

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

AK-002295-1
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form.

YR	MO	DAY	TO
2008	3	1	2008
DAY	MO	YEAR	DAY
31	3	2008	31

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

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			
	VALUE	UNITS	VALUE	UNITS	NO. EX. OF ANALYSIS	SAMPLE TYPE
Turbidity	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(43)	
Effluent Gross	PERMIT	*****	*****	*****		RCORDR
	REQUIREMENT	*****	*****	*****	(19)	
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(19)	
00300 1 0	PERMIT	*****	*****	*****		GRAB
	REQUIREMENT	*****	*****	*****	(19)	
Effluent Gross	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(19)	
BOD, 5-Day, 20 deg. C	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(19)	
BOD, 5-Day, 20 deg. C	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(26)	
00310 1 0	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(19)	
Effluent Gross	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(19)	
BOD, 5-Day, 20 deg. C	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(26)	
00310 W 0	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(19)	
See Comments	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(12)	
pH	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(12)	
00400 1 0	PERMIT	*****	*****	*****		GRAB
	REQUIREMENT	*****	*****	*****	12	
Effluent Gross	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(19)	
Alkalinity, total (asCaCO3)	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(19)	
00410 1 7	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(19)	
Effluent Gross	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(19)	
00410 1 7	PERMIT	*****	*****	*****		GRAB
	REQUIREMENT	*****	*****	*****	12	
Solids, total suspended	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(19)	
00530 1 0	PERMIT	*****	*****	*****		
	REQUIREMENT	*****	*****	*****	(19)	
Effluent Gross	MEASUREMENT	*****	*****	*****	0	
	SAMPLE	*****	*****	*****	(19)	
00530 1 0	PERMIT	*****	*****	*****		COMP24
	REQUIREMENT	*****	*****	*****	19	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	1226	MO AVG	2452	DAILY MX	19	mg/L
	MEASUREMENT	*****	*****	*****	*****	19	mg/L
Scott Jeffers Wastewater Utilities Superintendent	PERMIT	*****	*****	*****	*****	19	mg/L
	REQUIREMENT	*****	*****	*****	*****	19	mg/L
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.	PERMIT	*****	*****	*****	*****	19	mg/L
	MEASUREMENT	*****	*****	*****	*****	19	mg/L
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PERMIT	*****	*****	*****	*****	19	mg/L
	REQUIREMENT	*****	*****	*****	*****	19	mg/L
YEAR	PERMIT	*****	*****	*****	*****	19	mg/L
	REQUIREMENT	*****	*****	*****	*****	19	mg/L
MO	PERMIT	*****	*****	*****	*****	19	mg/L
	REQUIREMENT	*****	*****	*****	*****	19	mg/L
DAY	PERMIT	*****	*****	*****	*****	19	mg/L
	REQUIREMENT	*****	*****	*****	*****	19	mg/L

* The reporting period was from 03/02/2008 through 03/29/2008.
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)
 00434/981209 1904
 PAGE 1 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
 MENDENHALL VALLEY SERVICE AREA
 JUNEAU, ALASKA 99801
FACILITY: 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

NOTE: Read instructions before completing this form.

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

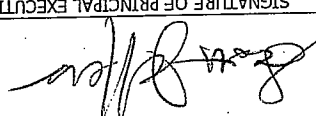
DAY	MO	YEAR	TO
31	3	2008	1
MONITORING PERIOD		YEAR	DAY
		2008	3

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				UNITS	NO. EX. OF ANALYSIS	FREQUENCY SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE	366.0	*****	21.0	*****	(19)	0	Twice Per Month	COMP24
	PERMIT	1829	*****	45	*****	19			
Nitrogen, ammonia total (as N)	SAMPLE	179.1	*****	12.0	*****	(19)	0	Once Per Month	COMP24
	PERMIT	1164	*****	28.5	*****	19			
Effluent Gross	SAMPLE	*****	*****	80.0	*****	(19)	0	Once Per Month	GRAB
	PERMIT	*****	*****	80.0	*****	19			
Hardness, total (as CaCO3)	SAMPLE	*****	*****	80.0	*****	(19)	0	Once Per Month	GRAB
	PERMIT	*****	*****	80.0	*****	19			
Silver, total recoverable	SAMPLE	NO TEST	*****	NO TEST	*****	(28)	0	Three Per Year	COMP24
	PERMIT	Req. Mon.	MO AVG	Req. Mon.	DAILY MX	28			
Zinc, total recoverable	SAMPLE	NO TEST	*****	NO TEST	*****	(28)	0	Three Per Year	COMP24
	PERMIT	Req. Mon.	MO AVG	Req. Mon.	DAILY MX	28			
Effluent Gross	SAMPLE	NO TEST	*****	NO TEST	*****	(28)	0	Three Per Year	COMP24
	PERMIT	Req. Mon.	MO AVG	Req. Mon.	DAILY MX	28			
Lead, total recoverable	SAMPLE	NO TEST	*****	NO TEST	*****	(28)	0	Three Per Year	COMP24
	PERMIT	Req. Mon.	MO AVG	Req. Mon.	DAILY MX	28			
Effluent Gross	SAMPLE	NO TEST	*****	NO TEST	*****	(28)	0	Three Per Year	COMP24
	PERMIT	Req. Mon.	MO AVG	Req. Mon.	DAILY MX	28			
Copper, total recoverable	SAMPLE	0.462	*****	30.90	*****	(28)	0	Once Per Month	COMP24
	PERMIT	3.54	*****	86.7	*****	28			
Effluent Gross	SAMPLE	0.462	*****	30.90	*****	(28)	0	Once Per Month	COMP24
	PERMIT	7.63	*****	187	*****	28			

FROM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Scott Jeffers
 Wastewater Utilities 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 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 2008 04 07
 YEAR 2008
 MO 04
 DAY 07

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 03/02/2008 through 03/29/2008.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED).

EPA Form 3320-1 (03-99) Previous editions may 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
 JUNEAU, ALASKA 99801
FACILITY: MENDENHALL VALLEY SERVICE AREA
 JUNEAU, ALASKA 99801
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

AK-002295-1
 PERMIT NUMBER

YR	2008	MO	3	DAY	1
TO	2008	YEAR	2008	MO	3
DAY	31	MO	3	YEAR	2008

NOTE: Read instructions before completing this form.

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

001 A
 DISCHARGE NUMBER

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

Chlorine, total residual	SAMPLE	N/A	N/A	N/A	(28)	0	QUARTERLY	COMP24	ug/l
	MEASUREMENT	4.09	4.09	100	100	0	0	0	ug/l
Dilution factor	SAMPLE	*****	*****	*****	*****	0	DAILY	MEASRD	ug/l
	MEASUREMENT	*****	*****	*****	*****	0	0	0	ug/l
Effluent Gross	PERMIT	*****	*****	*****	*****	0	DAILY	MEASRD	ug/l
	MEASUREMENT	*****	*****	*****	*****	0	0	0	ug/l
BOD ₅ -day, percent removal	SAMPLE	*****	*****	*****	*****	0	ONCE PER MONTH	CALCTD	%
	MEASUREMENT	*****	*****	*****	*****	0	0	0	%
81010 K 0	PERMIT	*****	*****	*****	*****	0	ONCE PER MONTH	CALCTD	%
	MEASUREMENT	*****	*****	*****	*****	0	0	0	%
Solids, suspended percent removal	SAMPLE	*****	*****	*****	*****	0	ONCE PER MONTH	CALCTD	%
	MEASUREMENT	*****	*****	*****	*****	0	0	0	%
81011 K 0 0	PERMIT	*****	*****	*****	*****	0	ONCE PER MONTH	CALCTD	%
	MEASUREMENT	*****	*****	*****	*****	0	0	0	%
Chlorine usage	SAMPLE	N/A	N/A	N/A	(26)	0	DAILY	MEASRD	lb/d
	MEASUREMENT	*****	*****	*****	*****	0	0	0	lb/d
81400 X 0	PERMIT	*****	*****	*****	*****	0	DAILY	MEASRD	lb/d
	MEASUREMENT	*****	*****	*****	*****	0	0	0	lb/d
Oil and grease visual	SAMPLE	*****	*****	*****	*****	0	ONCE PER MONTH	VISUAL	occu/mo
	MEASUREMENT	*****	*****	*****	*****	0	0	0	occu/mo
84066 1 0	PERMIT	*****	*****	*****	*****	0	ONCE PER MONTH	VISUAL	occu/mo
	MEASUREMENT	*****	*****	*****	*****	0	0	0	occu/mo
Toxicity, Chronic	SAMPLE	*****	*****	*****	*****	0	SEMIANNUAL	COMP24	tox chronic
	MEASUREMENT	*****	*****	*****	*****	0	0	0	tox chronic
T000 1 8	PERMIT	*****	*****	*****	*****	0	SEMIANNUAL	COMP24	tox chronic
	MEASUREMENT	*****	*****	*****	*****	0	0	0	tox chronic

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Scott Jeffers Wastewater Utilities Superintendent		<i>Scott Jeffers</i>	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	AREA CODE	PHONE NUMBER	DATE
	907	586-0393	07
TYPE OR PRINTED	YEAR	MO	DAY
	2008	04	07

COMMENT AND EXPLANATION OF ANY VIOLATIONS

* The reporting period was from 03/02/2008 through 03/29/2008.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

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MENDENHALL VALLEY SERVICE AREA
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FACILITY: JUNEAU, ALASKA 99801
LOCATION: JUNEAU, ALASKA 99801
ATTN: Scott Jeffers WW Utilities Superintendent

MAJOR (SUB 01)
EFFLUENT
*** NO DISCHARGE
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 YR MO DAY
2008 3 1 2008 3 31

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

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	N/A	N/A	(13)	GRAB
	PERMIT REQUIREMENT	*****	400	200	800	
Fecal coliform, MPN, EC med, 44.5 C	MEASUREMENT	*****	N/A	N/A	(13)	GRAB
	PERMIT REQUIREMENT	*****	400	200	800	
31615 S 9	MEASUREMENT	*****	N/A	N/A	(13)	GRAB
	PERMIT REQUIREMENT	*****	400	200	800	
31615 T 9	MEASUREMENT	*****	N/A	N/A	(13)	GRAB
	PERMIT REQUIREMENT	*****	400	200	800	

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			YEAR	MO	DAY
		AREA	CODE	PHONE NUMBER	DATE	TELEPHONE	
Scott Jeffers Wastewater Utilities Superintendent					2008	04	07
		907	586-0393				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS

