

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

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

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


AK0022951 PERMIT NUMBER

001 A DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YR	MO	DAY	TO	YEAR	MO	DAY
	2003	12	01		2003	12	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	*****	*****	*****	*****	12.2	13.7	(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	5035	6641	(26)	*****	269	330	(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	490.4	*****	(26)	*****	24.0	*****	(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	224.1	490.4	(26)	*****	11.8	24.0	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	2402 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		WEEKLY	COMP 24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	(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	*****	*****	*****	*****	111.0	111.0	(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	4109	5708	(26)	*****	219	250	(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		TELEPHONE 907 586-0393	DATE 2004 1 08
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (REFERENCE ALL ATTACHMENTS HERE)	AREA CODE PHONE NUMBER	YEAR MO DAY
COMMENT AND EXPLANATION OF ANY VIOLATIONS *CONCERNING VIOLATION - PLEASE SEE ATTACHED.			

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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

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FROM		MONITORING PERIOD			TO		
YR	MO	DAY	YR	MO	DAY		
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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	MEASUREMENT	394.4	*****	(26)	*****	19.30	*****	(19)	0	1/7	
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839	*****	LBS/DAY	*****	45	*****	MC/L		WEEKLY	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	MEASUREMENT	293.0	394.4	(26)	*****	15.6	19.3	(19)	0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226	2452	LBS/DAY	*****	30	60	MG/L		WEEKLY	COMP 24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	MEASUREMENT	65.4	65.4	(26)	*****	3.2	3.2	(19)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1079	1622	LBS/DAY	*****	26.4	39.7	MG/L		ONCE/ MONTH	COMP 24
SILVER TOTAL RECOVERABLE 01079 1 0 0	MEASUREMENT	0.011	0.011	(26)	*****	0.55	0.55	(28)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.036	0.072	LBS/DAY	*****	0.67	1.75	ug/L		ONCE/ MONTH	COMP 24
ZINC TOTAL RECOVERABLE 01094 1 0 0	MEASUREMENT	1.20	1.20	(26)	*****	58.7	58.7	(28)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.92	6.09	LBS/DAY	*****	71.4	149.0	ug/L		ONCE/ MONTH	COMP 24
LEAD TOTAL RECOVERABLE 01114 1 0 0	MEASUREMENT	0.047	0.047	(26)	*****	2.3	2.3	(28)	0	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.225	0.450	LBS/DAY	*****	5.5	11.0	ug/L		ONCE/ MONTH	COMP 24
COPPER TOTAL RECOVERABLE 01119 1 0 0	MEASUREMENT	0.264	0.264	(26)	*****	12.90	12.90	(28)	1	1/ month	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.342	0.858	LBS/DAY	*****	8.36	20.1	ug/L		ONCE/ MONTH	COMP 24

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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
686-0363

DATE
2004 1 08

AREA CODE PHONE NUMBER YEAR MO DAY

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

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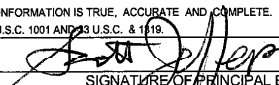
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PARAMETER (32-37)	SAMPLE MEASUREMENT	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*****	0	3/7	GRAB
COLIFORM, FECAL MF, M-FC BROTH, 44.5C 31616 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	THREE TIMES/WEEK	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.18	2.84	(03)	0	THREE TIMES/WEEK	GRAB
EFFLUENT DILUTION RATIO 78480 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	0	CONTINUOUSLY	RECORDED
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	0	7/7	CACTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	0	1/ month ONCE/ MONTH	CACTD

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NAME/TITLE: SCOTT JEFFERS, WW UTILITY SUPERINTENDENT
SIGNATURE: 
TELEPHONE: (907) 586-0393
DATE: 2004 1 8
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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TURBIDITY, LAB NTU 82079 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	0	7/7	RECORDED
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	CONTINUOUSLY	RECORDED
HARDNESS, AS CaCO3 82394 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	0	1/ month	COMP 24
DISSOLVED OXYGEN	PERMIT REQUIREMENT	*****	*****	*****	0	ONCE/ MONTH	
00300 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	1/quarter	
TOXICITY, CERIODAPHNIA CHRONIC 61406	PERMIT REQUIREMENT	*****	*****	*****	0	ONCE/ QUARTER	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	TWICE/ YEAR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****

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