

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

MAJOR Form Approved.
(SUB 01) OMB No. 2040-0004
F - FINAL Approval Expires 05-31-98
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

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

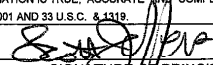
001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2004	11	01		2004	11	30

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEC, CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.4	15.8	(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	4091	5089	(26)	*****	193	232	(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	402.0	*****	(26)	*****	22.0	*****	(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	280.2	482.6	(26)	*****	13.1	22.0	(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	*****	6.7	(12)	0	5/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.5 MIN	*****	8.5 MAXIMUM	SU		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		ONCC/ MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	SAMPLE MEASUREMENT	3623.0	5205.0	(26)	*****	169.3	232.0	(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 WW UTILITY SUPERINTENDENT	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)	TELEPHONE	DATE
TYPED OR PRINTED		907 AREA CODE	586-0393 PHONE NUMBER
COMMENT AND EXPLANATION OF ANY VIOLATIONS			12 MO
			9 DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MAJOR (SUB 01)
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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 1 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	375.1	*****	(26)	*****	17.1	*****	(19)	0	1/7	
	PERMIT REQUIREMENT	1800 WKLY AVG	*****	LBS/DAY	*****	43 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	266.5	375.1	(26)	*****	12.5	17.1	(19)	0	1/7	
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		WEEKLY	COMP 24
EFFLUENT GROSS VALUE SILVER TOTAL RECOVERABLE 01079 1 0 0	SAMPLE MEASUREMENT	336.5	336.5	(26)	*****	15.0	15.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE ZINC TOTAL RECOVERABLE 01094 1 0 0	PERMIT REQUIREMENT	1079 MO AVG	1622 DAILY MAX	LBS/DAY	*****	26.4 MO AVG	39.7 DAILY MAX	MG/L		ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE LEAD TOTAL RECOVERABLE 01114 1 0 0	SAMPLE MEASUREMENT	0.002	0.002	(26)	*****	0.10	0.10	(28)	0	1/ month	
EFFLUENT GROSS VALUE COPPER TOTAL RECOVERABLE 01119 1 0 0	PERMIT REQUIREMENT	0.036 MO AVG	0.072 DAILY MAX	LBS/DAY	*****	0.87 MO AVG	1.75 DAILY MAX	ug/L		ONCE/MONTH	COMP 24
	SAMPLE MEASUREMENT	0.55	0.55	(25)	*****	24.4	24.4	(28)	0	1/ month	
	PERMIT REQUIREMENT	2.92 MO AVG	6.09 DAILY MAX	LBS/DAY	*****	71.4 MO AVG	149.0 DAILY MAX	ug/L		ONCE/MONTH	COMP 24
	SAMPLE MEASUREMENT	0.002	0.002	(26)	*****	0.1	0.1	(28)	0	1/ month	
	PERMIT REQUIREMENT	0.225 MO AVG	0.450 DAILY MAX	LBS/DAY	*****	5.5 MO AVG	11.0 DAILY MAX	ug/L		ONCE/MONTH	COMP 24
	SAMPLE MEASUREMENT	0.150	0.150	(26)	*****	6.68	6.68	(28)	0	1/ month	
	PERMIT REQUIREMENT	0.342 MO AVG	0.858 DAILY MAX	LBS/DAY	*****	9.36 MO AVG	20.1 DAILY MAX	ug/L		ONCE/MONTH	COMP 24

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: SCOTT JEFFERS
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jeffers*
 TELEPHONE: (907) 586-0393
 DATE: 2004 12 9
 ARCA CODE: _____
 PHONE NUMBER: _____
 YEAR: 2004 MO: 12 DAY: 9

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	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 31616 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	0	3/7	
	PERMIT REQUIREMENT	*****	*****	*****			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	0	THREE TIMES/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****			
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50060 P 0 0	SAMPLE MEASUREMENT	2.50	3.34	(03)	0	THREE TIMES/WEEK	GRAB
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD			
EFFLUENT GROSS VALUE EFFLUENT DILUTION RATIO 78480 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	0	CONTINUOUSLY	RECORDED
	PERMIT REQUIREMENT	*****	*****	*****			
EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	0	7/7 DAILY	CACTD
	PERMIT REQUIREMENT	*****	*****	*****			
PERCENT REMOVAL SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	ONCE/MONTH
	PERMIT REQUIREMENT	*****	*****	*****			
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	0	1/ month	ONCE/MONTH
	PERMIT REQUIREMENT	*****	*****	*****			

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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
(REFERENCE ALL ATTACHMENTS HERE)

TELEPHONE (907) 586-0393
DATE 2004 12 9
AREA CODE PHONE NUMBER YEAR MO DAY

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

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WW UTILITY SUPERINTENDENT

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

TELEPHONE (907) 586-0393
DATE 2004 12 9

AREA CODE PHONE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS