

ATIONAL 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

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

MONITORING PERIOD						
YR	MO	DAY	TO	YEAR	MO	DAY
2007	12	1		2007	12	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	SAMPLE MEASUREMENT	*****	*****	****	*****	14	19	(43)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
10070 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	4.6	4.6	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. DAILY MN	Req. Mon. MO AVG	mg/L		Once Per Month	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	*****	17	18	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
10300 1 0 Effluent Gross	SAMPLE MEASUREMENT	290	301	(26)	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	****	*****	45 WKLY AVG	*****	mg/L		Twice Per Month	COMP24
3OD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	(26)	*****	18	*****	(19)	0		
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	****	*****	*****	*****	mg/L		Twice Per Month	COMP24
10310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.1	(12)	0		
	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	12 SU		Weekdays	GRAB
3OD, 5-Day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	128	128	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
10310 W 0 See Comments	SAMPLE MEASUREMENT	335	382	(26)	*****	19	21	(19)	0		
	PERMIT REQUIREMENT	1226 MO AVG	2452 DAILY MX	****	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	mg/L		Quarterly	COMP24
10400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	mg/L		Quarterly	COMP24
Alkalinity, total (asCaCo3)	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	mg/L		Quarterly	COMP24
10410 1 7 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	mg/L		Quarterly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	mg/L		Quarterly	COMP24
10530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	mg/L		Quarterly	COMP24

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.

*Scott Jeffers*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**907 586-0393**  
 AREA CODE  
 PHONE NUMBER  
 DATE  
**2008 01 09**  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

The reporting period was from **12/02/2007** through **12/29/2007**.

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

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

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**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

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OMB No. 2040-0004  
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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			
Solids, total suspended 10530 W 0 see Comments	MEASUREMENT	382	*****	(26)	*****	21	*****	(19)	0		
	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
Nitrogen, ammonia total (as N) 10610 1 0 Effluent Gross	MEASUREMENT	291	291	(26)	*****	16	16	(19)	0		
	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) 1900 1 6 Effluent Gross	MEASUREMENT	*****	*****	****	*****	57	57	(19)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Once Per Month	GRAB
Silver, total recoverable 1079 1 0 Effluent Gross	MEASUREMENT	no test	no test	(26)	*****	no test	no test	(28)	0		
	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
Cadmium, total recoverable 1094 1 0 Effluent Gross	MEASUREMENT	no test	no test	(26)	*****	no test	no test	(28)	0		
	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 1114 1 0 Effluent Gross	MEASUREMENT	no test	no test	(26)	*****	no test	no test	(28)	0		
	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 1119 1 0 Effluent Gross	MEASUREMENT	0.224	0.224	(26)	*****	12.30	12.30	(28)	0		
	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

SCOTT JEFFERS  
WW Utilities Superintendent

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TELEPHONE		
907	586-0393	
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DATE		
2008	01	09
YEAR	MO	DAY

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	*****	*****	****	*****	151 MO GEO	Req. Mon. DAILY MX	13 #/100mL		Twice Every 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 Every 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 Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****	****	4.9	3.5	12.0	(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	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0		0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	Y=1; N=0		Once Per Month	VISUAL
Flow, in conduit thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.80	2.18	(03)	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****		Continuous	RCORDR

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 0060 S 0 see Comments	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		QUARTERLY	COMP24
Dilution factor 0093 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	258	350	*****	ug/L	0		
	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U		DAILY	MEASRD
COD, 5-day, percent removal 1010 K 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	****	91	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Solids, suspended percent removal 1011 K 0 0 Percent Removal	SAMPLE MEASUREMENT	*****	*****	****	88	*****	*****	(23)	0		
	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Chlorine usage 11400 X 0 Kind of Chlorine Contact Chamber	SAMPLE MEASUREMENT	N/A	*****	(26)	*****	*****	*****		0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****			DAILY	MEASRD
Oil and grease visual 14066 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	(93)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	occur/mo:		Once Per Month	VISUAL
Acidity, Chronic T000 1 8 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	N/A	(26)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	tox chronic		Semiannual	COMP24

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WASTEWATER TREATMENT SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUB 01)  
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TITLE: Scott Jeffers WW Utilities Superintendent

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total coliform, MPN, EC med, 44.5 C 1615 S 9 see Comments	SAMPLE MEASUREMENT	*****	*****		N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****		400 WKLY GEO	200 MO GEO	800 DAILY MX	#/100mL		Once Every Week	GRAB
Total coliform, MPN, EC med, 44.5 C 1615 T 9 see Comments	SAMPLE MEASUREMENT	*****	*****	****	N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****	****	800 WKLY GEO	400 MO GEO	1200 DAILY MX	#/100mL		Once Every Week	GRAB

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MENDENHALL WASTEWATER TREATMENT FACILITY

Juneau, Alaska

EPA REPORT

		WEATHER		FLOWS					INFLUENT						EFFLUENT								
DAY	DATE	TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend. River CFS	SBR TITL 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	BOD	
SUN	2	16	0.00	2.01	845	1.85	296.1 /1	0.0529															
MON	3	4	0.00	2.19	954	2.08	297.3 /1	0.0579	11.0	7.6						11.0	6.9		13.8				
TUE	4	7	0.00	2.33	866	2.18	257.6 /1	0.0624	11.0	7.3		173	3362	188	3418	11.0	7.0		8.9	21	382		
WED	5	11	0.00	2.24	886	1.99	288.8 /1	0.0609	10.0	7.2						12.0	7.1		17.2				
THU	6	12	0.00	2.22	886	1.92	299.1 /1	0.0568	10.0	7.2						11.0	6.8		11.4				
FRI	7			2.01	886	1.76	326.2 /1	0.0607	10.0	7.5						11.0	6.9		12.2				
SAT	8	30	0.09	1.97	741	1.67	287.6 /1	0.0533															
SUN	9			2.11	737	1.72	277.8 /1	0.0611															
MON	10			1.98	971	1.58	398.0 /1	0.0658	11.0	7.6						12.0	6.9		13.7				
TUE	11	36	0.56	2.25	962	2.03	307.1 /1	0.0754	10.0	7.2		146	2472	191	3234	11.0	6.9		8.1	17	288		
WED	12	37	0.22	2.07	954	1.82	339.6 /1	0.0693	10.0	7.2	7.4					12.0	6.9	4.6	19.4				
THU	13			2.15	1120	1.98	366.4 /1	0.0810	10.0	7.0						11.0	6.9		14.6				
FRI	14			2.07	1070	1.78	389.3 /1	0.0759	11.0	7.2						12.0	6.9		15.2				
SAT	15	34	0.32	2.05	1030	1.72	387.8 /1	0.0682															
SUN	16	33	0.01	2.06	1080	1.72	406.6 /1	0.0557															
MON	17	33	0.11	1.88	1070	1.88	412.4 /1	0.0582	11.0	7.5						11.0	6.8		15.4				
TUE	18	23	0.04	1.89	1050	1.69	402.4 /1	0.0654	11.0	7.2						11.0	6.9		14.3				
WED	19	18	0.02	1.92	1070	1.90	364.8 /1	0.0742	10.0	7.4						11.0	6.9		18.3				
THU	20	17	0.01	1.99	1090	1.81	390.0 /1	0.0901	10.0	7.0						10.0	6.8		15.2				
FRI	21	33	0.17	1.98	1080	1.77	395.2 /1	0.0749	11.0	7.1						11.0	6.8		15.5				
SAT	22	34	0.22	2.09	1050	1.75	388.6 /1	0.0606															
SUN	23			2.00	1020	1.73	381.9 /1	0.0435															
MON	24			2.00	997	1.80	358.8 /1	0.0516	10.0	7.5						11.0	6.8		11.9				
TUE	25	37	0.08	1.98	1020	1.62	407.7 /1	0.0517	10.0	7.6						11.0	6.9		15.8				
WED	26	35	0.06	1.85	1010	1.71	382.6 /1	0.0556	10.0	7.5						11.0	6.9		13.4				
THU	27	30	0.00	1.86	886	1.71	335.7 /1	0.0637	9.0	7.5						11.0	7.0		14.2				
FRI	28	27	0.05	1.87	869	1.68	335.2 /1	0.0636	8.0	7.3						10.0	6.9		14.8				
SAT	29	29	0.15	1.94	804	1.69	308.3 /1	0.0624															
TOTAL			2.11	56.96		50.34		1.7728															
MAXIMUM		37	0.56	2.33	1120	2.18	412.4 /1	0.0901	11.0	7.6	7.4	173	3362	191	3418	12.0	7.1	4.6	19.4	21	382		
MINIMUM		4	0.00	1.85	737	1.58	257.6 /1	0.0435	8.0	7.0	7.4	146	2472	188	3234	10.0	6.8	4.6	8.1	17	288		
AVERAGE		26	0.10	2.03	964	1.80	349.6 /1	0.0633	10.2	7.3	7.4	160	2917	190	3326	11.1	6.9	4.6	14.2	19	335		

COMMENTS:

- GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
- WEATHER DATA IS MISSING ON THE NOAA WEBSITE FOR A NUMBER OF DAYS THIS MONTH

December 2007	
Hrd. mg/l	57.0
Alk. mg/l	128.0
D.O. mg/l	4.6
Turb. NTU	19.4

Tox. TUc	no test
----------	---------

December 2007		
	ug/L	LBS
Copper	12.30	0.224
Lead	no test	no test
Silver	no test	no test
Zinc	no test	no test
NH3 mg/L	16.00	290.90

WEEK	WEEKLY AVERAGE				W
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	Gr
1	15	278	21	382	
2	18	301	17	288	
3					
4					
AVG	16.6	289.8	19.00	334.8	
MAX	17.8	301.4	21.0	381.8	

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 AND BOROUGH OF  
ADDRESS: 1540 THANE ROAD  
JUNEAU, AK 99801  
FACILITY: JUNEAU, CITY AND BOROUGH OF  
LOCATION: 1540 THANE ROAD  
JUNEAU, AK 99801  
ATTN: CATHERINE CARLSON, SUPERVISOR

AK0023213  
PERMIT NUMBER

001B  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	12	01	TO	07	12	30

DMR MAILING ZIP CODE: 99801  
MAJOR \$  
(SUBR01)  
COMBINED SEWER OVERFLOW  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate 00056 P 0 See Comments	SAMPLE MEASUREMENT	*****			*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	Mgal/d	*****	*****	*****			When Discharging	CALCTD
Flow rate 00056 Q 0 See Comments	SAMPLE MEASUREMENT	*****			*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	Mgal/d	*****	*****	*****			When Discharging	CALCTD
Flow rate 00056 R 0 See Comments	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT		Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		When Discharging	RCORDR
BOD, 5-day, 20 deg. C 00310 P 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT		Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB
BOD, 5-day, 20 deg. C 00310 Q 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT		Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB
BOD, 5-day, 20 deg. C 00310 R 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT		Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB
Solids, total suspended 00530 P 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT		Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	When Discharging	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>SCOTT JEFFERS W/W Signature</b> 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		
			907-586-0313	08	01	02
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING		AREA Code	NUMBER	YEAR	MO	DAY

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

Form Approved  
OMB No. 2040-0004

Page 13

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

NAME: JUNEAU, CITY AND BOROUGH OF  
ADDRESS: 1540 THANE ROAD  
JUNEAU, AK 99801  
FACILITY: JUNEAU, CITY AND BOROUGH OF  
LOCATION: 1540 THANE ROAD  
JUNEAU, AK 99801  
ATTN: CATHERINE CARLSON, SUPERVISOR

AK0023213  
PERMIT NUMBER

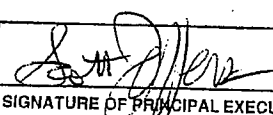
001B  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99801  
MAJOR \$  
(SUBR01)  
COMBINED SEWER OVERFLOW  
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 Q 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
Solids, total suspended 00530 R 0 See Comments	SAMPLE MEASUREMENT				*****						
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C 31616 P 0 See Comments	SAMPLE MEASUREMENT	*****	*****								
	PERMIT REQUIREMENT	*****	*****		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C 31616 Q 0 See Comments	SAMPLE MEASUREMENT	*****	*****								
	PERMIT REQUIREMENT	*****	*****		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Coliform, fecal MF, MFC broth, 44.5 C 31616 R 0 See Comments	SAMPLE MEASUREMENT	*****	*****								
	PERMIT REQUIREMENT	*****	*****		Req. Mon. WKLY AVG	Req. Mon. MO AVG	Req. Mon. DAILY MX	#/100mL		When Discharging	GRAB
Duration of discharge 81381 P 0 See Comments	SAMPLE MEASUREMENT	*****			*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	min	*****	*****	*****			When Discharging	CALCTD
Duration of discharge 81381 Q 0 See Comments	SAMPLE MEASUREMENT	*****			*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	min	*****	*****	*****			When Discharging	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>SCOTT JEFFERS W/W SUPER.</b> 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
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) P = N-11Q = N-11, 2R = N-15, 1RECORD REASONING FOR EACH OPENING			907	5860393	08	01	02





# AUKE BAY WASTEWATER TREATMENT FACILITY

Juneau, Alaska

## EPA REPORT

DAY	DATE	WEATHER		FLOWS		INFLUENT						EFFLUENT						MIS			
		TEMP °F	RAIN FALL INCHES	INFLUENT MGD	WASTE SLUDGE MGD	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS	B.O.D. mg/L	B.O.D. LBS	TEMP °C	pH	D.O. mg/L	SS mg/L	SS LBS		B.O.D. mg/L	B.O.D. LBS	FECAL COLIFORM /100 ml
SUN	2	16	0.00	0.05251	0.0030							11.7	6.8								0.00
MON	3	4	0.00	0.04950	0.0030																
TUE	4	7	0.00	0.06044	0.0045				396	187	192	91			8.0	3.8	6.9	3.3			
WED	5	11	0.00	0.06190	0.0045	10.7	7.3	6.8					11.1	6.9	2.3					10.0	0.01
THU	6	12	0.00	0.06119	0.0060									6.7							0.14
FRI	7			0.05813	0.0030																
SAT	8	30	0.09	0.06195	0.0030																
SUN	9			0.06229	0.0030																0.00
MON	10			0.07094	0.0060								6.8								
TUE	11	36	0.56	0.08030	0.0030								6.8								0.10
WED	12	37	0.22	0.08184	0.0010																
THU	13			0.05798	0.0010																0.01
FRI	14			0.05753	0.0030									6.7							
SAT	15	34	0.32	0.06082	0.0030																
SUN	16	33	0.01	0.05878	0.0030									6.8							0.01
MON	17	33	0.11	0.05993	0.0030																
TUE	18	23	0.04	0.04422	0.0040									6.6							0.01
WED	19	18	0.02	0.04706	0.0045																
THU	20	17	0.01	0.05357	0.0030									6.7							0.01
FRI	21	33	0.17	0.05116	0.0040																
SAT	22	34	0.22	0.04822	0.0030																
SUN	23			0.05919	0.0020																0.00
MON	24			0.05277	0.0000									6.8							
TUE	25	37	0.08	0.04975	0.0025									6.8							0.00
WED	26	35	0.06	0.04740	0.0035																
THU	27	30	0.00	0.05323	0.0015									6.8							0.02
FRI	28	27	0.05	0.04240	0.0015																
SAT	29	29	0.15	0.04409	0.0030																
TOTAL																					
			2.11	1.58909	0.0855																
MAXIMUM		37	0.56	0.08184	0.0060	10.7	7.3	6.8	396	187	192	91	11.7	6.9	2.3	8.0	3.8	6.9	3.3	10.0	0.14
MINIMUM		4	0.00	0.04240	0.0000	10.7	7.3	6.8	396	187	192	91	11.1	6.6	2.3	8.0	3.8	6.9	3.3	10.0	0.00
AVERAGE		25.5	0.10	0.05675	0.0031	10.7	7.3	6.8	396	187	192	91	11.4	6.8	2.3	8.0	3.8	6.9	3.3	10.0	0.03

NO. OF ANALYSIS

28

1

1

1

1

1

1

1

2

12

1

1

1

1

1

1

12

**COMMENTS:**

- \* GEOMETRIC MEAN WAS USED TO CALCULATE THE AVERAGE FECAL COLIFORM COLONIES
- \* WEATHER DATA IS MISSING ON THE NOAA WEBSITE FOR A NUMBER OF DAYS THIS MONTH

WEEK	FLOW	WEEKLY AVERAGE						WEEKLY
		BOD		TSS		CHLORINE		COLIFORM
		mg/l	lbs	mg/l	lbs	mg/l	lbs	Geo. Mean
1	0.05795	6.9	3.3	8.0	3.8	0.05	1.8	10.0
2	0.06739					0.04	1.7	
3	0.05185					0.01	2.3	
4	0.04983					0.01	1.3	
MAX	0.06739	6.9	3.3	8.0	3.8	0.05	2.3	10.0

Permit number: AKG-57-1000-013 Expires: July 20, 2009 Submit this report to: ADEC and EPA to the addresses on Part III B of the NPDES general permit.  
 ADEC File number: 1513.45.009

Applicant Name: City and Borough of Juneau  
 Address: 155 South Seward, Juneau, AK 99801  
 Facility: Auke Bay Wastewater Treatment Facility  
 Location: Auke Bay, AK  
 Responsible party: Scott Jeffers/WW Utilities Superintendent  
 Phone / email: (907)586-0393  
 Onsite Contact: Cort Franklin  
 Phone: (907)586-0393

Required Reporting Frequency Monthly Discharge: Secondary treated wastewater discharged into Auke Bay  
 From: 12/2/2007 To: 12/29/2007

**Outfall 001**

Parameter	Min. Value	Monthly Average	Weekly Average	Max. Value	Number of Analyses	Number of Violations	Units	Frequency of Analysis	Sample Method
Dissolved Oxygen (effluent)	2.3	N/A	N/A	N/A	1	0	mg/l	1/month	Grab
Biochemical Oxygen Demand (influent)	192	192	192	192	1	0	mg/l	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	0.0310 G	report	report	report	1	0	lbs/day	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	0.0310 W	0.0310 G	0.0310 G	0.0310 G	1	0	lbs/day	1/month	Grab or Composite
Biochemical Oxygen Demand (effluent)	0.0310 W	0.0310 G	0.0310 G	0.0310 G	1	0	lbs/day	1/month	Grab or Composite
pH (effluent)	6.6	N/A	N/A	9.0	12	0	Std. Units	3/week	Grab
Total Suspended Solids (influent)	0.00400 I	396	396	396	1	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	0.00530 W	report	report	report	1	0	mg/l	1/month	Grab or Composite
Total Suspended Solids (effluent)	0.00530 W	40	60	80.1	1	0	lbs/day	1/month	Grab or Composite
Total Suspended Solids (effluent)	0.00530 W	8.0	8.0	8.0	1	0	mg/l	1/month	Grab or Composite
Fecal Coliform Bacteria (effluent)	31616 I	10.0	10.0	10.0	1	0	#/100 ml	1/month	Grab
Flow Rate (effluent or influent)	50050 I	0.0568	0.0674	0.0818	28	0	mgd	Daily/5week	Measured/recorded
Total Residual Chlorine (effluent)	50050 I	0.03	0.05	0.14	12	0	mg/l	3/week	Grab
Biochemical Oxygen Demand % removal	81010 K	85%	N/A	N/A	report	report	%	1/month	Calculated
Total Suspended Solids % removal	81011 K	85%	N/A	N/A	report	report	%	1/month	Calculated

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.

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER: WW Superintendent  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Scott Jeffers*  
 DATE: 1/9/08  
 TELEPHONE: (907) 586-0393  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENT HERE):  
 CHECK HERE IF THERE WAS NO DISCHARGE DURING THE ENTIRE REPORTING PERIOD