

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

AK-002295-1
PERMIT NUMBER

MAJOR (SUB 01)
F - FINAL
EFFLUENT
*** NO DISCHARGE
NOTE: Read instructions before completing this form.

001 A
DISCHARGE NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2008	6	1	2008
YEAR	MO	DAY	YEAR
2008	6	30	2008

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE		VALUE	VALUE	VALUE	UNITS					
Turbidity	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	11.9	Req. Mon. DAILY MX	14.6	(43)	0	Continuous	RCORDR
00070 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	3.1	Req. Mon. DAILY MX	*****	NTU	0		
Oxygen, dissolved (DO)	SAMPLE	*****	*****	****	*****	Req. Mon. MO AVG	3.1	*****	*****	(19)	0		
00300 1 0 Effluent Gross	PERMIT	*****	*****	****	*****	Req. Mon. MO AVG	21	*****	*****	19 mg/L	0	Once Per Month	GRAB
BOD, 5-Day, 20 deg. C	SAMPLE	297	325	(26)	*****	Req. Mon. MO AVG	23	*****	*****	(19)	0		
00310 1 0 Effluent Gross	PERMIT	1226	2452	lb/d	*****	Req. Mon. MO AVG	30	*****	*****	19 mg/L	0	Twice Per Month	COMP24
BOD, 5-Day, 20 deg. C	SAMPLE	325	*****	(26)	*****	Req. Mon. MO AVG	23	*****	*****	(19)	0		
00310 W 0 See Comments	PERMIT	1829	*****	lb/d	*****	Req. Mon. MO AVG	45	*****	*****	19 mg/L	0	Twice Per Month	COMP24
pH	SAMPLE	*****	*****	****	6.7	*****	*****	*****	*****	(12)	0		
00400 1 0 Effluent Gross	PERMIT	*****	*****	****	6.4	*****	*****	*****	*****	12 SU	0	Weekdays	GRAB
Alkalinity, total (asCaCO3)	REQUIREMENT	*****	*****	****	INST MIN	*****	145	INST MAX	145	(19)	0		
00410 1 7 Effluent Gross	SAMPLE	*****	*****	****	*****	Req. Mon. MO AVG	21	Req. Mon. DAILY MX	22	(19)	0	Quarterly	COMP24
Solids, total suspended	REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	21	Req. Mon. DAILY MX	22	(19)	0		
00530 1 0 Effluent Gross	SAMPLE	292	314	(26)	*****	Req. Mon. MO AVG	21	Req. Mon. DAILY MX	22	(19)	0		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT	1226	2452	lb/d	*****	Req. Mon. MO AVG	30	Req. Mon. DAILY MX	60	19 mg/L	0	Twice Per Month	COMP24

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
07
PHONE NUMBER
09
DATE
09
YEAR
MO
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS O = <15.1; P = >15.1 and <30.1; R = >30.1 (O, P, and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used *no chlorine*)

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MAJOR (SUB 01)
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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. MO AVG	VALUE	UNITS	REQ. MON. MO AVG			
Solids, total suspended	SAMPLE MEASUREMENT	314	(26)	*****	22	(19)	*****	0		
	PERMIT REQUIREMENT	1829		*****	45	19	*****		Twice Per Month	COMP24
	WEEKLY AVG	285	(26)	*****	20	(19)	*****	0		
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	164	(26)	*****	28.5	19	*****	0		
	PERMIT REQUIREMENT	1963		*****	68	(19)	*****		Once Per Month	COMP24
	MO AVG	285	(26)	*****	20	(19)	*****	0		
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	*****	****	*****	68	(19)	*****	0		
	PERMIT REQUIREMENT	*****	****	*****	NO TEST	(28)	*****		Once Per Month	GRAB
	MO AVG	*****	****	*****	NO TEST	(28)	*****	0		
Silver, total recoverable	SAMPLE MEASUREMENT	NO TEST	(26)	*****	NO TEST	(28)	*****			
	PERMIT REQUIREMENT	NO TEST		*****	NO TEST	(28)	*****		Three Per Year	COMP24
	MO AVG	NO TEST	(26)	*****	NO TEST	(28)	*****	0		
Zinc, total recoverable	SAMPLE MEASUREMENT	NO TEST	(26)	*****	NO TEST	(28)	*****			
	PERMIT REQUIREMENT	NO TEST		*****	NO TEST	(28)	*****		Three Per Year	COMP24
	MO AVG	NO TEST	(26)	*****	NO TEST	(28)	*****	0		
Lead, total recoverable	SAMPLE MEASUREMENT	NO TEST	(26)	*****	NO TEST	(28)	*****			
	PERMIT REQUIREMENT	NO TEST		*****	NO TEST	(28)	*****		Three Per Year	COMP24
	MO AVG	NO TEST	(26)	*****	NO TEST	(28)	*****	0		
Copper, total recoverable	SAMPLE MEASUREMENT	0.405	(26)	*****	28.4	(28)	*****	0		
	PERMIT REQUIREMENT	0.405		*****	28.4	(28)	*****		Three Per Year	COMP24
	MO AVG	0.405	(26)	*****	28.4	(28)	*****	0		
Effluent Gross	SAMPLE MEASUREMENT	10		*****	28		*****		Once Per Month	COMP24
	PERMIT REQUIREMENT	10		*****	28		*****		Once Per Month	COMP24
	MO AVG	10		*****	28		*****		Once Per Month	COMP24

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


NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Scott Jeffers
Wastewater Utilities Superintendent
TELEPHONE
907 586-0393
PHONE NUMBER
DATE
2008 07 09
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
O = <15:1, P = >15:1 and <30:1, R = >30:1 (O/P, and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used *no chlorine*)
* Concerning violations please see attached. The reporting period was from 06/01/2008 through 06/28/2008.
PDA Form 3320-1 (03-99) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED). 00434/98/209 1904 PAGE 2 OF 5

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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
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OMB No. 2040-0004
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AK-002295-1
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MONITORING PERIOD			
YR	MO	DAY	TO
2008	6	1	2008
YEAR	MO	DAY	DAY
2008	6	6	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	UNITS			
Coliform, fecal - % sample exceeds limit	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	(23)	0	
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	#/100ml	13	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	#/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	#/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	#/100ml	0	Twice Every Week GRAB
31615 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	800	#/100ml	0	Twice Every Week GRAB
See Comments	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	800	#/100ml	0	Twice Every Week GRAB
Floating solids or visible foam-visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
45613 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
50050 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
Scott Jeffers Wastewater Utilities Superintendent	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
COMMENT AND EXPLANATION OF ANY VIOLATIONS	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	#/100ml	0	Twice Every Week GRAB
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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.		MO AVG	DAILY MX	Mgal/d	*****	*****	*****	*****	*****	*****
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		*****	*****	*****	*****	*****	*****	*****	*****	*****
907		586-0393	2008	07	09	Continuous	RCORDR			
AREA CODE		PHONE NUMBER	YEAR	MO	DAY					

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00434/981209 1904 PAGE 3 OF 5

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

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PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

MONITORING PERIOD			
YR	MO	DAY	TO
2008	6	1	2008
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PARAMETER	MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	(26)	*****	N/A	N/A	(28)	0		
50060 S 0	PERMIT REQUIREMENT	4.09	4.09	lb/d	*****	100	100	ug/l	0	QUARTERLY	COMP24
See Comments	SAMPLE MEASUREMENT		DAILY MX		171	394	*****	ug/l	0		
Dilution factor	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. DAILY MN	Req. Mon. MO. AVG	*****	1U		DAILY	MEASRD
80093 1 0	SAMPLE MEASUREMENT	*****	*****	****	94	*****	*****	(23)	0		
BOD,5-day, percent removal	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	23 %		Once Per Month	CALCTD
81010 K 0	SAMPLE MEASUREMENT	*****	*****	****	89	*****	*****	(23)	0		
Solids, suspended percent removal	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	23 %		Once Per Month	CALCTD
81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	Req. Mon. DAILY MN	*****	*****	%		Once Per Month	CALCTD
Percent Removal	PERMIT REQUIREMENT	*****	*****	****	N/A	*****	*****	(26)			
Chlorine usage	SAMPLE MEASUREMENT				*****	*****	*****		0		
81400 X 0	PERMIT REQUIREMENT	Req. Mon. MO. AVG	*****	lb/d	*****	*****	*****	(93)	0	DAILY	MEASRD
End of Chlorine Contact Chamber	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****				
Oil and grease visual	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
84066 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****			Once Per Month	VISUAL
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	occu/mo	0		
Toxicity, Chronic	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	(26)			
TT000 1 8	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			Semiannual	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****				
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										
	TELEPHONE AREA CODE 907 586-0393										
	PHONE NUMBER 2008 07 09										
	DATE 2008 07 09										

COMMENT AND EXPLANATION OF ANY VIOLATIONS

O = <15:1, P = >15:1 and <30:1, R = >30:1 (O,P and R used Nov 1-May 31 & T Jun 1-Oct 31, Q and S are never used *no chlorine*)

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F - FINAL EFFLUENT
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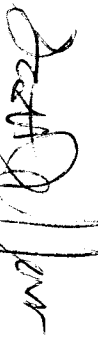
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		VALUE	VALUE		VALUE	VALUE	UNITS			
fecal coliform, MPN, EC med, 44.5 C	X	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	N/A	0	Once Every Week	GRAB
		PERMIT REQUIREMENT	*****	*****	400	200	800	(13)	Once Every Week	GRAB
		SAMPLE MEASUREMENT	*****	*****	38	4	38	(13)	Once Every Week	GRAB
fecal coliform, MPN, EC med, 44.5 C	X	SAMPLE MEASUREMENT	*****	*****	800	400	1200	0	Once Every Week	GRAB
		PERMIT REQUIREMENT	*****	*****	WPLY GEO	MO GEO	DAILY MX	#/100ml	Once Every Week	GRAB
		SAMPLE MEASUREMENT	*****	*****	800	400	1200	#/100ml	Once Every Week	GRAB

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Scott Jeffers
Wastewater Utilities Superintendent

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(REPLACES EPA FORM 1-AN WHICH MAY NOT BE USED)
00434/981203 1904
PAGE 5 OF 5

EPA REPORT

MENDENHALL WASTEWATER
Juneau, Alaska

WEATHER				FLOWS				INFLUENT						
DAY	DATE	TEMP °F	RAIN INCHES	SBR INFLUENT MGD	Mend River CFS	SBR 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
SUN	1	51	0.00	2.01	1880	1.66	732.6 /1	0.0650						
MON	2	57	0.01	1.97	1780	1.67	689.6 /1	0.0583	12.0	7.5				
TUE	3	51	0.37	1.99	1490	1.71	563.9 /1	0.0685	12.0	7.2		175	2496	324
WED	4	48	0.03	2.10	1210	1.79	437.7 /1	0.0982	12.0	7.1	6.0			
THU	5	49	0.02	2.08	1140	1.74	424.2 /1	0.0983	12.0	7.1				
FRI	6	46	0.06	2.02	1110	1.75	410.7 /1	0.0785	13.0	7.0				
SAT	7	49	0.10	2.03	1080	1.74	402.0 /1	0.0658						
SUN	8	47	0.00	1.98	1090	1.68	420.1 /1	0.0484						
MON	9	43	0.00	1.97	878	1.69	336.6 /1	0.0579	12.0	7.6				
TUE	10	47	0.00	1.95	710	1.62	284.1 /1	0.0720	12.0	7.2		204	2756	345
WED	11	49	0.00	1.97	577	1.62	231.1 /1	0.0858	12.0	7.0				
THU	12	50	0.01	2.02	468	1.62	187.6 /1	0.1018	12.0	7.1				
FRI	13	50	0.00	1.85	449	1.55	188.1 /1	0.0738	13.0	7.2				
SAT	14	50	0.00	1.95	424	1.61	171.1 /1	0.0849						
SUN	15	51	0.00	1.90	556	1.58	228.3 /1	0.0589						
MON	16	52	0.00	1.88	643	1.57	265.6 /1	0.0668	12.0	7.4				
TUE	17	57	0.00	1.89	749	1.54	315.2 /1	0.0695	13.0	7.4				
WED	18	52	0.03	1.78	894	1.55	373.6 /1	0.0857	13.0	7.3				
THU	19	52	0.00	1.84	920	1.53	389.4 /1	0.0825	13.0	7.2				
FRI	20	54	0.01	1.81	812	1.47	357.8 /1	0.0748	14.0	7.2				
SAT	21	53	0.12	1.85	861	1.58	353.0 /1	0.0683						
SUN	22	52	0.04	1.83	837	1.53	354.4 /1	0.0512						
MON	23	53	0.00	1.87	1050	1.55	438.6 /1	0.0599	14.0	7.5				
TUE	24	54	0.00	1.85	1040	1.47	458.6 /1	0.0788	14.0	7.3				
WED	25	53	0.00	1.88	1060	1.53	448.6 /1	0.0895	13.0	7.2				
THU	26	54	0.01	1.87	1330	1.51	570.0 /1	0.0778	13.0	7.2				
FRI	27	55	0.27	1.80	1200	1.47	528.3 /1	0.0709	14.0	7.1				
SAT	28	51	0.56	2.01	1180	1.64	485.8 /1	0.0647						
TOTAL			1.64	53.95		44.97		2.0365						
MAXIMUM		57	0.56	2.10	1880	1.79	732.6 /1	0.1018	14.0	7.6	6.0	204	2756	345
MINIMUM		43	0.00	1.78	424	1.47	171.1 /1	0.0484	12.0	7.0	6.0	175	2496	324
AVERAGE		51	0.1	1.93	979	1.61	393.8 /1	0.0727	12.8	7.2	6.0	190	2626	335

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

June 2008	
Hrd. mg/l	68
Alk. mg/l	145
D.O. mg/l	3.1
Turb. NTU	14.6

June 2008	
Copper	28.40 ug/L
Lead	NO TEST
Silver	NO TEST
Zinc	NO TEST
NH3 mg/L	20