

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

Form Approved
OMB No. 2040-0004

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

NAME: JUNEAU, CITY & BOROUGH OF
ADDRESS: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY AND 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
07	01	01		07	01	31

WHEN FLOW IS > 4.9 MGD ~~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	SAMPLE MEASUREMENT	*****	*****		*****						
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****								
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	mg/L		Once Per Month	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT				*****						
00310 1 0 Effluent Gross	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	SAMPLE MEASUREMENT				*****						
00310 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****								
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 INST MIN	*****	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	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	SAMPLE MEASUREMENT				*****						
00530 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Twice Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Scott Jeffers Wastewater Utility 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		07	02	09

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)

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

NAME: JUNEAU, CITY & BOROUGH OF
ADDRESS: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY AND 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
07	01	01	07	01	31

FROM

TO

WHEN FLOW IS > 4.9 MGD ~~No Data Indicator~~

PARAMETER	SAMPLE MEASUREMENT	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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	%	*****	Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 0 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	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	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	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 Utility 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		07	02	09

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.
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

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

NAME: JUNEAU, CITY & BOROUGH OF
ADDRESS: 2009 RADCLIFFE ROAD
JUNEAU, AK 99801
FACILITY: JUNEAU, CITY AND 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
07	01	01		07	01	31

No Data Indicator ~~X~~

WHEN FLOW IS > 4.9 MGD

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 31615 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****		800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Twice Per Week	GRAB
	PERMIT REQUIREMENT	*****	*****								
Floating solids or visible foam-visual 45613 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	Y=1;N=0		Once Per Month	VISUAL
	PERMIT REQUIREMENT	*****	*****								
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****			Continuous	RCODR
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	Mgal/d							
Chlorine, total residual 50060 S 0 See Comments	SAMPLE MEASUREMENT				*****	*****	*****			Quarterly	COMP24
	PERMIT REQUIREMENT	4.09 MO AVG	4.09 DAILY MX	lb/d		100 MO AVG	100 DAILY MX	ug/L			
Dilution factor 80093 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			Daily	MEASRD
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	-Ratio			
BOD, 5-day, percent removal 81010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			Once Per Month	CALCTD
	PERMIT REQUIREMENT	*****	*****		85 MN % RMV	*****	*****	%			
Solids, suspended percent removal 81011 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			Once Per Month	CALCTD
	PERMIT REQUIREMENT	*****	*****		85 MN % RMV	*****	*****	%			

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		907-586-0393	07	02	09	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Scott Jeffers</i>		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.
EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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

Form Approved
OMB No. 2040-0004

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

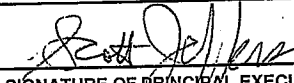
AK0022951	001A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

WHEN FLOW IS > 4.9 MGD 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		*****		*****	*****	*****				
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	*****	lb/d	*****	*****	*****			Daily	MEASRD
Oil and grease visual 84066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon. DAILY MX	occur/mo		Once Per Month	VISUAL

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			907-586-0393	07	02	09	AREA Code	NUMBER

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 ESTIMATION 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

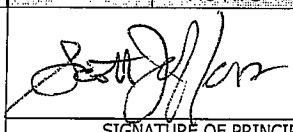
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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 Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	1	1		2007	1	31

PARAMETER	SAMPLE MEASUREMENT	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	MEASUREMENT	*****	*****	****	*****	11.4	16.9	(43)	0			
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR	
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	MEASUREMENT	*****	*****	****	3.4	3.4	*****	(19)	0			
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19 mg/L		Once Per Month	GRAB	
BOD, 5-Day, 20 deg. C 00310 1 0 Effluent Gross	MEASUREMENT	368.4	401.1	(26)	*****	15.8	17.2	(19)	0			
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24	
BOD, 5-Day, 20 deg. C 00310 W 0 See Comments	MEASUREMENT	368.4	*****	(26)	*****	15.8	*****	(19)	0			
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24	
pH 00400 1 0 Effluent Gross	MEASUREMENT	*****	*****	****	6.5	*****	6.7	(12)	0			
	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	12 SU		Weekdays	GRAB	
Alkalinity, total (asCaCo3) 00410 1 7 Effluent Gross	MEASUREMENT	*****	*****	****	*****	N/A	N/A	(19)	0			
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Quarterly	COMP24	
Solids, total suspended 00530 1 0 Effluent Gross	MEASUREMENT	316	418	(26)	*****	13.0	15.0	(19)	0			
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	19 mg/L		Twice Per Month	COMP24	
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	TYPED OR PRINTED			907 AREA CODE					586-0393			PHONE NUMBER DATE
COMMENT AND EXPLANATION OF ANY VIOLATIONS					2007 YEAR				2 MO		8 DAY	

The reporting period was from 12/31/06 through 02/03/07.

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

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 Superintendent

AK-002295-1
PERMIT NUMBER


001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	1	1		2007	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended		417.8	*****	(26)	*****	15.0	*****	(19)	0		
00530 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)		256.3	256.3	(26)	*****	9.2	9.2	(19)	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	1164 MO AVG	1963 DAILY MX	lb/d	*****	28.5 MO AVG	48 DAILY MX	19 mg/L		Once Per Month	COMP24
Hardness, total (as CaCO3)		*****	*****	****	*****	42	42	(19)	0		
00900 1 6 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Once Per Month	GRAB
Silver, total recoverable		0.026	0.026	(26)	*****	0.949	0.949	(28)	0		
01079 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Zinc, total recoverable		0.836	0.836	(26)	*****	30.0	30.0	(28)	0		
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Lead, total recoverable		0.007	0.007	(26)	*****	0.264	0.264	(28)	0		
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	28 ug/L		Three Per Year	COMP24
Copper, total recoverable		0.382	0.382	(26)	*****	13.7	13.7	(28)	0		
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	3.54 MO AVG	7.63 DAILY MX	lb/d	*****	86.7 MO AVG	187 DAILY MX	28 ug/L		Once Per Month	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	
907	586-0393
AREA CODE	PHONE NUMBER
DATE	
2007	2 8
YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 12/31/06 through 02/03/07.

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.

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

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

NAME: JUNEAU, CITY AND BOROUGH OF
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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

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit 30500 O 0 See Comments	*****	*****			*****	*****	0	(23)	0		
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 DAILY MX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 O 31615 O 0 See Comments	*****	*****	****		*****	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	161 MO GEO	Req. Mon. DAILY MX	13 #/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 O 31615 P 0 See Comments	*****	*****	****		*****	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 O 31615 Q 0 See Comments	*****	*****	****		*****	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 O 31615 R 0 See Comments	*****	*****	****		*****	11.8	4.4	14	(13)	0	
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Twice Every Week	GRAB
Floating solids or visible foam-visual 45613 1 0 Effluent Gross	*****	*****			*****	*****	0		0		
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	f=1; N=0		Once Per Month	VISUAL
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	*****	2.4	3.7	(03)	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****		Continuous	RCORDR

Scott Jeffers

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		
907	586-0393	
AREA CODE	PHONE NUMBER	
DATE		
2007	2	8
YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
* The reporting period was from 12/31/06 through 02/03/07.

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

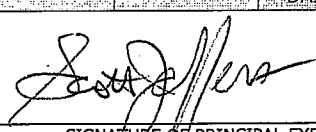
PERMITTEE NAME/ADDRESS(Include Facility name/Location if different)

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 Superintendent

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	1	1		2007	1	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Chlorine, total residual		N/A	N/A	(26)	*****	N/A	N/A	(28)	0				
0060 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		
0100 Dilution factor		*****	*****	****	244.2	367.5	*****	ug/L	0				
03093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U		DAILY	MEASRD		
0405 5-day, percent removal		*****	*****	****	92.1	*****	*****	(23)	0				
051010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD		
0605 Solids, suspended percent removal		*****	*****	****	89.4	*****	*****	(23)	0				
071011 K 0 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD		
0805 Chlorine usage		N/A	*****	(26)	*****	*****	*****		0				
091400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****			DAILY	MEASRD		
1005 Oil and grease visual		*****	*****	****	*****	*****	0	(93)	0				
110406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	occur/mo		Once Per Month	VISUAL		
1205 Toxicity, Chronic		*****	*****	****	*****	*****	N/A	(2G)	0				
13000 1 8 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	tox chronic		Semiannual	COMP24		
1405 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				
1505 Scott Jeffers Wastewater Utilities Superintendent									907 AREA CODE			586-0393 PHONE NUMBER	
1605 TYPED OR PRINTED					2007 YEAR			2 MO			8 DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS
The reporting period was from 12/31/06 through 02/03/07.

MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

January 2007

EPA REPORT

DAY	DATE	WEATHER		FLOWS				INFLUENT						EFFLUENT						MISC						
		TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TTTL 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	POWER METER READING
SUN	31	39	0.98	3.46	1280	3.40	244.2 /1	0.0429																		92
MON	1	33	0.08	3.68	1690	3.66	299.3 /1	0.0471	9.0	7.2					11.0	6.6		8.7								91
TUE	2	38	0.13	3.34	2100	3.34	407.2 /1	0.0419	9.0	6.7	94	2618	145	4039	10.0	6.5		7.7	15.0	417.8	14.4	401.1	4.0		89	
WED	3	29	0.02	3.10	1650	3.10	344.8 /1	0.0493	9.0	6.7					10.0	6.5	3.4	8.8					2.0		87	
THU	4	31	0.16	2.96	1520	2.96	332.7 /1	0.0592	8.0	6.7					10.0	6.5		8.5							90	
FRI	5	32	0.30	2.50	1280	2.53	327.8 /1	0.0512	8.0	6.5					9.0	6.5		8.6							84	
SAT	6	32	0.00	2.51	1440	2.27	410.8 /1	0.0480																	86	
SUN	7	32	0.17	2.53	1460	2.27	416.5 /1	0.0550																	84	
MON	8	27	0.03	2.39	1390	2.39	376.7 /1	0.0530	9.0	8.2					11.0	6.7		10.5							84	
TUE	9	16	0.00	2.34	1240	2.34	343.3 /1	0.0449	9.0	6.8	152	2966	254	4957	10.0	6.5		10.1	11.0	214.7	17.2	335.7	2.0		47	
WED	10	12	0.00	2.42	1210	2.33	336.5 /1	0.0492	8.0	6.8					9.0	6.5		9.9					2.0		129	
THU	11	15	0.00	2.31	1230	2.31	345.0 /1	0.0523	9.0	6.8					10.0	6.5		9.8							86	
FRI	12	27	0.23	2.18	1010	2.18	300.3 /1	0.0528	10.0	6.8					10.0	6.5		10.0							83	
SAT	13	32	0.02	2.17	1280	2.02	410.3 /1	0.0486																	83	
SUN	14	36	0.66	2.32	1260	2.20	371.0 /1	0.0508																	89	
MON	15	38	0.58	2.91	1580	2.97	344.7 /1	0.0696	9.0	6.9					10.0	6.5		9.1							88	
TUE	16	33	0.05	2.56	1520	2.41	408.4 /1	0.0607	10.0	6.8					12.0	6.6		9.3					8.0		96	
WED	17	33	0.06	2.36	1420	2.28	403.3 /1	0.0705	10.0	6.6					10.0	6.5		10.1					2.0		78	
THU	18	34	0.26	2.34	1260	2.20	371.0 /1	0.0726	9.0	6.8					10.0	6.5		12.4							90	
FRI	19	35	0.23	2.47	1240	2.39	336.2 /1	0.0811	10.0	6.8					11.0	6.5		12.0							90	
SAT	20	36	0.55	2.69	1340	2.42	358.7 /1	0.0581																	87	
SUN	21	33	0.11	2.79	1290	2.74	305.1 /1	0.0366																	84	
MON	22	28	0.00	2.34	1270	2.23	368.9 /1	0.0367	9.0	6.9					11.0	6.5		12.6							85	
TUE	23	30	0.70	2.31	1300	2.15	391.6 /1	0.0415	9.0	6.9					10.0	6.6		12.8					6.0		86	
WED	24	35	0.11	2.69	1320	2.69	318.0 /1	0.0654	9.0	6.9					11.0	6.5		13.2					6.0		94	
THU	25	32	0.00	2.43	1350	2.26	386.9 /1	0.0556	10.0	7.0					10.0	6.5		11.6							90	
FRI	26	32	0.00	2.33	1260	2.15	379.6 /1	0.0497	10.0	6.8					10.0	6.5		11.8							85	
SAT	27	29	0.00	2.29	1260	2.15	379.6 /1	0.0490																	85	
SUN	28	30	0.21	2.37	1190	2.20	350.4 /1	0.0471																	78	
MON	29	35	0.01	2.29	1230	2.03	392.4 /1	0.0431	11.0	7.1					11.0	6.7		14.3							83	
TUE	30	33	0.00	2.19	1260	2.02	404.0 /1	0.0576	9.0	6.9					10.0	6.6		15.3					14.0		89	
WED	31	33	0.00	2.31	1200	2.02	384.8 /1	0.0651	9.0	6.9					12.0	6.5		14.8					10.0		89	
THU	1	32	0.00	2.11	1310	1.95	435.0 /1	0.0307	10.0	6.8					11.0	6.5		16.1							80	
FRI	2	27	0.00	2.11	1400	1.87	484.6 /1	0.0552	9.0	6.9					10.0	6.6		16.9							88	
SAT	3	30	0.05	2.28	1190	1.96	393.2 /1	0.0526																	78	
TOTAL			5.70	88.38		84.39		1.8447																		3020
MAXIMUM		39	0.98	3.68	2100	3.66	484.6 /1	0.0811	11.0	8.2	152	2966	254	4957	12.0	6.7	3.4	16.9	15.0	417.8	17.2	401.1	14.0		129	
MINIMUM		12	0.00	2.11	1010	1.87	244.2 /1	0.0307	8.0	6.5	94	2618	145	4039	9.0	6.5	3.4	7.7	11.0	214.7	14.4	335.7	2.0		47	
AVERAGE		30.8	0.16	2.53	1349	2.41	367.5 /1	0.0527	9.2	6.9	123.0	2792.4	199.5	4498.0	10.4	6.5	3.4	11.4	13.0	316.3	15.8	368.4	4.4		86.3	

COMMENTS:

* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES

January 2007	
Hrd. mg/l	42
Alk. mg/l	N/A
D.O. mg/l	3.4
Turb. NTU	16.9

Tox. TUc	N/A
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January 2007		
	ug/l	LBS
Copper	13.7	0.382
Lead	0.264	0.007
Silver	0.949	0.026
Zinc	30	0.836
NH3 mg/L	9.2	256.27

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geoc. Mean
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	
1	14.4	401.1	15.0	417.8	2.8
2	17.2	335.7	11.0	214.7	2.0
3					4.0
4					6.0
5					11.8
AVG	15.8	368.4	13.00	316.3	4.4
MAX	17.2	401.1	15.0	417.8	11.8

% REMOVAL	
B.O.D.	92.1
S.S.	89.4

POWER USAGE IN KILOWATT HOURS	
TOTAL	483200