

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

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE ***
Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98
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						
YR	MO	DAY	TO	YR	MO	DAY
2004	3	01		2004	3	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	11.0	12.2	(04)	0	5/7	
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. °C		WEEK DAYS	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT 4356	5645	(26)	*****	*****	247	282	(19)	0	1/7	
	PERMIT REQUIREMENT 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 SEE COMMENTS BELOW	SAMPLE MEASUREMENT 1899	*****	(26)	*****	*****	13.4	*****	(19)	0	1/7	
	PERMIT REQUIREMENT WKLY AVG	*****	LBS/DAY	*****	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 191.2	233.6	(26)	*****	*****	10.9	13.4	(19)	0	1/7	
	PERMIT REQUIREMENT MO AVG	DAILY MAX	LBS/DAY	*****	*****	30 MO AVG	90 DAILY MAX	MG/L		WEEKLY	COMP 24
pH	SAMPLE MEASUREMENT *****	*****	*****	*****	6.4	*****	6.9	(12)	1	5/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT *****	*****	*****	*****	6.5 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	GRAB
ALKALINITY AS CaCO3 00425 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	149.0	149.0	(19)	0	1/ month	
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT 4326	7266	(26)	*****	*****	242	363	(19)	0	1/7	
	PERMIT REQUIREMENT 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. § 1313. (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: SCOTT JEFFERS
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*
TELEPHONE: 007 586 0303
DATE: 2004 4 9
AREA CODE: PHONE NUMBER
YEAR: MO: DAY

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

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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 1 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	232.1	*****	(26)	*****	14.7	*****	(19)	0	1/7	
	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	232.1	254.2	(26)	*****	13.2	14.7	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		WEEKLY	COMP 24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	304.7	304.7	(26)	*****	18.0	18.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1079 MO AVG	1622 DAILY MAX	LBS/DAY	*****	26.4 MO AVG	39.7 DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SILVER TOTAL RECOVERABLE 01079 1 0 0	SAMPLE MEASUREMENT	0.031	0.031	(26)	*****	1.81	1.81	(28)	2	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.036 MO AVG	0.072 DAILY MAX	LBS/DAY	*****	0.87 MO AVG	1.75 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
ZINC TOTAL RECOVERABLE 01094 1 0 0	SAMPLE MEASUREMENT	1.21	1.21	(26)	*****	71.7	71.7	(28)	1	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.92 MO AVG	6.09 DAILY MAX	LBS/DAY	*****	71.4 MO AVG	149.0 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
I FAD TOTAL RECOVERABLE 01114 1 0 0	SAMPLE MEASUREMENT	0.067	0.067	(26)	*****	4.0	4.0	(28)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.225 MO AVG	0.450 DAILY MAX	LBS/DAY	*****	5.5 MO AVG	11.0 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
COPPER TOTAL RECOVERABLE 01119 1 0 0	SAMPLE MEASUREMENT	0.295	0.295	(26)	*****	17.40	17.40	(28)	1	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.342 MO AVG	0.858 DAILY MAX	LBS/DAY	*****	8.36 MO AVG	20.1 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24

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(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) 586-0393
DATE 2004 4 9

AREA CODE PHONE NUMBER YEAR MO DAY

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

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PARAMETER (32-37)	MEASUREMENT	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	UNITS			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	8.9	0	3/7	
	PERMIT REQUIREMENT	*****	*****	*****	400 WKLY GEO		THREE TIMES/WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.5	0	3/7	
	PERMIT REQUIREMENT	*****	*****	*****	200 MO GEO 400 DAILY MAX		THREE TIMES/WEEK	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0	SAMPLE MEASUREMENT	2.19	2.92	(03)	*****	0	7/7	
	PERMIT REQUIREMENT	RFPOR MO AVG	RFPOR DAILY MAX	MGD	*****		CONTINUOUSLY	RECORDED
EFFLUENT DILUTION RATIO 76480 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	19.0	0	7/7	
	PERMIT REQUIREMENT	*****	*****	*****	10 MINIMUM		DAILY	CACTD
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	95.6	0	1/ month	
	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV		ONCE/ MONTH	CACTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	94.5	0	1/ month	
	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV		ONCE/ MONTH	CACTD

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

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