2014.

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 2 OF 4



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

MAJOR (SUB 01) OMB No. 2040-0004  
 F - FINAL Approval Expires 05-31-98  
 EFFLUENT \*\*\* NO DISCHARGE \*\*\*

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

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

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

**AK-002295-1**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

**NOTE: Read instructions before completing this form.**

MONITORING PERIOD			
YR	MO	DAY	TO
2014	6	1	
YR	MO	DAY	TO
2014	6	28	

PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE		VALUE	VALUE				
Chlorine, total residual	N/A	N/A	(26)	*****	N/A	(28)	0		
50060 S 0	4.09	4.09	lb/d	*****	DAILY MX	ug/l	0	QUARTERLY	COMP24
See Comments	MO AVG	DAILY MX		*****					
Dilution factor	*****	*****	****	*****		ug/L	0		
80093 1 0	*****	*****	****	*****					
Effluent Gross	*****	*****	****	*****	Req. Mon.	1U	0	DAILY	MEASRD
BOD, 5-day, percent removal	*****	*****	****	*****	MO AVG	(23)	0		
81010 K 0	*****	*****	****	*****					
Percent Removal	*****	*****	****	*****	Req. Mon.	23	0	Once Per Month	CALCTD
Solids, suspended percent removal	*****	*****	****	*****	MN % RMV	%			
81011 K 0 0	*****	*****	****	*****	93.4	(23)	0		
Percent Removal	*****	*****	****	*****	MN % RMV	23	0	Once Per Month	CALCTD
Chlorine usage	N/A	*****	(26)	*****	*****	%	0		
81400 X 0	*****	*****	****	*****	*****				
End of Chlorine Contact Chamber	Req. Mon.	*****	lb/d	*****	*****			DAILY	MEASRD
Oil and grease visual	MO AVG	*****	****	*****	*****	(93)	0		
84066 1 0	*****	*****	****	*****	*****	occur/mo		Once Per Month	VISUAL
Effluent Gross	*****	*****	****	*****	*****	(2G)	0		
Toxicity, Chronic	*****	*****	****	*****	*****				
TT000 1 8	*****	*****	****	*****	*****			Semiannual	COMP24
Effluent Gross	*****	*****	****	*****	*****	px chronic			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grieko Tempel 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.									
TYPED OR PRINTED SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENT AND EXPLANATION OF ANY VIOLATIONS									

TELEPHONE  
 907 AREA CODE 586-0393  
 PHONE NUMBER  
 DATE  
 2014 YEAR 7 MO 8 DAY

\* The reporting period was from 06/01/2014-06/28/2014.

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 4 OF 4