

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, VVV UTILITIES SUPT

AK0022951  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	9	01		2004	9	30

PARAMETER	SAMPLE 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 00010 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	17.5	18.8	(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	3583	4526	(26)	*****	212	238	(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	250.4	*****	(26)	*****	17.0	*****	(19)	0	1/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	16 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	250.4	300.4	(26)	*****	14.5	17.0	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1220 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		WEEKLY	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	(12)	0	5/7	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MIN.	*****	8.5 MAXIMUM	SU		WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/ month	COMP 24
ALKALINITY AS CaCO3 00425 1 0 0	SAMPLE MEASUREMENT	2971.0	3265.0	(26)	*****	173.0	180.0	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	SAMPLE MEASUREMENT	2971.0	3265.0	(26)	*****	173.0	180.0	(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. § 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  
SCOTT JEFFERS  
VVV UTILITY SUPERINTENDENT

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

TELEPHONE  
907 586-0393

DATE  
2004 10 08

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

TYPED OR PRINTED  
AREA CODE PHONE NUMBER YEAR MO DAY

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

MAJOR (SUB 01) Form Approved OMB No. 2040-0004  
F - FINAL Approval Expires 05-31-98  
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ADDRESS: MENDENHALL TREATMENT PLANT  
155 SOUTH SEWARD,  
JUNEAU, ALASKA 99801  
FACILITY: MENDENHALL VALLEY SERVICE ARFA  
LOCATION: JUNEAU, ALASKA 99801  
ATT: SCOTT JEFFERS, WW UTILITIES SUPT

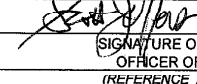
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MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YR	MO	DAY
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PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 W 0 0 SEE COMMENTS BELOW	SAMPLE	208.2	*****	(26)	*****	15.8	*****	(19)	0	1//	
	PERMIT REQUIREMENT	1839	*****	LBS/DAY	*****	45	*****	MG/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE	208.2	255.9	(26)	*****	11.0	15.8	(19)	0	1/7	
	PERMIT REQUIREMENT	1226	2452	LBS/DAY	*****	30	60	MO AVG DAILY MAX	MG/L	WEEKLY	COMP 24
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE	266.2	266.2	(26)	*****	16.8	16.8	(19)	0	1/ month	
	PERMIT REQUIREMENT	1079	1622	LBS/DAY	*****	26.4	39.7	MO AVG DAILY MAX	MG/L	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE SILVER TOTAL RECOVERABLE 01079 1 0 0	SAMPLE	0.002	0.002	(26)	*****	0.10	0.10	(28)	0	1/ month	
	PERMIT REQUIREMENT	0.930	0.072	LBS/DAY	*****	0.07	1.75	MO AVG DAILY MAX	ug/L	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE ZINC TOTAL RECOVERABLE 01094 1 0 0	SAMPLE	0.56	0.56	(26)	*****	35.2	35.2	(28)	0	1/ month	
	PERMIT REQUIREMENT	2.92	6.09	LBS/DAY	*****	71.4	149.0	MO AVG DAILY MAX	ug/L	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE LEAD TOTAL RECOVERABLE 01114 1 0 0	SAMPLE	0.005	0.005	(26)	*****	0.335	0.335	(28)	0	1/ month	
	PERMIT REQUIREMENT	0.225	0.450	LBS/DAY	*****	5.5	11.0	MO AVG DAILY MAX	ug/L	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE COPPER TOTAL RECOVERABLE 01119 1 0 0	SAMPLE	0.241	0.241	(26)	*****	15.20	15.20	(28)	1	1/ month	
	PERMIT REQUIREMENT	0.342	0.858	LBS/DAY	*****	8.36	20.1	MO AVG DAILY MAX	ug/L	ONCE/ MONTH	COMP 24

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER SCOTT JEFFERS WW UTILITY SUPERINTENDENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
TYPED OR PRINTED		(907)	586-0393	2004	10	08
COMMENT AND EXPLANATION OF ANY VIOLATIONS *CONCERNING VIOLATION- PLEASE SEE ATTACHED.	(REFERENCE ALL ATTACHMENTS HERE)	AREA CODE	PHONE NUMBER	YEAR	MO	DAY

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LOCATION: JUNEAU, ALASKA 99801  
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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 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	0	3/7	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	2	3/7	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	7/7	RECORDED
	SAMPLE MEASUREMENT	2.10	2.53	(03)	0	7/7	RECORDED
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	0	7/7	CACTD
	SAMPLE MEASUREMENT	*****	*****	*****	0	7/7	CACTD
EFFLUENT DILUTION RATIO 78480 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	1/ month	CACTD
	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	CACTD
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	0	1/ month	CACTD
	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	CACTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	0	1/ month	CACTD
	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	CACTD

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WW UTILITY SUPERINTENDENT  
TYPED OR PRINTED

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

TELEPHONE  
(007) 588-0303

DATE  
2004 10 8

AREA CODE PHONE NUMBER YEAR MO DAY

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ADDRESS:	MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
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		AVERAGE	MAXIMUM	UNITS			
TURBIDITY, LAB NTU		*****	*****	*****	0	7/7	
82079 1 0 0		*****	*****	*****		CONTINUOUSLY	RECORDED
EFFLUENT GROSS VALUE		*****	*****	*****			
HARDNESS, AS CaCO3		*****	*****	*****	0	1/month	
82394 1 0 0		*****	*****	*****		ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE		*****	*****	*****			
DISSOLVED OXYGEN		*****	*****	*****	0	1/quarter	
00300		*****	*****	*****		ONCE/QUARTER	
EFFLUENT GROSS VALUE		*****	*****	*****			
TOXICITY, CERIODAPHNIA CHRONIC		*****	*****	*****	0		
61406		*****	*****	*****		TWICE/YEAR	
EFFLUENT GROSS VALUE		*****	*****	*****			
		*****	*****	*****	*****	*****	*****
		*****	*****	*****	*****	*****	*****
		*****	*****	*****	*****	*****	*****
		*****	*****	*****	*****	*****	*****
		*****	*****	*****	*****	*****	*****
		*****	*****	*****	*****	*****	*****

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SCOTT JEFFERS	TELEPHONE	DATE
WW UTILITY SUPERINTENDENT		(907) 586-0393	2004 10 08
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	PHONE NUMBER
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