

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

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	8	01		2004	8	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	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.3	19.1	(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	5304	7514	(26)	*****	323	423	(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	368.2	*****	(26)	*****	23.0	*****	(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 1 0 0	SAMPLE MEASUREMENT	335.5	368.2	(26)	*****	20.8	23.0	(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	*****	7.2	(12)	0	5/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5 MIN.	*****	8.5 MAXIMUM	SI		WEEK DAYS	GRAB
ALKALINITY AS CaCO3 00425 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	166.0	166.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	SAMPLE MEASUREMENT	3220.3	3606.0	(26)	*****	198.0	209.0	(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. 1919. (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

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

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

907 TELEPHONE
586-0393

DATE
2004 9 10

AREA CODE
PHONE NUMBER

YEAR MO DAY

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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 00530 W 0 0	MEASUREMENT	188.3	*****	(26)	*****	11.7	*****	(19)	0	1/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839	*****		*****	45	*****			WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 I 0 0	MEASUREMENT	171.4	188.3	(26)	*****	10.6	11.7	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226	2452	LBS/DAY	*****	30	60			WEEKLY	COMP 24
NITROGEN, AMMONIA TOTAL (AS N) 00610 I 0 0	MEASUREMENT	516.9	516.9	(26)	*****	29.1	29.1	(19)	1	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1070	1622	LBS/DAY	*****	26.4	39.7			ONCE/ MONTH	COMP 24
SILVER TOTAL RECOVERABLE 01079 I 0 0	MEASUREMENT	0.014	0.014	(26)	*****	0.81	0.81	(28)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.036	0.072	LBS/DAY	*****	0.87	1.75			ONCE/ MONTH	COMP 24
ZINC TOTAL RECOVERABLE 01094 I 0 0	MEASUREMENT	0.55	0.55	(26)	*****	31.2	31.2	(28)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.92	6.09	LBS/DAY	*****	71.4	149.0			ONCE/ MONTH	COMP 24
LEAD TOTAL RECOVERABLE 01114 I 0 0	MEASUREMENT	0.003	0.003	(26)	*****	0.2	0.2	(20)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.225	0.450	LBS/DAY	*****	5.5	11.0			ONCE/ MONTH	COMP 24
COPPER TOTAL RECOVERABLE 01119 I 0 0	MEASUREMENT	0.196	0.196	(26)	*****	11.00	11.00	(28)	1	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.342	0.658	LBS/DAY	*****	8.36	20.1			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: *[Signature]*
(REFERENCE ALL ATTACHMENTS HERE)

TELEPHONE: (907) 586-0393
AREA CODE: PHONE NUMBER

DATE: 2004 9 10
YEAR MO DAY

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

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PARAMETER (32-37)	SAMPLE 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	MEASUREMENT	*****	*****	*****	0	3/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	MEASUREMENT	*****	*****	*****	0	3/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0	MEASUREMENT	1.93	2.17	(03)	0	7/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD			CONTINUOUSLY RECORDED
EFFLUENT DILUTION RATIO 78480 1 0 0	MEASUREMENT	*****	*****	*****	0	7/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****			
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	MEASUREMENT	*****	*****	*****	0	1/month	CACTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****			
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	MEASUREMENT	*****	*****	*****	0	1/month	CACTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****			

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		AVERAGE	MAXIMUM	UNITS			
TURBIDITY, LAB NTU 82079 1 0 0	*****	*****	*****	*****	0	7/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		CONTINUOUSLY	RECORDED
HARDNESS, AS CaCO3 82394 1 0 0	*****	*****	*****	*****	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		ONCE/ MONTH	COMP 24
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	*****	0	1/quarter	
00300	PERMIT REQUIREMENT	*****	*****	*****		ONCE/ QUARTER	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0	10.0 MAXIMUM	
TOXICITY, CERIODAPHNIA CHRONIC 61406	PERMIT REQUIREMENT	*****	*****	*****		TWICE/ YEAR	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****

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