

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

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
2004	7	01		2004	7	31

TO

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG CENTIGRADE 00 00 00	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.1	18.9	(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 O O	SAMPLE MEASUREMENT	4659	5702	(26)	*****	256	321	(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 O O	SAMPLE MEASUREMENT	193.5	*****	(26)	*****	10.5	*****	(19)	0	1/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839	*****	LBS/DAY	*****	45	*****	MG/L		WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 I O O	SAMPLE MEASUREMENT	172.1	193.5	(26)	*****	9.4	10.5	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226	2452	LBS/DAY	*****	30	60	MG/L		WEEKLY	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3	(12)	0	5/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	GRAB
ALKALINITY AS CaCO3 00425 I O O	SAMPLE MEASUREMENT	*****	*****	*****	*****	170.0	170.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 005 0 0 0	SAMPLE MEASUREMENT	4413	5566	(26)	*****	242	302	(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

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. § 1365. (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
Scott Jeffers

TELEPHONE
007 506-0383

DATE
2004 8 10

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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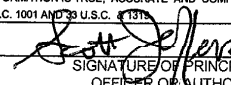
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YR	MO	DAY	TO	YR	MO	DAY
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PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	229.5	*****	(26)	*****	12.8	*****	(19)	0	1/7	
00530 1 0 0	PERMIT REQUIREMENT	1839	*****	LBS/DAY	*****	45	*****	MG/L		WEEKLY	COMP 24
SEE COMMENTS BELOW	PERMIT REQUIREMENT	WKLY AVG	*****			WKLY AVG	*****				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	165.1	229.5	(26)	*****	9.1	12.8	(19)	0	1/7	
00530 1 0 0	PERMIT REQUIREMENT	1226	2452	LBS/DAY	*****	30	60	MG/L		WEEKLY	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	394.5	394.5	(26)	*****	22.0	22.0	(19)	0	1/ month	
00610 1 0 0	PERMIT REQUIREMENT	1079	1622	LBS/DAY	*****	26.1	26.7	MG/L		ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				
SILVER	SAMPLE MEASUREMENT	0.000	0.000	(26)	*****	0.01	0.01	(28)	0	1/ month	
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.030	0.072	LBS/DAY	*****	0.87	1.75	ug/L		ONCE/ MONTH	COMP 24
01079 1 0 0	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.72	0.72	(26)	*****	40.0	40.0	(28)	0	1/ month	
ZINC	PERMIT REQUIREMENT	2.92	6.09	LBS/DAY	*****	71.4	149.0	ug/L		ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				
01094 1 0 0	PERMIT REQUIREMENT	0.001	0.001	(26)	*****	0.1	0.1	(28)	0	1/ month	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.225	0.450	LBS/DAY	*****	5.5	11.0	ug/L		ONCE/ MONTH	COMP 24
LEAD	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				
TOTAL RECOVERABLE	SAMPLE MEASUREMENT	0.248	0.248	(26)	*****	13.80	13.80	(28)	1	1/ month	
01114 1 0 0	PERMIT REQUIREMENT	0.342	0.858	LBS/DAY	*****	8.36	20.1	ug/L		ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				
COPPER	SAMPLE MEASUREMENT	0.342	0.858	(26)	*****	8.36	20.1	ug/L		ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				
01114 1 0 0	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MAX			MO AVG	DAILY MAX				

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS WW UTILITY SUPERINTENDENT	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)	TELEPHONE	DATE			
TYPED OR PRINTED		(907) 586-0393	2004	8	10	
COMMENT AND EXPLANATION OF ANY VIOLATIONS CONCERNING VIOLATION- PLEASE SEE ATTACHED.		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 31 100 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****		THREE TIMES/WEEK	
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 100	SAMPLE MEASUREMENT	*****	*****	*****	0	3/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****		THREE TIMES/WEEK	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0	SAMPLE MEASUREMENT	2.12	2.28	(03)	0	7/7	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD		CONTINUOUSLY	RECORDED
EFFLUENT DILUTION RATIO 78480 100	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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (907) 586-0393

DATE 7/10

AREA CODE PHONE NUMBER YEAR MO DAY

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PARAMETER (32-37)	SAMPLE MEASUREMENT	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS			
TURBIDITY, LAB NTU	*****	*****	*****	*****	0	7/7	
820 J0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		CONTINUOUSLY	RECORDED
HARDNESS, AS CaCO3	*****	*****	*****	*****	0	1/ month	
82394 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		ONCE/ MONTH	COMP 24
DISSOLVED OXYGEN	*****	*****	*****	*****	0	1/quarter	
00300 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		ONCE/ QUARTER	
TOXICITY, CERIODAPHNIA CHRONIC	*****	*****	*****	*****	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
 TYPED OR PRINTED: SCOTT JEFFERS
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*
 TELEPHONE: (907) 586-0393
 DATE: 2004 8 10
 AREA CODE: 907
 PHONE NUMBER: 586-0393
 YEAR: 2004
 MO: 8
 DAY: 10

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