

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

AK0022051  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	10	01		2004	10	31

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 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.7	17.3	(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	4765	6050	(26)	*****	210	293	(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	393.6	*****	(26)	*****	13.0	*****	(19)	0	1/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	286.8	393.6	(26)	*****	12.2	13.0	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	80 DAILY MAX	MG/L		WEEKLY	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.2	(12)	0	3/7	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.5 MIN	*****	8.5 MAXIMUM	SI		WEEK DAYS	GRAB
ALKALINITY AS CaCO3 00425 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	127.0	127.0	(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	4656	6700	(26)	*****	198	210	(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 238 U.S.C. 31319. (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 11 28

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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155 SOUTH SEWARD  
JUNEAU, ALASKA 99801  
FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
A I I: SCOTT JEFFERS, WW UTILITIES SUPT

AK0022951  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2004	10	01		2004	10	31

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	PERMIT	513.9	*****	(26)	*****	15.8	*****	(19)	0	1/7	
SEE COMMENTS BELOW	MEASUREMENT	1834	*****	LBS/DAY	*****	46	*****	MG/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	PERMIT	322.0	513.9	(26)	*****	13.7	15.8	(19)	0	1/7	
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	MEASUREMENT	1226	2452	LBS/DAY	*****	30	60	MG/L		WEEKLY	COMP 24
EFFLUENT GROSS VALUE SILVER 01079 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	0	1/ month	
TOTAL RECOVERABLE 01094 1 0 0	SAMPLE	250.5	250.5	(26)	*****	13.0	13.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE ZINC 01114 1 0 0	MEASUREMENT	1079	1622	LBS/DAY	*****	26.4	39.7	MG/L	0	ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE 01119 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	0	1/ month	
EFFLUENT GROSS VALUE LEAD 01114 1 0 0	SAMPLE	0.002	0.002	(26)	*****	0.10	0.10	(28)	0	ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE 01119 1 0 0	MEASUREMENT	0.036	0.072	LBS/DAY	*****	0.87	1.75	ug/L	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE COPPER 01119 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	0	1/ month	
TOTAL RECOVERABLE 01119 1 0 0	SAMPLE	0.030	0.030	(26)	*****	1.6	1.6	(28)	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	MEASUREMENT	0.225	0.450	LBS/DAY	*****	5.5	11.0	ug/L	1	ONCE/ MONTH	COMP 24
	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	1	ONCE/ MONTH	COMP 24
	SAMPLE	0.168	0.168	(26)	*****	8.69	8.69	(28)	1	1/ month	
	MEASUREMENT	0.342	0.958	LBS/DAY	*****	8.36	20.1	ug/L		ONCE/ MONTH	COMP 24
	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L		ONCE/ MONTH	COMP 24

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: SCOTT JEFFERS  
WW UTILITIES SUPERINTENDENT  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
TELEPHONE: (907) 586-0393  
DATE: 2004 11 04  
AREA CODE: PHONE NUMBER: YEAR: MO: DAY: 04

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YR	MO	DAY
	2004	10	01		2004	10	31

PARAMETER (32-37)	MEASUREMENT	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF, M-FC BROTH, 44.6C 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 I 0 0	SAMPLE MEASUREMENT	*****	*****	*****	0	3/7	
	PERMIT REQUIREMENT	*****	*****	*****		THREE TIMES/WEEK	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0	SAMPLE MEASUREMENT	2.26	2.96	(03)	0	7/7	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD		CONTINUOUSLY	RECORDED
EFFLUENT DILUTION RATIO 78480 I 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
PERCENT REMOVAL SOLIDS, SUSPENDED 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: *Scott Jeffers*  
TELEPHONE: (907) 586-0393  
DATE: 2004 11 04  
AREA CODE: PHONE NUMBER: YEAR: MO: DAY

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FROM			MONITORING PERIOD			TO		
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PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		AVERAGE	MAXIMUM	UNITS							
TURBIDITY, LAB NTU 82079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	9.00	11.02	(43)	0	7/7		
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	NTU		CONTINUOUSLY	RECORDED	
HARDNESS, AS CaCO3 82394 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	74.00	74.00	(19)	0	1/ month		
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ MONTH	COMP 24	
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	*****	2.7	6.9	8.5	(19)	0	1/quarter	
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/ QUARTER	
00300 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(73)	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	n/a				
TOXICITY, CERIODAPHNIA CHRONIC 61406 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10.0 MAXIMUM			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  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
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