

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

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 Superintendent

MAJOR  
 (SUB 01)  
 F - FINAL  
 EFFLUENT

Form Approved.  
**OMB No. 2040-0004**  
 Approval Expires 05-31-98

\*\*\* NO DISCHARGE

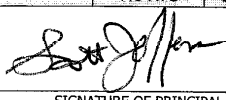
**NOTE: Read instructions before completing this form.**

**AK-002295-1**  
 PERMIT NUMBER

**001 A**  
 DISCHARGE NUMBER

FROM

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2005	2	1		2005	2	28

PARAMETER		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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	10.7	13.1	(04)	0				
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. C		5/7 WEEK DAYS	GRAB		
	BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	4656.3	5179.9	(26)	*****	205.5	242.0	(19)	0			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/7 WEEKLY	COMP 24		
	BOD, 5-DAY (20 DEG. C) 00310 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	417.4	*****	(26)	*****	17.5	*****	(19)	0			
		PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		1/7 WEEKLY	COMP 24	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE		SAMPLE MEASUREMENT	360.2	417.4	(26)	*****	15.7	17.5	(19)	0			
pH		PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		1/7 WEEKLY	COMP 24	
	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	6.9	(12)	0				
	00400 1 0 0 EFFLUENT GROSS VALUE ALKALINITY, BICARBONATE as CaCO3 00425 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.5 MIN.	*****	8.5 MAXIMUM	SU		5/7 WEEK DAYS	GRAB	
SAMPLE MEASUREMENT		*****	*****	****	*****	108.0	108.0	(19)	0				
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT		PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/30 ONCE/ MONTH	COMP 24	
	SAMPLE MEASUREMENT	4019.4	5051.0	(26)	*****	175.3	196.0	(19)	0				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/7 WEEKLY	COMP 24		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE					
907 AREA CODE 586-0393													
PHONE NUMBER													
DATE													
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		2005 YEAR		3 MO	8 DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

\* Concerning violations-please see attached. The reporting period was from 01/30/2005 through 02/26/2005.

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

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 Superintendent

MAJOR  
(SUB 01)  
F - FINAL  
EFFLUENT

Form Approved.  
OMB No. 2040-0004  
Approval Expires 05-31-98

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<b>AK-002295-1</b>	<b>001 A</b>
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2005	2	1		2005	2	28

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	477.0	*****	(26)	*****	20.0	*****	(19)	0	1/7	
	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	391.2	477.0	(26)	*****	16.9	20.0	(19)	0	1/7	
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		WEEKLY	COMP 24
NITROGEN AMMONIA TOTAL (as N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	357.8	357.8	(26)	*****	15.0	15.0	(19)	0	1/30	
	PERMIT REQUIREMENT	1079 MO AVG	1622 DAILY MAX	LBS/DAY	*****	26.4 MO AVG	39.7 DAILY MAX	MG/L		ONCE/ MONTH	COMP 24
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.017	0.017	(26)	*****	0.72	0.72	(28)	0	1/30	
	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
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.35	1.35	(26)	*****	56.4	56.4	(28)	0	1/30	
	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
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(26)	*****	0.1	0.1	(28)	0	1/30	
	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
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.489	0.489	(26)	*****	20.50	20.5	(28)	3	1/30	
	PERMIT REQUIREMENT	0.342 MO AVG	0.858 DAILY MAX	LBS/DAY	*****	8.36 MO AVG	20.1 DAILY MAX	ug/L		ONCE/ MONTH	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> <p><i>Scott Jeffers</i></p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>										
Scott Jeffers Wastewater Utilities Superintendent											
TYPED OR PRINTED											
COMMENT AND EXPLANATION OF ANY VIOLATIONS											
* Concerning violations-please see attached. The reporting period was from 01/30/2005 through 02/26/2005.											

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS			
FECAL COLIFORM MF, M-FC BROTH 44.5C 31616 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	98.5	*****	(13)	0	3/7	GRAB
FECAL COLIFORM MF, M-FC BROTH 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	400 WKLY GEO	*****	#/100ML	1	THREE TIMES/ WEEK	GRAB
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT 50050 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	51.1	470.0	(13)	0	3/7	GRAB
EFFLUENT DILUTION RATIO 78480 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 MO GEO	400 DAILY GEO	#/100ML	0	THREE TIMES/ WEEK	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	2.68	3.21	(03)	0	7/7	RECORDED
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MGD	0	CONTINUOUSLY	RECORDED
TURBIDITY, LAB NTU 82079 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	329.0	*****	(23)	0	7/7	CALCULATED
	PERMIT REQUIREMENT	*****	*****	****	*****	10 MINIMUM	*****	PERCENT	0	DAILY	CALCULATED
	PERMIT REQUIREMENT	*****	*****	****	*****	92.4	*****	(23)	0	1/30	CALCULATED
	PERMIT REQUIREMENT	*****	*****	****	*****	85 MIN % REMOVAL	*****	PERCENT	0	ONCE/ MONTH	CALCULATED
	PERMIT REQUIREMENT	*****	*****	****	*****	90.3	*****	(23)	0	1/30	CALCULATED
	PERMIT REQUIREMENT	*****	*****	****	*****	85 MIN % REMOVAL	*****	PERCENT	0	ONCE/ MONTH	CALCULATED
	PERMIT REQUIREMENT	*****	*****	****	*****	13.9	17.8	(43)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	NTU	0	WEEK DAYS	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Scott Jeffers**  
**Wastewater Utilities Superintendent**

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**907**  
AREA CODE  
**586-0393**  
PHONE NUMBER  
DATE  
2005  
YEAR  
3  
MO  
8  
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
(Reference all attachments here)  
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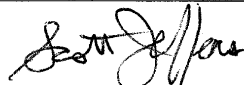
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS as CaCO3 82394 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	50.0	50.0	(19)	0	1/30	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/MONTH	GRAB
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	****	1.3	3.1	5.6	(19)	0	1/90	
00300 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT MO AVG	REPORT DAILY MAX	MG/L		ONCE/QUARTER	
TOXICITY, CERIODAPHNIA CHRONIC 61406	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	(73)	0	1/182	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1035 WKLY AVG	*****	****	*****	*****	10.0 MAXIMUM	TUC		TWICF/YEAR	
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Scott Jeffers**  
Wastewater Utilities Superintendent

TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

**907 586-0393**

AREA CODE

PHONE NUMBER

DATE

2005 3 8

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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