

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
NOTE: Read instructions before completing this form.

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

AK-002295-1
PERMIT NUMBER

001A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2007	9	1	2007
YEAR	MO	DAY	YEAR
2007	9	30	2007

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Turbidity	MEASUREMENT	*****	*****	****	*****	10.8	15.1	(43)	0		
00070 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	Req: Mon. MO.AVG	Req: Mon. DAILY.MX	NTU	0	Continuous	RCORDR
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	4.1	4.1	(19)	0		
Oxygen, dissolved (DO)	PERMIT REQUIREMENT	*****	*****	****	*****	Req: Mon. DAILY.MN	Req: Mon. MO.AVG	mg/L	1	Once Per Month	GRAB
00300 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	36	45	(19)	1		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	30	60	mg/L	1	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	607	2452	(26)	*****	45.2	*****	(19)	1	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	PERMIT REQUIREMENT	1829	*****	****	*****	45	*****	mg/L	0	Twice Per Month	COMP24
00310 W 0	SAMPLE MEASUREMENT	*****	*****	****	*****	6.3	6.6	(12)	0		
See Comments	PERMIT REQUIREMENT	WKL.Y.AVG	*****	****	*****	INST.MN	INST.MAX	SU	0	Weekdays	GRAB
pH	MEASUREMENT	*****	*****	****	*****	140	140	(19)	0		
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	Req: Mon. MO.AVG	Req: Mon. DAILY.MX	mg/L	0	Quarterly	COMP24
Effluent Gross	SAMPLE MEASUREMENT	289	377	(26)	*****	21	26	(19)	0		
Alkalinity, total (asCaCo3)	PERMIT REQUIREMENT	1226	2452	****	*****	30	60	mg/L	0	Twice Per Month	COMP24
00410 1 7	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	mg/L	0		
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	mg/L	0		
Solids, total suspended	MEASUREMENT	*****	*****	****	*****	*****	*****	mg/L	0		
00630 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	mg/L	0		
Effluent Gross	MEASUREMENT	*****	*****	****	*****	*****	*****	mg/L	0		
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										
TYPED OR PRINTED											
COMMENT AND EXPLANATION OF ANY VIOLATIONS											

* Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007.

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

PERMITTEE NAME/ADDRESS/Location (if different)
JUNEAU, CITY AND BOROUGH OF

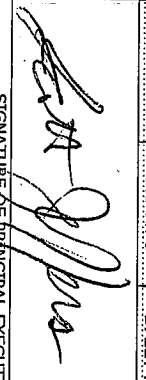
NAME: JUNEAU, CITY AND BOROUGH OF
ADDRESS: MENDEENHALL TREATMENT PLANT
155 SOUTH SEWARD,
JUNEAU, ALASKA 99801
MENDENHALL VALLEY SERVICE AREA
JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

Form Approved, OMB No. 2040-0004
Approval Expires 05-31-98
MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

MONITORING PERIOD			
YR	MO	DAY	TO
2007	9	1	2007
YEAR	MO	DAY	DAY
2007	9	30	30

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

PARAMETER	SAMPLE	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	MEASUREMENT	377	*****	(26)	*****	26	*****	(19)	0	Once Per Month	COMP24
		PERMIT REQUIREMENT	1829	*****	*****	45	*****	19	0	Twice Per Month	COMP24
00530 W 0 See Comments	MEASUREMENT	295	*****	(26)	*****	22	*****	(19)	0	Once Per Month	COMP24
		PERMIT REQUIREMENT	1164	*****	*****	28.5	*****	19	0	Once Per Month	COMP24
Nitrogen, ammonia total (as N)	MEASUREMENT	0.014	*****	(26)	*****	1.0	*****	(28)	0	Once Per Month	GRAB
		PERMIT REQUIREMENT	0.014	*****	*****	1.0	*****	19	0	Once Per Month	GRAB
00900 1 6 Effluent Gross	MEASUREMENT	0.314	*****	(26)	*****	23.2	*****	(28)	0	Three Per Year	COMP24
		PERMIT REQUIREMENT	0.314	*****	*****	23.2	*****	28	0	Three Per Year	COMP24
Zinc, total recoverable	MEASUREMENT	0.053	*****	(26)	*****	3.98	*****	(28)	0	Three Per Year	COMP24
		PERMIT REQUIREMENT	0.053	*****	*****	3.98	*****	28	0	Three Per Year	COMP24
01094 1 0 Effluent Gross	MEASUREMENT	0.212	*****	(26)	*****	15.2	*****	(28)	0	Three Per Year	COMP24
		PERMIT REQUIREMENT	0.212	*****	*****	15.7	*****	28	0	Three Per Year	COMP24
01114 1 0 Effluent Gross	MEASUREMENT	0.213	*****	(26)	*****	15.7	*****	(28)	0	Three Per Year	COMP24
		PERMIT REQUIREMENT	0.213	*****	*****	15.7	*****	28	0	Three Per Year	COMP24
Copper, total recoverable	MEASUREMENT	0.213	*****	(26)	*****	15.7	*****	(28)	0	Three Per Year	COMP24
		PERMIT REQUIREMENT	0.213	*****	*****	15.7	*****	28	0	Three Per Year	COMP24
01119 1 0 Effluent Gross	MEASUREMENT	0.213	*****	(26)	*****	15.7	*****	(28)	0	Three Per Year	COMP24
		PERMIT REQUIREMENT	0.213	*****	*****	15.7	*****	28	0	Three Per Year	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											
											
907 AREA CODE 586-0393 TELEPHONE 2007 YEAR 10 MO 09 DAY											

* Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007.
EPA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/981209 1904 PAGE 2 OF 5

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 ***
NOTE: Read instructions before completing this form.

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2007	9	1	2007
YEAR	MO	DAY	YEAR
2007	9	30	2007

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS				
Coliform, fecal - % sample exceeds limit	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	(23)	0	Twice Every Week	GRAB	
30500 O 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10	%	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	161	MO GEO	Req. Mon. DAILY MX	13	0	Twice Every Week	GRAB	
31615 O 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	400	WKL GEO	800	#/100ml	0	Twice Every Week	GRAB	
31615 P 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	400	WKL GEO	800	#/100ml	0	Twice Every Week	GRAB	
31615 Q 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
Fecal coliform, MPN, EC med, 44.5 C	PERMIT REQUIREMENT	*****	*****	****	800	WKL GEO	1200	#/100ml	0	Twice Every Week	GRAB	
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
See Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0	Twice Every Week	GRAB	
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	****	800	WKL GEO	0	#/100ml	0	Twice Every Week	GRAB	
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	1	0	Once Per Month	VISUAL	
Effluent Gross	SAMPLE MEASUREMENT	2.1	2.9	(03)	*****	*****	*****	1	0	Continuous	RECORDR	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	2.1	2.9	(03)	*****	*****	*****	1	0	Continuous	RECORDR	
50050 1 0	PERMIT REQUIREMENT	2.1	2.9	(03)	*****	*****	*****	1	0	Continuous	RECORDR	
Effluent Gross	SAMPLE MEASUREMENT	2.1	2.9	(03)	*****	*****	*****	1	0	Continuous	RECORDR	
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	SIGNED/TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT											
* Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007.												

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
NOTE: Read instructions before completing this form.

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

AK-002295-1
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD			
YR	MO	DAY	TO
2007	9	1	2007
			2007

PARAMETER	SAMPLING METHOD	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
	PERMIT REQUIREMENT	4.09 MO AVG	4.09 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/l	0	QUARTERLY COMP24	
50060 S 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Dilution factor	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
80093 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
BOD 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Chlorine usage	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	N/A	N/A	(26)	*****	*****	*****	ug/l	0		
81400 X 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Oil and grease visual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
84066 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
TT000 1 8	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
Scott Jeffers Wastewater Utilities Superintendent	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ug/l	0		

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

907 AREA CODE
586-0393 TELEPHONE
DATE
2007 10 09
YEAR MO DAY

* Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007.

**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
ATT: Scott Jeffers WW Utilities Superintendent

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

PERMIT NUMBER: **AK-002295-1**
 DISCHARGE NUMBER: **001 A**

MONITORING PERIOD			
YR	MO	DAY	TO
2007	9	1	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	*****		N/A	N/A	N/A	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****								
31615 S 9 See Comments	MEASUREMENT	*****	*****		66	8	66	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100ml		Once Every Week	GRAB
31615 T 9 See Comments	MEASUREMENT	*****	*****		66	8	66	(13)	0	Once Every Week	GRAB
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100ml		Once Every Week	GRAB

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: 907
 PHONE NUMBER: 586-0393
 DATE: 2007 10 09
 YEAR: 2007
 MO: 10
 DAY: 09

* Concerning violations-please see attached. The reporting period was from 09/02/2007 through 09/29/2007.
 EPA Form 3320-1 (03-89) Previous editions may be used.
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)
 00434/981209 1904
 PAGE 5 OF 5

EPA REPORT

MENDENHALL WASTEWATER TREATMENT FACILITY
Juneau, Alaska

September 2007

DAY	DATE	WEATHER			FLOWS				INFLUENT				EFFLUENT				MISC					
		TEMP °F	RAIN INCHES	SBR INFLUENT MGD	Wind River CFS	SBR Ttl Effl MGD	Receiving Water Division	SBR WASTE MGD	TEMP °C	pH	D.O. mg/L	S.S. mg/L	B.O.D. mg/L	CU ug/L	HARD mg/L	TEMP °C		pH	D.O. mg/L	TURBID MAX NTU	S.S. mg/L	B.O.D. mg/L
SUN	2	52	0.00	1.82	4400	1.47	1934.6 /1	0.0418	15.0	7.2					16.0	6.5		14.2				46
MON	3	54	0.00	1.99	4090	1.59	1662.7 /1	0.0418	15.0	7.2					16.0	6.5		14.2				49
TUE	4	49	0.50	1.92	4330	1.61	1738.4 /1	0.0444	16.0	6.9	189	2598	306	4109	15.7	6.5	4.1	13.9	15	201	45.2	607
WED	5	51	0.28	1.95	5460	1.59	2219.3 /1	0.0577	16.0	6.8	6.2				17.0	6.4		15.1				49
THU	6	52	0.24	2.06	5510	1.70	2094.8 /1	0.0689	16.0	6.7					17.0	6.5		14.9				52
FRI	7	52	0.10	1.96	6270	1.62	2501.3 /1	0.0593	16.0	6.6					16.0	6.6		12.3				51
SAT	8	52	0.61	2.04	6320	1.73	2361.0 /1	0.0483														49
SUN	9	58	0.12	2.10	6460	1.75	2385.7 /1	0.0427														50
MON	10	55	0.27	2.08	6980	1.67	2701.0 /1	0.0481	16.0	6.8					17.0	6.5		10.8				50
TUE	11	54	0.02	2.04	8890	1.74	3301.5 /1	0.0594	14.0	6.5	179	2598	288	4179	14.7	6.5		13.8	26	377	26.8	389
WED	12	51	0.00	2.21	8140	1.73	3040.6 /1	0.0597	15.0	6.6					16.0	6.4		12.4				56
THU	13	51	0.00	2.00	4980	1.65	1950.7 /1	0.0605	15.6	6.6					16.0	6.4		14.8				56
FRI	14	50	0.60	2.22	5300	1.66	2063.5 /1	0.0696	15.0	6.8					17.0	6.5		13.6				51
SAT	15	53	0.32	2.18	5300	1.85	1851.7 /1	0.0603														51
SUN	16	49	0.95	2.46	7320	1.95	2426.0 /1	0.0703														56
MON	17	47	0.75	2.92	8990	2.78	2090.0 /1	0.0700	15.0	6.8					15.0	6.4		8.4				55
TUE	18	48	0.00	2.42	7100	2.08	2206.1 /1	0.0554	14.0	6.6					15.0	6.5		10.2				49
WED	19	49	0.82	2.70	8060	2.51	2075.4 /1	0.0673	14.0	6.6					15.0	6.5		9.4				58
THU	20	49	0.61	2.90	8330	2.58	2086.7 /1	0.0718	14.0	6.6					15.0	6.3		8.3				62
FRI	21	48	0.47	3.09	8330	2.87	1876.0 /1	0.0713	15.0	6.6					15.0	6.3		7.6				56
SAT	22	48	0.04	2.55	4570	2.49	1186.6 /1	0.0498														52
SUN	23	47	1.05	2.61	3930	2.54	1000.5 /1	0.0438														55
MON	24	50	0.31	2.94	4800	2.90	1070.2 /1	0.0691	14.0	6.6					15.0	6.4		8.7				58
TUE	25	50	0.40	3.02	6530	2.64	1598.9 /1	0.0627	14.0	6.6					15.0	6.6		9.4				62
WED	26	47	0.33	2.92	8800	2.68	2122.2 /1	0.0738	14.0	6.6					15.0	6.3		8.6				60
THU	27	43	0.03	2.96	6980	2.71	1664.9 /1	0.0891	13.0	6.6					14.0	6.5		5.3				58
FRI	28	44	0.00	2.56	6530	2.33	1811.5 /1	0.0585	15.0	6.4					15.0	6.4		4.8				55
SAT	29	47	0.00	2.39	4720	2.16	1412.6 /1	0.0424														55
TOTAL			8.82	67.01	58.58	1.5559																1503
MAXIMUM		58	1.05	3.09	8990	2.90	3301.5 /1	0.0891	16.0	7.2	189	2598	306	4179	15.7	6.6	4.1	15.1	26	377	45.2	607
MINIMUM		43	0.00	1.82	3930	1.47	1000.5 /1	0.0418	13.0	6.4	179	2538	288	4109	14.7	6.3	4.1	4.8	15	201	26.8	389
AVERAGE		50.0	0.32	2.39	6336.4	2.09	2015.5 /1	0.0591	14.8	6.7	184	2568	297	4144	15.2	6.5	4.1	10.8	21	289	36.0	498

COMMENTS:
* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
* CONCERNING VIOLATIONS PLEASE SEE ATTACHED

Sept. 2007	
Hrd. mgl	167
Alk. mgl	140
D.O. mgl	4.1
Turbid NTU	15.1
Tox. TUe	N/A

Sept. 2007	
Copper ug/L	15.2
Lead ug/L	3.98
Silver ug/L	1.0
Zinc ug/L	23.2
NH3 mg/L	22

WEEK	WEEKLY AVERAGE				WEEKLY	
	BOD mg/L	TSS lbs	Coliform Gal. Week	Coliform	Power Usage in Kilowatt-Hours	Removal
1	45.2	607	15	201	66.0	88
2	28.8	389	26	377	8.0	89
3					4.0	
4					2.0	
AVG	36.0	498	21	289	8.1	
MAX	45.2	607	26	377	66.0	

% REMOVAL	
B.O.D.	88
S.S.	89
POWER USAGE IN KILOWATT-HOURS	
TOTAL	240480