

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  
MENDENHALL VALLEY SERVICE AREA  
JUNEAU, ALASKA 99801  
ATT: Scott Jeffers WW Utilities Superintendent

AK-002295-1  
PERMIT NUMBER

MONITORING PERIOD  
YR 2006 MO 5 DAY 1  
TO YEAR 2006 MO 5 DAY 31  
NO. EX 0  
FREQUNCY OF ANALYSIS 5  
WEEK DAYS 5/7  
SAMPLE TYPE GRAB

OMB No. 2040-uuv4  
Approval Expires 05-31-98  
\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.  
001 A  
DISCHARGE NUMBER

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUNCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	MINIMUM				
TEMPERATURE, WATER DEG. CENTIGRADE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
00010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	SAMPLE	5868	6411	(26)	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY (26)	*****	*****	*****	*****	*****	*****	*****	*****
00310 G 0 0	PERMIT REQUIREMENT	351.7	*****	(26)	*****	*****	*****	*****	*****	*****	*****	*****
RAW SEW/INFLUENT	SAMPLE	1829	*****	LBS/DAY (26)	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY (26)	*****	*****	*****	*****	*****	*****	*****	*****
00310 W 0 0	PERMIT REQUIREMENT	341.7	*****	(26)	*****	*****	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW	SAMPLE	1226	2452	LBS/DAY	*****	*****	*****	*****	*****	*****	*****	*****
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	*****	*****	*****	*****	*****	*****	*****
00310 1 0 0	PERMIT REQUIREMENT	341.7	*****	(26)	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
pH	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	SAMPLE	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
ALKALINITY as CaCO3	MEASUREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
00425 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	SAMPLE	3943	4582	(26)	*****	*****	*****	*****	*****	*****	*****	*****
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	*****	*****	*****	*****	*****	*****	*****
00530 G 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
RAW SEW/INFLUENT	SAMPLE	*****	*****	****	*****	*****	*****	*****	*****	*****	*****	*****
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 and operated under my direction or supervision in accordance with the information submitted to assure the qualified personnel properly gather and evaluate the information. 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.											
Scott Jeffers Wastewater Utilities Superintendent	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Reference all attachments here) COMMENT AND EXPLANATION OF ANY VIOLATIONS * Concerning violations-please see attached. The reporting period was from 04/30/06 through 06/03/06. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). EPA Form 3320-1 (03-99) Previous editions may be used.											

00434/981209 1904

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  
ATTN: Scott Jeffers WW Utilities Superintendent

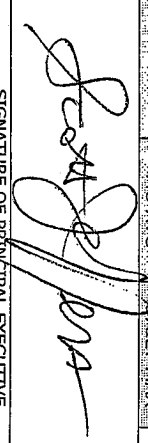
AK-002295-1  
PERMIT NUMBER

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	TO
2006	5	1	2006
YEAR	MO	DAY	YEAR
2006	5	31	2006

PARAMETER	X	QUANTITY OR LOADING			UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM		AVERAGE	MAXIMUM	MINIMUM			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	307.7	*****	*****	(26)	18.0	*****	*****	0	2/MO	COMP 24
SUSPENDED	PERMIT REQUIREMENT	1839	*****	*****	(26)	45	*****	*****	0	2/MO	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	WKL Y AVG	*****	*****	(26)	15.0	*****	*****	0	2/MO	COMP 24
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	270.5	307.7	*****	(26)	18.0	*****	*****	0	2/MO	COMP 24
SOLIDS, TOTAL	SAMPLE MEASUREMENT	270.5	307.7	*****	(26)	18.0	*****	*****	0	2/MO	COMP 24
SUSPENDED	PERMIT REQUIREMENT	1226	2452	*****	(26)	30	60	*****	0	2/MO	COMP 24
00530 G 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	(26)	0.05	0.05	*****	0	2/MO	COMP 24
NITROGEN AMMONIA	SAMPLE MEASUREMENT	0.85	0.85	*****	(26)	0.05	0.05	*****	0	2/MO	COMP 24
TOTAL (as N)	PERMIT REQUIREMENT	1164	1963	*****	(26)	28.5	48.0	*****	0	ONCE/MONTH	COMP 24
00610 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	(26)	0.5	0.5	*****	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.009	0.009	*****	(26)	0.5	0.5	*****	0	ONCE/MONTH	COMP 24
SILVER	PERMIT REQUIREMENT	0.009	0.009	*****	(26)	0.5	0.5	*****	0	ONCE/MONTH	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.009	0.009	*****	(26)	0.5	0.5	*****	0	ONCE/MONTH	COMP 24
01079 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	(28)	34.0	34.0	*****	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.58	0.58	*****	(26)	34.0	34.0	*****	0	ONCE/MONTH	COMP 24
ZINC	PERMIT REQUIREMENT	0.58	0.58	*****	(26)	34.0	34.0	*****	0	ONCE/MONTH	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.58	0.58	*****	(26)	34.0	34.0	*****	0	ONCE/MONTH	COMP 24
01094 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	(28)	0.5	0.5	*****	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	0.01	*****	(26)	0.5	0.5	*****	0	ONCE/MONTH	COMP 24
LEAD	PERMIT REQUIREMENT	0.01	0.01	*****	(26)	0.5	0.5	*****	0	ONCE/MONTH	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.01	0.01	*****	(26)	0.5	0.5	*****	0	ONCE/MONTH	COMP 24
01114 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	(28)	20.7	20.7	*****	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.35	0.35	*****	(26)	20.7	20.7	*****	0	ONCE/MONTH	COMP 24
COPPER	PERMIT REQUIREMENT	0.35	0.35	*****	(26)	20.7	20.7	*****	0	ONCE/MONTH	COMP 24
TOTAL RECOVERABLE	PERMIT REQUIREMENT	0.35	0.35	*****	(26)	20.7	20.7	*****	0	ONCE/MONTH	COMP 24
01119 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	(28)	86.7	187	*****	0	ONCE/MONTH	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.54	7.63	*****	(26)	86.7	187	*****	0	ONCE/MONTH	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.										
Scott Jeffers Wastewater Utilities Superintendent	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TELEPHONE	907 586-0393										
AREA CODE	586-0393										
PHONE NUMBER	DATE										
DATE	2006 YEAR 6 MO 8 DAY										
YEAR	2006										
MO	6										
DAY	8										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

\* Concerning violations-please see attached. The reporting period was from 04/30/06 through 06/03/06. (Reference all attachments here)

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  
ATTN: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)  
F - FINAL  
EFFLUENT  
\*\*\* NO DISCHARGE  
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OMB No. 2040-0004  
Approval Expires 05-31-98

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MONITORING PERIOD			
YR	MO	DAY	TO
2006	5	1	2006
YEAR	MO	NO	DAY
2006	5	5	31

PARAMETER	X	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	*****	*****	****	*****	17.0	*****	(13)	0	TWICE/WEEK	GRAB
31616 W 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	800	*****	#/100ML	0	TWICE/WEEK	GRAB
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	14.0	*****	(13)	0	TWICE/WEEK	GRAB
FECAL COLIFORM MF, M-FC BROTH 44.5C	PERMIT REQUIREMENT	*****	*****	****	*****	400	*****	#/100ML	0	TWICE/WEEK	GRAB
31616 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	1200	*****	(23)	0	DAILY	RECORDED
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	565.9	*****	(23)	0	7/7	RECORDED
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	10	*****	PERCENT	0	DAILY	RECORDED
50050 P 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	94.2	*****	(23)	0	1/30	RECORDED
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	85	*****	PERCENT	0	1/30	RECORDED
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	93.2	*****	(23)	0	1/30	RECORDED
81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	85	*****	PERCENT	0	1/30	RECORDED
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	8.6	*****	(43)	0	5/7	GRAB
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	10.0	*****	PERCENT	0	5/7	GRAB
PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	*****	10.0	*****	(43)	0	5/7	GRAB
TURBIDITY, LAB NTU	PERMIT REQUIREMENT	*****	*****	****	*****	10.0	*****	PERCENT	0	5/7	GRAB
82079 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	10.0	*****	PERCENT	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10.0	*****	PERCENT	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 to the qualified personnel properly gather and evaluate the information, 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

*[Signature]*

907 AREA CODE  
586-0393 TELEPHONE  
2006 YEAR  
6 MO  
8 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS  
(Reference all attachments here)  
\* Concerning violations-please see attached. The reporting period was from 04/30/06 through 06/03/06.  
(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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ADDRESS: MENDENHALL TREATMENT PLANT  
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FACILITY: MENDENHALL VALLEY SERVICE AREA  
LOCATION: JUNEAU, ALASKA 99801  
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002295-1  
PERMIT NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2006	5	1	

YEAR	MO	DAY
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OMB No. 2040-0004  
Approval Expires 05-31-98  
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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	REPORT MO AVG	REPORT DAILY MAX					REPORT DAILY MAX
HARDNESS as CaCO3 82394 1 0 0	MEASUREMENT	*****	*****	****	*****	100.0	100.0	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE DISSOLVED OXYGEN	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
00300 EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
TOXICITY, CERIODAPHINIA CHRONIC 61406	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
Scott Jeffers Wastewater Utilities Superintendent	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
COMMENT AND EXPLANATION OF ANY VIOLATIONS	MEASUREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	3.8	5.2	REPORT MO AVG	REPORT DAILY MAX	5.2	MGL	0	ONCE/MONTH	GRAB

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Signature of Principal Executive Officer for Authorized Agent

907 AREA CODE  
586-0393 TELEPHONE  
2006 YEAR  
6 MO  
8 DAY

