

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: MENDEHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
FACILITY: MENDEHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002295-1
PERMIT NUMBER

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

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	
2005	10	1	
TO	YEAR	MO	DAY
	2005	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS					
TEMPERATURE WATER DEG. CENTIGRADE 00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	13.9	15.1	(04)	0	5/7	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	5044.9	5844.7	(26)	*****	*****	*****	229.3	240.0	DEG. C	0	1/7	COMP 24
RAW SEW/INFLUENT BOD, 5-DAY (20 DEG. C) 00310 W 0 0	PERMIT REQUIREMENT	*****	*****	(26)	*****	*****	*****	21.8	*****	MG/L	0	1/7	COMP 24
SEE COMMENTS BELOW BOD, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	(26)	*****	*****	*****	19.2	22	MG/L	0	1/7	COMP 24
EFFLUENT GROSS VALUE pH	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	*****	6.5	6.7	MG/L	0	5/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE ALKALINITY, BICARBONATE as CaCO3 00425 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MIN	*****	*****	136.0	136.0	SU	0	1/30	COMP 24
EFFLUENT GROSS VALUE SUSPENDED 00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	161.5	177.0	MG/L	0	1/7	COMP 24
RAW SEW/INFLUENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	161.5	177.0	MG/L	0	1/7	COMP 24

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Scott Jeffers

907
AREA CODE
586-0393
TELEPHONE
PHONE NUMBER
DATE
2005
YEAR
11
MO
8
DAY

* Concerning violations-please see attached. The reporting period was from 10/02/2005 through 10/29/2005.

Comment and explanation of any violations (Reference all attachments here)

REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.

00434/981209 1904

PAGE 1 OF 4

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YR	MO	DAY	TO
2005	10	1	2005

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM								
SOLIDS, TOTAL SUSPENDED	PERMIT MEASUREMENT	397	*****	(26)	*****	16.3	*****	(19)	0	1/7	COMP 24
00530 G 0 0	PERMIT MEASUREMENT	1839	*****	(26)	*****	45	*****	(19)	0	1/7	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	WKLY AVG	*****	LBS/DAY	*****	WKLY AVG	*****	MG/L	0	1/7	COMP 24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	288	397	(26)	*****	13.1	16	(19)	0	1/7	COMP 24
00530 G 0 0	PERMIT MEASUREMENT	1226	2452	(26)	*****	30	60	(19)	0	1/7	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	0	WEEKLY	COMP 24
NITROGEN AMMONIA TOTAL (as N)	SAMPLE MEASUREMENT	405	405	(26)	*****	20.0	20.0	(19)	0	1/30	COMP 24
00610 1 0 0	PERMIT MEASUREMENT	1079	1622	(26)	*****	26.4	39.7	(19)	0	1/30	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L	1	ONCE/ MONTH	COMP 24
SILVER	SAMPLE MEASUREMENT	0.017	0.017	(26)	*****	0.89	0.82	(28)	1	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT MEASUREMENT	0.036	0.072	(26)	*****	0.87	1.75	(28)	0	ONCE/ MONTH	COMP 24
01079 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	0	ONCE/ MONTH	COMP 24
ZINC	SAMPLE MEASUREMENT	1.07	1.07	(26)	*****	52.8	52.8	(28)	0	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT MEASUREMENT	2.92	6.09	(26)	*****	71.4	149.0	(28)	0	ONCE/ MONTH	COMP 24
01094 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	0	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.031	0.031	(26)	*****	1.5	1.5	(28)	0	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT MEASUREMENT	0.225	0.450	(26)	*****	5.5	11.0	(28)	0	ONCE/ MONTH	COMP 24
01114 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	4	ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.503	1.503	(26)	*****	74.10	74.1	(28)	4	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT MEASUREMENT	0.342	0.858	(26)	*****	8.36	20.1	(28)	4	1/30	COMP 24
01119 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	4	1/30	COMP 24
EFFLUENT GROSS VALUE	MEASUREMENT	1.503	1.503	(26)	*****	74.10	74.1	(28)	4	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT MEASUREMENT	0.342	0.858	(26)	*****	8.36	20.1	(28)	4	1/30	COMP 24
01119 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	4	1/30	COMP 24
EFFLUENT GROSS VALUE	MEASUREMENT	1.503	1.503	(26)	*****	74.10	74.1	(28)	4	1/30	COMP 24
TOTAL RECOVERABLE	PERMIT MEASUREMENT	0.342	0.858	(26)	*****	8.36	20.1	(28)	4	1/30	COMP 24
01119 1 0 0	REQUIREMENT	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	ug/L	4	1/30	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2005 YEAR 11 MO 8 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

TELEPHONE 907 AREA CODE 586-0393 PHONE NUMBER DATE

* Concerning violations please see attached. The reporting period was from 10/02/2005 through 10/29/2005. (Reference all attachments here)

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PARAMETER	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	SAMPLE MEASUREMENT	*****	*****	****	*****	11.9	*****	*****	0	3/7	GRAB
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	400 WKLY GEO	*****	*****	0	THREE TIMES/ WEEK	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	6.6	*****	30	0	3/7	GRAB
FECAL COLIFORM MF, M-FC BROTH 44.5C	SAMPLE MEASUREMENT	*****	*****	****	*****	200 MO GEO	*****	*****	0	THREE TIMES/ WEEK	GRAB
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	MO GEO	*****	*****	0	7/7	RECORDED
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.5820	3.1600	(03)	*****	*****	*****	*****	0	7/7	RECORDED
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	7/7	RECORDED
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	7/7	RECORDED
50060 P 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	7/7	RECORDED
EFFLUENT DILUTION RATIO	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	7/7	RECORDED
78480 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	7/7	RECORDED
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	7/7	RECORDED
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	1/30	CALCULATED
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	1/30	CALCULATED
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	1/30	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	1/30	CALCULATED
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	1/30	CALCULATED
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	1/30	CALCULATED
TURBIDITY, LAB NTU	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	*****	0	5/7	GRAB
82079 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	0	5/7	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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 fines and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

TELEPHONE
907 586-0393

PHONE NUMBER
DATE

2005 11 8

COMMENT AND EXPLANATION OF ANY VIOLATIONS
(Reference all attachments here)

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		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	REPORT DAILY/MAX				
HARDNESS as CaCO3	MEASUREMENT	*****	*****	****	*****	84.0	84.0	(19)	0	1/30		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY/MAX					
EFFLUENT GROSS VALUE DISSOLVED OXYGEN	MEASUREMENT	*****	*****	****	1.4	4.1	6.1	(19)	0	1/90	GRAB	
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT MO AVG	REPORT DAILY/MAX					
EFFLUENT GROSS VALUE TOXICITY, CERIODAPHNIA CHRONIC	MEASUREMENT	*****	*****	****	*****	*****	*****	10.0 MAXIMUM	0	1/182		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****					
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****					

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Scott Jeffers
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TELEPHONE
907 AREA CODE **586-0393**
PHONE NUMBER
DATE
2005 YEAR 11 MO 8 DAY

TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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