

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

MAJOR (SUB 01)
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 GLEWARD,
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
	2004	6	01		2004	6	30

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	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.5	17.9	(04)	0	5/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. °C		WEEK DAYS	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	4232	5745	(26)	*****	245	316	(19)	0	1/7	
RAW SEW/INFLUENT	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	SAMPLE MEASUREMENT	331.0	*****	(26)	*****	18.0	*****	(10)	0	1/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839	*****	LBS/DAY	*****	45	*****	MG/L		WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	262.3	331.0	(26)	*****	15.2	18.9	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226	2452	LBS/DAY	*****	30	60	MG/L		WEEKLY	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1	(12)	0	5/7	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	171.0	171.0	(19)	0	1/ month	
ALKALINITY AS CaCO3 00425 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3604	4345	(26)	*****	209.0	239.0	(19)	0	1/7	
SOLIDS, TOTAL SUSPENDED 00530 C 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			

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 23 U.S.C. § 1912. (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
WWW UTILITIES SUPERINTENDENT
TYPED OR PRINTED

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

TELEPHONE
907 586-0393

DATE
2004 7 08

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)
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ADDRESS: MENDENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
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LOCATION: JUNEAU, ALASKA 99801
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MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	6	01		2004	6	30

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	352.7	*****	(26)	*****	19.40	*****	(19)	0	1/7	
	PERMIT REQUIREMENT	1839	*****	LBS/DAY	*****	45	*****	MG/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	291.2	352.7	(26)	*****	16.88	19.4	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226	2452	LBS/DAY	*****	30	60	MG/L		WEEKLY	COMP 24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	412.4	412.4	(20)	*****	24.0	24.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1079	1622	LBS/DAY	*****	26.4	39.7	MG/L		ONCE/ MONTH	COMP 24
SILVER	SAMPLE MEASUREMENT	0.014	0.014	(26)	*****	0.81	0.81	(28)	0	1/ month	
TOTAL RECOVERABLE 01079 1 0 0	PERMIT REQUIREMENT	0.036	0.072	LBS/DAY	*****	0.87	1.75	ug/L		ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.90	1.90	(26)	*****	113.0	113.0	(28)	1	1/ month	
ZINC	PERMIT REQUIREMENT	2.92	6.09	LBS/DAY	*****	71.4	149.0	ug/L		ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE 01094 1 0 0	SAMPLE MEASUREMENT	0.137	0.137	(26)	*****	8.2	8.2	(28)	1	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.225	0.450	LBS/DAY	*****	5.5	11.0	ug/L		ONCE/ MONTH	COMP 24
LEAD	SAMPLE MEASUREMENT	1.015	1.015	(26)	*****	60.50	60.50	(28)	4	1/ month	
TOTAL RECOVERABLE 01114 1 0 0	PERMIT REQUIREMENT	0.342	0.688	LBS/DAY	*****	0.36	20.1	ug/L		ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.342	0.688	(26)	*****	0.36	20.1	ug/L		ONCE/ MONTH	COMP 24

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
SCOTT JEFFERS
WW UTILITY SUPERINTENDENT
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(REFER TO ALL ATTACHMENTS HERE)

TELEPHONE
(907) 586-0393

DATE
2004 7 08

ARFA CODE
PHONE NUMBER YEAR MO DAY

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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

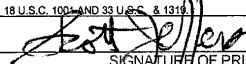
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PARAMETER (32-37)	MEASUREMENT	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	0	3/7	
	PERMIT REQUIREMENT	*****	*****	*****		THREE TIMES/WEEK	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	5	3/7	
	PERMIT REQUIREMENT	*****	*****	*****		THREE TIMES/WEEK	GRAB
EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0	SAMPLE MEASUREMENT	2.10	2.49	(03)	0	7/7	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD		CONTINUOUSLY	RECORDED
EFFLUENT DILUTION RATIO 78480 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	0	7/7	
	PERMIT REQUIREMENT	*****	*****	*****		DAILY	CACTD
EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	
	PERMIT REQUIREMENT	*****	*****	*****		ONCE/MONTH	CACTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	
	PERMIT REQUIREMENT	*****	*****	*****		ONCE/MONTH	CACTD

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS WW UTILITY SUPERINTENDENT		TELEPHONE (907) 586-0393	DATE 2004 7 8
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)

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

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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: (907) 586-0393
 DATE: 2004 7 08
 AREA CODE: PHONE NUMBER YEAR MO DAY

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