

# REVISED

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

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

MAJOR  
(SUB 01)

F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form.

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

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Roger Hulse Plant Supervisor

(2-19)  
AK0022951  
PERMIT NUMBER

(17-19)  
001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2001	08	01	08 31

PARAMETER (32-37)	(3 Card Only) (45-53)			(20-21) (4 Card Only)			(22-23)			(24-25)			(26-27)			(28-29)			SAMPLE TYPE (30-31)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	NO.	FREQUENCY OF ANALYSIS (64-69)	NO.	EX	FREQUENCY OF ANALYSIS (64-69)	NO.	EX	FREQUENCY OF ANALYSIS (64-69)	NO.	EX	
ZINC	*****	*****	*****	*****	17.0	17.0	ug/L	0	0	1/ month	0	0	1/ month	0	0	ONCE/ MONTH	0	0	COMP 24
TOTAL RECOVERABLE MEASUREMENT PERMIT	*****	*****	*****	*****	71.4	149.0	DAILY MAX	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	0	0	COMP 24
EFFLUENT GROSS VALUE HARDNESS, AS CaCO3	*****	*****	*****	*****	*****	80.00	ug/L	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	0	0	COMP 24
EFFLUENT GROSS VALUE ALKALINITY AS CaCO3	*****	*****	*****	*****	*****	*****	MG/L	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	0	0	COMP 24
EFFLUENT GROSS VALUE TURBIDITY	*****	*****	*****	*****	*****	*****	MG/L	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	0	0	COMP 24
EFFLUENT GROSS VALUE DISSOLVED OXIGEN	*****	*****	*****	*****	*****	*****	NTU	*****	*****	*****	*****	*****	*****	*****	*****	CONTINUOUSLY RECORDED	0	0	GRAB
EFFLUENT GROSS VALUE TOXICITY, CERIODAPHRINA CHRONIC	*****	*****	*****	*****	*****	*****	MG/L	*****	*****	*****	*****	*****	*****	*****	*****	1/quarter ONCE/ QUARTER	0	0	COMP 24
EFFLUENT GROSS VALUE RECEIVING WATERS	*****	*****	*****	*****	*****	*****	TUc	*****	*****	*****	*****	*****	*****	*****	*****	TWICE/ YEAR	0	0	COMP 24
EFFLUENT GROSS VALUE DILUTION	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

FOR OBTAINING 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. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE: ERNIE MUELLER, DIRECTOR  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)  
OFFICE OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)  
TELEPHONE: 789-9919  
PHONE NUMBER: 789-9919  
AREA CODE: 907  
DATE: 2001 09 08  
YEAR: 2001  
MO: 09  
DAY: 08

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\* THE EFFLUENTS CL1 RESIDUAL WAS BELOW OUR EFFLUENT ANALYZERS DETECTABLE LEVEL.  
\* THE RECORDED AVERAGE CL2 RESIDUAL WAS CALCULATED FROM GRAB SAMPLES COLLECTED 2/DAY 5 DAYS/WEEK. A 0.0400 mg/L CALIBRATION STANDARD WAS USED.  
EPA Form 3320-1 (08-95) Permit Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE

NOTE: Read instructions before completing this form.

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

(2-16) AK0022951  
PERMIT NUMBER

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Roger Hulise Plant Supervisor

(17-19) 001 A  
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2001	08	01	08
2001	08	01	31

PARAMETER (32-37)	(3 Card Only) (48-53)		QUANTITY OR LOADING (64-61)		QUALITY OR CONCENTRATION (64-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM (4 Card Only) (38-45)	AVERAGE (48-53)	MAXIMUM (24-25)	UNITS (13)			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C	1,9480				12	21	(13)	0	3/7	GRAB
EFFLUENT GROSS VALUE					200	400	#/100ML	0	THREE TIMES/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	REPORT		(3)		MO GEO	WKLY GEO		0	7/7	CONT
EFFLUENT GROSS VALUE	MO AVG		MGD					1	CONTINUOUSLY RECORDED	CONT
CHLORINE TOTAL RESIDUAL					0.014	0.05	(19)	0	CONTINUOUSLY RECORDED	CONT
EFFLUENT GROSS VALUE					MO AVG.	DAILY MAX	MG/L	0	CONTINUOUSLY RECORDED	COMP
BOD, 5-DAY PERCENT REMOVAL							(23)	0	1/ month ONCE/ MONTH	CACID
EFFLUENT GROSS VALUE								0	1/ month ONCE/ MONTH	GRAB
SOLIDS, SUSPENDED PERCENT REMOVAL								0	1/ month ONCE/ MONTH	CACID
EFFLUENT GROSS VALUE								1	1/ month ONCE/ MONTH	COMP 24
COPPER					8.70	8.70	PERCENT	0	1/ month ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE								0	1/ month ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE					8.36	20.1	ug/L	0	1/ month ONCE/ MONTH	COMP 24
LEAD					0.44	0.44		0	1/ month ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE								0	1/ month ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE					5.5	11	ug/L	0	1/ month ONCE/ MONTH	COMP 24
SILVER					0.76	0.76		0	1/ month ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE								0	1/ month ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE					0.87	1.75	ug/L	0	1/ month ONCE/ MONTH	COMP 24

I CERTIFY 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 FOR OBTAINING 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 40 C.F.R. 141.101 AND 141.103.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
Ernie Mueller  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)  
Public Works Director

COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)  
\*THE EFFLUENTS CL2 RESIDUAL WAS BELOW OUR EFFLUENT ANALYZERS DETECTABLE LEVEL.  
\*THE RECORDED AVERAGE CL2 RESIDUAL WAS CALCULATED FROM GRAB SAMPLES COLLECTED 2/DAY 6 DAYS/WEEK. A 0.0400 mg/L CALIBRATION STANDARD WAS USED.

TELEPHONE: 799-9919  
AREA CODE: (907)  
PHONE NUMBER: 799-9919  
YEAR: 2001  
MO: 09  
DAY: 08

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

MAJOR (SUB 01)  
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EFFLUENT  
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PERMITTEE NAME/ADDRESS (include Facility name & location if different)

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ADDRESS: MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATT: Roger Hulse Plant Supervisor

(2-19)  
AK0022951  
PERMIT NUMBER

(17-19)  
001 A  
DISCHARGE NUMBER

MONITORING PERIOD  
YR 2001 MO 08 DAY 01 FROM YR 2001 MO 08 DAY 31 TO

PARAMETER (32-37)	(3 Card Only) (46-53)		(64-61)		QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (68-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	.....	.....	.....	.....	16.7	17.6	(04)	0	5/7	GRAB
00010 1.00 EFFLUENT GROSS VALUE	.....	.....	.....	.....	REPORT MO AVG	REPORT WKLY AVG	DEG. °C	0	WEEK DAYS	
BOD, 5-DAY (20 DEG C)	5601	.....	(26)	.....	339	.....	(19)	0	2/7	COMP 24
00310 G.O. RAW SEW/INFLUENT	REPORT MO AVG	.....	LBS/DAY	.....	REPORT MO AVG	.....	MG/L	0	WEEKLY	
BOD, 5-DAY (20 DEG C)	183.6	259.9	(26)	.....	11.3	16.0	(19)	0	1/7	COMP 24
00310 1.00 EFFLUENT GROSS VALUE	1228 MO AVG	1839 WKLY AVG	LBS/DAY	.....	30 MO AVG	45 WKLY AVG	MG/L	0	WEEKLY	
pH	.....	.....	.....	.....	6.5	7.2	(12)	0	5/7	GRAB
00400 1.00 EFFLUENT GROSS VALUE	.....	.....	.....	.....	6.5 MIN.	8.5 MAXIMUM	SU	0	WEEK DAYS	
SOLIDS, TOTAL SUSPENDED	6806	.....	(26)	.....	345	.....	(19)	0	1/7	COMP 24
00530 G.O. RAW SEW/INFLUENT	REPORT MO AVG	.....	LBS/DAY	.....	REPORT MO AVG	.....	MG/L	0	WEEKLY	
SOLIDS, TOTAL SUSPENDED	104.0	143.0	(26)	.....	6.4	8.8	(19)	0	1/7	COMP 24
00530 1.00 EFFLUENT GROSS VALUE	1228 MO AVG	1839 WKLY AVG	LBS/DAY	.....	30 MO AVG	45 WKLY AVG	MG/L	0	WEEKLY	
NITROGEN, AMMONIA TOTAL (AS N)	.....	.....	.....	.....	13.0	13.0	(19)	0	1/1 month	GRAB
00610 1.00 EFFLUENT GROSS VALUE	1079 MO AVG	1622 DAILY MAX	LBS/DAY	.....	28.4 MO AVG	39.7 DAILY MAX	MG/L	0	ONCE/ MONTH	
I CERTIFY 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 FOR OBTAINING 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 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Ernie Mueller							TELEPHONE 789-9919			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>							DATE 2001 09 08			
TYPED OR PRINTED NAME AND EXPLANATION OF ANY VIOLATIONS			AREA CODE			PHONE NUMBER			YEAR MO DAY	
*CONCERNING VIOLATION- PLEASE SEE ATTACHED.										