

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

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

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2003	10	01		2003	10	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.3	16.2	(04)	0	5/1	
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX			WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4120	4570	(26)	*****	239	293	(19)	0	1/7	
BOD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX			WEEKLY	COMP 24
00310 G 0 0	SAMPLE MEASUREMENT	145.0	*****	(26)	*****	9.3	*****	(19)	0	1/7	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	1839	*****	LBS/DAY	*****	45	*****			WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	116.2	145.0	(26)	*****	6.7	9.3	(19)	0	1/7	
00310 W 0 0	PERMIT REQUIREMENT	1226	2452	LBS/DAY	*****	30	60			WEEKLY	COMP 24
SEE COMMENTS BELOW	MEASUREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX			WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.1	(12)	0	5/7	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.5	*****	8.5			WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	160.0	160.0	(19)	0	1/ month	
ALKALINITY AS CaCO3	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX			ONCE/ MONTH	COMP 24
00425 1 0 0	SAMPLE MEASUREMENT	3450.1	4467.6	(26)	*****	198.8	279.0	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX			WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			WEEKLY	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			WEEKLY	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)	TELEPHONE		DATE		
SCOTT JEFFERS		907	586-0393	2003	11	7
WW UTILITY SUPERINTENDENT		AREA CODE	PHONE NUMBER	YEAR	MO	DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MAJOR (SUB 01) Form Approved.
F - FINAL OMB No. 2040-0004
EFFLUENT Approval Expires 05-31-98
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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


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MONITORING PERIOD							
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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	246.0	*****	(26)	*****	12.80	*****	(19)	0	1/7	
00530 W 0 0	PERMIT REQUIREMENT	1839	*****		*****	45	*****			WEEKLY	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L			
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	200.0	246.0	(26)	*****	11.38	12.8	(19)	0	1/7	
00530 1 0 0	PERMIT REQUIREMENT	1226	2452		*****	30	60			WEEKLY	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	MEASUREMENT	374.8	374.8	(26)	*****	21.0	21.0	(19)	0	1/ month	
00610 1 0 0	PERMIT REQUIREMENT	1079	1622		*****	26.4	39.7			ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L			
SILVER	MEASUREMENT	0.002	0.002	(26)	*****	0.10	0.10	(28)	0	1/ month	
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.036	0.072		*****	0.87	1.75			ONCE/ MONTH	COMP 24
01079 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L			
EFFLUENT GROSS VALUE	MEASUREMENT	0.913	0.913	(26)	*****	51.10	51.10	(28)	0	1/ month	
ZINC	PERMIT REQUIREMENT	2.02	6.00		*****	71.4	149.0			ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L			
01004 1 0 0	MEASUREMENT	0.050	0.050	(26)	*****	2.82	2.82	(28)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.225	0.450		*****	5.5	11.0			ONCE/ MONTH	COMP 24
LEAD	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L			
TOTAL RECOVERABLE	MEASUREMENT	0.151	0.151	(26)	*****	8.46	8.46	(28)	1	1/ month	
01114 1 0 0	PERMIT REQUIREMENT	0.342	0.858		*****	8.36	20.1			ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L			

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS WW UTILITY SUPERINTENDENT		TELEPHONE	DATE
TYPED OR PRINTED		(907) 586-0393	2003 11 7
COMMENT AND EXPLANATION OF ANY VIOLATIONS *CONCERNING VIOLATION- PLEASE SEE ATTACHFD	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)	AREA CODE	PHONE NUMBER
		YEAR	MO DAY

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PARAMETER (32-37)	MEASUREMENT	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	0	3/7 THREE TIMES/WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	4	3/7 THREE TIMES/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2.09 REPORT MO AVG	2.81 REPORT DAILY MAX	(03) MGD	0	7/7 CONTINUOUSLY	RECORDED
EFFLUENT DILUTION RATIO 78480 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	0	(23) DAILY	CACTD
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	0	1/ month ONCE/MONTH	CACTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	0	1/ month ONCE/MONTH	CACTD

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTT JEFFERS
WW UTILITY SUPERINTENDENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Scott Jeffers

TELEPHONE
(907) 586-0393

DATE
2003 11 7

AREA CODE
PHONE NUMBER

YEAR
MO
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		AVERAGE	MAXIMUM	UNITS			
TURBIDITY, LAB NTU	*****	*****	*****	*****	0	7/7	
82079 100 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		CONTINUOUSLY	RECORDED
HARDNESS, AS CaCO3	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	
82394 100 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		ONCE/ MONTH	COMP 24
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	*****	0	1/quarter	
00300 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		ONCE/ QUARTER	
TOXICITY, CERIODAPHNIA CHRONIC	SAMPLE MEASUREMENT	*****	*****	*****	0		
61406 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		TWICE/ YEAR	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTT JEFFERS
WW UTILITY SUPERINTENDENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (907) 586-0393

DATE 2003 11 7

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