

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

Form Approved.  
OMB No. 2040-0004

MAJOR (SUB 01)  
F - FINAL  
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	YR	MO	DAY
2003	03	01	2003	03	31

FROM

TO

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE				MAXIMUM	UNITS
TEMPERATURE, WATER	*****	*****	*****	*****	11.3	13.5	(04)	0	5/7	
DEG, CENTIGRADE	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. °C		WEEK DAYS	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	1/7	
BOD, 5-DAY	2594	4044	(26)	*****	160	232	(19)	0	WEEKLY	COMP 24
(20 DEG. C)	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/7	
RAW SEW/INFLUENT	147.5	*****	(26)	*****	9.3	*****	(19)	0	WEEKLY	COMP 24
BOD, 5-DAY	1839	*****	LBS/DAY	*****	45	*****	MG/L		1/7	
(20 DEG. C)	WEEKLY AVG	*****	LBS/DAY	*****	WEEKLY AVG	*****	MG/L		1/7	
SEE COMMENTS BELOW	147.5	161.0	(26)	*****	9.3	10.0	(19)	0	WEEKLY	COMP 24
BOD, 5-DAY	1226	2452	LBS/DAY	*****	30	60	MG/L		1/7	
(20 DEG. C)	MO AVG	DAILY MAX	LBS/DAY	*****	MO AVG	DAILY MAX	MG/L		1/7	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	6.6	7.0	(12)	0	5/7	
pH	*****	*****	*****	*****	*****	*****	*****		WEEK DAYS	GRAB
00400 1 0 0	*****	*****	*****	*****	6.5	8.5	SU		1/ month	COMP 24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	MIN.	MAXIMUM	(19)	0	ONCE/ MONTH	COMP 24
ALKALINITY	*****	*****	*****	*****	*****	*****	*****		1/7	
AS CaCO3	*****	*****	*****	*****	125.0	125.0	MG/L		WEEKLY	COMP 24
00425 1 0 0	*****	*****	*****	*****	*****	*****	*****		WEEKLY	COMP 24
EFFLUENT GROSS VALUE	3684.7	4497.1	(26)	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	0	1/7	
SUSPENDED	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		WEEKLY	COMP 24
00530 G 0 0	*****	*****	*****	*****	*****	*****	*****		WEEKLY	COMP 24
RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****		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. § 1374. (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  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
DATE  
TELEPHONE  
907 586-0393  
AREA CODE  
PHONE NUMBER  
586-0393  
YEAR  
2003  
MO  
04  
DAY  
08

TYPED OR PRINTED  
WW UTILITY SUPERINTENDENT  
COMMENT AND EXPLANATION OF ANY VIOLATIONS  
\*CONCERNING VIOLATION - PLEASE SEE ATTACHED.

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.

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 2003 MO 03 DAY 01 FROM TO YEAR 2003 MO 03 DAY 31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	150.5	*****	(26)	*****	9.43	(19)	0	1/7	
00530 W 0 0	PERMIT	1839	*****	LBS/DAY	*****	45	MG/L		WEEKLY	COMP 24
SEE COMMENTS BELOW	REQUIREMENT	150.5	184.1	(26)	*****	9.43	(19)	0	1/7	
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	1226	2452	LBS/DAY	*****	30	MG/L		WEEKLY	COMP 24
00530 1 0 0	PERMIT	261.5	DAILY MAX 261.5	(26)	*****	15.0	(19)	0	1/ month	
EFFLUENT GROSS VALUE	REQUIREMENT	1079	1622	LBS/DAY	*****	26.4	MG/L		ONCE/ MONTH	COMP 24
NITROGEN, AMMONIA	MEASUREMENT	0.009	DAILY MAX 0.009	(26)	*****	0.49	(28)	0	1/ month	
TOTAL (AS N)	PERMIT	0.036	0.072	LBS/DAY	*****	0.87	ug/L		ONCE/ MONTH	COMP 24
01079 1 0 0	PERMIT	0.91	DAILY MAX 0.91	(26)	*****	52.0	(28)	0	1/ month	
EFFLUENT GROSS VALUE	REQUIREMENT	2.92	6.09	LBS/DAY	*****	71.4	ug/L		ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE	MEASUREMENT	0.022	DAILY MAX 0.022	(26)	*****	1.3	(28)	0	1/ month	
01094 1 0 0	PERMIT	0.225	0.450	LBS/DAY	*****	5.5	ug/L		ONCE/ MONTH	COMP 24
EFFLUENT GROSS VALUE	REQUIREMENT	0.279	DAILY MAX 0.279	(26)	*****	16.00	(28)	1	1/ month	
LEAD	MEASUREMENT	0.342	0.858	LBS/DAY	*****	8.36	ug/L		ONCE/ MONTH	COMP 24
TOTAL RECOVERABLE	REQUIREMENT				*****					
01114 1 0 0	PERMIT				*****					
EFFLUENT GROSS VALUE	REQUIREMENT				*****					
COPPER	MEASUREMENT				*****					
TOTAL RECOVERABLE	REQUIREMENT				*****					
01119 1 0 0	PERMIT				*****					
EFFLUENT GROSS VALUE	REQUIREMENT				*****					

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. § 1312. (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  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
(REFERENCE ALL ATTACHMENTS HERE)

TELEPHONE

DATE

907) 586-0393 2003 04 08  
AREA CODE PHONE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\*CONCERNING VIOLATION- PLEASE SEE ATTACHED.

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

MAJOR (SUB 01)  
Form Approved.  
OMB No. 2040-0004

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	YEAR	MO	DAY
2003	03	01	2003	03	31

PARAMETER (32-37)	AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
				MINIMUM	AVERAGE	MAXIMUM			
SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	(13)	0	3/7	
PERMIT REQUIREMENT	*****	*****	*****	400	*****	#/100MIL	0	THREE TIMES/ WEEK	GRAB
SEE COMMENTS BELOW	*****	*****	*****	4.6	*****	(13)	0	3/7	
SAMPLE MEASUREMENT	*****	*****	*****	200	*****	#/100MIL	0	THREE TIMES/ WEEK	GRAB
PERMIT REQUIREMENT	*****	*****	*****	MO GEO	*****	DAILY MAX	0	7/7	
EFFLUENT GROSS VALUE	1.9004	2.1300	(03)	*****	*****	*****	0	CONTINUOUSLY	RECORDED
FLOW IN CONDUIT OR THRU TREATMENT PLANT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	0	5/7	CONT
50050 P.00	0.365	1.635	(26)	*****	*****	0.02	0	WEEK DAYS	GRAB
EFFLUENT GROSS VALUE CHLORINE TOTAL	*****	*****	LBS/DAY	*****	*****	DAILY MAX	0	7/7	
RESIDUAL	*****	*****	*****	*****	*****	*****	0	DAILY	CACTD
50060 1 0 0	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
EFFLUENT DILUTION RATIO	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
78480 1 0 0	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
BOD, 5-DAY PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
81010 K 0 0	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
81011 K 0 0	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD

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. 1004 AND 33 U.S.C. 3031g.  
(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  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER FOR AUTHORIZED AGENT  
WW UTILITY SUPERINTENDENT  
TYPED OR PRINTED  
(REFERENCE ALL ATTACHMENTS HERE)

TELEPHONE: (907) 586-0393  
AREA CODE: (907)  
PHONE NUMBER: 586-0393  
DATE: 2003 04 08  
YEAR: 2003  
MO: 04  
DAY: 08

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

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

MAJOR (SUB 01)  
F - FINAL EFFLUENT  
\*\*\* NO DISCHARGE

Form Approved.  
OMB No. 2040-0004

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
2003	03	01	
			2003
			03
			31

PARAMETER (32-37)	AVERAGE			MAXIMUM			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM			
TURBIDITY, LAB NTU	*****	*****	*****	*****	6.90	8.75	(43)	*****	6.90	8.75	0	7/7	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	NTU	*****	REPORT MO AVG	REPORT DAILY MAX	0	CONTINUOUSLY	RECORDED
HARDNESS, AS CaCO3	*****	*****	*****	*****	52.00	52.00	(19)	*****	52.00	52.00	0	1/ month ONCE/ MONTH	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L	*****	REPORT MO AVG	REPORT DAILY MAX	0	1/quarter ONCE/ QUARTER	COMP 24
DISSOLVED OXIGEN	*****	*****	*****	*****	7.7	9.8	(19)	*****	7.7	9.8	0		
00300	*****	*****	*****	*****	REPORT MINIMUM	REPORT DAILY MAX	MG/L	*****	REPORT MO AVG	REPORT DAILY MAX	0		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	3.3	(73)	*****	*****	3.3	0		
TOXICITY, CERIODAPHNIA CHRONIC	*****	*****	*****	*****	*****	10.0	TUC	*****	*****	10.0		TWICE/ YEAR	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****		*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****		*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****		*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****		*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****		*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****		*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****		*****	*****	*****	*****	*****	*****

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. 1011 AND 33 (5, 6, & 1314)

NAME/TITLE: SCOTT JEFFERS, PRINCIPAL EXECUTIVE OFFICER  
SIGNATURE: *[Signature]*  
OFFICER OR AUTHORIZED AGENT

PHONE NUMBER: 586-0393  
AREA CODE: (907)  
TELEPHONE: 586-0393

DATE: 04/08/2003  
YEAR: 2003  
MO: 04  
DAY: 08

PHONE NUMBER: 586-0393  
AREA CODE: (907)  
TELEPHONE: 586-0393

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