

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

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

*** NO DISCHARGE ***

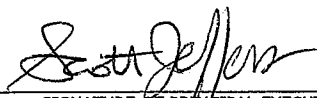
NOTE: Read instructions before completing this form.

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
2008	2	1		2008	2	29

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Turbidity		*****	*****	****	*****	12.7	15.5	(43)	0		
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Continuous	RCORDR
Oxygen, dissolved (DO)		*****	*****	****	4.6	4.6	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	19 mg/L		Once Per Month	GRAB
BOD, 5-Day, 20 deg. C		294	310	(26)	*****	17	18	(19)	0		
00310 1 0 Effluent Gross	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		310	*****	(26)	*****	18	*****	(19)	0		
00310 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19 mg/L		Twice Per Month	COMP24
pH		*****	*****	****	6.6	*****	7.0	(12)	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9.0 INST MAX	12 SU		Weekdays	GRAB
Alkalinity, total (asCaCo3)		*****	*****	****	*****	NO TEST	NO TEST	(19)	0		
00410 1 7 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19 mg/L		Quarterly	COMP24
Solids, total suspended		357	399	(26)	*****	21	21	(19)	0		
00530 1 0 Effluent Gross	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								907		586-0393	
								AREA CODE		PHONE NUMBER	
								DATE			
TYPED OR PRINTED	2008		03		07						
		YEAR		MO		DAY					

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* Concerning violations-please see attached. The reporting period was from 02/03/2008 through 03/01/2008.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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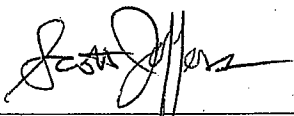
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NAME:	JUNEAU, CITY AND BOROUGH OF
ADDRESS:	MENDENHALL TREATMENT PLANT 155 SOUTH SEWARD, JUNEAU, ALASKA 99801
FACILITY:	MENDENHALL VALLEY SERVICE AREA
LOCATION:	JUNEAU, ALASKA 99801
ATT:	Scott Jeffers WW Utilities Superintendent

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended		399	*****	(26)	*****	21	*****	(19)	0		
00530 W 0 See Comments	PERMIT REQUIREMENT	1829 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	19		Twice Per Month	COMP24
Nitrogen, ammonia total (as N)		220	220	(26)	*****	14.0	14.0	(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		Once Per Month	COMP24
Hardness, total (as CaCO3)		*****	*****	****	*****	60.0	60.0	(19)	0		
00900 1 6 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	19		Once Per Month	GRAB
Silver, total recoverable		NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(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		Three Per Year	COMP24
Zinc, total recoverable		NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(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		Three Per Year	COMP24
Lead, total recoverable		NO TEST	NO TEST	(26)	*****	NO TEST	NO TEST	(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		Three Per Year	COMP24
Copper, total recoverable		0.42	0.42	(26)	*****	26.8	26.8	(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		Once Per Month	COMP24
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Scott Jeffers Wastewater Utilities Superintendent								907		586-0393	
TYPED OR PRINTED								AREA CODE		PHONE NUMBER	
COMMENT AND EXPLANATION OF ANY VIOLATIONS								DATE			
	2008		03		07						
	YEAR		MO		DAY						

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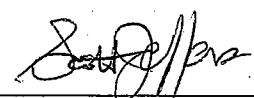
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit 30500 O 0 See Comments	*****	*****	****	*****	*****	*****	0	(23)	0		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10% MAX	%		Twice Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 O 0 See Comments	*****	*****	****	*****	N/A	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 C 31615 P 0 See Comments	*****	*****	****	N/A	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	*****	*****	****	N/A	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	*****	*****	****	11.1	2.3	124.0	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	*****	*****	****	*****	*****	*****	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	*****	2.0	2.8	(03)	*****	*****	*****	****	0		
	PERMIT REQUIREMENT	Req. Mon. MO AVG	4.9 DAILY MX	3 Mgal/d	*****	*****	*****	****		Continuous	RCORDR
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		
TYPED OR PRINTED				907 AREA CODE					586-0393		PHONE NUMBER
								DATE			
					2008			03 07			
					YEAR			MO DAY			

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual		N/A	N/A	(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		*****	*****	****	5.9	10.5	*****	ug/L	0		
80093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO AVG	*****	1U		DAILY	MEASRD
BOD,5-day, percent removal		*****	*****	****	91.2	*****	*****	(23)	0		
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Solids, suspended percent removal		*****	*****	****	88.8	*****	*****	(23)	0		
81011 K 0 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	85 MN % RMV	*****	*****	23 %		Once Per Month	CALCTD
Chlorine usage		N/A	*****	(26)	*****	*****	*****		0		
81400 X 0 End of Chlorine Contact Chamber	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	lb/d	*****	*****	*****			DAILY	MEASRD
Oil and grease visual		*****	*****	****	*****	*****	0	(93)	0		
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	occur/mo		Once Per Month	VISUAL
Toxicity, Chronic		*****	*****	****	*****	*****	N/A	(2G)	0		
TT000 1 8 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	tox chronic		Semiannual	COMP24

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Scott Jeffers
Wastewater Utilities Superintendent

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TELEPHONE
907 AREA CODE 586-0393
PHONE NUMBER DATE
7008 03 07
YEAR MO DAY

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		VALUE	VALUE	UNITS	UNITS						
Fecal coliform, MPN, EC med, 44.5 C 31615 S 9 See Comments	SAMPLE MEASUREMENT	*****	*****		N/A	N/A	N/A	(13)	0		
	PERMIT REQUIREMENT	*****	*****		400 WKLY.GEO	200 MO.GEO	80000% DAILY.MX	#/100mL		Once Every Week	GRAB
Fecal coliform, MPN, EC med, 44.5 C 31615 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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AREA CODE
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PHONE NUMBER
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DATE
2008 03 07

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
TYPED OR PRINTED

DAY	DATE	WEATHER		FLOWS					INFLUENT							EFFLUENT							MISC		
		TEMP °F	RAIN FALL INCHES	SBR INFLUENT MGD	Mend River CFS	SBR TTE 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	3	23	0.12	2.10	<13	1.78	<5.7 /1	0.0631																	51
MON	4	24	0.42	1.95	<13	1.80	<5.7 /1	0.0666	10.0	7.2								15.5							51
TUE	5	14	0.11	1.92	<13	1.88	<5.5 /1	0.0635	9.0	7.1								11.0					1.4	52	
WED	6	11	0.06	1.99	<13	1.89	<5.4 /1	0.0666	9.0	7.2		200	3570	188	3355			4.6	11.2	20.0	315.3	17.6	277.4	1.0	51
THU	7	5	0.00	2.06	<13	2.14	<4.9 /1	0.0842	9.0	7.5															51
FRI	8	0	0.00	2.18	<13	2.11	<5 /1	0.0839	9.0	7.5															60
SAT	9	8	0.43	2.41	<13	2.45	<4.4 /1	0.0706																	54
SUN	10	23	0.25	2.32	<13	2.13	<4.9 /1	0.0571																	51
MON	11	35	0.29	2.08	<13	1.85	<5.5 /1	0.0592	9.0	7.5															52
TUE	12	37	0.38	2.33	<13	2.13	<4.9 /1	0.0723	8.0	7.3															52
WED	13	36	0.39	2.42	<13	2.28	<4.7 /1	0.0948	9.0	7.3		166	3849	199	4614								1.0	52	
THU	14	39	0.21	2.92	<13	2.78	<4 /1	0.1248	7.0	8.1															54
FRI	15	37	0.02	2.28	<13	2.26	<4.7 /1	0.0825	9.0	7.1															62
SAT	16	35	0.01	2.12	<13	1.87	<5.5 /1	0.0716																	60
SUN	17	36	0.37	2.30	<13	2.00	<5.2 /1	0.0575																	55
MON	18	37	0.14	2.26	<13	1.89	<5.4 /1	0.0564	8.0	7.7															40
TUE	19	37	0.03	2.19	<13	1.95	<5.3 /1	0.0741	9.0	7.2															51
WED	20	41	0.05	2.29	77	2.13	24.2 /1	0.0948	9.0	7.2														1.4	54
THU	21	39	0.16	2.44	48	2.45	13.7 /1	0.1042	8.0	7.3														1.7	52
FRI	22	32	0.00	2.06	24	2.01	8.6 /1	0.0830	9.0	7.3															56
SAT	23	29	0.00	2.07	20	1.93	7.7 /1	0.0677																	49
SUN	24	32	0.17	2.01	16	1.73	6.8 /1	0.0410																	48
MON	25	33	0.31	1.87	16	1.70	6.9 /1	0.0496	9.0	7.5															48
TUE	26	32	0.10	1.89	13	1.75	5.8 /1	0.0532	9.0	7.5															49
WED	27	37	0.01	1.95	<13	1.83	<5.6 /1	0.0821	9.0	7.4															51
THU	28	36	0.42	2.19	<13	1.83	<5.6 /1	0.1015	9.0	7.3															52
FRI	29	34	0.16	1.97	<13	1.83	<5.6 /1	0.0957	9.0	6.5															52
SAT	1	29	0.07	2.12	<13	1.95	<5.3 /1	0.0721																	52
TOTAL			4.68	60.69		56.33		2.0937				200	3849	199	4614										1461
MAXIMUM		41	0.43	2.92	77	2.78	18.8 /1	0.1248	10.0	8.1	0.0	166	3570	188	3355	10.0	7.0	4.6	15.5	21.0	399.3	17.6	309.9	124	62
MINIMUM		0	0.00	1.87	13	1.70	5.9 /1	0.0410	7.0	6.5	0.0	183.0	3709.1	193.5	3984.6	9.0	6.6	4.6	10.2	20.0	315.3	16.3	277.4	1.0	40
AVERAGE		29.0	0.17	2.17		2.01	10.5 /1	0.0748	8.8	7.3	0.0					9.2	6.8	4.6	12.7	20.5	357.3	17.0	293.7	2.3	52.2

COMMENTS:

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

February 2008	
Hrd. mg/l	60.0
Alk. mg/l	NO TEST
D.O. mg/l	4.6
Turb. NTU	15.5

Tox. TU _s	NO TEST
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February 2008		
	ug/L	LBS
Copper	26.80	0.421
Lead	NO TEST	NO TEST
Silver	NO TEST	NO TEST
Zinc	NO TEST	NO TEST
NH3 mg/L	14.00	219.51

WEEK	WEEKLY AVERAGE				WEEKLY COLIFORM Geo. Mean
	BOD		TSS		
	mg/l	lbs	mg/l	lbs	
1	17.6	277.4	20.0	315.3	1.2
2	16.3	309.9	21.0	399.3	11.1
3					1.5
4					1.5
AVG	17.0	293.7	20.50	357.3	2.3
MAX	17.6	309.9	21.0	399.3	11.1

% REMOVAL	
B.O.D.	91.2
S.S.	88.8

POWER USAGE IN KILOWATT-HOURS	
TOTAL	233760