

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

PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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

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


NOTE: Read instructions before completing this form.

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	11	1		2006	11	30

PARAMETER	SAMPLE 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	MEASUREMENT	*****	*****	****	*****	12.6	14.0	(04)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	DEG. C		5/WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	MEASUREMENT	5364	6038	(26)	*****	313	362	(19)	0		
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		2/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	MEASUREMENT	285	*****	(26)	*****	17.1	*****	(19)	0		
SEE COMMENTS BELOW	PERMIT REQUIREMENT	1839 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		2/MONTH	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	MEASUREMENT	274	285	(26)	*****	16.0	17.1	(19)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		2/MONTH	COMP 24
pH 00400 1 0 0	MEASUREMENT	*****	*****	****	6.5	*****	7.0	(12)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.5 MIN.	*****	9.0 MAXIMUM	SU		5/WEEK	GRAB
ALKALINITY as CaCO3 00425 1 0 0	MEASUREMENT	*****	*****	****	*****	N.T.	N.T.	(19)	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0	MEASUREMENT	3410	4404	(26)	*****	200	264	(19)	0		
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		2/MONTH	COMP 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utilities Superintendent	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 907 586-0393		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 								PHONE NUMBER DATE		
									2006 12 8 YEAR MO DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS *Please see letter dated Nov. 9th, 2006*

* The reporting period was from **10/29/2006** through **12/02/2006**.

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
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LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
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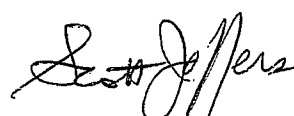
Form Approved.
 OMB No. 2040-0004
 Approval Expires 05-31-98

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MONITORING PERIOD					
FROM			TO		
YR	MO	DAY	YEAR	MO	DAY
2006	11	1	2006	11	30

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 G 0 0 SEE COMMENTS BELOW	MEASUREMENT	234	*****	(26)	*****	14.0	*****	(19)	0		
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	LBS/DAY	*****	45 WKLY AVG	*****	MG/L		2/MONTH	COMP 24
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	223	234	(26)	*****	13.0	14.0	(19)	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MAX	LBS/DAY	*****	30 MO AVG	60 DAILY MAX	MG/L		2/MONTH	COMP 24
NITROGEN AMMONIA TOTAL (as N) 00610 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	239	239	(26)	*****	12.0	12.0	(19)	0		
	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MAX	LBS/DAY	*****	28.5 MO AVG	48.0 DAILY MAX	MG/L		1/MONTH	COMP 24
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	N.T.	N.T.	(26)	*****	N.T.	N.T.	(28)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L		3/YEAR	COMP 24
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	N.T.	N.T.	(26)	*****	N.T.	N.T.	(28)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L		3/YEAR	COMP 24
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	N.T.	N.T.	(26)	*****	N.T.	N.T.	(28)	0		
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	LBS/DAY	*****	REPORT MO AVG	REPORT DAILY MAX	ug/L		3/YEAR	COMP 24
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	MEASUREMENT	0.43	0.43	(26)	*****	21.8	21.80	(28)	0		
	PERMIT REQUIREMENT	3.54 MO AVG	7.63 DAILY MAX	LBS/DAY	*****	86.7 MO AVG	187.00 DAILY MAX	ug/L		1/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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		
Scott Jeffers Wastewater Utilities Superintendent									907 586-0393		
TYPED OR PRINTED									DATE		
									2006	12	8
									YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *Please see letter dated Nov. 9th, 2006*
 * The reporting period was from 10/29/2006 through 12/02/2006.

PERMITTEE NAME/ADDRESS (Include Facility name/Location if different)

Approval Expires 05-31-98
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NOTE: Read instructions before completing this form.

NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDENHALL TREATMENT PLANT
 155 SOUTH SEWARD,
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FACILITY: MENDENHALL VALLEY SERVICE AREA
LOCATION: JUNEAU, ALASKA 99801
ATT: Scott Jeffers WW Utilities Superintendent

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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			
FECAL COLIFORM MF, M-FC BROTH 44.5C 31616 W 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	60.8	*****	(13)	0		
FECAL COLIFORM MF, M-FC BROTH 44.5C 31616 1 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	800 WKLY GEO	*****	#/100ML		2/WEEK	GRAB
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT 50050 P 0 0	PERMIT REQUIREMENT	2.10	2.74	(03)	*****	7.4	1480	(13)	1		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	400 MO GEO	1200 DAILY GEO	#/100ML	0		
EFFLUENT DILUTION RATIO 78480 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUSLY	RECORDED
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****	0		
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PERCENT		DAILY	CALCULATED
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PERCENT	0		
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PERCENT		1/MONTH	CALCULATED
TURBIDITY, LAB NTU 82079 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PERCENT	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PERCENT		1/MONTH	CALCULATED
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Scott Jeffers
 Wastewater Utilities Superintendent

Scott Jeffers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	
907 AREA CODE	586-0393
PHONE NUMBER	
DATE	
2006 YEAR	12 MO
	8 DAY

TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS

Please see letter dated Nov. 9th, 2006

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

MAJOR (SUB 01)
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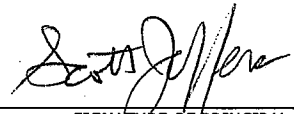
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DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2006	11	1		2006	11	30

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	80.0	80.0	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/MONTH	COMP 24
DISSOLVED OXYGEN 00300 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	3.1	3.1	3.1	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT MO AVG	REPORT DAILY MAX	MG/L		1/MONTH	
TOXICITY, CERIODAPHNIA CHRONIC 61406 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	(73)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10.0 MAXIMUM	TUC		2/YEAR	COMP 24
	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

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

TELEPHONE		
907	586-0393	
AREA CODE	PHONE NUMBER	
DATE		
2006	12	8
YEAR	MO	DAY

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

Form Approved
OMB No. 2040-0004

Additional data highlighted below

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JUNEAU, CITY & BOROUGH OF
ADDRESS: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY & BOROUGH OF
LOCATION: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
ATTN: SCOTT JEFFERS, UTILITY SUPT

AK0022951
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)
MENDENHALL RIVER DIFFUSER
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	11	01	TO	06	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity 00070 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****			(43)			
	PERMIT REQUIREMENT	*****	*****		*****	Req: Mon MO AVG	Req: Mon DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****					(19)			
	PERMIT REQUIREMENT	*****	*****		*****	Req: Mon DAILY MN	Req: Mon MO AVG	mg/L		Once Per Month	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT			(26)	*****			(19)			
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
BOD, 5-day, 20 deg. C 00310 W 0 See Comments	SAMPLE MEASUREMENT		*****	(26)	*****			(19)			
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Twice Per Month	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****					(12)			
	PERMIT REQUIREMENT	*****	*****		*****	16.5 INST MIN	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT			(26)	*****			(19)			
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
Solids, total suspended 00530 W 0 See Comments	SAMPLE MEASUREMENT		*****	(26)	*****			(19)			
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Scott Jeffers</i> Wastewater Superintendent TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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 <i>Scott Jeffers</i>	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
			907	586 0393	06	12	08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Average effluent dilution ration for the month as follows: O = <15:1, regardless of disinfection method. P = >15:1 and <30:1, regardless of disinfection method. Q = >30:1 & chlorine used. R = >30:1 & chlorine not used. S = Chlorine used for total or partial. T = Chlorine not used for total or partial.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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OMB No. 2040-0004

Page *X*
689

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JUNEAU, CITY & BOROUGH OF
ADDRESS: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY & BOROUGH OF
LOCATION: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
ATTN: SCOTT JEFFERS, UTILITY SUPT

AK0022951	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)
MENDENHALL RIVER DIFFUSER
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	11	01	TO	06	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT			(26)	*****				(19)		
	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MX	lb/d	*****	28.5 MO AVG	48 DAILY MX	mg/L		Once Per Month	COMP24
Hardness, total (as CaCO3) 00900 1 6 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****				(19)		
	PERMIT REQUIREMENT	*****	*****		*****	Req: Mon MO AVG	Req: Mon DAILY MX	mg/L		Once Per Month	COMP24
Copper, total recoverable 01119 1 0 Effluent Gross	SAMPLE MEASUREMENT			(26)	*****				(28)		
	PERMIT REQUIREMENT	3.54 MO AVG	7.63 DAILY MX	lb/d	*****	86.7 MO AVG	187 DAILY MX	ug/L		Once Per Month	COMP24
Coliform, fecal - % sample exceeds limit 30500 0 0 See Comments	SAMPLE MEASUREMENT	*****	*****		*****		0		(23)	0	
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 DAILY MX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 0 0 See Comments	SAMPLE MEASUREMENT	*****	*****		*****	N/A	N/A		(13)	0	
	PERMIT REQUIREMENT	*****	*****		*****	161 MO GEO	Req: Mon DAILY MX	#/100mL		Twice Per Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****		N/A	N/A	N/A		(13)	0	
	PERMIT REQUIREMENT	*****	*****		400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Per Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 Q 0 See Comments	SAMPLE MEASUREMENT	*****	*****		N/A	N/A	N/A		(13)	0	
	PERMIT REQUIREMENT	*****	*****		400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Scott Jeffers</i> Wastewater Superintendent TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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 <i>Scott Jeffers</i>	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
			907-586-0393		06	12	08

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ADDRESS: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801

AK0022951
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801

MAJOR \$
(SUBR01)

MENDENHALL RIVER DIFFUSER

External Outfall

FACILITY: JUNEAU, CITY & BOROUGH OF
LOCATION: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
06	11	01	06	11	30	

ATTN:SCOTT JEFFERS, UTILITY SUPT

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE MEASUREMENT	*****	*****		60.8	7.4	1480	(13)	1		
31615 R 0 See Comments	PERMIT REQUIREMENT	*****	*****		800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Twice Per Week	GRAB
Floating solids or visible foam-visual	SAMPLE MEASUREMENT	*****	*****		*****	*****	N	(9P)	0		
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg Mon DAILY MX	Y=1;N=0		Once Per Month	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	4.9 DAILY MX	Mgal/d	*****	*****	*****			Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT			(26)	*****	N/A	N/A	(28)	0		
50060 S 0 See Comments	PERMIT REQUIREMENT	4.09 MO AVG	4.09 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/L		Quarterly	COMP24
Dilution factor	SAMPLE MEASUREMENT	*****	*****				*****	(1U)			
80093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Reg Mon DAILY MN	Reg Mon MO AVG	*****	Ratio		Daily	MEASRD
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****		85 MN % RMV	*****	*****	%		Once Per Month	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****		85 MN % RMV	*****	*****	%		Once Per Month	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Superintendent TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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 	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
			907	586-0393	06	12	08

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

Average effluent dilution ration for the month as follows: O = <15:1, regardless of disinfection method. P = >15:1 and <30:1, regardless of disinfection method. Q = >30:1 & chlorine used. R = >30:1 & chlorine not used. S = Chlorine used for total or partial. T = Chlorine not used for total or partial.

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

Form Approved
OMB No. 2040-0004

Page 1 of 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: JUNEAU, CITY & BOROUGH OF
ADDRESS: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY & BOROUGH OF
LOCATION: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
ATTN: SCOTT JEFFERS, UTILITY SUPT

AK0022951	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801
MAJOR \$
(SUBR01)
MENDENHALL RIVER DIFFUSER
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	11	01		06	11	30

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine usage 81400 X 0 End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		0		
	PERMIT REQUIREMENT	Req: Mon. MO AVG	*****	lb/d	*****	*****	*****			Daily	MEASRD
Oil and grease visual 84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	None	(93)	0		
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req: Mon. DAILY MX	occur/mo		Once Per Month	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Scott Jeffers</i> Wastewater Superintendent TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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.	<i>Scott Jeffers</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			907-586-0393	06	12	08	
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Average effluent dilution ration for the month as follows: O = <15:1, regardless of disinfection method. P = >15:1 and <30:1, regardless of disinfection method. Q = >30:1 & chlorine used. R = >30:1 & chlorine not used. S = Chlorine used for total or partial. T = Chlorine not used for total or partial.

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

November 2006

EPA REPORT

DAY	DATE	WEATHER		FLOWS					INFLUENT						EFFLUENT						MISC				
		TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TTL EFFL MGD	Receiving Water Dilution	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	S.S. LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	TURBID MAX NTU	S.S. mg/L		S.S. LBS	B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml
SUN	29	28	0.00	2.74	2430	2.74	573.9 /1	0.0593																	90
MON	30	33	0.15	2.56	2370	2.43	631.0 /1	0.0493	12.0	7.2					13.0	7.0		6.2							87
TUE	31	34	0.05	2.43	2370	2.39	641.6 /1	0.0467	13.0	6.9					13.0	6.7		8.9							96
WED	1	29	0.00	2.37	1820	2.33	505.6 /1	0.0587	12.0	6.8					13.0	6.6		7.3					20.0		88
THU	2	27	0.00	2.32	1760	2.22	513.1 /1	0.0738	12.0	7.0					13.0	6.6		7.0					21.7		84
FRI	3	25	0.00	2.35	1560	2.28	443.0 /1	0.0605	13.0	7.2					14.0	6.8		6.4							91
SAT	4	21	0.00	2.40	1540	2.32	429.8 /1	0.0580																	92
SUN	5	18	0.00	2.29	1520	2.20	447.3 /1	0.0438																	83
MON	6	20	0.11	2.27	1490	2.14	450.8 /1	0.0496	12.0	7.4					13.0	6.6		6.1							90
TUE	7	18	0.00	2.32	1500	2.13	455.9 /1	0.0437	12.0	7.0		136	2416	264	4690	13.0	6.6		7.3	12.0	213.2	14.8	262.9	1480	90
WED	8	25	0.19	2.13	1720	2.03	548.3 /1	0.0395	11.0	6.9	6.3				13.0	6.6	3.1	7.9						2.5	91
THU	9	35	0.03	2.09	1530	2.00	495.2 /1	0.0447	11.0	7.0					13.0	6.5		8.0							94
FRI	10	34	0.00	2.21	1580	2.00	511.3 /1	0.0690	13.0	7.1					14.0	6.7		7.2							91
SAT	11	26	0.00	2.14	1440	2.08	448.2 /1	0.0638																	90
SUN	12	24	0.00	2.14	1340	2.00	433.8 /1	0.0558																	88
MON	13	25	0.49	2.04	1400	1.92	472.0 /1	0.0664	13.0	6.8					13.0	6.6		8.1							86
TUE	14	20	0.27	2.19	1430	2.00	462.9 /1	0.0705	11.0	7.2		264	4404	362	6038	13.0	6.6		8.9	14.0	233.5	17.1	285.2	2.00	92
WED	15	23	0.52	2.26	1540	2.09	477.0 /1	0.1441	12.0	7.1					13.0	6.6		7.8						10.00	90
THU	16	23	0.20	2.19	1300	1.93	436.1 /1	0.0624	11.0	7.0					13.0	6.5		7.9							89
FRI	17	22	0.03	2.05	1190	1.86	414.3 /1	0.0627	11.0	7.0					13.0	6.6		8.5							87
SAT	18	23	0.09	2.08	1210	1.90	412.4 /1	0.0547																	85
SUN	19	23	0.47	2.03	1230	2.04	390.5 /1	0.0518																	86
MON	20	18	0.00	1.96	1320	1.95	438.3 /1	0.0513	12.0	7.2					13.0	6.6		9.1							90
TUE	21	11	0.00	2.03	1300	1.89	445.3 /1	0.0532	11.0	7.1					12.0	6.6		9.8						2.0	96
WED	22	12	0.00	2.41	1240	2.15	373.6 /1	0.0556	10.0	7.0					12.0	6.5		8.2						2.0	77
THU	23	7	0.00	2.58	1011	2.11	310.5 /1	0.0651	10.0	6.9					12.0	6.5		7.0							92
FRI	24	6	0.00	2.27	804	2.08	250.7 /1	0.0616	11.0	7.0					12.0	6.7		7.0							82
SAT	25	11	0.00	2.37	886	2.12	271.0 /1	0.0602																	85
SUN	26	11	0.00	2.37	804	2.07	251.9 /1	0.0533																	85
MON	27	7	0.00	2.47	886	2.05	280.2 /1	0.0479	11.0	7.1					11.0	6.5		6.8							90
TUE	28	8	0.02	2.49	990	2.22	289.1 /1	0.0593	9.0	6.8					11.0	6.6		6.9						2.0	87
WED	29	20	0.92	2.31	945	2.05	298.8 /1	0.0596	9.0	7.0					11.0	6.6		7.7						2.0	90
THU	30	17	0.06	2.19	903	1.90	308.0 /1	0.0519	9.0	6.7					11.0	6.5		8.4							91
FRI	1	27	0.27	2.13	888	1.94	296.7 /1	0.0880	12.0	6.9					13.0	6.6		8.6							87
SAT	2	30	0.72	2.17	900	1.86	313.6 /1	0.0695																	77
TOTAL			4.59	79.35		73.42		2.1053																	3089
MAXIMUM		35	0.92	2.74	2430	2.74	641.6 /1	0.1441	13.0	7.4	6.3	264	4404	362	6038	14.0	7.0	3.1	9.8	14.0	233.5	17.1	285.2	1480	96
MINIMUM		6	0.00	1.96	804	1.86	250.7 /1	0.0395	9.0	6.7	6.3	136	2416	264	4690	11.0	6.5	3.1	6.1	12.0	213.2	14.8	262.9	2.0	77
AVERAGE		21.2	0.13	2.27	1376	2.10	420.6 /1	0.0602	11.3	7.0	6.3	200.0	3409.7	313.0	5364.0	12.6	6.6	3.1	7.7	13.0	223.3	16.0	274.1	7.4	88.3

COMMENTS:

- * GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
- * SEE ENCLOSED LETTER FOR VIOLATION

November 2006	
Hrd. mg/l	80.0
Alk. mg/l	N.T.
D.O. mg/l	3.1
Turb. NTU	9.8
Tox. TUc	N/A

November 2006		
	ug/L	LBS
Copper	21.80	0.43
Lead	N.T.	
Silver	N.T.	
Zinc	N.T.	
NH3 mg/L	12.00	239

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM (Geo. Mean)
	BOD mg/l	TSS lbs	BOD lbs	TSS lbs	
1					20.8
2	14.8	262.9	12.0	213.2	60.8
3	17.1	285.2	14.0	233.5	4.5
4					2.0
5					2.0
AVG	16.0	274.1	13.0	223.3	18.0
MAX	17.1	285.2	14.0	233.5	60.8

% REMOVAL	
B.O.D.	94.9
S.S.	93.5

POWER USAGE IN KILOWATT-HOURS	
TOTAL	494240