

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

REVISED

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

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:	MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
FACILITY:	MENDENHALL VALLEY SERVICE AREA
LOCATION:	JUNEAU, ALASKA 99801
ATT:	SCOTT JEFFERS, WW UTILITIES SUPT

AK0022951
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YR	MO	DAY
2003	7	01		2003	7	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0		*****	*****	*****	*****	17.1	17.7	(04)	0	5/7	
EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. °C		WEEK DAYS	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0		3992	6021	(26)	*****	260	384	(19)	0	1/7	
RAW SEW/INFLUENT		REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0		266.5	*****	(26)	*****	17.0	*****	(10)	0	1/7	
SFF COMMENTS BELOW		1839	*****	LBS/DAY	*****	45	*****	MG/L		WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0		182.3	266.5	(26)	*****	11.9	17.0	(19)	0	1/7	
EFFLUENT GROSS VALUE		1226	2452	LBS/DAY	*****	30	60	MG/L		WEEKLY	COMP 24
pH		*****	*****	*****	6.5	*****	6.9	(12)	0	5/7	
00400 1 0 0		*****	*****	*****	6.5 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	GRAB
ALCALINITY AS CaCO3 00425 1 0 0		*****	*****	*****	*****	157.0	157.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0		2812.1	3404.7	(26)	*****	180.4	215.0	(19)	0	1/7	
RAW SEW/INFLUENT		REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	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 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 SCOTT JEFFERS		TELEPHONE	DATE
WW UTILITY SUPERINTENDENT TYPED OR PRINTED		907 588-0383	2003 7 2
COMMENT AND EXPLANATION OF ANY VIOLATIONS *CONCERNING VIOLATION- PLEASE SEE ATTACHED.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)	AREA CODE	PHONE NUMBER
		YEAR	MO DAY

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

REVISED

MAJOR
(SUB 01)
F - FINAL
EFFLUENT

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-96

*** 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: SCOTT JEFFERS, WW UTILITIES SUPT

AK0022951
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2003	7	01		2003	7	31

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	216.2	*****	(26)	*****	12.00	*****	(19)	0	1/7	
	PERMIT REQUIREMENT	1839	*****		*****	45	*****			WEEKLY	COMP 24
	WKL AVG	143.9	*****	LBS/DAY	*****	WKL AVG	*****	MG/L	0	1/7	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	143.9	216.2	(26)	*****	9.16	12.0	(19)	0	1/7	
	PERMIT REQUIREMENT	1226	2452		*****	30	60			WEEKLY	COMP 24
	MO AVG	1226	2452	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	1	1/ month	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	520.4	520.4	(20)	*****	96.0	96.0	(19)	1	1/ month	
	PERMIT REQUIREMENT	1079	1622		*****	26.4	39.7			ONCE/ MONTH	COMP 24
	MO AVG	1079	1622	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	1	1/ month	
EFFLUENT GROSS VALUE SILVER	SAMPLE MEASUREMENT	0.013	0.013	(26)	*****	0.89	0.89	(28)	1	1/ month	
TOTAL RECOVERABLE 01079 1 0 0	PERMIT REQUIREMENT	0.036	0.072		*****	0.87	1.75			ONCE/ MONTH	COMP 24
	MO AVG	0.036	0.072	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	0	1/ month	
EFFLUENT GROSS VALUE ZINC	SAMPLE MEASUREMENT	0.43	0.43	(26)	*****	29.0	29.0	(28)	0	1/ month	
TOTAL RECOVERABLE 01094 1 0 0	PERMIT REQUIREMENT	2.92	6.09		*****	71.4	149.0			ONCE/ MONTH	COMP 24
	MO AVG	2.92	6.09	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	0	1/ month	
EFFLUENT GROSS VALUE LEAD	SAMPLE MEASUREMENT	0.019	0.019	(26)	*****	1.3	1.3	(28)	0	1/ month	
TOTAL RECOVERABLE 01114 1 0 0	PERMIT REQUIREMENT	0.225	0.450		*****	9.5	11.0			ONCE/ MONTH	COMP 24
	MO AVG	0.225	0.450	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	1	1/ month	
EFFLUENT GROSS VALUE COPPER	SAMPLE MEASUREMENT	0.220	0.220	(26)	*****	15.00	15.00	(28)	1	1/ month	
TOTAL RECOVERABLE 01119 1 0 0	PERMIT REQUIREMENT	0.342	0.858		*****	8.36	20.1			ONCE/ MONTH	COMP 24
	MO AVG	0.342	0.858	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L		1/ 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 SCOTT JEFFERS WW UTILITY SUPERINTENDENT		TELEPHONE (907) 586-0323	DATE 2003 7 2
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE PHONE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *CONCERNING VIOLATION- PLEASE SEE ATTACHED.
(REFERENCE ALL ATTACHMENTS HERE)

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

REVISED

MAJOR
(SUB 01)
F - FINAL
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: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: SCOTT JEFFERS, WW UTILITIES SUPT

AK0022951
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2003	7	01		2003	7	31

PARAMETER (32-37)	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31816 W 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.7	*****	(13)	0	3/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	*****	400 WKLY GEO	*****	#/100ML		THREE TIMES/ WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31816 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.4	30.0	(13)	0	3/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200 MO GEO	400 DAILY MAX	#/100ML		THREE TIMES/ WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0	SAMPLE MEASUREMENT	1.6517	2.1600	(09)	*****	*****	*****	*****	0	7/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		CONTINUOUSLY	RECORDED
CHLORINE TOTAL RESIDUAL 50060 1 0 0	SAMPLE MEASUREMENT	*****	0.3603	(26)	*****	*****	0.02	(19)	0	5/7	CONT
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	1.635	DAILY MAX	*****	*****	0.04	DAILY MAX		WEEK DAYS	GRAB
EFFLUENT DILUTION RATIO 78480 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	919.8	*****	*****	(23)	0	7/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	10 MINIMUM	*****	*****	PERCENT		DAILY	CACTD
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	95.4	*****	*****	(23)	0	1/ month	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT		ONCE/ MONTH	CACTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	94.9	*****	*****	(23)	0	1/ month	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	PERCENT		ONCE/ MONTH	CACTD

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
SCOTT JEFFERS
WW UTILITY SUPERINTENDENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

TELEPHONE
(907) 586-0303

DATE
7/9/03

AREA CODE
PHONE NUMBER

YEAR
MO
DAY

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

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

REVISED

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: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: SCOTT JEFFERS, WW UTILITIES SUPT

AK0022951
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2003	7	01		2003	7	31

PARAMETER (32-37)	X	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS			
TURBIDITY, LAB NTU 82079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0	7/7	
	PERMIT REQUIREMENT	*****	*****	*****		CONTINUOUSLY	RECORDED
HARDNESS, AS CaCO3 82394 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	
	PERMIT REQUIREMENT	*****	*****	*****		ONCE/ MONTH	COMP 24
DISSOLVED OXYGEN 00300 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0	1/quarter	
	PERMIT REQUIREMENT	*****	*****	*****		ONCE/ QUARTER	
TOXICITY, CERIODAPHNIA CHRONIC 61406 EFFLUENT GROSS VALUC	SAMPLE MEASUREMENT	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****		TWICE/ YEAR	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****

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
SCOTT JEFFERS
WW UTILITY SUPERINTENDENT
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OR AUTHORIZED AGENT
(REFERENCE ALL ATTACHMENTS HERE)

TELEPHONE
(907) 586-0393
AREA CODE PHONE NUMBER

DATE
8 9 02
YEAR MO DAY

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