

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

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

MONITORING PERIOD
YR MO DAY TO YR MO DAY
2007 10 10 2007 10 30

AK-002295-1 PERMIT NUMBER
001 A DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION		
	UNITS	VALUE	UNITS	UNITS	VALUE	UNITS

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION		
	UNITS	VALUE	UNITS	UNITS	VALUE	UNITS
Turbidity	MEASUREMENT	*****	*****	*****	18.2	(43)
	SAMPLE	*****	*****	*****	8.7	
Effluent Gross	PERMIT	*****	*****	*****	*****	
	REQUIREMENT	*****	*****	*****	*****	
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	*****	4.2	(19)
	SAMPLE	*****	*****	*****	4.2	
Effluent Gross	PERMIT	*****	*****	*****	*****	
	REQUIREMENT	*****	*****	*****	*****	
BOD, 5-Day, 20 deg. C	MEASUREMENT	*****	*****	*****	21.4	(19)
	SAMPLE	*****	*****	*****	21.4	
Effluent Gross	PERMIT	*****	*****	*****	*****	
	REQUIREMENT	*****	*****	*****	*****	
BOD, 5-Day, 20 deg. C	MEASUREMENT	*****	*****	*****	20.9	(19)
	SAMPLE	*****	*****	*****	20.9	
Effluent Gross	PERMIT	*****	*****	*****	*****	
	REQUIREMENT	*****	*****	*****	*****	
pH	MEASUREMENT	*****	*****	*****	6.3	(12)
	SAMPLE	*****	*****	*****	6.3	
Effluent Gross	PERMIT	*****	*****	*****	*****	
	REQUIREMENT	*****	*****	*****	*****	
Alkalinity, total (asCaCO3)	MEASUREMENT	*****	*****	*****	no test	(19)
	SAMPLE	*****	*****	*****	no test	
Effluent Gross	PERMIT	*****	*****	*****	*****	
	REQUIREMENT	*****	*****	*****	*****	
Solids, total suspended	MEASUREMENT	*****	*****	*****	16.0	(19)
	SAMPLE	*****	*****	*****	16.0	
Effluent Gross	PERMIT	*****	*****	*****	*****	
	REQUIREMENT	*****	*****	*****	*****	
Effluent Gross	PERMIT	*****	*****	*****	*****	
	REQUIREMENT	*****	*****	*****	*****	
Effluent Gross	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
Scott Jeffers

YEAR 2007
MO 11
DAY 08
PHONE NUMBER 586-0393
AREA CODE 907
TELEPHONE 907

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 09/30/2007 through 11/03/2007.

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

FROM

YR	MO	DAY	TO
2007	10	30	2007
DAY	MO	YEAR	DAY
30	10	2007	30

MONITORING PERIOD

PERMIT NUMBER	001 A
DISCHARGE NUMBER	

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

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION	SAMPLE TYPE
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PARAMETER	UNITS	VALUE	UNITS	VALUE	EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended	SAMPLE	325.6	(26)	16.0			0
00530 W 0	PERMIT	1829	lb/d	45		Twice Per Month	COMP24
See Comments	REQUIREMENT	*****		*****			
Nitrogen, ammonia total (as N)	SAMPLE	286.1	(26)	14.0			0
00610 1 0	PERMIT	1164	lb/d	28.5		Once Per Month	COMP24
Effluent Gross	REQUIREMENT	1963		48			
Hardness, total (as CaCO3)	SAMPLE	*****	****	150.0			0
00900 1 6	PERMIT	*****	****	150.0		Once Per Month	GRAB
Effluent Gross	REQUIREMENT	*****		*****			
Silver, total recoverable	SAMPLE	no test	(26)	no test			0
01079 1 0	PERMIT	Req. Mon.	lb/d	Req. Mon.		Three Per Year	COMP24
Effluent Gross	REQUIREMENT	MO AVG		MO AVG			
Zinc, total recoverable	SAMPLE	no test	(26)	no test			0
01094 1 0	PERMIT	Req. Mon.	lb/d	Req. Mon.		Three Per Year	COMP24
Effluent Gross	REQUIREMENT	MO AVG		MO AVG			
Lead, total recoverable	SAMPLE	no test	(26)	no test			0
01144 1 0	PERMIT	Req. Mon.	lb/d	Req. Mon.		Three Per Year	COMP24
Effluent Gross	REQUIREMENT	MO AVG		MO AVG			
Copper, total recoverable	SAMPLE	0.313	(26)	15.3			0
01119 1 0	PERMIT	3.54	lb/d	86.7		Once Per Month	COMP24
Effluent Gross	REQUIREMENT	7.63		187			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		Scott Jeffers	
Wastewater Utilities Superintendent		TYPED OR PRINTED	
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		<i>Scott Jeffers</i>	
YEAR	MO	DAY	
2007	11	08	
AREA CODE	PHONE NUMBER	DATE	
907	586-0393		
TELEPHONE			

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 09/30/2007 through 11/03/2007. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

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

PERMIT NUMBER
AK-002295-1

DISCHARGE NUMBER
001 A

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

YR	2007	MO	10	DAY	1
TO	2007	YEAR	2007	MO	10
DAY	30	DAY	10	DAY	30

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			

Coliform, fecal - % sample exceeds limit	SAMPLE	MEASUREMENT	*****	*****	*****	0	(23)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
30500 0 0 See Comments	SAMPLE	MEASUREMENT	*****	*****	*****	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
31615 0 0 See Comments	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
31615 P 0 See Comments	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
31615 Q 0 See Comments	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
Fecal coliform, MPN, EC med, 44.5 C	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
31615 R 0 See Comments	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
Floating solids or visible foam-visual	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
45613 1 0 Effluent Gross	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
Flow, in conult or thru treatment plant	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB
50050 1 0 Effluent Gross	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
	PERMIT	REQUIREMENT	*****	*****	*****	10	%	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
Scott Jeffers Wastewater Utilities Superintendent	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
Effluent Gross	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
50050 1 0 Effluent Gross	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
Flow, in conult or thru treatment plant	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
50050 1 0 Effluent Gross	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
Effluent Gross	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
Scott Jeffers Wastewater Utilities Superintendent	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
Effluent Gross	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
50050 1 0 Effluent Gross	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
Flow, in conult or thru treatment plant	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	
50050 1 0 Effluent Gross	PERMIT	REQUIREMENT	*****	*****	*****	0	(13)	
	SAMPLE	MEASUREMENT	*****	*****	N/A	0	(13)	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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DISCHARGE MONITORING REPORT (DMR)**

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

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

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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

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

MONITORING PERIOD				TO
YR	MO	DAY	YEAR	YEAR
2007	10	1	2007	10
				30

FROM

PARAMETER	QUALITY OR CONCENTRATION		QUANTITY OR LOADING		UNITS	NO. EX. FREQ. OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual					(26)	0	
50060 S 0 See Comments	PERMIT	4.09	MO. AVG.	DAILY MX	lb/d		COMP24
	MEASUREMENT	*****	*****	*****			
Dilution factor	PERMIT	*****				0	
MEASUREMENT	*****	*****					
BOD 5-day, percent removal	PERMIT	94	DAILY MN	Reg. Mon.		0	
MEASUREMENT	*****	*****	*****	*****			
81010 K 0	PERMIT	85	MN % RMV		23	0	CALCTD
MEASUREMENT	*****	*****	*****	*****			
Solids, suspended percent removal	PERMIT	92	MN % RMV		(23)	0	
MEASUREMENT	*****	*****	*****	*****			
81011 K 0 0	PERMIT	85	MN % RMV		23	0	CALCTD
MEASUREMENT	*****	*****	*****	*****			
Percent Removal	PERMIT	85	MN % RMV		23	0	CALCTD
MEASUREMENT	*****	*****	*****	*****			
Chlorine usage	PERMIT	N/A			(26)	0	
MEASUREMENT	*****	*****	*****	*****			
81400 X 0	PERMIT	MO. AVG.	Reg. Mon.	lb/d		0	MEASRD
MEASUREMENT	*****	*****	*****	*****			
End of Chlorine Contact Chamber	PERMIT	*****				0	
MEASUREMENT	*****	*****	*****	*****			
Oil and grease visual	PERMIT	*****			(93)	0	
MEASUREMENT	*****	*****	*****	*****			
84066 1 0	PERMIT	*****				0	VISUAL
MEASUREMENT	*****	*****	*****	*****			
Effluent Gross	PERMIT	*****				0	
MEASUREMENT	*****	*****	*****	*****			
Toxicity, Chronic	PERMIT	*****				0	
MEASUREMENT	*****	*****	*****	*****			
TT000 1 8	PERMIT	*****				0	COMP24
MEASUREMENT	*****	*****	*****	*****			
Effluent Gross	PERMIT	*****				0	
MEASUREMENT	*****	*****	*****	*****			

Scott Jeffers
 Wastewater Utilities Superintendent

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Scott Jeffers

YEAR 2007
 MO 11
 DAY 08

AREA CODE 907
 PHONE NUMBER 586-0393
 TELEPHONE

DATE

ANAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) CHARGE MONITORING REPORT (DMR)

PLANT NAME/ADDRESS: JUNEAU, CITY AND BOROUGH OF
 155 SOUTH SEWARD,
 JUNEAU, ALASKA 99801
CITY: JUNEAU, ALASKA 99801
STATE: ALASKA 99801
OPERATOR: Scott Jeffers Ww Utilities Superintendent

PERMIT NUMBER: AK-002295-1

MONITORING PERIOD: FROM YR 2007 TO YR 2007
 MO 10 DAY 1

DISCHARGE NUMBER: 001 A

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.

PARAMETER	QUALITY OR CONCENTRATION		UNITS	EX NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS				
SAMPLE MEASUREMENT	400	200	W/LY GEO	0	Once Every Week	GRAB
	800	800	DAILY:MX			
PERMIT REQUIREMENT	*****	*****	W/LY GEO	0	Once Every Week	GRAB
	*****	*****	DAILY:MX			
SAMPLE MEASUREMENT	10.0	4.2	W/LY GEO	0	Once Every Week	GRAB
	800	1200	DAILY:MX			
PERMIT REQUIREMENT	*****	*****	W/LY GEO	0	Once Every Week	GRAB
	*****	*****	DAILY:MX			

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jeffers*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Scott Jeffers Wastewater Utilities Superintendent

TELEPHONE: 907 586-0393
AREA CODE: 907
PHONE NUMBER: 586-0393
DATE: 11/08
YEAR: 2007
MO: 11
DAY: 08

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